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Sex work within emerging Latino immigrant communities: A typology

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Abstract

Little is known about the organisation and types of sex work occurring within emerging urban Latino immigrant communities. To develop a typology of the local sex work industry, we conducted 39 in-depth interviews with foreign-born and US-born Latina female sex workers, Latino immigrant clients, and key informants such as bartenders and brothel managers in Baltimore, Maryland, USA. Interview transcripts were coded through an iterative process, and descriptions of sex work were grouped into types. Three types of direct sex work (the street, houses that operate as brothels, and weekend brothels operating out of hotels), three types of indirect sex work (bar workers, opportunistic, and as-needed), and one type that could be either direct or indirect (individual arrangements) were identified. Understanding the local sex industry and its variability has implications for developing and implementing programmes and interventions tailored to the context of sex work type in order to reduce HIV transmission.

Keywords

female sex work; immigration; Latino; HIV

The HIV epidemic has an enduring impact on sex workers, with median worldwide estimates suggesting that female sex workers are 13.5 times more likely to be living with HIV than the general population of similarly aged women (Baral et al. 2012). HIV risk within the sex work industry is shaped by the risk environment, or the social and/or physical space “in which a variety of factors interact to increase the chances of… harm” (Rhodes 2002, 88).

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Conflict of interest

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The risk environment framework gives primacy to the social and environmental context in influencing HIV-related risk behaviours as opposed to solely individual-level drivers (Rhodes 2009; Rhodes 2002). Variability in the context of and engagement in, and with, sex work results in variation in HIV risk and transmission (Harcourt and Donovan 2005; Shannon et al. 2014). Pitpitan and colleagues (2013) argue that macro-level factors (e.g. local sex work policies) and venue/micro-level factors (e.g. condom availability) must be systematically assessed to explain venue differences in HIV risk. Sex work typologies, or the identification of the distinctions between different types of sex work within a local sex industry, provide an important means through which to understand local sex work industries, identify variability in HIV risk, and inform appropriately tailored interventions suitable to specific sex work types.

In studies from various settings in the USA, where sex work is criminalised (with some exceptions in the state of Nevada), 28% to 50% of Latino immigrant men report sex with female sex workers primarily of Latino ethnicity (e.g. Kissinger et al. 2012; Knipper et al. 2007; Parrado et al. 2004). Limited research has explored the Latino immigrant sex industry (Sangaramoorthy and Kroeger 2013; Rhodes et al. 2012; Bianchi et al. 2013); however, the forms of sex work entered into and used by Latino immigrants in an emerging urban immigrant community has not been assessed to our knowledge.

This study was conducted in Baltimore, Maryland, a new immigrant-receiving community. Over the past decade, Baltimore's elected officials have publicly welcomed immigrants, provided funding for legal aid, and signed local orders aiming to increase immigrant trust of local law enforcement and protect immigrants from federal raids (Filomeno 2017; Duncan 2019). In line with the Latino immigrant population growth, Baltimore has experienced an increased impact of HIV on the Latino population. Since 2000, HIV diagnoses have decreased among non-Hispanic Blacks and non-Hispanic whites, but have remained stable among Latinos, with foreign-born Latinos in Baltimore being diagnosed with HIV later than any other racial/ethnic groups (Maryland Department of Health and Mental Hygiene 2015). These trends are also observed nationally (Espinoza et al. 2012). Thus, strategies are needed reduce HIV infection, morbidity, and mortality within this population.

The objective of this study was to utilise multiple perspectives to provide a holistic understanding of sex work occurring in the emerging community in order to develop a typology of the of the local sex work industry. This typology can then be used to guide future research as well as the development of tailored programmes and interventions, which are currently lacking in this population (Buzdugan et al. 2009).

Methods

We conducted in-depth interviews with Latina sex workers, Latino immigrant clients of Latina sex workers, and key informants (i.e. bartenders and brothel managers) between July 2014 and April 2015. For sex workers and their clients, initial eligibility criteria included: 1) being ≥ 21 years; 2) being born in a Spanish-speaking Latin American country, and 3) having engaged in transactional sex with a Latino immigrant man (if sex worker) or Latina woman (if a client) within the past year in Baltimore. Transactional sex was defined as

exchanging vaginal and/or anal sex for money (i.e. cash, payment of bills), material goods (i.e. presents, drugs), and/or housing. After learning from clients that street-based female sex workers are most likely to be US-born Latinos, we expanded recruitment to include Latina sex workers born on the US mainland; however, Latina street-based sex workers are not common and only two were referred for interviews. Key informants were members of the community with specific knowledge about the local sex work industry; eligibility included: 1) being ≥21 years and 2) having current or recent experience within Baltimore's sex work industry in a non-sex worker or client role.

Participants were recruited through snowball sampling. Key informants were initially identified through community networks, and key informants identified initial sex worker and client participants. At the end of each interview, participants were asked to refer a sex worker and/or client; if the interviewee referred an eligible person who completed an interview, they were provided with $50 for the referral.

Two trained Latina immigrants with extensive experience conducted the interviews in Spanish. The interview guides were informed by frameworks for female sex work risk environments (Harcourt and Donovan 2005; Shannon et al. 2014; Pitpitan et al. 2013); questions included topics known from the literature as well as questions that inquired about sex work more generally to allow for the identification of new sex work types. Each sex worker and client was also asked to describe their last encounter with a Latino client/sex worker in Baltimore and was probed for details (i.e. where the transaction occurred, payment). Key informants were asked about their experience working in the local sex industry and/or with people working in the industry and were asked to provide clarifications to and/or their perspective about information learned from sex workers and clients. All questions focused on interactions with Latino clients (for the sex workers) and Latina sex workers (for the clients). Interviews took place in a private location convenient to and trusted by the participant (e.g. restaurant). Interviews were audio recorded with participant consent and lasted 45–90 minutes. Key informants and sex workers were compensated $100 USD and clients were compensated $50 USD for their time.

The audio recording of each interview was transcribed verbatim and translated into English. Two team members read the transcripts for all participant categories to identify repetitions across interviews and generate an initial coding structure. The team members compared their coding schemes and through an iterative process of discussion and re-visiting the data achieved consensus on the final coding structure that grouped descriptions of sex work into types or venues. Important considerations for the determination of the venue typologies included macro-, micro/venue-, and individual-level factors such as similarities and differences in the meeting place of sex workers/clients, negotiation of the transaction, language used by the sex worker and client regarding the women involved and presence of other people (i.e. controllers, pimps) in the transaction process (Shannon et al. 2014; Pitpitan et al. 2013). Transcripts were then imported into Atlas.ti qualitative software and the two coders independently coded three transcripts (one coder in Spanish, one coder in English). Coded transcripts were reviewed to ensure codes were applied systematically in both Spanish and English transcripts, and then the remaining transcripts were coded.

Once identified, the sex work types were categorised as “direct” or “indirect” sex work. Within direct sex work venues, the primary purpose of interaction was sex for a fee and the woman being paid for sex is typically identified as a sex worker. Conversely, women involved in indirect sex work often have a separate primary source of income. Initial contact between the woman and client typically occurs in spaces providing other services, and the women are not socially identified as sex workers (Harcourt and Donovan 2005). The Johns Hopkins School of Medicine Institutional Review Board (IRB) and the Baltimore City Health Department approved all protocols.

Results

We conducted a total of 39 in-depth interviews with 12 foreign-born Latina sex workers, 2 US-born Latina sex workers, 18 foreign-born Latino clients, and 7 foreign-born Latino key informants. Key informant roles included male *casa de cita* (or brothel) managers (*cuidadores*), men who distribute cards advertising the *casa de citas*, female bartenders, and a male social worker. The mean age of participants of sex workers and clients was 34.8 and 37.6 years, respectively. Aligning with Baltimore’s Latino population, sex workers and their clients came predominately from Central American countries and had lived in the USA for less than 10 years. Among the sex workers, the majority of the foreign-born women (66.7%) came to Baltimore to reunite with family, a partner, or friends. Despite this, most of the women felt they had minimal to no social support. The majority of women had children – 3 (21.4%) had children living in their country of origin, 3 (21.4%) had children living with them in the USA, and 4 (28.6%) had children both at home and in the USA. In addition to sex work, 8 (57.1%) had additional employment (including working at a factory or restaurant, cleaning houses/businesses and childcare). Participant demographics, including history of engagement in the transactional sex industry are presented in Table 1. Seven sex work types were identified and grouped into broader categories of direct and indirect sex work. The sex work types identified are described in depth below. A summary of each type and associated vulnerabilities to HIV infection, as identified by the participants, is provided in Table 2.

Direct Sex Work

Street workers—According to participants, Latina women who sell sex in the street are typically Puerto Rican or born on the US mainland and fluent in Spanish. Participants noted that this form of sex work is rare for Spanish-speaking Latina women in general, however. Latina women selling sex on the street are most often homeless and/or current or former substance users. Their clients are most often Latino immigrants, charged between $10 and $40 per encounter depending on services provided and/or their relationship to the sex worker. Alternatively, the charge may be in the form of drugs or alcohol. As one Puerto Rican sex worker explained:

> It depends on the client. If he is a person I see all the time, sometimes they have $10 so I do the favour for $10, because most of the time when I am out there, I don’t have anything to eat, and they help me. They give me $1 or some more, or they give me something to eat [when I see them on the street].

A client from Honduras described providing street-based sex workers with alcohol as payment: “[The female sex workers] are in the streets drinking, just like me. So, if you invite her with a beer, they go with you and stick with you. Sometimes they don’t even charge you anything.” The transactional sex occurs in a public space, such as an alley, vacant lot, in a car or at the client’s house.

Latinas selling sex on the street generally work independently, without a manager or pimp. When asked about working for a pimp, one US-born woman said, for example, “To do what? For me to support you? It doesn’t make no sense.” The lack of a manager or pimp was repeated by the sex workers and their clients, with the exception that one worker remembered a Cuban street worker whose boyfriend acted as a pimp. Several women, though, received support from local businesses that allow them to sleep in areas around their buildings and at times paid them for assistance in cleaning.

Brothels: casa de citas—Situated in homes located in neighbourhoods with a high immigrant Latino population, *casas de citas* house foreign-born Latina women who engage in sex with clients. Typically, only a small number of sex workers (approximately three, most often) reside in the house at one time to avoid drawing attention from the police. A typical encounter with a sex worker in the *casa de cita* is $30 for 15 minutes of vaginal sex. Explained one client, “Because they charge $30, we call them *treinteras”* (after the Spanish word for 30, *treinta*).

Clients find the house through the distribution of business cards (*trajetas*) given to Latino men (primarily) by Latino men on the streets. According to participants, the cards distributed have the number for a fake business, with information in Spanish. One client from El Salvador explained this, saying: “The cards say car wash. A big lie…[The man] just says, ‘Maybe you need or want to go see some girls. Here’s the number.’” The same number may also be distributed within social networks. When a potential client calls the number, he can gather information about the house location and/or request the “delivery” of a female sex worker to his house: “Some of the [men] take girls to your house, but of course the service is more expensive. Maybe, $20 more” (Client from Honduras). Although clients discussed learning about the *casa de citas* most often through the *trajetas*, female sex workers available for “delivery” may also be advertised online.

According to clients and key informants, the *cuidador* lives at and manages the house, and is responsible for negotiating the transactional sex with clients and ensuring that the clients follow the negotiated arrangement. Once paid, the client is given one or more cards (often playing cards) to provide to the sex worker as proof of payment. The card signifies payment for the time and includes only vaginal sex with a condom. However, clients reported that additional services, such as sex without a condom or anal sex, can be negotiated privately with the sex worker:

> I pay the guy $30. I go to the room with her and once there we start talking… We begin and then you tell her “look I will give you $20 more [for anal sex]…” “No give me $30, $40 more and we do it.” “Ok.” But you negotiate this with the girl. The guy doesn’t have to know about it.

(Client from Honduras)

Additionally, the manager provides the women with food and supplies such as rubbing alcohol (used to clean the vaginal area between clients), lubricant and condoms. At the end of the day or week, the manager meets with each sex worker to count their cards and provide them their payment, which is a proportion of the card amount (usually 50%) minus the fees for food and supplies received. The sex worker keeps any money given directly to them by the client.

The women move houses often, typically weekly, moving along the eastern corridor (i.e. Washington, D.C. and New York). Explained one key informant who used to recruit for a *casa de cita*, "[The girls] used to arrive on Monday at 10am, depending on where they were coming from…The manager used to say 'every eight days, new girls.'" Clients were also aware of the movement of women. Noted one client from Mexico, "They are brought here on Monday and leave on Sunday evening." Although the key informants with experience working in the house denied that women were kept there without the ability to leave, the women are not free to exit the house without an escort and are locked inside the house if a manager or other boss is not present. One manager, however, noted that this was for the women's safety.

A few clients, however, believe that some women in the *casa de citas* may be trafficked, as several noted that women have mentioned their inability to leave:

> They control the girls…I called to ask for a girl [to be delivered to my house] and I talked to her…[she said] "I wish I didn't have to sell sex. I wish I had a job."…[The traffickers] have them this way. They tell them "You can leave once you finish paying me the debt [owed for bringing the woman to the US]."
>
> (Client from Honduras).

Although we were unable to recruit women who had worked in a house, several of the women interviewed had friends who had worked in a house by choice and were able to leave at the time the women moved houses. Thus, the extent to which women may be trafficked through this operation in unclear.

Brothels: weekend/nightly hotels—Female sex worker participants shared that on weekends, Latina immigrant women can board a van under the guise of going to work, for example as cleaning staff, and be transported to various hotels with their knowledge and consent. A smaller number of women may be taken to a hotel for a one night in a car. The operating manager of the weekend/nightly hotel brothel will typically provide individual rooms and condoms, while the women must purchase any other needed items (i.e. food). To avoid suspicion, the operating manager places only a few women at any one hotel, and they are left there on their own. The women receive information from a male manager about the clients arriving for sex, who are recruited through the Internet and possibly newspapers. Pictures may be taken of the women for the clients to identify the woman they would like to engage with, and then the transaction is negotiated between the client and manager. When the weekend (or night) is over, "You get [back] into the car, you give half of what [the clients] gave you [to the manager] and you keep the other half" and return to Baltimore.

Direct Sex Work: Vulnerability to HIV

As described in the interviews, direct sex workers are socially identified as sex workers and are therefore perceived to be at risk for HIV and other STIs by both the worker and client. As a result, most sex workers and clients emphasised condom use was necessary, but that they may not be used at every encounter. Although the sex workers and clients rarely discussed engaging in condomless sex, street workers and women in the *casa de cita* are vulnerable to persuasion with a higher fee. According to participants, street workers generally lack stable housing and are often earning money to purchase alcohol and drugs, and some women in the *casa de citas* may be paying off debt. Thus, sex workers in these venues may be open to condomless sex to earn more money despite the known risks of HIV and STIs. Women working on the street or in the *casa de citas* are also largely reliant on their clients or brothel managers, respectively, to supply condoms and have limited availability to acquire condoms on their own. Additionally, without a manager physically present, street workers, *casa de cita* workers who go to the client's residence, and weekend hotel workers are all at risk of physical violence from a client, and this may include being forced to engage unprotected sex; however, most of the women felt that the presence of other people nearby (e.g. housemates, hotel guests) reduced this risk.

Finally, while the women working on the streets are most often US citizens, women working in the *casa de citas* and hotel brothels are overwhelmingly undocumented immigrants. Undocumented immigrants face numerous barriers to health services and thus female sex workers in these venues may be less likely to engage in HIV/STI testing and prevention services. Since women in the *casa de citas* cannot move freely in and out of the house, they thus are not able to seek services on their own while working (or at all if trafficked).

Indirect Sex Work

Bar workers—Many of the sex worker interviewees currently, or previously, earned money as a bar worker. While the details of the job differed by venue, the overall procedure described by the participants was consistent. Many women are hired at a bar frequented by Latino immigrant men to serve drinks and provide company. Described a man from Honduras, "Women sit next you and they tell you 'buy me a beer'…It may cost up to $20." While the woman drinks with the customer, she will sit and talk with the man. The money a woman earns through these encounters is split equally with the bar manager: "[The bar owner/manager] does not pay [bar workers] by the night. You get there, and if you don't drink or no one invited you [for a drink], you don't earn money" (Bar worker from El Salvador).

Women reported that on a typical night they might drink 5–10 drinks or more. A female sex worker from El Salvador explained, "To make money you have to drink, because if you drink 10 beers you keep $100…If you add up 10 per day, in five days that is $500. It is very difficult to earn $500 elsewhere." To avoid drinking so much alcohol, some women attempt to water down the alcohol, switch drinks, or throw out some of the drink's contents when the client is not paying attention. However, this is not always successful and may cause the client to cease interaction with the bar worker.

Although not all of the women who work in the bars also engage in transactional sex, during the time spent drinking together, a man may ask how much it costs to have sex with the woman. If interested or unsure, the woman may "play coy" and encourage the man to continue these advances over time while the woman decides if she will have sex with him. Describing the sometimes multiple interactions needed, one man from Mexico said:

> You meet the women, you talk with them, they ask you to invite them for some drinks, …Once you know them and begin talking with them, you have a kind of friendship…So you ask them, "Is there any chance I could get to know you more? I really desire you. When can we go out?"…and after that you do it [sex]. If not, you restart the relationship [another night] until she accepts. Not every woman [in the bar] does it [transactional sex], and those who do want to be motivated and you have to gain their trust.

Although most men and women acknowledged that the bar managers were aware of the transactional sex being arranged, they stated that most often the manager was not part of this process and was not receiving money from it. A few examples were provided (as stories, not as first person experiences) of transactional sex occurring in the bathrooms or in a separate room in the bar that could be rented for sex; however, most bar workers and clients reported that the transactional sex was arranged at the bar and then occurred at the end of the night when the woman was finished with work or at a future date.

Opportunistic sex work—Although not encountered frequently, a few sex workers and clients discussed transactional sex occurring as an opportunistic encounter. In describing where he had previously met Latina immigrants he would pay for sex, one Honduran man stated, "Shopping, buying things, a store. There too." Asked how he knows the woman may be willing to sell sex, the man replied:

> Because you know. With a gesture. With a look. The girl looks at you, so you raise your eyebrow like this, she also does this and then you [approach her] and talk. "Where are you going?" "This way." When she says "Where are you going?" then you know [she is open to having transactional sex].

Similarly, a woman from El Salvador described shopping in a thrift store and giving a Latino man "the eyes" when she recognised that he would be willing to pay her for sex. Like the Honduran client, this woman "just knew." In a third example, another Honduran man described seeing a Latina woman he recognised from his neighbourhood at a mall, and sat down beside her:

> I asked her name, as if we were in a bar but without bottles. "You look good today," she told me. "Oh really?" I said…It didn't take much time for me to bring her [to my house]…I don't know how [the price negotiation happened]. But yes, as I said before, you already have in mind that nothing is for free. [I paid her] $100.

In these instances, the woman is approached in a neutral space offering products or services not related to sex work and the woman is not intentionally seeking transactional sex clients but partakes in transactional sex when an opportunity is presented.

As-needed sex work—When a woman is in need of additional money, she may engage in sex work to fulfil this need. While money may be needed to supplement primary sources of income to pay for daily living expenses, often this sex work was described at times when a large amount of additional money was needed – for example, if a woman wanted to raise money to bring a child to the USA. A woman from El Salvador, for example, explained, "I did it because my mom was sick in my country and I needed money to send her and I did not have any. So, you have to accept everything, get [work] that is easy to do at that moment." In these situations, a woman may call men she knows and offer sex for money, have a male friend give her number to his friends, solicit clients online (e.g. social media sites), or, if she works in a bar, accept a proposition just at that time of need.

Indirect Sex Work: Vulnerability to HIV

As described by clients, indirect sex workers are socially viewed as "decent" or "respectable" women, and therefore are perceived to be at less risk for HIV or other STIs. Such women were described by clients as women who do not have a lot of sex partners, and as such should not carry condoms. Additionally, "decent" women usually take their time getting to know the men they have sex with even if the sex is transactional. One Honduran man stated, for example, "Respectable women need time… a respectable woman is one with whom it not so easy to have sex." As a result, men may be more likely to suggest condomless sex. At the same time, many of the indirect sex workers discussed the process of getting to know the potential client (even if only over the course of the night) as an important step to feel more confident that the man has the money to pay them, is safe, and is not living with HIV or other STIs. Overall, however, the women overwhelmingly understood their risk of acquiring HIV or other STIs through these encounters and insisted on using condoms. As "decent" women, participants believed indirect sex workers are largely dependent on the client for providing a condom. Occasionally though, some women were open to condomless sex if the client became a regular.

Women in the bar face additional vulnerability due to the large quantity of alcohol consumed, and all indirect sex workers are vulnerable to physical violence from their clients. This was experienced by almost all of the women interviewed. While many of these violent encounters did not involve sex, some of the violence occurred as rape in which condoms may or may not be used. A Salvadorian sex worker who worked in a bar described an encounter in which she was forced to have anal sex:

> I could not defend myself. I felt horrible, horrible, horrible, horrible! But I really could not defend myself…I screamed, tried to defend myself, with my all. You understand me? I accepted to have sex with this person, but normal [vaginal]… Since then I have been left traumatised…He raped me like that… He did not have a condom.

Overwhelmingly, women felt comfortable engaging with law enforcement, but felt that in these cases reporting violence and/or rape would not be helpful: "You go to the police to complain about something and they ask you 'What did he look like? What was his name? Where does he live?' Of course you don't know all that…" Finally, similar to the direct female sex workers, the majority of indirect sex workers are in the USA without

legal documentation. Thus, numerous barriers exist that limit access to healthcare services, including HIV/STI testing and treatment.

Direct/Indirect Sex Work

Individual arrangements—A final type of sex work occurred through on-going arrangements for transactional sex made by women and men to suit their needs. Whether this type of sex work is classified as direct or indirect is determined by the development and terms of the arrangement. In some cases, the arrangement develops between a known sex worker and a client, and the role of the woman as a sex worker is clear even if the interactions between the woman and client extend beyond sex. In other cases, a man may propose an arrangement that mimics a romantic relationship with a woman he knows, although the exchange of money (often as gifts or payment of bills) is clear. In the latter situation, the woman is not viewed by the man or others as a sex worker. One woman, for example, explained her arrangement with a Latino immigrant man:

> I got to know a guy [and] he would tell me, “Look,…If you were with me at least once a week, I could help you”…and so I said, why not? When you come here seeking a little money…with a man, there is an opportunity…so we spent a year [having sex] once a week. I knew that he was going to help me with paying the rent…He would buy me things I needed.

Whether direct or indirect, in all situations the dynamics of the interactions and the fee for sex are transparent to both parties. The vulnerabilities of the sex worker to HIV will be determined by the arrangement, as described in the direct and indirect sex work sections above.

Discussion

Altogether, we identified seven sex work types in Baltimore. Participants described three types of direct sex work: the street, houses that operate as brothels, and weekend brothels operating out of hotels. Participants also described three types of indirect sex work: bar work, opportunistic sex work, and as-needed sex work. A final type of sex work occurs as individual arrangements and may be considered direct or indirect sex work based on the arrangement. While some vulnerability to HIV exist for all or most of the types (i.e. violence, undocumented status), other vulnerabilities were found to be specific to the sex work type (i.e. alcohol consumption among street workers and bar workers). Sex work typologies are important for HIV programming and research, and this study offers the first step in identifying variability in HIV risk among Latina sex workers through the development of a sex work typology that considers macro-, venue/micro-, and individual-level factors.

While the Latino immigrant sex industry operates within the USA, where federal and state policies criminalise sex work (with some exceptions in the state of Nevada), differences with macro-level factors must be considered. Specifically, local immigration policies and documentation status has important implications for health and wellbeing (Martinez et al. 2015). Most of the women in our study, and the women they discussed, were in the USA without legal documentation. Latina immigrant workers have been said to

experience a “triple bind” of discrimination in the workforce as a result of race, gender, and socioeconomic status, and this undocumented status adds a fourth component to these intersecting dimensions of discrimination (Eggerth et al. 2012). Thus, these women are greatly limited in their opportunities for employment. Many available jobs are difficult, dangerous and low paying, with little security or safety protections (Eggerth et al. 2012; Benach et al. 2011). The sex industry is one of the few sectors in which employment in a new destination country may be easier to obtain. It also provides higher pay. As a result, immigrant women are often drawn to it (Goldenberg et al. 2012).

Additionally, undocumented immigrants are less likely to have a usual source of healthcare and are less likely to seek medical care (Fuentes-Afflick and Hessol 2009; Montealegre and Selwyn 2012). Barriers include lack of insurance, cost, discrimination and a lack of understanding of the healthcare system (Grieb et al. 2015). In addition to creating barriers to employment, healthcare services, and HIV testing and linkage to care, undocumented status also limits access to certain interventions to prevent HIV, such as PrEP for example, although strategies to improve PrEP access to Latino immigrants, including those without documentation, have been described (Page et al. 2017).

Building on this research, it is possible to develop venue-based risk profiles so that interventions to reduce the transmission of HIV in these contexts may be developed. While addressing barriers to employment and healthcare for undocumented immigrants or reducing exposure to violence among women may benefit female sex workers engaging in all sex work types, how female sex workers within each venue are engaged in these interventions will differ. For example, to address violence among women working independently as indirect sex workers, women may need to be targeted for intervention more broadly, as these women do not consider themselves sex workers. Additionally, opportunities exist for specific venue-based interventions. In the case of bar workers, women may also be reached through partnering with bar management to conduct interventions addressing workplace and personal experiences with violence and/or alcohol.

Similarly, workers in almost all sex work venues noted a reliance on clients to provide condoms. Free condoms are available in public health clinics and some community-based organisation; however, barriers to healthcare may prevent access. Structural interventions that promote access to healthcare may therefore increase access to free condoms for female sex workers regardless of the venue within which they work. For indirect sex workers, though, considerations regarding the cultural expectations of a “decent” woman must also be addressed. Social marketing campaigns, which can alter the media environment by counterbalancing existing messages related to these cultural expectations and shift normative perceptions and expectations (Rogers and Storey 1987), could serve as a structural intervention to reframe associations between a woman carrying condoms and her level of decency while simultaneously promoting healthcare programmes and free access to condoms.

Limitations

This study aimed to develop a typology of the female sex industry utilised by Latino immigrants in Baltimore, Maryland to inform HIV interventions and limitations should

be noted. The study used a relatively small, non-representative sample and the proposed typology cannot be generalised to all Latino immigrant communities, although it may be applicable to other emerging urban Latino centres. Two Latina immigrant research team members conducted interviews, which provided strengths as well as limitations. Having community "insiders" conduct data collection can be an important strategy for overcoming distrust and promoting dialogue in highly vulnerable communities (Merriam et al. 2001). One of the interviewers has been highly visible in the local Latino community for the past 10 years though outreach work and has established high levels of trust. For this reason, she also conducted the interviews with the male clients based on early interview participant's desire to speak with her. However, while this may have facilitated the willingness of men to discuss criminalised activities with the interviewer, it is possible that some men were not fully comfortable providing specific information regarding their participation in the sex industry with a woman. Other characteristics of the interviewers relative to the participants, such as positionality and power (e.g. related to socio-economic or immigrant status) may also have impacted on the research process (Merriam et al. 2001). This study only investigated Latina sex workers and their Latino clients; however, there is a need to explore the Latino sex industry more broadly (i.e. transactional sex with non-Latinos and gender and sexual minority Latino/as). Additionally, the study was not able to provide insight into sex trafficking. Some clients believed women they encountered through the *casa de citas* were being trafficked, and recent arrests for human trafficking have occurred in Baltimore (including within *casa de citas;* Kushner 2019) underscoring the need for further research to differentiate these groups.

Conclusion

By identifying a typology of the female sex industry in an emerging Latino immigrant city, this paper provides an important first step towards the development of intervention prioritisation and planning to reduce Latina immigrant sex worker vulnerability to HIV in these communities. Findings underscore the importance of understanding the different types of sex work operating within a sex industry to develop appropriate interventions to reduce HIV vulnerability among female sex workers and their clients. HIV vulnerability, however, ultimately stems from a complex intersection between immigration and sex work, necessitating policy approaches to immigration and sex work that embrace social justice and human rights.

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References

Baral S, Beyrer C, Muessig K, Poteat T, Wirtz AL, Decker MR, Sherman SG, and Kerrigan D. 2012. "Burden of HIV among Female Sex Workers in Low-income and Middle-income Countries: A Systematic Review and Meta-analysis." The Lancet Infectious Diseases 12 (7): 538–549. doi: 10.1016/S1473-3099(12)70066-X. [PubMed: 22424777]

Benach J, Muntaner C, Delclos C,, Menéndez M, and Ronquillo C. 2011. "Migration and 'Low-Skilled' Workers in Destination Countries." PLoS Medicine 8 (6): e1001043. doi: 10.1371/journal.pmed.1001043. [PubMed: 21666784]

Bianchi FT, Reisen CA, Gonzales FA, Arroyo JC, Zea MC, and Poppen PJ. 2013. "Sex with Sex Workers among Latino Day Laborers in Suburban Maryland." Archives of Sexual Behavior 42 (5): 835–849. doi: 10.1007/s10508-012-0010-z. [PubMed: 23070528]

Buzdugan R, Halli SS, and Cowan FM. 2009. "The Female Sex Work Typology in India in the Context of HIV/AIDS." Tropical Medicine & International Health 14 (6): 673–687. doi: 10.1111/j.1365-3156.2009.02278.x. [PubMed: 19392742]

Duncan I 2019. "Baltimore Mayor Signs Order Protecting Immigrants as City Renews Funding for Lawyers for Potential Deportees." Baltimore Sun, April 7. Accessed on July 27, 2020. https://www.baltimoresun.com/politics/bs-md-ci-immigrant-executive-order-20190807-o27fc7l6r5b3rhj2lrfkhzrj5e-story.html

Eggerth DE, DeLaney SC, Flynn MA, and Jacobson CJ. 2012. "Work Experiences of Latina Immigrants: A Qualitative Study." Journal of Career Development 39 (1): 13–30. doi: 10.1177/0894845311417130. [PubMed: 26346566]

Espinoza L, Hall HI, and Hu X. 2012. "Diagnoses of HIV Infection among Hispanics/Latinos in 40 States and Puerto Rico, 2006–2009." JAIDS Journal of Acquired Immune Deficiency Syndromes 60 (2): 205–213. doi: 10.1097/QAI.0b013e31824d9a29. [PubMed: 22334071]

Filomeno FA 2017. "The Migration-Development Nexus in Local Immigration Policy: Baltimore City and the Hispanic Diaspora." Urban Affairs Review 53 (1): 102–137. doi: 10.1177/1078087415614920.

Fuentes-Afflick E, and Hessol NA. 2009. "Immigration Status and Use of Health Services among Latina Women in the San Francisco Bay Area." Journal of Women's Health 18 (8): 1275–1280. doi: 10.1089/jwh.2008.1241.

Goldenberg SM, Strathdee SA, Perez-Rosales MD, and Sued O. 2012. "Mobility and HIV in Central America and Mexico: A Critical Review." Journal of Immigrant and Minority Health 14 (1): 48–64. doi: 10.1007/s10903-011-9505-2. [PubMed: 21789558]

Grieb SMD, Desir F, Flores-Miller A, and Page K. 2015. "Qualitative Assessment of HIV Prevention Challenges and Opportunities among Latino Immigrant Men in a New Receiving City." Journal of Immigrant and Minority Health 17 (1): 118–124. doi: 10.1007/s10903-013-9932-3. [PubMed: 24158380]

Harcourt C, and Donovan B. 2005. "The Many Faces of Sex Work." Sexually Transmitted Infections 81 (3): 201–206. doi: 10.1136/sti.2004.012468. [PubMed: 15923285]

Kissinger P, Kovacs S, Anderson-Smits C, Schmidt N, Salinas O, Hembling J, Beaulieu A, et al. 2012. "Patterns and Predictors of HIV/STI Risk among Latino Migrant Men in a New Receiving Community. AIDS & Behavior 16 (1): 199–213. doi: 10.1007/s10461-011-9945-7. [PubMed: 21484281]

Knipper E, Rhodes SD, Lindstrom K, Bloom FR, Leichliter JS, and Montaño J. 2007. "Condom Use among Heterosexual Immigrant Latino Men in the Southeastern United States." AIDS Education and Prevention 19 (5): 436–447. doi: 10.1521/aeap.2007.19.5.436. [PubMed: 17967113]

Kushner K 2019. "4 Charged with Human Trafficking, 2 Women Rescued from Highlandtown Brothel." CBS Baltimore, October 19. Accessed on July 27, 2020. https://baltimore.cbslocal.com/2019/10/08/4-charged-with-human-trafficking-after-2-women-rescued-from-baltimore-brothel/

Martinez O, Wu E, Sandfort T, Dodge B, Carballo-Dieguez A, Pinto R, Rhodes SD, et al. 2015. "Evaluating the Impact of Immigration Policies on Health Status among Undocumented Immigrants: A Systematic Review." Journal of Immigrant and Minority Health 17 (3): 947–970. doi: 10.1007/s10903-013-9968-4. [PubMed: 24375382]

Maryland Department of Health and Mental Hygiene. 2015. "Baltimore City HIV/AIDS Epidemiological Profile." Maryland Department of Health and Hygiene. Accessed September 5, 2019. https://phpa.health.maryland.gov/OIDEOR/CHSE/SiteAssets/Pages/statistics/Baltimore-City-HIV-Annual-Epidemiological-Profile-2015.pdf

Merriam SB, Johnson-Bailey J, Lee MY, Kee Y, Ntseane G, and Muhamad M. 2001. “Power and Positionality: Negotiating Insider/Outsider Status Within and Across Cultures.” International Journal of Lifelong Education 20 (5): 405–416. doi: 10.1080/02601370120490.

Montealegre JR, and Selwyn BJ. 2014. “Healthcare Coverage and Use among Undocumented Central American Immigrant Women in Houston, Texas.” Journal of Immigrant and Minority Health 16 (2): 204–210. doi: 10.1007/s10903-012-9754-8. [PubMed: 23224739]

Page KR, Martinez O, Nieves-Lugo K, Zea MC, Grieb SMD, Yamanis TJ, Spear K, and Davis WW. 2017. “Promoting Pre-exposure Prophylaxis to Prevent HIV Infections Among Sexual and Gender Minority Hispanics/Latinxs.” AIDS Education and Prevention 29 (5): 389–400. doi: 10.1521/aeap.2017.29.5.389. [PubMed: 29068715]

Parrado EA, Flippen CA, C.A., and McQuiston C. 2004. “Use of Commercial Sex Workers among Hispanic Migrants in North Carolina: Implications for the Spread of HIV.” Perspectives on Sexual and Reproductive Health 36 (4): 150–156. doi: 10.1363/psrh.36.150.04. [PubMed: 15321781]

Pitpitan EV, Kalichman SC, Eaton LA, Strathdee SA, and Patterson TI. 2013. “HIV/STI Risk among Venue-based Female Sex Workers Across the Globe: A Look Back and the Way Forward.” Current HIV/AIDS Reports 10 (1): 65–78. doi: 10.1007/s11904-012-0142-8. [PubMed: 23160840]

Rhodes SD, Tanner A, Duck S, Aronson RE, Alonzo J, Garcia M, Wilkin AM, et al. 2012. “Female Sex Work Within the Rural Immigrant Latino Community in the Southeast United States: An Exploratory Qualitative Community-based Participatory Research Study.” Progress in Community Health Partnerships 6 (4): 417–427. doi: 10.1353/cpr.2012.0054. [PubMed: 23221286]

Rhodes T 2002. “The ‘Risk Environment’: A Framework for Understanding and Reducing Drug-related Harm.” International Journal of Drug Policy 13 (2): 85–94. doi: 10.1016/S0955-3959(02)00007-5.

Rhodes T 2009. “Risk Environments and Drug Harms: A Social Science for Harm Reduction Approach.” International Journal of Drug Policy 20 (3): 193–201. doi: 10.1016/j.drugpo.2008.10.003. [PubMed: 19147339]

Rogers EM, and Storey JD. 1987. “Communication Campaigns.” in Handbook of Communication Science, edited by Berger CR and Chaffee SH, 817–846. Newbury Park, CA: SAGE.

Sangaramoorthy T, and Kroeger K. 2013. “Mobility, Latino Migrants, and the Geography of Sex Work: Using Ethnography in Public Health Assessments.” Human Organization 72 (3): 263–272. doi: 10.17730/humo.72.3.q1m53143×42p0653. [PubMed: 29731518]

Shannon K, Goldenberg SM, Deering KN, and Strathdee SA. 2014. “HIV Infection among Female Sex Workers in Concentrated and High Prevalence Epidemics: Why a Structural Determinants Framework is Needed.” Current Opinion in HIV and AIDS 9 (2): 174–182. doi: 10.1097/coh.0000000000000042. [PubMed: 24464089]

Table 1.

Socio-demographic characteristics and recent exchange sex activities among Latina sex workers (n = 14) and clients of Latina sex workers (n = 18) in Baltimore, Maryland.

	Female Sex Workers* n (%)	Clients** n (%)
Age (mean, sd)	34.8 (8.5)	37.6 (9.8)
Country of Origin		
Costa Rica	2 (14.3)	0 (0)
El Salvador	5 (35.7)	2 (12.5)
Guatemala	0 (0)	2 (12.5)
Honduras	3 (21.4)	9 (56.3)
Mexico	1 (7.1)	2 (12.5)
Peru	0 (0)	1 (6.3)
Puerto Rico	1 (7.1)	0 (0)
United States (mainland)	2 (14.3)	0 (0)
Years in the United States***		
Less than 1 year	2 (16.7)	0 (0)
1–5 years	3 (25.0)	4 (25.0)
5–10 years	5 (41.7)	7 (43.8)
10 years or more	2 (16.7)	5 (31.3)
Spouse/partner at home	2 (14.3)	6 (37.5)
Length of time selling sex		
< 1 year	3 (21.4)	- (-)
1–2 years	5 (35.7)	- (-)
3–5 years	2 (14.3)	- (-)
> 5 years	4 (28.6)	- (-)
Number of times selling sex in last month		
1–5	6 (46.2)	- (-)
6–10	3 (23.1)	- (-)
11–15	0 (0)	- (-)
16–20	4 (30.8)	- (-)
> 20	0 (0)	- (-)
Number of times paying for sex in Baltimore		
1	- (-)	2 (12.5)
2–5	- (-)	0 (0)
6–10	- (-)	2 (12.5)
More than 10	- (-)	11 (68.8)
Refused		1 (6.3)
Last exchange sex was Latino/a	13 (100)	10 (62.5)
Condom use at last transactional sex act	13 (100)	15 (93.8)
HIV test in last year	10 (76.9)	13 (81.3)

*Data not available for one Latina sex worker

** Data not available for two clients

*** Does not include 2 sex workers born in U.S. mainland

Table 2.

Typology of female sex work within the Latino immigrant community in Baltimore, Maryland and identified sources of vulnerability to HIV infection among female sex workers.

Type	Venue Overview	Vulnerabilities to HIV
Direct sex work		
Street	• Clients are solicited on the street, park, or other public spaces. • Sexual exchange occurs most often in public spaces, vehicles, client's houses and cost $10-$40 USD. • Workers are typically born in Puerto Rico or in the US mainland and report high drug use. • They rarely work under the control of a pimp.	• Lack of stable housing • Substance use/addiction • Availability of free/low-cost condoms • Increased risk of accepting higher fee for condomless sex (due to immediate housing, food, and drug needs) • Physical violence
Brothel: casa de cita	• A house is explicitly dedicated to providing sex and keeps a small number of women (*treinteras*) paid $30 USD for 15 minutes. • The house is managed by one or more men who negotiates for and protects the sex workers. • Other males are paid to distribute cards on the street to advertise. • Clients can also call the number on the card and request that a woman is "delivered" to his house. • The house is regional network and in these cases the women are moved frequently between houses. • *Online component:* Women working in the brothel may be advertised online for "delivery."	• Undocumented status • Physical violence (from house managers and from clients during "delivery" services) • Lack of access to health services • Increased risk of accepting higher fee for condomless sex (due to need for repaying debt)
Brothel: weekend hotels	• During weekends, women are picked up and transported to various hotels to perform sex work. • The hotels are paid for by one or more men who arranges the meetings between the sex workers and clients. • The women are dispersed between many hotels, and do not receive physical protection from the male controller(s). • *Online component:* Women who will be working in the hotels may be advertised online.	• Undocumented status • Physical violence (from organizers and clients)
Indirect sex work		
Bar workers	• Women are hired to sell beer to men at bars or clubs. For an additional cost the women will have a drink with the man and/or dance. • Some women working in the bar may also negotiate sex with the client, and the cost varies widely. • Most often the sexual exchange occurs after the bar closes or at a future time at the client's house or a hotel.	• Undocumented status • Alcohol use/abuse • Getting to know the client through multiple interactions may produce a level of trust that can impact condom use • Reliance on client for condom ("decent" women do not carry condoms) • Physical violence

Type	Venue Overview	Vulnerabilities to HIV
Opportunistic	• A woman approached in a public space (i.e., shopping center) may accept an offer for transactional sex that can occur at that moment or at a later time.	• Undocumented status • Reliance on client for condom ("decent" women do not carry condoms) • Physical violence
As-needed	• A woman may offer sexual services for money when additional money is needed • When needed, a woman may solicit new clients or contact past clients. • *Online component:* Women may solicit new clients online, typically through social media sites.	• Undocumented status • Reliance on client for condom ("decent" women do not carry condoms) • Physical violence
Direct/Indirect sex work		
Individual arrangements	• A woman may engage in a sexual relationship with a man with an explicit arrangement for monetary exchange. • The monetary exchange may be made generally (i.e., the man pays the woman's rent or phone bill each month) or money may be exchanged at each sex act. • Whether this type of sex work is classified as direct or indirect is determined by the development and terms of the arrangement.	• Undocumented status • The relationship development may produce a level of trust, friendship, or intimacy that can impact condom use • Physical violence