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## An Exploration of the Social Support of Women in Sex Work in Cúcuta, Colombia

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### ABSTRACT

Social support for women in sex work is essential for their overall health and well-being. In the city of Cúcuta, Colombia, both domestic Colombian and migrant Venezuelan women utilize the sex industry to obtain an income. However, with limited resources in this area and little prior research about the current supports, this study explores the social support accessed and received, the social support desired, and identifies the formal social support available to women in sex work in Cúcuta, Colombia. To conduct this research, 28 interviews were conducted: 10 with Colombian women in sex work, 12 with Venezuelan women in sex work, and 6 with professionals representing various social service organizations. Findings indicated that most of the women relied on informal support, yet many women also expressed a desire for formal social support services, specifically related to health care, food, and housing assistance. Nonetheless, gaps persist in the availability of desired formal services. This research demonstrates the importance of service providers working with women in sex work directly to understand their lived experiences, while also demonstrating self-determination and empowerment. Further research is needed to measure the implementation efficacy of formal services and the barriers to access for women in sex work.

### KEYWORDS

Sex work; women; social support; migrants; Colombia

### Introduction

Access to social support for women in sex work is essential for the overall well-being of women (Dalla & Kreimer, 2017). Social support is observed in various forms but can be observed in both a formal and informal manner. Individuals who are often stigmatized or marginalized within societies, such as sex workers or migrants, experience greater challenges in accessing and receiving social support which has impacts on their mental and physical health and the overall quality of life (Balaji et al., 2007).

Within Colombia, the influx of Venezuelan migrants has impacted the availability and accessibility of social services in Cúcuta (Ramsey & Sánchez-Garzoli, 2018). Various nonprofits and nongovernmental organizations have developed services specific to migrants and women. Meanwhile, existing social services persist that address various societal social problems such as gender-based

violence, poverty, and health (Wolfe, 2021). However, it is unclear if the services are meeting the needs of women in vulnerable situations.

Women in sex work often endure barriers to accessing and receiving formal social services (Choudhury et al., 2015; Dalla & Kreimer, 2017), and it is unclear if this is also the situation in Cúcuta, Colombia for both Colombian and Venezuelan women in sex work. Therefore, this study is critical to understanding the current social support received by women in sex work in Cúcuta, Colombia. In this study we explore the current social support accessed and received, the social support desired, as well as identification of formal social support available within the community.

### Background

Social support is critical and beneficial for all individuals. Social support relates to formal and

informal means that address the emotional, instrumental, informal, and appraisal. Emotional support relates to the formation of empathic relationships that express care, love, and trust. Instrumental support consists of tangible support; this could be acts of service from informal relationships or services provided through formal means such as the government or organizations. Informational support refers to the obtaining of information, guidance, or advice, also from both formal and informal means. Lastly, appraisal consists of positive affirmations and encouragement that impact self-esteem (Gottlieb & Bergen, 2010; Helgeson, 2003; Langford et al., 1997; Pearson, 1986). Some tangible social support that the CDC identifies consists of, but is not limited to aspects related to food, household supplies, pharmacy needs, physical health care, mental health care, childcare, economic support, laundry, and internet access (CDC, 2020).

Social support is essential for improved mental and physical health. Prior research deems that a variety of social support has impacts on increased self-esteem and self-worth. Individuals with much support have improved coping strategies that assist with the removal of high stressors and increased resilience that protects against adverse situations (Ozbay et al., 2007). Social support also has positive influences on physical health such as lower blood pressure, decreased coronary disease, and lower rates of risky behaviors (Kadambi et al., 2020; Uchino et al., 2018).

Those with lower social support, individuals experience increased stressors in life and higher rates of worry and fear (J. Wang et al., 2018). Prior research demonstrates how low social support has a direct correlation with poor mental health, especially related to anxiety and depression. Additional mental health impacts include eating disorders, panic disorders, self-harm, and PTSD (Heikkinen et al., 1993; Paykel, 1994; Y. Wang et al., 2021). Lower social support also correlates with higher rates of risky behaviors such as increased use of alcohol and drug use, unprotected sexual activity, shared needles, violence and fighting, and dangerous driving (Moskalewicz et al., 2013; Qiao et al., 2014).

While social support is important for all individuals, prior research demonstrates the need for

greater social support among individuals who may experience a great amount of stigma or isolation from society (Ávila, 2016; Lazarus et al., 2012; Rocha-Jiménez et al., 2018). Both women in sex work and migrants tend to experience a great amount of stigma from society, in addition to trauma, physical violence, and economic challenges, which all have a negative influence on their overall health and well-being (Carroll et al., 2020).

### *Informal Social Support*

Informal social support relates to aspects of emotional, instrumental, informal, and appraisal support, specifically provided by family members, friends, coworkers, neighbors, community members, or other individuals who aid outside of a formal job or organization (Gottlieb & Bergen, 2010).

### *Informal Social Support for Women in the Sex Industry.*

Prior research has demonstrated the importance of informal social support for women in the sex industry. Social support between and among women in sex work has been deemed critical for the overall health and safety of the women. Women who work together in these contexts often tend to look out for one another and also discuss various aspects of the work that could be harmful to mitigate risks and violence (Alegria et al., 1994; Febres-Cordero et al., 2018). For example, women in sex work in Tijuana discussed how their relationships with each other allowed for the exchange of knowledge about safe sex practices, condom use, and information about sexually transmitted infections and diseases. Additionally, the women had created a network through technology to ensure the safety of each other. An exchange of texts when a woman was with a new client would ensure the safety of the other women; in the event of harm, the women were also notified if an intervention was needed (Choudhury et al., 2015).

Informal social support has also allowed for the development of a family-like structure where women are able to understand various challenging situations and overall feel a greater sense of belonging (Burnes et al., 2018; Dalla & Kreimer, 2017). Through a sense of belonging, the women have experienced increased levels of self-esteem,

mental health, and overall feelings of dignity as a person (Sardana et al., 2016; Scorgie et al., 2013; Wong et al., 2006). Specifically, women in India have developed relationships with other women in the sex industry and brothel owners, whereas the relationships are treated and respected like family. Women also care for each other's children and share responsibilities (España et al., 2023). For many women in the sex industry, their biological family may not be accessible or acknowledged because of stigma or broken relationships; therefore, informal relationships with other women are essential to feeling a sense of belonging outside of a traditional family.

**Informal Social Support for Migrants.** Like women in sex work, relationships between individuals who have experienced shared experiences, traumas, and overcame hardships through migration, also have a shared sense of understanding, which can positively impact mental health (Gottlieb & Bergen, 2010). Informal social support is essential for first-generation migrants who live in a different culture with a different language and norms than their native homeland. Through interactions with individuals of the same background in their native language, individuals feel a greater sense of belonging and are less likely to feel stigma or shame in utilizing space (Llácer et al., 2007; Tsiannikas et al., 2011).

Migration is a difficult process, whether forced or voluntary, and many individuals experience aspects of poverty, insecurity, homelessness, risk of violence, and trauma (Abaya et al., 2021). Followed by discrimination, exclusion, acculturation stress, and language barriers after the migration (Hasanovi, 2020; Zimmerman et al., 2011). Migrants who were forced from their home tend to experience higher rates of mental illness from trauma or violence experienced (Abaya et al., 2021; Carroll et al., 2020), yet social support, especially from other individuals with similar experience mitigate negative mental health influences (Bhugra & Ayonrinde, 2004; Kusuma & Babu, 2018).

### **Formal Social Support**

Additionally, informal social support relates to aspects of emotional, instrumental, informal, and appraisal support, specifically provided by

organizations, social service providers, nonprofit organizations, non-governmental organizations, or governmental agencies. The ability to navigate formal social support systems can be complex, and without the knowledge or the ability to navigate such systems, can prevent many from receiving assistance.

### **Formal Social Support for Women in the Sex Industry.**

The legality or criminalization status of sex work in a society impacts the ability of individuals in the industry to access and obtain formal social support (Grittner & Walsh, 2020; Kurtz et al., 2005). Unfortunately, violence or the risk of violence is common for women in sex work, especially those in patriarchal societies (Burnes et al., 2018; Karandikar & Gezinski, 2013). In order to obtain protection from violence is often impossible since police corruption when working with women in sex work is often common. Prior reports indicate that rather than protecting, police often take advantage of women in vulnerable situations through violence, rape, or arrest. Essentially, women in sex work are at risk of and currently are being harmed by the individuals who are meant to protect them (Platt et al., 2018).

Furthermore, formal social support services are limited for women in sex work. Often the appropriate services needed by women in sex work are nonexistent. Therefore, women in sex work may obtain access to services that are not intended for their specific situations; often aspects of occupational health and the safety needs of the women are left unattended (Hall et al., 2020). Some organizations, especially faith-based organizations may have a policy or protocol that dictates that only women who are actively trying to exit from the sex industry are eligible for services (Dowd & Jacobs, 2003). Stigma or shame about working in the sex industry may also influence the ability and comfort of individuals in sex work to request formal support, especially in health care (Kurtz et al., 2005).

Women in the sex industry receive inadequate health care and most do not have access to primary care doctors or preventative care (Hall et al., 2020). Women in sex work also do not receive the necessary reproductive care or prenatal care

(Rivillas-García et al., 2021; Rocha-Jiménez et al., 2018). In some locations, women have shared forced or unwanted sterilization or abortions by doctors (Goldenberg et al., 2018; Rocha-Jiménez et al., 2018). These situations are more likely in locations where sex work is not legal or criminalized with persisting stigma and discrimination against women in sex work (Platt et al., 2018).

**Formal Social Support for Migrants.** The documentation status of migrants prevents many from accessing formal social support. Often social service organizations, their funders, and governmental entities require documentation to receive social services (Martinez et al., 2015). For individuals without documentation, this greatly limits their access to services. Prior research demonstrates that migrants without documentation and from lower socioeconomic status locations have increased vulnerabilities, stressors, and greater mental and physical health disparities (Kusuma & Babu, 2018).

Migrants experience many barriers to accessing physical and mental health care (Moyce & Schenker, 2018). While individuals without documentation status have the greatest barriers, those with documentation also struggle to navigate complex health systems with barriers controlled by outside influences, such as insurance companies. Language and cultural differences also impact the quality and access to care, especially for individuals whose culture contains prior biases resulting in discrimination (Malmusi et al., 2010). Migrant workers, especially those in the agriculture or industry fields experience barriers to care and are often forced to rely on emergency services for primary (Svensson et al., 2013).

Migrant women also experience greater challenges with accessing formal support services. In regard to health care, migrant women experience barriers to prenatal, postnatal, and childbirth care. Aspects such as language barriers, cultural differences, power dynamics, and navigating the health systems add distress and confusion during a sensitive time (Benza & Liamputtong, 2014; Machado et al., 2022). Prior research also reported that migrant women in domestic work experience negative health impacts from health or repetitive tasks, and experience fear from power relations,

especially when undocumented (Kvamme & Ytrehus, 2015).

### ***Role of Collectivist Society and Accessing Formal Social Support***

Collective societies and familial norms are common in many cultures around the world, primarily in African, Asian, South American, and the Pacific regions. Collective societies share a strong emotional, moral, economic, social, and political commitment to their cultures and families, as opposed to individualist cultures where decisions and goals focus on individual independence. Individuals from collectivist societies tend to make decisions based on the benefit of their collective and highly value the reputation and condition of their collective or other family members (Haj-Yahia, 2011).

Nonetheless, individuals from collective societies are more likely to utilize informal support services over formal social services. Because of the nature of a collective, and the understanding that problems or concerns within a family are the responsibility of all the members, individuals are more likely to support each other, rather than explore external assistance. Prior research shares that women from collective cultures are more likely to seek assistance from formal agencies after other avenues and approaches have been exacerbated (Haj-Yahia, 2011). Because of the cultural norms of collective cultures, the woman may be hesitant to receive or seek assistance from formal support services.

### ***Current Study***

With little knowledge of the lived experience of women involved in sex work in Cúcuta, Colombia, this qualitative, exploratory study explored the formal and informal support accessed and received, desired, and the availability of formal social support provided. It is critical to understand the status quo of both formal and informal social support to ensure women in sex work are able to access the support needed to improve their overall health and well-being. Therefore, this study addresses the following questions (1) What formal and informal social

support do women in sex work access in Cúcuta, Colombia? and (2) What desired formal social supports are available to women in sex work access in Cúcuta?

## Methods

This exploratory study was conducted in the border city of Cúcuta, Colombia, with domestic and migrant women in situations of sex work and professionals representing various social service organizations. Research with migrants and women in sex work in this area is very limited; therefore, an exploratory study was essential to obtain an understanding of the women's experiences and interactions with formal social supports. To conduct this research, the first author partnered with social workers from a university in Cúcuta, Colombia. Through this partnership, the researchers worked with community gatekeepers and obtained access to bars within a Zona de Tolerancia, an area where sex work is legal, to conduct the interviews in locations where the women worked. The women in this study were all involved in the sex industry at the time of the interview. Interviews were also conducted with professionals representing various social service organizations who were identified in collaboration with local social workers. This research was approved by the IRB at The Ohio State University.

## Data Collection

Interviews were conducted with the women in private spaces in bars within a Zona de Tolerancia. Twenty-two interviews were held with women involved in sex work, 12 Venezuelan and 10 Colombian women. The interviews lasted approximately 20 to 45 min and the women received an incentive of 50,000 COP (~\$14) in the form of a gift card. The interviews were conducted in a semi-structured manner including the discussion of their journey into sex work, experiences during Covid-19, the social support accessed or received, and the social support desired. All of the interviews were conducted in Spanish. Each participant provided verbal consent to the interview. The participants were instructed

that they could stop the interview at any time and emotional support services were available if needed. The participants did not provide their names and were asked to use a pseudonym for the interview. The interviews were audio-recorded with the permission of the women.

Six interviews were conducted with professionals representing various social service organizations. These interviews were conducted in locations most convenient for the professionals, such as their work offices, restaurants, or coffee shops. The interviews were all conducted in Spanish and lasted between 45 to 90 min. The professionals provided verbal consent to the interviews and consent to the audio-recording of the interview. Interviews consisted of topics such as services provided, impacts of Covid-19 on the services, strengths and challenges to service provision, and discussion of specific services for women in sex work.

Various methods were also used to ensure rigor and limit biases. After each day of data collection, the research team debriefed about the content of the interviews, including unanticipated aspects as well as recurring responses or themes during the interviews. Saturation was also observed during the data collection with both the Colombian and Venezuelan women, which was reached within 10 interviews, in alignment with previous qualitative research (Corbin & Strauss, 2014; Hennink et al., 2017).

## Data Analysis

The recorded interviews were all transcribed verbatim into Spanish through the combination of transcription software and the effort of the native Spanish speakers on the research team. After the verification of the transcripts, all audio-recordings were then permanently deleted. The Spanish transcriptions were then translated into English using both translation software and the efforts of the bilingual members of the research team. The English transcriptions were then uploaded into NVivo 12 and read line-by-line for analysis. Attribute coding was first used to identify the characteristics and demographics of the women, including their nationality, age, children, and length of time in the sex industry.

### First Cycle Methods

To begin the first cycle of data analysis, *in vivo* coding was utilized to identify codes based on the specific language used by the women. Process coding was then used to identify additional codes that specifically related to actions, routines, or processes of the women to identify changes in activities over time. Through this open coding process, initial coding methods were used to ensure that the coding was conducted with an open-minded approach (Corbin & Strauss, 1990, 2014; Saldaña, 2015).

### Second Cycle Methods

The second part of the data analysis consisted of grouping codes in order to develop categories and ultimately themes. Focused coding was used to begin this process of sorting codes through the identification of the most frequent or significant codes. Additionally, process coding was used to assist with making decisions about which codes were critical and essential to the research. Through these processes, axial coding allowed for the combining of codes or the removal of repeating or unrelated codes. Lastly, theoretical coding allowed for the identification of themes through the grouping of categories to provide guidance to the major events and concerns experienced by the women (Corbin & Strauss, 1990, 2014; Saldaña, 2015).

## Results

Twenty-two women involved in sex work, 12 Venezuelan and 10 Colombian were interviewed for this study. All 22 women self-identified as cis-gender women who, at the time of the interview, were working in the sex industry. The women's ages ranged from 18 to 59 with an average of 33.4 years. Of the 12 Venezuelan women, their ages ranged from 18 to 38 with an average age of 25.6 years. Of the 10 Colombian women, their ages ranged from 30–59 with an average age of 42.1 years. This research also interviewed six professionals representing various social service organizations. These professionals consisted of nonprofit workers, a psychologist, a biologist, a governmental worker, and a prosecutor.

### Informal Social Support

The majority of the women discussed aspects of relying on informal social support from family members, especially in regard to childcare. Rosa stated, “*I have a 7-month-old baby and my sister takes care of him because she doesn't work*” (Rosa, Venezuelan). Similar to Rosa, Sofia shared her situation, “*I do not have help of any kind. My parents are the ones who help me with my children*” (Sofia, Colombian). For both Rosa and Sofia, their childcare is reliant on family members who do not work.

Lucia also has a similar situation, where her aunt helps with the childcare of her son. She shared, “*I live with my son and an aunt who takes care of the child while I work. She is always aware of him. She helps me, and I have not had any complaints from her. Between the two of us, we help each other*” (Lucia, Venezuelan). With Lucia, there is a dynamic of shared responsibility, where she and her aunt provide for each other. Carolina who also relies on her family to care for her children mentioned her situation is hindered by the lack of documentation of her and her children. She stated, “*I have a girl and a boy. The girl is 15, and the boy is 13. Right now, they are not studying because I do not have papers to put them in school. When I am working, they stay with my mother*” (Carolina, Venezuelan).

However, unfortunately, not all the women had family members who were able to help with their children while they worked. Lola shared, “*My son is 9 right now. Because I am a single mother, I live alone with him and the dog. When I work, he stays alone. I like to be clear, and I do not lie. He stays with the dog and with God and the Virgin*” (Lola, Venezuelan).

### [Lack of] Informal Social Support in Work

The women also shared about their relationships with other women in the sex industry. First, Carolina shared plainly, “*Everyone is in their work because in this type of work, there are no friends*” (Carolina, Venezuelan). Sofia discussed in greater detail the division of the women; she stated, “*We are divided because on one side are the Venezuelans and on the other are the Colombians. One says hello and everything, but it is not a good thing.*”

*There are things that collide, and we do not have a good relationship” (Sofia, Colombian)*

Through observations and speaking with social service professionals, the divide between the Colombians and the Venezuelan women occurred since many of the Venezuelan women are younger in age and have lower rates compared to the Colombian women, most likely because of their dire situations. Because of this, the Venezuelan women receive more clients than the Colombian women, which has made the experiences of the Colombians very difficult. One organization discussed a situation that included physical altercations between the women. She stated, *“Violence is generated between the women themselves. One time there was an underage Venezuelan woman. She had been there for 30 min, and she was caught between several women, and they gave the girl a terrible beating. She was sent home beaten and battered”* (social worker). While none of the women in this study were under the age of 18, the interviews with service providers did discuss aspects of the exploitation of minors. Nonetheless, this quote exemplifies, the animosity between many of the workers because of the competition of clients, and ultimately an income.

### **Formal Social Support**

The majority of the women shared that they had never received any support or assistance of any kind from an organization or agency. Only two women shared that they had received outside assistance. Ruby shared, *“A friend put me in a program. They gave me two little groceries last year”* (Ruby, Colombian). Lucia’s experience was similar to Ruby’s, and she shared, *“I locked myself inside, and I found it difficult to live. But thank God a man from the mayor’s office gave me a large grocery”* (Lucia, Venezuelan). Both women received a small amount of assistance with groceries, yet neither was consistent nor sufficient for their needs.

As for the remainder of the women, some shared that they had asked or petitioned for assistance from various organizations, yet they were not able to receive aid. Lola shared her experience, *“No, I put in some papers for help, and 2 months passed and nothing”* (Lola,

Venezuelan). Lucia had a similar experience; she said, *“No. I have called the United Nations numbers, but they tell me we will call you, but nothing”* (Lucia, Venezuelan). Again, Lupe shared the same experience, *“I asked for the aid, and I did not see anything”* (Lupe, Venezuelan).

Additionally, Maria was turned away from receiving assistance for groceries. She stated, *“Me? Nothing. Not even for the neighbors, which is a shame. One day, I was happy because they were going to give me some groceries. And then they told me, ‘No, because we already gave them to your daughter.’ But I am not my daughter; we do not cook together”* (Maria, Colombian).

### **What Social Support is Desired?**

In addition to the discussion about not receiving formal social support, the women discussed their desired assistance. Assistance with groceries, rent, and medical care were the three most identified supports desired. Diana shared the support she most desired; she stated, *“The main thing is the food because the clothes you know you can get at any time, but the most necessary thing would be food for my children and cleaning utensils. If they gave me a mattress, I would receive it, right now”* (Diana, Colombian). For Diana, necessities that would not only help her but for her children were the main identified support desires. Similarly, Lucia also mentioned her son. She shared, *“Something medical to see what my son has, and help such as cards for groceries because that way I can buy food and diapers”* (Lucia, Venezuelan). Additionally, groceries were also identified by Patricia. She shared, *“I would like help with monthly groceries, and to pay the rent because sometimes we go to bed without eating and the transportation is expensive”* (Patricia, Venezuelan). Ruby also addressed the need for assistance with rent. She specifically identified the impact of Covid-19 and the additional hardships it has caused with affording rent. She stated, *“As long as there is Covid and everything is not normalized, the government should give aid for those who pay rent”* (Ruby, Colombian).

Other support mentioned included specific care for older women and mental health care. Sofia, who has worked in the sex industry for many years

shared, *“This is a difficult situation that we have, the same society corrupts us and then despises us, and women are always the worst. Real projects should be provided to improve ourselves because there are some who are already at the end of our age and we deserve to do something else”* (Sofia, Colombian). Sofia addressed various topics through her statement, including the stigma of sex workers, the desire for self-improvement, and assistance with obtaining opportunities outside of the sex industry.

Sara also addressed the stigma held about people in the sex industry and the desire to have someone understand her situation. She stated, *“There are really times that I need a helping hand and to have the help of a psychologist. Because many times I do not have a person who listens to me. I just have those people who judge me. Never a person who really listens to me and what problems I am going through and my situation. Simply they judge me. So that seems very good to me. And I really admire, and God bless those people who do that job because it is for a good cause and good help”* (Sara, Colombian).

### **What Support Services Are Available?**

Within Cúcuta, Colombia, there currently are no organizations that work only with women in sex work; however, some social service organizations do provide services to individuals who work in sex work. The professionals interviewed included a variety of topics and services, including a biologist who provides STI testing, two nonprofit organizations that work with women who are victims of intimate partner violence or sexual exploitation, a psychologist from a nongovernmental organization, an individual from the Secretary of Health, and a prosecutor who works with women who works with victims of intimate partner violence or sexual exploitation. While the professionals from these organizations do not represent all the social services available in Cúcuta, their knowledge and experience with people in the sex industry provided deep insight into the current resources.

### **Gender-Based Violence**

Three of the professionals interviewed discussed how their services are provided mostly to women

who have experienced gender-based violence, intimate partner violence, or violence working in the sex industry. The term prostitution was often used in Spanish to refer to both situations that involve sexual exploitation through human trafficking as well as involvement in sex work without coercion. One of the professionals shared, *“80% of our women are in a situation of prostitution or are victims or survivors of sexual exploitation. We mainly address human trafficking. In the municipality, we are well known for this topic because we were the ones who started in Cúcuta and shined a light for the community about what is human trafficking”* (social worker). This individual then continued to discuss the services provided. They stated, *“We offer case management, which includes psychosocial care and referring them depending on their case so that they can access different services and opportunities. Each woman is different. And depending on their situation, we began to provide training on human rights issues. We also offer art therapy”* (social worker).

Additionally, the other professionals also shared their processes for working with women who have experienced violence, stating, *“When we work with the women, we ask them questions. Where do you live? What is your condition? And all that. We have a format, and we characterize them to know what needs the women have. We refer them to gynecology, rent assistance, shelter, we send them to what is important”* (lawyer). The professional from a non-governmental organization also shared their approach to case management for women. They stated, *“The other aid workers are also in charge of referring the cases, that is, if there is a surviving woman or there is even a woman who is being a victim of human trafficking or sexual violence, they contact us. They inform us of the case and a team of professionals, which is the emergency response component, goes out to look for them, then transports that person”* (psychologist). They continued by sharing their approach to care, stating, *“We seek to provide comprehensive care, not only in the intervention and intrapersonal process but also interpersonal, seeking articulation with all entities in the area of health, education, employability”* (psychologist).

### Health Care

Two professionals discussed providing health care to women in the sex industry. The first, provided biological testing, such as HIV, chlamydia, gonorrhea, and syphilis. While they tested the women, they were unable to provide treatment, so the women were then referred to a medical doctor. However, they said the number of women in sex work who arrived to be tested has decreased significantly in the past five years. They explained this by stating, *“There used to be one law that says the girls have to get exams. Anymore, it is optional. The girl comes in here because she wants to know how she is. Previously, it was obligated for all the girls by the law”* (biologist). They continued sharing that previously bar owners or brothel owners would pay for the testing, but now the women are responsible for paying for their own tests. While the tests are very low-cost, any cost for the women is greatly significant, especially when feeding their children is their main priority. Both Colombian and Venezuelan individuals over the age of 18 are able to access the testing services equally.

Additionally, a professional from the Secretary of Health, a governmental entity, discussed their priority to provide health resources to five key populations: men who have sex with men, women in the sex industry, transgender individuals, people who live in the street, and people who inject drugs. They explain the focus on these populations stating, *“We are focused on those most vulnerable groups because we are all vulnerable, but they are the most vulnerable”* (Secretary of Health). They continued sharing that they provide hepatitis B screening, condom distribution, reproductive health care, and HIV and AIDs care. Mental health care is also provided, especially for those who are in crisis or have experienced sexual violence. However, only Colombian citizens and migrant women who have obtained temporary residence status are able to access their services.

### Empowerment

Multiple professionals discussed aspects of empowerment and ensuring dignity and respect for the women. One of the individuals from a nonprofit shared with much passion, *“We work on sexual and reproductive rights, but we have*

*changed the language to human and reproductive rights because accessing the voluntary intervention of pregnancy is a human right. Access to autonomy and to plan and have a child is a human right. So, then we have changed the word sexual. The word sexual has an impact on the lives of women because this patriarchal system has commercialized us, so it is better to start speaking the correct language when we speak of human and reproductive rights”* (lawyer). There are many approaches and actions to empowerment; however, as this professional stated, respect truly begins with using the correct language.

Another professional discussed taking women into institutions where they would normally not feel welcome. They shared how they took women to a restaurant stating, *“We wanted to show them that they can also be in places like a nice restaurant, that they also have the right to that space”* (social worker). By accompanying the women into a location in the community where they may previously not have felt comfortable may empower the women to feel a sense of value and influence their self-esteem.

The same two professionals also discussed the aspect of providing leadership roles to empower the women and provide them with responsibility. One of the professionals stated, *“There are some women who do divine hairstyles. We do not hire a teacher for this class. The teacher is one of the same women. She is super happy, and she tells us that she is grateful for trusting her. Placing the women as leaders makes them feel more secure. They want to change their lives. That is something that motivates them too”* (social worker). Through teaching a class about hair, the woman was able to feel a sense of appreciation and gratitude.

In another situation, women in the sex industry were identified to assist with the promotion of human rights. They explained, *“Since we started going to the neighborhoods, we identified women leaders who are the ones who know what is happening. We take that woman, and we do a strengthening of human rights training. They are community volunteers. We give her our telephone number and we recharge her phone. They tell us about the woman’s needs. They tell us that the police arrive in the park, and they hit them,*

*mistreat them, threaten them, rape them. So, the woman tells us about that*" (lawyer). Through this partnership, the lawyer is able to learn quickly about the violations from the police and the women feel a sense of responsibility through making the report, especially against the corruption and violence from individuals who are meant to be protecting.

### Advocacy

Lastly, the professionals discussed aspects of advocacy for women who work in the sex industry. The professional from the Secretary of Health shared, *"Public attention is necessary for the rights of immigrants and sex workers and the most vulnerable"* (Secretary of Health). By raising attention to various situations, the public may become more informed and understanding of difficult social situations. Another professional added to the importance of public attention by stating, *"So, what we do is we try to prevent the issue [of violence against women]. We go in the neighborhoods and in the communities to bring attention. We orient them with the legal and psychosocial parts. We also bring attention to the services we supply"* (Prosecutor).

### Discussion and Implications

Therefore, this study is critical to understanding the current social support received by women in sex work in Cúcuta, Colombia. In this study, we explored the current social support accessed and received, the social support desired, as well as identification of formal social support available within the community.

First, the women discussed their experiences with accessing and receiving social support. The majority of the women shared that most of their social support was received through informal support from other family members. This type of support was focused on childcare and consisted of shared responsibility between family members; this type of support is also observed with migrant families, especially those with origins from collectivist cultures. However, the social support in the workplace among women in sex work is very limited. The women discussed competition between themselves causing contention and even

violence, according to the social worker. While competition amongst women in sex work has been observed, the aspect of violence and animosity between the women differs from research where women in sex work provided support and developed family-like relationships. The lack of support among the women could potentially cause negative implications on overall mental health and well-being in the workplace (J. Wang et al., 2018).

The women in this study did address formal social support as well. Many of the women shared that they desired support, specifically with groceries, rent assistance, and medical care. However, the women who had asked for support had received very little or nothing at all. Other women in the study, simply answered "no" to accessing or receiving any type of formal support services. While there may be multiple reasons for the barriers to access, prior research describes the barriers to support services caused by stigma, discrimination, lack of knowledge about the system, and cultural norms (Lazarus et al., 2012). However, both Colombian and Venezuelan women alike experienced challenges in accessing and receiving formal support services.

Through the interviews with the professionals, a disconnect was observed. First, there are currently not any agencies that primarily work with women in sex work; therefore, the identified organizations work alongside women in the sex industry, yet the primary care provided did not specifically address their expressed needs. Many of the professionals discussed providing services to women who are victims or survivors of gender-based violence or sex trafficking. While services are necessary for women in these situations, the situations for women who are victims or survivors are different for those who are in the sex industry for economic purposes, rather than force.

Health services for the women were also very limited. The professional from the Secretary of Health did discuss working directly with women in sex work, yet services were only provided with legal documentation. It is also critical to note that the offices of the Secretary of Health are not near the Zona de Tolerancia, which could make it very difficult for many of the women to receive

services. The biologist who seemed very passionate about providing testing services to women in sex work was in proximity and was willing to work with all women, regardless of their nationality. However, there was a fee to be tested, and while minimal, is still significant for the women. With this, the biologist was only able to provide a diagnosis of the tests. Women were then required to access a medical doctor to receive care and a prescription if positive. Navigating this system for women could be very challenging and time-consuming.

Additionally, the professionals discussed aspects of empowerment and advocacy. Empowerment is very important when working with individuals in vulnerable situations or who have experienced discrimination. While this is critical, Maslow's Hierarchy of Needs describes how physiological and safety needs such as food, water, shelter, and health are essential prior to the focus and development of belonging and esteem. Therefore, while the professionals should continue their methods of empowerment and advocacy, there is also a strong urgency to address the immediate needs of the women.

### Strengths and Limitations

This study contained various strengths and limitations. First, the research methods employed best-practice and rigorous methods for conducting international social work research with individuals in vulnerable situations. All the interviews were conducted in a location that was familiar to the women and allowed them to share their experiences in a familiar setting. The researchers were also conscious of biases and their position as researchers. Additional methods were taken to ensure the safety of both the researchers and the women during a global pandemic.

This research also contained limitations. The interviews in this study were conducted in Spanish and then translated and transcribed into English for analysis; therefore, data could have potentially been lost or changed due to cultural or linguistic meanings. The women of this study were also self-selected which could have biased or skewed the experiences discussed in this research only from those who felt comfortable

sharing their stories. The principal investigator of this research is also not a native of Cúcuta, Colombia, which could have potentially added biases to the findings. Lastly, the findings of this research are specific to the women in sex work in Cúcuta, Colombia, and may not be generalizable to all women in sex work.

### Conclusions

The findings of the study have implications for future practice and research. From a micro practice perspective, it is essential for social service providers to understand and acknowledge the needs and goals of their clients. The needs identified by the women in this study were not services currently provided by the professionals who represented various social service organizations. While the organizations provide essential additional services, a gap exists between desired and available formal support. Additionally, the findings of this research present a strong reliance on informal support services. It is critical for social service providers to understand and respect this aspect of many collectivist cultures.

From a macro perspective, it is critical for social service providers to work with the community to understand the strengths and limitations of social service organizations. Through an observational lens using a needs and strengths assessment of the available social support services, workers can identify gaps and areas of growth. Additionally, community-based work with women involved in sex work is important to allow the women to provide their perspectives in service provision. Many barriers to access exist and it is critical to understand the perspective of the recipient to understand how to change a system. Lastly, advocacy is necessary to raise awareness about available support services and to inform and educate the community about the difference between women in sex work and women who are victims or survivors of gender-based violence or sex trafficking. Providers may assume that both groups are in need of the same services, and it is important that women in sex work are provided with care and services specific to their situations.

This research also has implications for future research. Additional research is needed to obtain a greater understanding of various types of services, especially regarding health. The women in this study expressed a great need for health services, yet the services available were very limited. Identification of the barriers to health is needed to assist with changing health policies and decreasing the stigma associated with care. Furthermore, future research would benefit from a collective of community members from various levels as well as the inclusion of women in sex work to allow a participatory approach that allows the community to identify and explore areas they identify. Self-determination and empowerment are critical in social services research and could provide lasting impacts on the experiences of both individuals and communities.

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