

## Article

# Experiencing, Negotiating and Challenging Stigma in Sex Work: Examining Responses from Brothel-Based and Transient Sex Workers in Kolkata, India

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**Abstract:** Stigma is felt, constructed, understood and negotiated differently by varied marginalized groups, including diverse groups among commercial sex workers themselves. Brothel-based sex workers in India have more visibility and undergo greater social scrutiny, moral surveillance and stigmatization. For the transient sex workers, invisibility and non-identification as sex workers are strategically used to mitigate stigmatization. The current research conducts semi-structured interviewing of 23 brothel-based and 21 transient sex workers in and around Kolkata in Eastern India. The results delineate the differences between the impact of stigmatization on brothel-based and transient sex workers in India and how these two groups negotiate with and resist stigma in their lives. The current study shows that the impact and extent of stigmatization varied among the sex workers in accordance to their location and status.

**Keywords:** commercial sex work; stigmatization; brothel-based sex workers; transient sex workers



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## 1. Introduction

Stigma surrounding sex work is a fundamental determinant of inequality for sex workers and precipitates health disparities and a poorer quality of life among the latter population. An understanding and inclusion of environmental and structural factors, such as stigma, is essential for successful program development for disseminating healthcare and support services among high-risk population groups like commercial sex workers. “Navigating the social world as a stigmatized actor can lead to isolation or hostility from others, as well as deep uncertainty over who can be trusted with the knowledge of the stigmatized status” [1]. The process of stigmatization can be complex and intersectional, and stigma remains one of the powerful structural mechanisms of social control affecting lived experiences of marginalized populations.

“The concept of stigma power shifts conventional understandings of stigma as an individual psychological process toward a more complex conceptualization of stigma as a set of internal and external social processes, affecting multiple domains of people’s lives . . . recognizing stigmas beyond the personal level—in other words, as a personal tragedy or form of individual deviance—allows for exposure of the underlying cultural norms of shame and blame and is vital to understanding how they play out in the daily lives of those who are stigmatized” [1].

Delineating how stigma is felt and negotiated is essential for the development of destigmatization policies and programs especially for marginalized and underserved populations. Stigma is noted to have similar impact to factors like race, class, income, gender and education in precipitating inequality [2–4] Stigma “not only affects various aspects of identity formation and social interaction but also access to a range of resources and opportunities, including judicial and health care services” [1].

Among commercial sex workers, stigmatization can exacerbate structural inequities that limit their access to education, healthcare and other sociopolitical resources. Stigmatization legitimizes discrimination against sex workers, enables structural violence against the latter and perpetuates oppression, marginalization and poverty [5–7]. Stigma against sex work is often precipitated by the criminalization of the profession as it is deemed as an illegal and criminal vocation in many parts of the globe and in India.

Indian legislation gives limited legality to sex work itself while rendering illegal aspects of the profession such as soliciting, pimping and running brothels. Consequently, sex workers are criminalized themselves as well as their clients, pimps and brothel owners subjecting them to a fine and imprisonment of three to five years upon prosecution. The clause 2(f) of the Immoral Trafficking (Prevention) Act (ITA) of India defines sex work as prostitution which is “sexual exploitation or abuse of persons for commercial purposes or for consideration of money or in any other kind” [8]. The clause 4(a) of the ITA also criminalizes sustenance off a commercial sex worker’s earnings which creates a precarious situation for their offspring and family members. The ITA owes its origin to the Calcutta Suppression of Immoral Traffic Act passed in 1923 by the British colonial government. The Calcutta Suppression of Immoral Traffic Act was supported by the League of Nations Committee on Traffic in Women and Children. The Act criminalized prostitution and conflated trafficking with sex work. Homosexuality has been decriminalized in India since the Supreme struck down the colonial-era sodomy law (Section 377 of the Indian Penal Code) in 2018. However, the repercussions of ITA affects both cisgender females and transgender sex workers in India. For the transgender and cisgender male sex workers catering to male clients, the choice of their profession causes hyper-marginalization by adding to the stigmatization caused by their gender non-conformity.

The articulation of sex work as an unlawful and oppressive vocation leaves the individuals in the trade with little rights or opportunities and no legal recourse against violence perpetrated against them [9]. In fact, violence perpetrated against them is often deemed as legitimate violence to discipline a criminal community, and the violence perpetrated by law enforcement is often perceived as a necessity to conserve the society’s moral fabric [7].

### *1.1. Stigmatization of the Sex Worker in Popular Indian Imagination*

The sex worker is framed by Indian popular culture as primarily a woman and a disreputable woman, who is a social deviant inhabiting circumscribed and forbidden spaces [10,11]. According to Basu (2010, p. 422), the sex worker is a woman who subverted “Indian middle-class moral strictures that call for the purity of womanhood before marriage and a monogamous servitude to one’s husband after marriage . . . Serial coitus, and for money, makes sex workers liable for serious and lifelong moral, spatial, structural, economic, and symbolic sanctions by the larger society” (Basu, 2010, p. 422) [12]. In Indian popular imagination, the stigmatization of sex work materializes in physical marginalization of the spaces in which they live and ply their trades [12]. These include overcrowded red-light areas that are ghettoized and distinctively demarcated from residential spaces. As Basu (2010, p. 423) noted, “The social framing of stigma associated with sex work shifts from the discursive realm and overlaps with the geographical contexts of life and living associated with the profession. The meanings related to such work and the stigma associated with its meanings situate sex work as a cultural and structural symbol for stigma and spatial peripheralization” [12].

The demarcation of geographical spaces of “red light neighborhood” and “domestic neighborhood” is a key distinction used to demarcate the work spaces of sex workers in Indian popular imagination [13,14]. Belonging to the realm of sex work is seen to preclude the possibility of concurrently existing in the sphere of domesticity. Cornish (2006, p. 465) comments, “just as spoiling of food is irreversible, so it is considered extremely difficult for a woman to lose the stigma of sex trade. Sex workers thus learn that they cannot regain a respectable identity, but must expect and accept stigmatization and discrimination” [13].

However, commercial sex workers in India are not a monolith. Inaccurate tropes and popular narratives about sex workers often result in essentializing their identities as being cisgender females and being brothel-based and sequestered in a red-light area. However, as prior research—including a study by Azhar et al. (2020) focusing on the diversity of sex work in India—indicates, a significant section the population is composed of independent actors unaffiliated with brothels [15]. Identity negotiation and, consequently, stigmatization can vary according to the location and characteristics of the profession. The section below discusses the distinction between sex workers operating out of brothels and non-brothel-based individuals and the impact of their positioning on their health and lived experiences.

### *1.2. Brothel-Based vs. Transient Sex Workers*

In India, sex workers in brothel-based settings, especially in big, well-renowned red-light districts in metropolitan areas like the Sonagachi in Kolkata [16] and the Kamathipura in Mumbai [17] are supported by community led structural interventions and development projects. They have access to healthcare information—including information pertaining to safe sex practices—provided by government and non-governmental agencies and community-based peer outreach projects. They enjoy the social support of their peers to negotiate healthcare systems and voice their demands for collective rights and resistance against oppression [18,19].

Research however highlights that a significant percentage of sex workers in India operate clandestinely from non-brothel-based settings [20]. However, there is a serious gap in research on the differences of the impact of stigmatization on identity negotiation and support-seeking among brothel-based and transient sex workers and for the visibility of stigmatization of transient, non-brothel-based sex workers as well the effect on the patterns of health information access, support-seeking and service uptake [18,19]. It is important to note here that brothel-based sex workers and non-brothel-based sex workers are not mutually exclusive categories, as considerable overlap exists between these groups [21]. However, the variations in the work setting have significant implications on their health and overall well-being. Non-brothel-based sex workers have no fixed place and time of operation. They solicit their clients from varied public places, such as cinema halls, parks, bus stands, railway stations, hotels/lodges, streets and highways. They are a transient, peripatetic population and use their mobility strategically to escape being labeled as sex workers and the stigma associated with residing in brothels [20–22].

Unlike their brothel-based counterparts, studies have found that non-brothel-based sex workers are more vulnerable to contracting sexually transmitted infections (STIs). Their frequently changing work environments render access to STI preventive equipment challenging, and they are more likely to experience sexual violence due to their clandestine operations [18,19,23]. Sex workers' unions require their members to self-identify themselves as a 'sex worker' in order to become a member of the organization and to avail themselves of critical support services. Brothel-based sex workers who are union members often have access to health care clinics, co-operative banks providing loans for community business enterprises (e.g., in Sonagachhi), residential schools and children's day-care shelters set up in close proximity to the brothels (e.g., in Sonagachhi and Kamathipura). On the contrary, individuals operating from non-brothel-based settings and living with their families are reluctant to seek membership in support groups that require them to register as sex workers. Several studies show that the targeted programs or sex worker support groups have had a limited outreach and impact on transient sex workers [18]. The latter avoid these services due to fear of being labeled as sex workers and the resultant stigmatization. Transient sex workers thus negotiate visibility and stigmatization differently from brothel-based sex workers. Hence, in this context the study of location and visibility is simultaneously the study of stigmatization, agency and health.

The location of sex work and the resultant visibility or invisibility of the sex workers themselves have only sporadically appeared as a relevant concept while studying stigmatization. Kotiswaran (2011) shows that sex workers operating from designated brothels or

red-light areas in India are more visible than transient sex workers and often form a unique and distinct labor force [20]. However, they are more readily recognized as sex workers owing to their location, and consequently they face intense scrutiny, surveillance and stigmatization. Ham and Gerard (2014) noted that brothel-based sex workers often register themselves as members of their professional group in order to gain access to externally provided support services including harm reduction programs [24]. However, registering as sex workers exacerbates the stigmatization against them. Such stigmatization often intersects with their location within red-light areas and increases the chances of eviction during occasional gentrification drives especially in urban areas [24]. Anticipated transactional sexual activity within these designated spaces create an intersection between spatialization and stigmatization, by varying socio-legal and moral surveillance and condemnation, besides creating an intersection between location, gender and sexuality. Additionally, the different groups within sex worker populations—e.g., brothel-based versus transient or cisgender versus transgender—often face structural racism and discrimination at multiple levels that further shape their daily survival strategies. Hence, an application of an intersectional lens to understand stigmatization among the diverse populations of sex workers is necessary. Intersectionality theory posits that multiple social identities intersect at the micro level of individual experience to reflect multiple interlocking systems of oppression at the macro, social-structural level [25]. Intersectionality thus refers to the multiple and complex ways in which systems of oppression and inequality connect.

## 2. Objective

The current literature suggests that stigma is felt, constructed, understood and negotiated differently by different marginalized groups. Brothel-based sex workers in India have more visibility and undergo greater social scrutiny, moral surveillance and stigmatization. For the transient sex workers, invisibility and non-identification as sex workers are strategically used to mitigate stigmatization. The current study delineates the differences between the impact of stigmatization on brothel-based and transient sex workers in India and intends to explore how these two groups negotiate with and resist stigma in their lives.

## 3. Method

### 3.1. Data Collection

The brothel-based sex workers were recruited by the DMSC administrative board, and all of them operated within the confines of Sonagachi. The sex work sites that were included are North Kolkata neighborhoods around Nilmoni Mitra Street, Balaram Dey Street, Abinash Kabiraj Street, Rabindra Sarani and Prem Chand Boral Lane. These neighborhoods comprise the heart of the red-light district. The researcher also visited the localities of Boubajar, Rambagan and Lakhar Math in North Kolkata. There were concentrated pockets of sex work zones amid regular neighborhoods in the said areas. Fifteen interviews with brothel-based sex workers were conducted in the DMSC offices at the sex work sites, whereas eight interviews were conducted at various locations within the red-light district chosen by the interviewees.

In order to access the non-brothel-based sex workers, the help of DMSC officials was sought, and they helped to recruit three transient sex workers. The latter helped to recruit additional transient sex workers, and the rest of the non-brothel-based interviewees were obtained through snowball sampling. The transient sex workers were located in Kolkata and its suburbs. Some would solicit clients in areas adjoining red-light districts of Kolkata but would move to a location that their clients would take them. Six interviews with non-brothel-based sex workers were conducted at DMSC offices at red light areas, whereas fifteen were conducted at various locations selected by the interviewees.

The names given by the interviewees were their used names and not their legal names. Among the transgender sex workers, some of the names were adopted as part of their new gender presentation. To maintain the confidentiality of the participants, none of the actual names have been used in the paper; only the first initial has been used. Participation in

the project was on a voluntary basis, and no monetary compensation was paid. Informed consent was acquired from the participants.

Additionally, the researcher reviewed project documentation including research papers, internal project reports, unpublished manuscripts and best practice synopses provided by DMSC. Prior permission was obtained from DMSC central governing committee before the commencement of any research work and interviewing. Institutional Review Board (IRB) approval was received from the researcher's institution.

A combination of semi-structured in-depth interviews with open-ended questions was used. Semi-structured interviewing is regarded as a heuristic device, for such a strategy offers interviewees a chance to develop their own thoughts outside a research question [26]. Each of the interviews lasted between 45 min to an hour. The interviewees answered most of the questions addressed to them and added input of their own on related topics. All communication took place in Bengali, the native language of the interviewees, which was also spoken by the researcher. The transcripts of the interviews differed markedly from each other and were reflective of the personalities of the interviewees. Field notes were also taken during the interviews. Field notes were in the form of reflexive author journals to make sure that the cultural nuances, context and meaning-making were not lost during translation [27,28].

### 3.2. Data Analysis

A research assistant was employed to help with analyzing the transcripts. The transcripts amounted to 210 pages of translated text and 36 pages of field notes. In order to analyze the obtained data, a grounded theory approach was used [29,30]. The transcripts were analyzed employing open coding and axial coding [29,30]. The transcripts and the field notes were not translated to English; rather, they were used in the original language. Since the data was in Bengali, no software was used for the data analysis, and the latter was conducted manually.

As Jorgensen (2001) notes, coding in grounded theory includes the following characteristics "(a) a focus on action and process, (b) a practice of line by line initial coding, (c) a simultaneous involvement in coding and further data collection, (d) an emphasis on analytic development rather than description" (p. 6398) [31]. Themes and concepts that emerged from the data helped develop an understanding of the emergent discourses. During open coding, the data were broken down into discrete parts, closely examined and compared for similarities and differences. During a second stage of more focused axial coding, the themes that were found to be conceptually similar or related in meaning were grouped into categories as units of analysis [27,29,30]. The data analysis investigated whether the emergent codes aligned with existing theoretical concepts. The initial concepts were then checked and validated by both the researcher and the research assistant.

## 4. Findings

Twenty-three brothel-based sex workers were interviewed. All 23 were cisgender females catering to male clients. The ages of the interviewed sex workers varied between 18 years and 58 years. The average age of interviewees was 32.4 years. The number of transient sex workers interviewed was 21. The ages of the interviewees among transient sex workers was between 18 years and 46 years. The average age of interviewees was 28.2 years. Among the 21 interviewees, 17 were cisgender females catering to male clients whereas four identified as transgender individuals also servicing male clients. Table 1 below provides the characteristics of both brothel-based and transient interviewees including the number sampled and average ages. Table 2 shows disclosed gender identities of brothel-based interviewees, and Table 3 provides information on disclosed gender identities of transient interviewees.

**Table 1.** Brothel-based and transient sex workers: number and average age.

Type of Sex Work	Number	Average Age
Brothel-based	23	32.4
Transient	21	28.2

**Table 2.** Brothel-based sex workers: gender identity.

Gender Identification	Number	Percentage
Cisgender female	23	100
Transgender	0	0

**Table 3.** Transient sex workers: gender identity.

Gender Identification	Number	Percentage
Cisgender female	17	80.9
Transgender	4	19

Three primary themes—identified by the author and validated by the research assistant—emerged from data analysis of the transcribed interviews and are discussed below. The themes helped to delineate the ways in which the two groups of sex workers negotiated with and challenged stigma in their own lives. The findings show that the location and type of sex work have an impact on the extent of stigmatization as well as responding to stigma.

#### 4.1. Identity, Disclosure and Challenging Norms

Among the 23 brothel-based sex workers interviewed, 21 noted that they did not hide their professions from their immediate or extended family members and social groups. The 21 interviewees also noted that they publicly identified as sex workers. Two of the interviewees noted that they did not divulge their profession to the surrounding world. Importantly, all 23 brothel-based sex workers noted that they were registered as sex workers with DMSC. Twelve of the interviewed women said that they hold vocations in addition to sex work. For six interviewees, sex work proved to be an additional source of income for sustaining their family members adequately. During one of the interviews, a distant family member of a brothel-based interviewee came to see her to request financial assistance. The interviewee in question noted that she was the highest income generator in her immediate and extended family and had apparently gained a degree of respectability in her native village by being “wealthy.”

In contrast, among the 21 interviewed non-brothel-based interviewees, 17 noted that they did not identify as sex workers. They also said that they did not divulge their occupation to their family members. Only four identified publicly as sex workers. Though this group of people were initially introduced to the interviewer as members of the sex workers’ union, it appeared during the interviews that only seven were registered with DMSC. Among the interviewees, 10 had sex work as the primary source of income, whereas 11 had sex work had sex work as the secondary source of income. Among the latter population, sex work was used to supplement the income they gained from their other vocation(s). Importantly, nine of the interviewees did not identify as sex workers even during the interviews, though they noted that they had transactional sex with multiple people. All four of the transgender interviewees noted sex work to be a primary source of income, but they had other supplementary sources of incomes.

For instance, one of the transgender interviewees P (23 years, transient, interviewee #7) noted, “I have not told my family what I do for a living. My family suspects, I think they know what I do for a living. They are unhappy with me. But they have a lot of expectations as I am their ‘son’. My parents expect me to pay for the education of their grandchildren from my sisters.” Another transgender interviewee S (34 years, transient, interviewee #3)

observed, "I like dressing up as a woman, as I think of myself as a woman. My family and neighbors often make fun of me. Of course, they do not know what I do for a living. But they might suspect, I do not know". Another transgender interviewee noted that she might be forced into a marriage by her family if her orientation and choice of profession come to light.

The colloquial terms to refer to a sex worker in Bengali are byesha, chhenaal, half-gerosthyo and khanki. They denote the status of a fallen woman or potita, another term used to describe a sex worker. However, the interviewed brothel-based sex workers of Sonagachi reacted strongly to such pejorative nomenclature. S (29 years, cisgender female, brothel-based, interviewee #13) retorted:

Who are going to judge us as fallen? The society? Who comprises the society? Who are they to judge us as? Why are they faultless themselves? None of the society members feed us, clothe us, help us to educate our children, put a roof over our heads, or pay our bills. So please they should mind their own business. If you cannot respect us, please don't interfere with our business, we don't care about you too.

As B (34 years, cisgender female, brothel-based, interviewee #17) said:

We are not fallen women. We are not bad women. We do not have such classifications among us, and we refuse to allow anyone to use those terms on us. We will not let anybody to convince us otherwise. We are humans first and foremost, that is our primary identity. We are sex workers by profession, that is our professional identity. We engage in labor to give people happiness. Yes, so we are generators of happiness. How can a happiness generator be a bad person or a fallen woman?

The interviews with the brothel-based sex workers in Sonagachi show that the interviewees questioned and challenged the vilification of sex workers. All 23 of the interviewed women insisted that they did not see their profession as disrespectful. While all the interviewees admitted that sex work is still stigmatized in India, all noted that the unionization in the form of DMSC has provided them with a needed opportunity to voice their perspective on their own profession. Throughout the interviews among the brothel-based interviewees, there was a repeated emphasis on sex work being a valid and respectable means of labor. These interviewees often compared themselves with entertainment workers who rejuvenate the bodies and spirits of their clients. S (39 years, cisgender female, brothel-based, interviewee #6) noted:

We do not wallow in ignominy or live in shame because of our profession. We are not thieves, and we are not criminals who need to be prosecuted. We are not beggars who need to be rescued or rehabilitated. We are adults willingly following a profession. We do this to sustain ourselves and our families. Ours is a profession that gives pleasure to many. We restore the bodies and spirits of men, can you tell me how that is a shameful activity?

K (31 years, cisgender female, brothel-based, interviewee # 12) said, "We entertain our clients. We provide them happiness. Our job is similar to that of actors, singers, artists and other entertainment professionals." B (34 years, cisgender female, brothel-based, interviewee # 17) noted, "We give pleasure and we take money for it, that is our job. Our profession is similar to that of entertainment workers." Six of the interviewees considered their work to be akin to that of caregivers. S (36 years, cisgender female, brothel-based, interviewee # 2) said, "Through our service we refresh the tired mind and bodies of our clients. We provide them with physical and mental companionship. We are like caregivers to our clients." Another respondent A (24 years, cisgender female, brothel-based, interviewee # 19) observed, "Why do you think the clients come back to the women? It is not for the physical alone. We are like medical workers, we heal our clients' mind and bodies".

In contrast, the transient interviewees did not try to rearticulate sex work as a respectable profession akin to entertainment or caregiving work. They discussed the stigmatization of their profession in their conversations, reinforced popular beliefs of vilification of sex work and emphasized their vulnerability towards violence during the interviews. For instance, G (23 years, cisgender female, transient, interviewee #11) noted, “I don’t want anybody I know to see me soliciting. I don’t want to be branded as a fallen woman. I know what I do is wrong. But what can I do, I need to survive too.” Another respondent K (32 years, cisgender female, transient, interviewee #21) remarked, “I am always on the lookout, I don’t want to be recognized by anyone, I don’t want to be caught by the police. We have nobody. The world is against us.” All the four transgender interviewees observed that stigmatization was consistent in their lives, and stigmatization often precipitated and exacerbated violence against them. Additionally, such stigmatization occurred not only because of their choice of profession but also due to their sexual orientation. As S (28 years, transgender, transient, interviewee #4) observed, “People call me chokka, moga and other derogatory terms because of my gender orientation. And they think I deserve to be raped because of my profession.” The transience of transgender sex workers appeared to increase their vulnerability to violence and exacerbated the impact of stigmatization.

#### 4.2. Questioning Criminalization, Emphasizing Labor Rights and the Impact of Unionization

Unionization and the ongoing peer outreach program appeared to reinforce the notions of respectability and legitimacy among the brothel-based sex workers, which in turn prompted the interviewees to challenge the popular misperceptions surrounding sex work. The interviewees located within the red-light district strongly questioned and castigated the criminalization of the various aspects of the profession. The interviewees discussed the propensity among media and sections of society to equate sex work with criminal activity in an endeavor to push for a complete ban. K (31 years, cisgender female, brothel-based, interviewee #12) observed:

Sometimes people tell us that our profession is criminal, it is same as stealing, robbing or murder. They say if sex work is fully legalized then one should also legalize stealing, robbing and murder. I would like to note here that stealing, robbing and murder cause loss, fear, anxiety and grief. But the clients of sex workers, the ones who come to them, they get sexual services, and finally pleasure and happiness. Nobody can say that we are causing loss, fear, anxiety and grief to our clients. If that would have been the case, the clients would not be coming back to us again and again. You know what, a media person once talked to me. She said one may get pleasure by addictions, by taking heroin and marijuana—in that case should the seller of these drugs be given legal status? I would told her that addictions, heroin and marijuana ruin a person’s health. It is a proven fact, tell me if that is wrong? But have there been any studies that show clients having consensual sex with sex workers, and also safe sex using condoms, are ruining their health.

Among the brothel-based interviewees, there was a repeated emphasis on sex work being a contractual service between consenting adults. Occasionally, the interviewees would quote from DMSC manifesto that emphasized the legitimacy of a profession based on mutual consent.

One of the primary demands of DMSC was reiterated in the words of these interviewees, “*gautore khatiye khai, taai sromiker adhikar chaai*,” which translates to “we use our bodies to labor and earn money, so we should get workers’ rights”. Eight of the interviewees noted that their work is a part of a service. “We provide service to our clients” and “we are part of the service industry” were reiterated by these interviewees.

All 23 of the brothel-based interviewees said unionization and the ongoing DMSC activities managed to change the perception of their profession. They emphasized the impact of unionization on reinforcing their own self-worth. B (56 years, cisgender female, brothel-based sex worker plus DMSC administrative leader, interviewee #5) said, “If DMSC

had not materialized, these people would have seen themselves through the lens of society, they would have classified themselves as criminals. But now they know they deserve respect as much as anybody else does.”

Among the non-brothel-based sex workers, the responses did not show an overt endeavor to challenge criminalization or demand labor rights. Eleven of the interviewed individuals—all of whom were cisgender females—acknowledged the impact of unionization on gaining rights for the sex workers. However, they noted that unionization did not affect or benefit the average sex worker. K (32 years, cisgender female, transient, interviewee # 21) noted, “We are still sex workers at the end of the day. Who will respect us, care for us or do good to us?” A (22 years, cisgender female, transient, interviewee # 9) said, “I think it will be good to have full legal rights for us. But I am not interested in getting that. I come to do this work for my family, I don’t want get involved into anything else like fighting for rights.” The non-brothel-based interviewees admitted that their criminalized status exacerbated oppression and violence, but there were no unified voices that came out during the interviews that challenged the status quo or demanded legitimacy, respectability or rights. Among the four transgender interviewees, there was no palpable interest towards or understanding of the union’s work in the Sonagachi area. There was even less interest in questioning criminalization and demanding legitimacy. Rather, they considered sex work to be an immoral vocation with little hope of redemption from oppression and violence. For instance, B (28 years, transgender, transient, interviewee #16) noted, “We are ostracized due to our gender, how else will I earn for my myself and my family? Sex work is immoral, but everyone considers us to be immoral beings anyways, so what else will I do, where will I go?”. B added, “there is no point in trying to say sex work is just work, regular work like anything else. Maybe for women, not for us, we are not regular people, nobody thinks we are.”

The interviews show that there is a distinct difference in the responses of the brothel-based and non-brothel-based interviewees. The transgender interviewees, although only four in number, differed remarkably in their responses from cisgender women and appeared to be more apathetic toward DMSC-led interventions and endeavors.

#### 4.3. Violence and Strategies to Combat Violence

There was a marked difference in responses among brothel-based and transient interviewees regarding strategies to challenge stigmatization and violence perpetrated against sex workers. While the brothel-based sex workers noted that violence has declined significantly since unionization was implemented and since the DMSC expanded itself, the transient sex workers responded otherwise. The brothel-based interviewees also noted that unionization itself facilitated their voices to be heard and allowed active communication with perpetrators of violence. The union created a safe space and formation of a collective platform for articulating the sex workers’ needs and collectivize their protests. Dasgupta (2021) noted that “such a union provided a participatory space that facilitated the articulation of the health needs of the subaltern populace whose voices were otherwise unheard. Unionization of sex workers can provide the means for facilitating policy-level advocacy . . . The formation of DMSC provided an important platform through which sex workers could directly raise their immediate needs and concerns” (p. 3065) [9]. The DMSC also precipitated a process of negotiation with potential perpetrators of violence including pimps, clients, brothel-owners, law enforcement agencies, landlords of buildings housing brothels and members of local political parties. Such negotiation identified the perpetrators as stakeholders in the sex work industry, emphasized their economic interests sustained by sex work itself and eased issues of confrontation among respective parties. P (32 years, cisgender female, brothel-based, interviewee #22) noted:

The police have raped us in the past. But now with *Durbar* we have learnt how to live with our heads high. The police are wary of us because of our union. We are not one woman, or a few women, that they can oppress and victimize. We are a group. They register our complaints, they treat us with respect. But what

happens to the sex workers outside *Durbar* or in other states of India? They are raped regularly, by clients, pimps, police. Do you think rapists use condoms? This is how STIs spread.

As R (cisgender female, 43 years, brothel-based, interviewee #14) noted, “The incidence of violence has gone down sharply since *Durbar* was formed. We are a group, we are a formidable opponent, people do not want to confront us that easily”. P (32 years, cisgender female, brothel-based, interviewee #22) noted, “They (the police) treat us respectfully now. They do not threaten us anymore, they understand we mean no harm to them. We are all members of the same community, we live and work side by side in the same neighborhood. If we look after each other’s interest we all survive and thrive.”

The non-brothel-based interviewees noted that delegitimization of soliciting for sex work created an unsafe environment for the sex workers who work outside the perimeters of the red-light districts. Such regulations exacerbated violence against them and also hindered the implementation of safe sex practices. Importantly, all non-brothel based talked about violence perpetrated by multiple sources, lack of redress and unsafe working conditions.

For instance, K (46 years, cisgender female, transient, interviewee #1) said:

See, when the most vital part of our profession is illegal what will people do? They will have to earn a living after all. Who else will feed the kids, the family? So, they go into hiding. They do their trade in hidden and dark lanes and alleys. The chances of violence against them in such hidden locations increase. The anti-socials will target these women. Rape the women, and no money paid. And safe sex, condoms . . . there is no safe sex in rape.

G (23 years, cisgender female, transient, interviewee #11) added:

I do not understand the law against sex workers. What I know is we are criminals according to the law. So, if we get raped what justice can we get? The police can tell us, in fact the police had told us in the past, that criminals like us cannot get raped. And sex workers who live on exchange of sex for money cannot get raped. And yes, the police chase us, arrests us, rapes us and extorts money from us. There is no justice for us.

The brothel-based interviewees talked about previous incidents of violence perpetrated by pimps, police, local criminals and intimate partners. However, clients never featured in the list of violence perpetrators. Rather, the interviewees insisted that they shared a transactional relationship with their clients and interacted on a professional footing with little scope for violence. The interviewees noted that the clients engaged in subterfuge to obtain transactional sex—popularly perceived as an immoral activity—and tried to hide themselves from the public. There was a sense of kinship between clients and sex workers and violence did not taint that relationship.

Contrastingly, clients were noted to be a ready perpetrator of violence by non-brothel-based sex workers. Physical and sexual assault by clients, friends, intimate partners and family members was a common theme. Thirteen interviewees spoke about sexual assault perpetrated by clients and intimate partners. Some of the interviewees noted that they would be picked up by one man and taken to a different location like a private home or a hotel room. Then, several more men would be there waiting for them and take turns in raping them. Other interviewees also noted that clients would pick them up, rape them, beat them and not make any payments. Some of the transgender interviewees also spoke about verbal and psychological abuse and the structural violence that they face on a daily level. Psychological violence and sexual abuse perpetrated by family and friends sometimes led to depression and suicidal ideations among the interviewees.

However, for the non-brothel-based sex workers there appears to be no palpable strategies in place to combat violence in the workplace. According to the interviewees, they were not registered as sex workers with the union. There was no palpable community belonging or collective identity negotiation present among the transient sex workers that

unionization could have precipitated. The interviewees expressed hesitation to access resources such as hotlines for outreach and support services provided by DMSC or to reach out to peer workers to seek help during times of peril. Violence was taken for granted and an anticipated hazard of the profession with little recourse available.

The non-brothel-based interviewees often noted that they did not “belong” within the DMSC community platform and felt left out. “This is not for us, this is for the women who work in Sonagachi. I am a commuter, I will not get any help from them”, said A (cisgender female, 22 years, transient, interviewee #9). The narrative of “not belonging” and a creation of an “us versus them” form of identity negotiation was reiterated throughout the interviews of the transient sex workers. “The sex workers’ union is a good thing, it’s good for the women who work in Sonagachi. It is not meant for us, we do not belong there”, said S (cisgender female, 33 years, transient, interviewee #20). It appeared from the interviews that DMSC administration was monopolized by the female brothel-based sex workers. The transient sex workers, whether female or transgender, did not find themselves represented in the union platform and felt an active sense of detachment from the activities of the union. “They have regular meetings at the (DMCS) office, I do not go there it is for women who work at Sonagachi. What will I do there?”, said G (cisgender female, 23 years, transient, interviewee #11). S (cisgender female, 33 years, transient, interviewee #20) added, “We do not have anybody that will stand up for us. Nobody fights for us. Sometimes I think I will attend the union meetings, but then I think what’s the point? I will have nothing to say there.”

For the transgender interviewees, who were also all transient, the union did not offer an inclusive space that allowed their voices to be heard. For them, DMSC offered a platform of only one kind of sex workers—the cisgender females. As Dasgupta (2022, p. 503) noted, “The involvement of transgender sex workers in DMSC appeared to be significantly less than female sex workers, and their voices were also missing in the research work conducted in the Sonagachi area. They also comprised less than 1% of administrative positions of the union and generally did not run elections for representation in the governing body.” As S (transgender, 34 years, transient, interviewee #3) noted, “The union is meant for women. It is run by women. It is not meant for us”. He added, “the union is a good thing. They do a lot of good work. But we are not women. We are not welcome there.” His views were reiterated by other interviewees. The transgender interviewees expressed apathy towards the union and its activities and said they had little incentive to join it. Interestingly, the transgender interviewees said they would be interested in joining a collective that is formed exclusively of transgender sex workers irrespective of their location. Several interviewees expressed hopes for such an organization in the future; B (transgender, 28 years, transient; interviewee #16) noted, “For us, the transgender sex workers, a common platform is desirable. That is where our identity issues can be engaged with, our collective problems can be discussed. Only we can speak for ourselves, nobody else can.”

## 5. Discussion

As discussed previously, sex workers’ unions require their members to identify themselves as a ‘sex worker’ and register as a member of the union. The current study makes it apparent that the non-brothel-based sex workers are hostile toward the idea of registering or even identifying as sex workers. Disclosure of professional status was almost non-existent among non-brothel-based sex workers. In the latter population, transgender interviewees and cisgender females were similar in their hesitation towards identifying as sex worker or disclosing their profession. This appears to be a strategic endeavor on part of the non-brothel-based interviewees to evade stigmatization by resisting identification as sex workers or seeking membership in sex worker unions. The brothel-based sex workers rearticulated their profession as legitimate vocations and equated them with caregiving and entertainment workers. There was no such endeavor on part of transient sex workers to destigmatize their profession. The brothel-based interviewees also emphasized their labor rights and were enabled by their union to publicly question the criminalization of aspects

of their profession. However, the interviews make it apparent that the non-brothel-based sex workers demonstrate no palpable connection to the work of the union. They were reluctant to advocate for labor rights and decriminalization and legalization of all aspects of sex work. Similarly, the interviews did not make it apparent that the interviewees saw any impact of the union on their negotiation of their trade or identity as sex workers.

Violence remains one of the primary contextual factors that negatively affects the health and wellness of commercial sex workers, increasing their HIV/STI risk and exacerbating health disparities [32,33]. The interviews with the brothel-based sex workers make it apparent that the incidence of violence had reduced drastically. Unionization along with multilayered strategies like stakeholder negotiation were being utilized to combat violence as well as to reduce structural barriers to health and wellness among the sex workers. However, the transient sex workers appeared to be unaffected by such initiatives. Violence—physical, sexual, psychological and in other forms—still appeared to be a part of their lives, and there were little initiatives in place to engage with either violence or stigmatization. The transient sex workers emphasized that they did not “belong” to the community platform offered by the DMSC, and there appeared to be little existing community support, unity or cohesion among the transient sex workers. Rather, the overall emphasis among the transient interviewees appears to be on ensuring sustenance through their chosen livelihoods with as little interference or judgement from or interaction with external sources as possible.

Previous research among transgender sex workers from the same region shows a visible lack of community structure and support among that population and presence of stigmatization by their own community members in case of HIV/STI positivity [34]. The study also showed that cisgender female sex workers operating from brothels actively discriminated against the transgender interviewees and refused to share resources with their transgender counterparts. As Dasgupta (2022, p. 505) noted, “The intersection of choice of profession and sexual orientation exacerbates the stigmatization faced by transgender sex workers and renders them a voiceless entity even on the sex workers’ coalition platform. The interviewees faced discrimination and marginalization by both the public in general and their female counterparts” [34]. While the current research did not find any trends of brothel-based sex workers discriminating against their non-brothel-based counterparts, it is evident that transient work patterns and non-attachment to designated brothels resulted in greater incidence of violence, lack of a community voice and poorer access to community-based resources and support services in contrast to the containment, stability and superior access offered by red-lights areas. Evidently, location within a designated space can optimize access to health information, reduce vulnerability to violence and enhance the health and wellbeing of the commercial sex workers in India

The red-light areas of Sonagachi—including its innumerable lanes and bylanes, where many of the interviewees plied their trades—did not display a distinctive spatial demarcation for the brothels where transactional sex work was taking place. The houses where the sex workers engaged with their clients were not distinctively demarcated from the surrounding residential houses. Even in central pockets of Sonagachi such as Abinash Kabiraj lane or Rabindra Sarani, each side of the street contained a fair mix of residential houses and sites for sex work. In spite of the existence of the brothels, the spatial peripheralization and marginalization of sex workers in a ghettoized space did not seem to be actively in place in Sonagachi. The DMSC also had its branch offices located within and outside the red-light district and across North Kolkata, thus sometimes making a spatial demarcation of sex work sites impossible. In contrast, the transient sex workers plied their trade primarily outside the confines of Sonagachi and across the city of Kolkata, thus without any scope of peripheralization of their geographical location. However, the transient interviewees did not display the willingness to engage with and challenge structural barriers to health, power and wellness, which unionized brothel-based sex workers readily displayed. The need to evade identification as a sex work ultimately compounded stigmatization for the non-brothel-based interviewees. Overall, there appeared to be frustration and pessimism

characterizing the responses of the non-brothel-based sex workers irrespective of their gender orientation. The process of collectivization that affected the identity negotiation of brothel-based interviewees and bestowed them with a sense of empowerment against violence—both physical and structural—did not exist among transient sex workers.

“A growing literature studies how individuals and populations respond to adversity and which factors can promote healthy development and empowerment in response to stressors. The term ‘resilience’ is used in research and clinical practice to refer to this trajectory of adaptability, or ability to ‘bounce back’” (Rouhani et al., 2021, p. 150) [35].

Resilience can help to explain how outcomes may vary among high-risk individuals especially when it comes to adoption and maintenance of risk reduction behaviors and achieving empowerment. In the current study, brothel-based sex workers displayed greater resilience in face of adversity by engaging in collectivization and employing multilayered strategies to challenge structural barriers to health and wellness. In contrast, the non-brothel-based sex workers lacked discernible strategies to engage with adversities and ended up exacerbating stigmatization in their lives. Understanding resilience among sex workers and the impact of individual, community and structural factors that may promote or hinder resilience can be useful for developing comprehensive strategies to promote empowerment, safety and survival. It is important to remember that “sex workers comprise diverse populations who persevere in the face of multiple layers of marginalization, violence, and trauma; nonetheless, the majority of research among them has limited focus on understanding what tools they regularly employ to cope or thrive” (Rouhani et al., 2021, p. 350) [35].

## 6. Limitation and Future Directions

All the brothel-based study participants were recruited through the involvement and monitoring of DMSC. Most of them were associated with the union directly and indirectly in some capacity. Hence, there is a chance that the interviewees’ assessment of the importance of the union activities in their lives as well as the impact of unionization in the red-light district might not be shared by participants who were not actively involved with DMSC. This is one of the limitations of the study. The non-brothel-based study participants who were recruited through snowballing did not have any affiliation with DMSC, and their responses also varied distinctively as demonstrated in the current study. Perhaps a future study that includes brothel-based sex workers who are completely unaffiliated with the union activities might show different results.

Additionally, there appears to be differences between the responses of non-brothel-based cisgender females and transgender interviewees. A future study can examine the differences between transient cisgender female and transgender interviewees regarding the impact of stigmatization and negotiation of and response to stigmatization within sex work.

A future study can also analyze the existing exploitative and gendered places and practices associated with transient sex work. The utilization of “place theory” as a theoretical framework can be used in order to delineate the impact of the intersection of place, gender and sexuality upon non-brothel-based transgender sex work. Based on Agnew’s study (1987) on place theory which suggests that place is composed of three elements—a specific location in the world, a material setting and meaning attached by an individual or group—an intersection of place, gender and sexuality can be found in brothel-based sex work and the attached stigmatization [36]. Locations of brothel-based and transient settings of sex work including houses, apartments, institutions, streetscapes, parks and sidewalks can be explored for the hierarchical and socio-structural meaning that they are invested with. Place theory can further illustrate how sexual activity characterize certain geographical locations by depiction, recognition and lived experiences. Anticipated transactional sexual activity within those designated spaces creates an intersection between spatialization and stigmatization, by varying socio-legal and moral surveillance and con-

demnation. Examining the intersection of location, sex work and visibility can help to provide a better understanding of the relationships between spatialization of sex work environments, stigmatization, patterns of support-seeking and service utilization among non-brothel-based sex workers.

## 7. Conclusions

The current study shows that the impact and extent of such stigmatization varied among the sex workers in accordance to their location and status. For the brothel-based sex workers, the unionization and the proactive stance demonstrated by the DMSC infused them with confidence. The rejuvenated self-belief of the sex workers reinforced their motivation to advocate for their rights, demand fully legitimate status and have their voices heard. They also actively negotiated with the stakeholders in their profession and managed to be a part of mainstream society instead of being relegated to a marginalized corner. In contrast the transient sex workers lived out the full impact of stigmatization of their profession, and in the case of transgender sex workers, the stigmatization was multiplied due to their gender orientation. As Cornish (2006) noted,

“Internalized stigma and a lack of empowering experiences promote fatalistic expectations that little can be achieved. While contemporary development policies recommend to capitalize on the agency of marginalized communities, a historical context of stigmatization and discrimination often undermined such agency” (p. 462) [13].

The transient sex workers in the study provide such an example of a marginalized community with internalized stigma that was exacerbated by their effort to remove little agency. Ultimately, the physical and experiential dimensions of their location of work operated both independently and reciprocally to shape their lived experiences. Among the transient sex workers, shifting spaces of their occupation which were meant to evade moral surveillance and condemnation resulted in precipitating greater violence, poorer access to support services and lack of health and wellness.

Finally, in India the essentializing of sex workers' identity as being cisgender female and brothel-based has caused advocacy organizations to remain unsuccessful in reaching out to the diverse groups within the sex worker communities themselves. As discussed in the current study, the transient sex workers remain underrepresented in mainstream sex workers' rights discourses with transient transgender sex workers being marginalized at multiple levels and remaining unremittingly underserved. Hence, it is recommended that health researchers, social workers and practitioners utilize the lens of intersectionality in order to include the diverse needs of different groups within the sex workers' communities in India while framing rights-based discourse or designing harm reduction efforts. The intersection of choice of profession, location of the trade and sometimes sexual orientation exacerbate the stigmatization faced by transient sex workers and renders them a voiceless entity in discourses on sex work and even on the sex workers' coalition platform.

Stigmatization in sex work is thus intersectional, and health initiatives and empowerment projects for sex workers need to include the needs of transient individuals to develop appropriate health communication campaigns and materials. Utilization of community-based behavior change strategies, incorporating cultural contextualization in health communication, facilitating change in social norms and collaborating and involving transient sex workers themselves for program development and implementation represent a vital next step to ensure the health and wellness of the non-brothel-based sex workers in India.

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## References

1. Benoit, C.; Jansson, S.M.; Smith, M.; Flagg, J. Prostitution stigma and its effect on the working conditions, personal lives, and health of sex workers. *J. Sex Res.* **2018**, *55*, 457–471. [[CrossRef](#)] [[PubMed](#)]
2. Hatzenbuehler, M.; Phelan, J.; Link, B. Stigma as a fundamental cause of population health inequalities. *Am. J. Public Health* **2013**, *103*, 813–821. [[CrossRef](#)] [[PubMed](#)]
3. Link, B.; Hatzenbuehler, M. Stigma as an unrecognized determinant of population health: Research and policy implications. *J. Health Politics Policy Law* **2016**, *41*, 653–673. [[CrossRef](#)]
4. Wilkinson, R.; Marmot, M. (Eds.) *Social Determinants of Health: The Solid Facts*; World Health Organization: Copenhagen, Denmark, 2003.
5. Winter, D.A.; Leighton, D.C. Structural violence. In *Peace, Conflict, and Violence: Peace Psychology for the 21st Century*; Christie, D.J., Wagner, R.V., Winter, D.A., Eds.; Prentice-Hall: Hoboken, NJ, USA, 2001; pp. 99–102.
6. Farmer, P. On suffering and structural violence: Social and economic rights in the global era. In *Pathologies of Power: Health, Human Rights and the New War on the Poor*; Farmer, P., Ed.; University of California Press: Berkeley, CA, USA, 2003; pp. 29–50.
7. Basnyat, I. Structural violence in health care: Lived experience of street-based female commercial sex workers in Kathmandu. *Qual. Health Res.* **2017**, *27*, 191–203. [[CrossRef](#)] [[PubMed](#)]
8. Government of India. The Immoral Traffic (Prevention) Act 1956. 2017. Available online: <https://www.india-code.nic.in/bitstream/123456789/6818/1/ind93633.pdf> (accessed on 22 January 2023).
9. Dasgupta, S. Violence in commercial sex work: A case study on the impact of violence among commercial female sex workers in India and strategies to combat violence. *Violence Against Women* **2021**, *27*, 3056–3073. [[CrossRef](#)]
10. Banerjee, S. *Dangerous Outcast: The Prostitute in Nineteenth Century Bengal*; Seagull: Calcutta, India, 2000.
11. Sleightholme, C.; Sinha, I. *Guilty without Trial: Women in the Sex Trade in Calcutta*; South Asia Books: Kolkata, India, 1996.
12. Basu, A. Communicating health as an impossibility: Sex work, HIV/AIDS, and the dance of hope and hopelessness. *South. Commun. J.* **2010**, *75*, 413–432. [[CrossRef](#)]
13. Cornish, F. Changing the stigma of sex work in India: Material context and symbolic change. *J. Community Appl. Soc. Psychol.* **2006**, *16*, 462–471. [[CrossRef](#)]
14. Parker, R.; Aggleton, P. HIV and AIDS related stigma and discrimination: A conceptual framework and implication for action. *Soc. Sci. Med.* **2003**, *57*, 13–24. [[CrossRef](#)]
15. Azhar, S.; Dasgupta, S.; Sinha, S.; Karandikar, S. Diversity in sex work in India: Challenging stereotypes regarding sex workers. *Sex. Cult.* **2020**, *24*, 1774–1797. [[CrossRef](#)]
16. Jana, S.; Basu, I.; Rotheram-Borus, M.J.; Newman, P. The Sonagachi Project: A sustainable community intervention program. *AIDS Educ. Prev.* **2004**, *16*, 405–414. [[CrossRef](#)]
17. Karandikar, S.; Prospero, M. From client to pimp: Male violence against female sex workers. *J. Interpers. Violence* **2010**, *25*, 257–273. [[CrossRef](#)] [[PubMed](#)]
18. Dandona, R.; Dandona, L.; Gutierrez, J.P.; Kumar, A.G.; McPherson, S.; Samuels, F.; Bertozzi, S.M. Highrisk of HIV in non-brothel based female sexworkers in India. *BMC Public Health* **2005**, *5*, 1–10. [[CrossRef](#)] [[PubMed](#)]
19. Ramesh, S.; Ganju, D.; Mahapatra, B.; Mishra, R.M.; Saggurti, N. Relationship between mobility, violence and HIV/STI among female sex workers in Andhra Pradesh, India. *BMC Public Health* **2012**, *12*, 1–8. [[CrossRef](#)] [[PubMed](#)]
20. Kotiswaran, P. *Dangerous Sex, Invisible Labor Sex Work and the Law in India*; Princeton University Press: Princeton, NJ, USA, 2011.
21. Sinha, S. “Flying” female sex workers perceptions of HIV risk and NGOs sexual health outreach projects: A case study of HIV prevention in Kolkata, India. *Affilia* **2014**, *29*, 206–223. [[CrossRef](#)]
22. Sinha, S.; Prasad, I. Examining hopes, aspirations, and future plans of women in non-brothel-based sex work in Kolkata, India. *Cult. Health Sex.* **2021**, *23*, 913–926. [[CrossRef](#)]
23. Go, V.F.; Srikrishnan, A.K.; Parker, C.B.; Salter, M.; Green, A.M.; Sivaram, S.; Celentano, D.D. High prevalence of forced sex among non-brothel based, wine shop centered sex workers in Chennai, India. *AIDS Behav.* **2011**, *15*, 163–171. [[CrossRef](#)]
24. Ham, J.; Gerard, A. Strategic in/visibility: Does agency make sex workers invisible? *Criminol. Crim. Justice* **2014**, *14*, 298–313. [[CrossRef](#)]
25. Crenshaw, K.W. *On Intersectionality: Essential Writings*; The New Press: New York, NY, USA, 2017.
26. Gubrium, J.F.; Holstein, J.A. *Postmodern Interviewing*; Sage: Thousand Oaks, CA, USA, 2003.
27. Lindlof, T.R.; Taylor, B.C. *Qualitative Communication Research Methods*, 2nd ed.; Sage: Thousand Oaks, CA, USA, 2002.

28. Smith, B.A. Ethical and methodologic benefits of using a reflexive journal in hermeneutic-phenomenologic research. *J. Nurs. Scholarsh.* **1999**, *31*, 359–363. [[CrossRef](#)]
29. Lincoln, Y.S.; Denzin, N.K. (Eds.) *Turning Points in Qualitative Research: Tying Knots in a Handkerchief*; Rowman Altamira: Lanham, MD, USA, 2003; Volume 2.
30. Strauss, A.; Corbin, J. *Basics of Qualitative Research Techniques*; SAGE Publications: Thousand Oaks, CA, USA, 1998.
31. Jørgensen, U. Grounded theory: Methodology and theory construction. *Int. Encycl. Soc. Behav. Sci.* **2001**, *1*, 6396–6399.
32. Draughon Moret, J.E.; Carrico, A.W.; Evans, J.L.; Stein, E.S.; Couture, M.C.; Maher, L.; Young Women’s Health Study Collaborative. The impact of violence on sex risk and drug use behaviors among women engaged in sex work in Phnom Penh, Cambodia. *Drug Alcohol Depend.* **2016**, *161*, 171–177. [[CrossRef](#)]
33. Dunkle, K.L.; Jewkes, R.K.; Brown, H.C.; Gray, G.E.; McIntyre, J.A.; Harlow, S.D. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet* **2006**, *363*, 1415–1421. [[CrossRef](#)] [[PubMed](#)]
34. Dasgupta, S. Examination of Identity Negotiation, Sexual Health Behavior, and Healthcare-Seeking Behavior of Transgender Sex Workers in India. *Sexes* **2022**, *3*, 492–507. [[CrossRef](#)]
35. Rouhani, S.; Decker, M.R.; Tomko, C.; Silberzahn, B.; Allen, S.T.; Park, J.N.; Footer, K.H.A.; Sherman, S.G. Resilience among cisgender and transgender women in street-based sex work in Baltimore, Maryland. *Women’s Health Issues* **2021**, *31*, 148–156. [[CrossRef](#)] [[PubMed](#)]
36. Agnew, J. *Place and Politics: The Geographical Mediation of State and Society*; Routledge: London, UK, 1987.

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