Perception of Risk in the Context of sex Work among Venezuelan Immigrant Women and Men in Colombia

Percepción de riesgo en el contexto del trabajo sexual para mujeres y hombres inmigrantes venezolanos en Colombia

Percepção de risco no contexto do trabalho sexual de mulheres e homens imigrantes venezuelanos na Colômbia

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Abstract

Objective: To analyze the perception of risk among cisgender and transgender Venezuelan immigrant men and women who offer sexual services in Colombia, with the purpose of identifying the factors that influence their ability to detect and respond to situations of potential harm in the context of transactional sex. *Methods:* Mixed research was conducted with an interpretative approach, and semi-structured interviews were used as a research technique. *Results:* A total of 55 sex workers were interviewed in Bogotá D.C., the Metropolitan Area of the Aburrá Valley, and the Colombian coffee-growing region, 69 % of whom were male at birth and 31 % were female. Regarding gender identity, 60 % self-identified as cisgender men, 31 % as cisgender women, and the remaining 9 % as transgender women. The average age of the participants was 27 years. *Results:* Regarding immigration status, 69 % of the sex workers

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interviewed were in the country illegally. Three types of risk were identified—biological, psychological, and social—which are interconnected and create situations of vulnerability in sex workers. Additionally, the need for an intersectional analysis that considers the factors increasing sex workers' vulnerability to HIV, sexually transmitted infections, violence, and gender-based violence—such as sexual orientation, gender identity, age, and migratory status—became evident.

Keywords: risk; sexual health; sex work; migrants; Venezuela; Colombia.

Resumen

Objetivo: analizar la percepción del riesgo que tienen los hombres y mujeres cisgénero y transgénero inmigrantes venezolanos que prestan servicios sexuales en Colombia, que permita identificar los factores que intervienen en la habilidad de detectar y reaccionar ante una situación de potencial daño en el contexto del sexo transaccional. *Métodos:* se desarrolló una investigación mixta con un enfoque interpretativo y como técnica de investigación se emplearon las entrevistas semiestructuradas. *Resultados:* en total se entrevistaron 55 trabajadores y trabajadoras sexuales en Bogotá D. C., el Área Metropolitana del Valle de Aburrá y el Eje Cafetero colombiano. El 69 % tenían como sexo al nacer masculino, y el 31 % eran mujeres. Frente a la identidad de género, el 60 % se autoidentificaban como hombres cisgénero; el 31 %, como mujeres cisgénero, y el restante 9 %, como mujeres transgénero. La edad promedio de los participantes era de 27 años. Frente al estatus migratorio, el 69 % de trabajadores sexuales entrevistados estaban de forma irregular en el país. *Discusión:* se identificaron tres tipos de riesgo: biológicos, psicológicos y sociales, los cuales están relacionados unos con otros y generan situaciones de vulnerabilidad en los trabajadores sexuales. Además, se evidenció la necesidad de un análisis con enfoque interseccional que dé cuenta de los factores que aumentan la vulnerabilidad de los y las trabajadores sexuales frente al VIH, las infecciones de transmisión sexual, la violencia y la violencia de género, como la orientación sexual, la identidad de género, la edad, el estatus migratorio, entre otros.

Palabras clave: riesgo; salud sexual; trabajo sexual; migrantes; Venezuela; Colombia.

Resumo

Objetivo: analisar a percepção de risco de homens e mulheres imigrantes venezuelanos cisgêneros e transgêneros que prestam serviços sexuais na Colômbia, a fim de identificar os fatores que intervêm na capacidade de detectar e reagir a uma situação de dano potencial no contexto do sexo transacional. *Método*: foi desenvolvida pesquisa mista com abordagem interpretativa e foram usadas entrevistas semiestruturadas como técnica de pesquisa. *Resultados:* foram entrevistados 55 trabalhadoras e trabalhadores sexuais em Bogotá D.C., na Área Metropolitana do Valle de Aburrá e no Eje Cafetero colombiano. O 69 % eram homens ao nascer e 31 % eram mulheres. Em termos de identidade de gênero, 60 % se identificaram como homens cisgêneros; 31 %, como mulheres cisgêneros, e os 9 % restantes, como mulheres transgêneros. A idade média dos participantes foi de 27 anos. Quanto ao status migratório, 69 % dos profissionais do sexo entrevistados estavam no país ilegalmente. *Discussão*: foram identificados três tipos de risco: biológico, psicológico e social, que estão relacionados entre si, gerando situações de vulnerabilidade nas profissionais do sexo. Além disso, ficou evidente a necessidade de uma análise interseccional que atenda aos fatores que aumentam a vulnerabilidade das trabalhadoras e dos trabalhadores sexuais ao HIV, às infecções sexualmente transmissíveis, à violência e à violência de gênero, tais como orientação sexual, identidade de gênero, idade, *status* migratório, entre outros.

Palavras-chave*:* risco; saúde sexual; trabalho sexual; migrantes; Venezuela; Colômbia.

Introduction

The perception of risk is a complex process based on subjective experience and rooted in the context of daily life. The theory of social representations explains that responses to risk are based on symbolic constructions that emerge and are modified in social interactions (1). In this sense, the protective practices that people assume depend on what they perceive as a risk—a subjective perception shaped by their interests and the social and cultural value system in which they are immersed— (2).

Therefore, the perception of risk in the context of sex work among Venezuelan men and women in Colombia is a complex issue, as it must not only consider the social and cultural context in which this work is carried out in the country of destination; but must also take into account the same aspects in the country of origin, since the ability of individuals to manage risk in the practice of sex work depends on these factors. Additionally, individual aspects such as age, gender identity, sexual orientation, migratory trajectories, and migratory status, among others, contribute elements that will determine this ability.

Consequently, risk perception is mediated by social interaction, whose meanings are intersubjective and are constructed through the responses that individuals have to certain actions, which give rise to behaviors. This is part of the process that Blumer (3) called *symbolic interactionism*. Therefore, the meanings given in the context of sex work by Venezuelan immigrant men and women determine the behaviors they assume and, therefore, the perception and responses to risks, which are not only directed at clients who access sexual services but also at sex workers themselves, as well as affective partners. This is because meanings act as determinants of the way in which human beings behave with themselves, with other people, and in establishing their relationship with their context.

In the case of the sex workers who participated in this study, the perception of risk is a constant in their lives and is manifested in different ways. Thus, risk is valued and faced based on their personal experiences and interests, which allow them to understand the extent of this risk. For example, in relation to condom use, it acquires a distinct symbolic meaning depending on the client or the affective partner, modifying the interactions established between them (4).

Some studies have identified the risks perceived by sex workers, which include the fear of acquiring a sexually transmitted infection (STI), especially HIV, the risk of being assaulted by clients, the possibility that the client may report the irregular situation of the immigrant, or the consumption of psychoactive substances, among others (5-8). However, it is not only necessary to identify risks, but also to prioritize them, as the priorities for immigrant sex workers may not focus on STIs when they are in contexts of various types of violence, or when legal aspects such as migratory irregularity, social factors like stigma and prejudice,

or poverty limit their ability to respond to risks, with decision-making being subordinated to these issues.

Consequently, understanding the risk perception of male and female sex workers, considering their particularities, will allow for the identification of their priorities so that they can be considered in the design of sexual and reproductive health (SRH) programs that respond to a complex and dynamic reality, recognizing both the structural and individual aspects in which sex work is practiced.

Methods

A mixed methodology was used, combining the collection and analysis of qualitative data, which focus on quality and meaning, with quantitative data, which focus on quantity and measurement. The study was conducted in the regions of Bogotá D.C., the Metropolitan Area of Valle de Aburrá, and the Colombian coffee-growing region. The research that led to this article aimed to understand the perceptions, behaviors, and unmet needs in terms of SRH among the population of Venezuelan immigrant sex workers residing in the aforementioned regions.

Research techniques

The information was collected using semi-structured interviews, as this technique is particularly suitable for obtaining information on the perceptions, imaginaries, and behaviors of the participants regarding a given topic—in this case, SRH—while placing it within the social trajectories in which they are produced.

The interview was structured around a series of topics based on the toolkit developed by the Inter-Agency Working Group on Reproductive Health in Humanitarian Crisis (9), which were complemented with other aspects related to the migratory context of the study participants. The topics explored in the interview include socio-demographic data, access to and use of family planning methods, gender-based violence, maternal and newborn care, HIV/AIDS (prevention and treatment), STIs (prevention and treatment), sex work, and stigma, discrimination, and xenophobia.

Selection of participants

Due to the characteristics of the people who offer sex services, contact with the interviewees was complicated by the difficulty of accessing them, since there is resistance to participate in this type of research and, in some cases, they are socially hidden populations, especially male sex workers, due to stigma and discrimination related to sexual orientation, gender

identities, and transactional sex. Therefore, three strategies were used for the selection of participating subjects: (i) Cooperation with organizations that provide services to LGTB+ people, women, and Venezuelan immigrants, allowing for the identification of subjects who met the inclusion criteria for participation in the research. (ii) Leaders were identified who offered references for other potential participants, who were then contacted to assess their interest in collaborating in the study. (iii) Potential participants were contacted through the locations where they offered sexual services to both men and women, which included physical spaces, such as hotels and bars, as well as virtual platforms, like websites or mobile applications.

Inclusion criteria for participating subjects

For the selection of participants, the following inclusion criteria were established: Venezuelan immigrant cisgender and transgender men and women; Venezuelan immigrant men who have sex with men (MSM); cisgender, transgender men and women, and MSM aged >18 years; cisgender, transgender men and women, and MSM residing in Bogotá D.C., the Metropolitan Area of the Aburrá Valley, and the Colombian Coffee Growing Region (Caldas, Quindío, and Risaralda); cisgender, transgender men and women, and MSM engaged in sex work. All participants signed the informed consent form, and the study was approved by the Ethics Committee of the Corporación Universitaria Minuto de Dios and the Ethics Committee of the Pan American Health Organization (PAHOERC Ref. No. PAHOERC.0180.01).

Analysis

The analysis of the information included the reduction and categorization of data. The information collected from the interviews was transcribed verbatim and later systematized using a category analysis matrix, where the interviewees' narratives were coded. Then, content analysis was conducted, which allowed for an understanding of the perspectives that the informants have regarding their lives, experiences, or situations, expressed in their own words (10). The content analysis thus prioritized the study of social, cultural, and interpersonal interactions in general.

In this sense, the construction of reality is determined by the social context of individuals. In the case of Venezuelan immigrants, the social representations, beliefs, perceptions, and behaviors they have developed are influenced by certain elements of the culture of their country of origin, but these are modified or transformed by migration and the process of social integration in the host country. The cultural environment in which migrants live, the position they occupy in the social structure, and the concrete experiences they face daily all influence their way of being, their social identity, and the way they perceive social reality (10).

Results

Sociodemographic characteristics of Venezuelan sex workers and Venezuelan male sex workers in Colombia

A total of 55 semi-structured interviews were conducted. The mean age of the interviewees was 27 years (range: 20–46). Seventy-one percent of the interviewees were between 20 and 29 years old, 24 % were between 30 and 39 years old, and the remaining 5 % were over 40 years old.

Of those interviewed, 69 % stated that they were male at birth. Regarding gender identity, 60 % self-identified as cisgender males, 31 % as cisgender females, and 9 % as transgender females. In the 12 months prior to the study, 76 % of the participants had sex only with men, 16 % with both men and women, 6 % with men, women, and transgender women, and 2 % with both men and transgender women.

The average age of all interviewees was 27 years. However, by gender identity, transgender males and females were younger than cisgender females, with an average age of 26 years, while cisgender females had an average age of 29 years.

Sixty-nine percent of those interviewed were in Colombia illegally, while 31% had regularized their administrative situation. Irregular migratory status not only limited immigrants' access to the health system but also led to situations of violence, marginalization, social exclusion, sexual and labor exploitation, among other challenges (6). This is evidenced by the following testimonies:

> I remember arriving in Bogotá feeling sick for a week... In Suba, there was a hospital, and I remember being there asking for help, but they told me no, that they could not provide me with any medical care. (E51_Man_28_Bogotá).

> I was discriminated against; they treated me very badly at the hospital. I went there to ask if they would accept me, but first, it was an issue because of my sexual orientation. Then, they claimed they had no knowledge and couldn't admit me. (E45_Transgender woman_34_Bogotá)

The other sociodemographic data of the interviewees can be seen in Table 1:

Table 1. Characteristics of Venezuelan male and female sex workers residing in Colombia who participated in the semi-structured interviews

	n = 55	%
Sex at birth		
Male	38	69
Female	17	31
In the last 12 months have you had sex with		
Men	42	76
Transgender men and women	1	2
Women and men	9	16
Women, men and transgender women	3	6
Age		
20–29	39	71
30–39	13	24
40 or more	3	5
Gender identity		
Cisgender man	33	60
Cisgender woman	17	31
Transgender woman	5	9
Cohabitation status		
Married	2	3
Divorced	1	2
Single	41	75
Union/Domestic partnership	11	20
Educational level		
None	1	2
Elementary	1	2
High school	4	7
High school	28	51
Technical	7	13
Technological	4	7
University	10	18
None		
Regular activity in Venezuela		
Employee	36	65
Student	8	15
Military	1	2
Self-employed	10	18

Continúe

Monthly income in Colombia		
Less than 1 MLW*	36	65
Between 1 and 2 MLW	14	26
Between 2 and 3 MLW	5	9
Affiliation to the General Social Security Health System (SGSSS)		
Yes	6	11
No	49	89
Migratory status		
Regular	17	31
Irregular	38	69
With children		
Yes	21	38
No	34	62

* The Minimum Legal Wage (MLW) in Colombia for 2021 is 908,526 pesos per month, which would represent about USD 229.45/month.

Risks perceived by Venezuelan sex workers in Colombia

Biological hazards

The interviewees reported three types of risks they faced during sex work. The first was biological risk, which refers to the possibility of becoming infected with STIS, including HIV: "That is the risk we, as sex workers, face: contracting an infection or HIV" (E55_transgender woman_21_Pereira).

Biological risks can be understood as the level of exposure assumed by individuals from certain practices or behaviors that, in turn, can trigger pathological situations that alter physical health. In fact, some authors, such as Nichter (11) or Arellanez (12), recognize that such risk is subjective, as it depends on the way people structure the perception of it.

In this sense, the interviewees stated that some clients seek sexual services without the use of condoms, exposing them to biological risks, given that this type of situation is mediated by subjective and social aspects:

> Well, the client tells me that he wants to do it without a condom, and I ask him if it's safe. He tells me that it is, so I do it out of necessity. (E21_Man_24_Medellín)

> Yes, there have been many. I even lose a lot of work because of that, because most clients prefer it without a condom—almost all of them. I just don't do it with those who insist on not using a condom. I say no, and then they leave, because they prefer it without one. (E40_Man_22_Manizales)

Psychological risks

The second type of risk is psychological, which is fundamental to the well-being of sex workers. This is not only because it is an integral part of their health, but also because it is a determining factor in the processes of sociocultural integration into the communities and contexts where immigrants are received:

> It was already humiliating to be treated like a fool, you know? Because when I told you—or you told me—to stand there, saying, "I want you to," or "Pull down your pants, and I want everyone to bite your penis," I would not do that. I mean, you told me one thing, we negotiated one thing, and then they wanted to humiliate you. It was humiliation, both from the sex work and from xenophobia. (E9_Man_42_Pereira)

This testimony shows that xenophobia and discrimination are directly linked, leading to clandestine sex work and social stigmatization, especially in the case of men, who are exposed to social exclusion and, therefore, to concealment, due to the fact that they offer sexual services and have sex with other men, as their clients are mostly men (5).

Situations of violence and discrimination influence the mental health of sex workers, manifesting themselves in anxiety and depression disorders, associated with the use of psychoactive substances, the absence or loss of a life project, sexual and gender-based violence, as well as xenophobia and different forms of discrimination:

> Lately, I have been suffering a lot from anxiety and depression. I start to crying and crying, thinking about everything we went through in Venezuela. I came here looking for a better quality of life, but I have nothing; I'm in the same situation. It depresses me so much, and I just want to start my life over. (E29_Woman_46_Pereira)

> Most Venezuelans here in Colombia have a bad reputation. When I go to ask for jobs, they make faces at me, or because I am Venezuelan, they dismiss me completely. I feel that it is a form of psychological mistreatment. (E26_Man_20_Caldas)

> You want to talk to someone… to say, "Oh, how I wish I could get out of that life." A friend of mine helps me a lot; I talk to her a lot. It's a life that depresses you so much, being in a business like that, without being able to tell your family what you do. It's very hard. (E28_Woman_30_Pereira)

Social risks

The third type of risks identified by Venezuelan sex workers in Colombia are *social risks*, which are deeply intertwined with psychological risks. These include the absence or fragility of social and family support networks, exposure to violence—including gender-based violence—and the use of psychoactive substances. The lack of robust support networks limits access to economic, cognitive, emotional, and material resources, thereby increasing vulnerability and exacerbating mental health issues:

> Yes, of course. At some point, I thought I was going crazy. I looked at myself in the mirror and I said, "How disgusting." I started to believe everything people told me—what my ex-partner told me—that I was disgusting because I had become skinny and horrible. It was due to the depression, to the situation I was going through at that moment. I became skinny, very skinny. (E51_Man_28_Bogotá)

> The truth is, yes, I thought about committing suicide. At that moment, I called the suicide prevention hotline because, honestly, I didn't even know how to do it—I didn't even know what code to use. I was having such a severe anxiety attack that I thought about taking my own life. It was the only time I called. They never answered, but just making the call helped me calm down, even if I didn't talk to anyone. (E7_Man_30_Pereira)

Migrants often coexist in environments with individuals who consume psychoactive substances, including alcohol, and face challenges in managing stressful situations brought about by the migration process and sex work. These factors significantly contribute to their vulnerability. Environments associated with the supply and demand for sexual services have historically been identified as spaces where alcohol and psychoactive substances are socially consumed:

> I love having sex while using marijuana, and most men do too. It stimulates them. Most of them ask, "Are you going to smoke marijuana?" or they send you to buy it. (E48_Transgender woman_24_Bogotá)

> Above all, you prefer to be under the influence of alcohol when working in this, because it helps you work better. (E31_Woman_20_Pereira)

A notable risk highlighted by female interviewees is the prevalence of physical and sexual violence, often manifesting in various forms and attitudes from clients. These violent acts are frequently tied to alcohol and drug consumption or obsessive and possessive behaviors expressed by clients: "Yes, once, a guy got aggressive with me out of jealousy. He used to go there often, and we would meet, so he thought there was something between us. Out of jealousy, he confronted my partner because he had hit me" (E44_Woman_33_Bogotá).

Male sex workers also reported experiences of violence, either in the context of sex work or within intimate relationships:

> I was already there, and he told me, "You´re here now, so you have to do what I want." Then the bald guy pulled out a knife, and I said, "Oh well, take it easy..." I felt that it was against my will. (E16_Man_27_Medellín)

> That person also hurt me a lot psychologically, even though he was younger than me. He hurt me a lot because he would say things like that I was trash, that I was disgusting. We had already ended the relationship, but he continued living with me and did whatever he wanted. (E51_Man_28_Bogotá)

In addition, social risks are linked to xenophobia and discrimination on multiple grounds, which create barriers to the effective enjoyment of immigrants' rights and, therefore, result in their direct violation. In this sense "one of the most notable forms of discrimination is the so-called xenophobia, which targets people outside the national or ethnic group simply for being foreign. This form of discrimination is especially intense when based on racial grounds, which is referred as racism" (13).

> Sometimes, there are people who are angry with us for being Venezuelans. I've been told things like: "Damn Venezuelan, you come here to prostitute yourselves and bring diseases," and things like that. (E4_Man_35_Pereira)

Discussion

Our study showed that the perception of biological risk decreases as it enters the personal, affective, and emotional level of individuals, increasing the level of exposure to them. Thus, there is a separation between the work and personal contexts for sex workers, which divides the perception of risk. Consequently, the use of condoms and their negotiation in the context of sex work is permanently established, while in the affective context, such negotiation is almost nonexistent, which corroborates what was stated by Torres (14).

Biological risk is linked to the use or non-use of condoms during sexual encounters between sex workers. This depends not only on knowledge about STIs and condom use, but also on factors such as subjectivity, gender, sexual orientation, migratory status, and precarious quality of life, among others. In other words, biological risk is determined by multicausal and intersectional factors that must be analyzed precisely in order to establish strategies to reduce it.

Therefore, condom use can be considered a protective practice associated with sex work, serving as a boundary between women and their clients. However, this perception regarding condom use in transactional sex contrasts with its non-use in affective-sexual relationships (4). This situation highlights the symbolic use of condoms: as a barrier or physical and emotional limit with clients, and as a sign of trust and love with affective partners.

In the case of men engaged in sex work, it was observed that they accept unprotected intercourse, which increases the biological risk and proportionally decreases their ability to manage it. This situation is determined in part by the precariousness of their quality of life, a situation similar to that of Salmerón, who argues that "it is true that the economic motivation for sex work seems to be more common among immigrant male sex workers, a fact that can lead them to maintain unprotected sexual practices when the client offers them a higher amount of money" (6).

Thus, it is evident that men have easier access to risky practices than women. This situation stems from the beliefs, imaginaries, perceptions, and experiences that individuals have about their sexuality, where gender as a social construct reveals different normative patterns for men and women, significantly influencing the vulnerability underlying the practice of sex work. For example, some of the heterosexual and homosexual men engaged in sex work consider that as long as they do not engage in receptive sexual practices, they are not at risk of HIV infection, while most of the women interviewed consider that any sexual practice they engage in carries a biological risk.

Consequently, for authors such as Martínez-Pizarro and Reboiras-Finardi (15), the traditional epidemiological and human rights perspective on biological risks, and especially STIs and HIV, should be broadened to include contextual dynamics that broaden the perspective on inequity, discrimination, and poverty among groups susceptible to the spread of HIV and the evolution of the disease. In other words, it should be recognized that "the vulnerability of migrants is not innate; therefore, their management should consider them in a continuous relationship with the context of the destination country and the situations they face" (16), understanding that these factors determine the vulnerability of migrants and how they respond to risks, as migration paves the way for changes in knowledge, perceptions, and sexual practices, which may increase the biological risk of HIV and other STIs.

As for psychological risks, the lack or weakness of social and family support networks, the concealment of sexual orientation and sex work, and the limited access to social, material, economic, and cognitive resources directly influence the psychosocial health of Venezuelan immigrants engaged in sex work, becoming a psychological risk factor that leads to depression, anxiety, and other mental health disorders. In the case of men, this is particularly evident because they lack social and family support networks to cope with any situation that may arise from the exercise of this work. Although women also suffer from anxiety and depression, they have a broader and more consolidated support network than men, since female sex work is socially recognized and, although there is a high level of stigma and prejudice surrounding it, social, institutional, and personal support networks have also been consolidated around it.

It should also be noted that the cisgender and transgender women interviewed decided to tell their families about the work they do, as they consider this support network to be important in their lives. Meanwhile, in the case of men, due to the social stigma that male sex work carries and the prejudices that exist about this activity, they turn to their friends as a support network. However, this situation does not necessarily represent a strong social support network, since in most cases, these men find themselves in the same situations of individual and social vulnerability as their peers, as they sometimes have little contact with other social contexts outside of sex work. This situation prevents the interaction or exchange of accurate and real information, the creation of emotional ties, and the development of

sufficient trust, which are fundamental factors for the psychosocial adjustment of male sex workers.

As for social risks, these are directly linked to psychological risks. In the case of the support networks of male sex workers, it is evident that because they constantly travel between cities in Colombia in order to get new clients and increase their economic income, there is a lack of knowledge of the social and health resources available in each city, weakening the support networks and access to sexual health services (4). This could explain why the interviewees did not know the sites for accessing HIV and other STI tests, nor the SRH care routes. On the contrary, female sex workers have less internal mobility, and this could be explained because they provide their sexual services in physical establishments where they stay for long periods of time, such as bars, discos, nightclubs, among others, where they have the infrastructure to develop their work. In contrast, male sex workers offer their services almost exclusively through social networks, applications for mobile devices, and websites, which gives them greater freedom to move between cities.

The same situation is seen in the socio-family support networks. It must be said that the absence or weakness of these networks directly influences psychosocial risk as they dissipate the capacity to achieve resilient management, generating measures of emotional distancing. Therefore, the weakening of the family support network stems not only from the physical distancing caused by migration but also from the fears arising from prejudice, social stigma, and discrimination that have historically criminalized female sex work and promoted the concealment of male sex work. In this sense, authors such as Ruiz and Rodríguez (17) affirmed that the support derived from social networks constitutes a primary protective factor for the migrant population.

Another social risk factor that appears in the context of migrant sex work is the consumption of psychoactive substances. However, the consumption of these substances is not directly related to the coping strategies associated with migration, but with the practice of sex work, where psychoactive substances serve different purposes. One of them has been the fact that they become a bargaining tool that brings economic benefits for sex workers. In addition, the consumption of these substances helps sex workers cope with their activity, because at times "they feel the need to consume a substance to help them cope with the stress and, sometimes, the rejection of their work" (6).

The use of psychoactive substances temporarily isolates the conscious state and thus reduces decision-making ability, limiting risk management and increasing the possibility of contracting sexually transmitted infections. In addition, their consumption and sexualized use are linked to the change of geographical and socio-cultural context as a result of migration, where "these elements give a new meaning to the perceptions of men and women about their bodies and sexuality, which are redefined and reconstructed under new and different parameters in migratory contexts" (18).

Within the social risks in the context of sex work, there is the risk associated with violence, including gender-based violence, which affects both cisgender and transgender women. In this regard, for "the year 2018 in Colombia, 666 femicides and 232 attempted femicides were recorded in the press for a total of 898 cases of femicide violence" (19), of which 16 femicides and 1 attempted femicide (1.9 %) correspond to Venezuelan women (19). Although these data do not link women to the practice of sex work, they do highlight the gender-based violence they face in different contexts.

However, male sex workers have also been exposed to sexual violence and, in the case of this study's participants, to a greater extent than women. This is because "clients believe that when a guy engages in sex work, he has to be willing and available for any sexual act that the client craves, as long as he is paid" (6).

In general, the testimonies of the research participants corroborate the fact that "in the case of women who sell sex, violence tends to be unidirectional against them, while men who sell sex are rarely attacked by their clients, and the violence they suffer almost always has to do with pressuring them to engage in unwanted or unsafe practices" (20). Nevertheless, the research shows that the men interviewed are also affected by aggression, harassment, sexual abuse, and rape. These situations are determined by the places where they provide sexual services, which often place them in a position of vulnerability, compounded by the unequal relationship that is established between the client and the sex worker due to their migrant status, especially when they are in an irregular situation in the host country.

Our interviews allowed us to identify that gender-based violence comes from the partners of both male and female sex workers. The violence was justified by the participants as a response to situations of jealousy sometimes associated with sex work or linked to conflicts in the couple's relationship. The violence exercised by the partners of the interviewees has not only been physical but also verbal, psychological, and economic, which, added to the sexual violence exercised by the clients, makes sex workers more prone to the consumption of psychoactive substances and mental health problems (21).

Consequently, the violence to which women and men engaged in sex work may be subjected comes from different spheres and is of various types, which increases vulnerability and generates processes of systematic violence for this population. In the case of male sex workers, due to their social concealment and the stigmas and prejudices that apply to them, it is possible that acts of violence are not reported and, therefore, are omitted from public health surveillance systems.

Consequently, it is necessary to identify the priorities in the risk perception of female and male sex workers, since it is possible that the priority is not related to biological risks such as HIV or STIs, when these people are suffering from various types of violence or when legal aspects such as migratory irregularity or social aspects such as the stigma associated with sex work and sexual practices among men are involved. These aspects should be considered in the design of

SRH programs that respond to the priorities identified by sex workers and the stereotypes they have regarding risk.

The acts of discrimination reported by the interviewees are mostly related to their nationality, i.e., they are acts of xenophobia, while in a smaller proportion, there are acts of discrimination related to the gender identities and sexual orientation of the participants. It should be borne in mind that, unlike sex workers, men engaged in this work are socially hidden due to feelings of rejection and acts of discrimination that may arise from this activity, which are linked not only to the practice of sex work itself but also to the sexual practices they engage in with other men. This occurs because there are no social norms and stereotypes that allow them to be identified, as is the case with female sex work. In addition, social stigmas and prejudices lead to the fact that "the concealment of prostitution becomes a totally assumed and maintained characteristic, sometimes creating real traumas due to the lies and deceptions that a double life can entail" (4).

This allows us to affirm that sex workers dedicated to this work live in social contexts where prejudice, stigma, discrimination, and social exclusion influence their psychosocial health, in addition to becoming barriers to access to health services, and specifically to sexual and reproductive health services. In this sense, "the relationship between migration and poverty has given rise to contexts of sexual violence and discrimination that favor the spread of HIV/STI among people whose dignity is less respected" (22).

Conclusions

The risk perception among Venezuelan sex workers of both sexes in Colombia is related to biological risks referred to the possibility of acquiring an STI, including HIV, where certain personal factors are involved that will determine the exposure to this risk. These factors include the separation that sex workers make between work and personal contexts, where, during the provision of sexual services, the condom is used as a barrier or limit with the client, as this is considered a potential danger due to the client being an unknown person. The opposite occurs with the affective partners of sex workers, who, due to the emotional relationship, relax condom use based on feelings of trust and fidelity. This situation can increase the degree of vulnerability to sexually transmitted infections and HIV. It can be concluded, then, that there is a symbolic use of condoms, as with clients it functions as a barrier, while with affective partners it symbolizes trust in the relationship. It is necessary to consider this aspect when designing SRH promotion and prevention programs for this population.

The second type of risks identified by male and female sex workers were psychological risks, which lead to depression and anxiety that affect this population. These are generally caused by feelings of loss of life purpose linked to the practice of sex work or by the realization that the economic objectives that led to the migratory process have not been achieved. However, it was found that female sex workers have social resources that allow them to better face these types of risks, since female sex work is socially recognized and, although there is a high level of stigma and prejudice about it, social, personal, and family support networks have also been consolidated around it. The opposite is true for male sex work, which has been socially hidden due to the stigma and prejudice surrounding this activity. Therefore, these men do not have consolidated social or family support networks.

In third place are the social factors, among which is internal mobility, i.e., the fact that male sex workers constantly travel between cities in Colombia to find new clients and increase their economic income. This can lead to a lack of knowledge of the social and health resources available in each city, which is why many of them are unaware of places to access HIV and other STI tests, nor the SRH care routes. On the contrary, the female sex workers interviewed have less internal mobility, since they generally provide their sexual services in physical establishments.

Both men and women who engage in sex work have been exposed to different types of violence, including gender-based, physical, psychological, and economic violence, both from their clients and from their intimate partners. In addition, contextual aspects such as the places where sexual services are provided can place them in a position of vulnerability, added to the fact of the unequal relationship established between the client and the sex worker due to their migrant status, especially for those who are in the country illegally. This situation can favor subjugation and sexual violence based on their migratory status. In addition, it is necessary to include gender violence suffered by men as an existing phenomenon, but not recognized in public health surveillance systems, which would allow the generation of differential intervention actions that respond to the needs of these men.

Finally, it is essential to identify the priorities in the perception of risk that male and female sex workers have, so they can be considered in the design of SRH programs that respond to the priorities they have identified and their perception of risk. The priority for them is not necessarily biological risks, especially when they are suffering from various types of violence or when legal aspects, such as migration irregularity, or social aspects, such as stigma and prejudice related to sex work and sexual practices among men, are involved.

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Authors' contribution

All authors participated in the design of the research project, in the collection, systematization and analysis of qualitative information, and also prepared and revised the research article for submission to the journal.

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Conflict of interests

The authors declare that no competing interests exist.

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