"I'm talking about poor people, homeless people, sex workers, refugees, people with no ID papers, religious minorities, ethnic minorities... I feel like this virus is used as a pretext to get rid of those people who aren't deemed valuable. You can see every day from the news around the world that minority people are treated badly in the pretext of this virus. The easy answer for what I need is to say I need money, but it's not just about money. It's about something much bigger than me. Me and everybody else would need to be viewed as valuable human beings first. We need human rights and dignity. COVID-19 has made that clear." - Evelien, Netherlands

TRANS AND HIJRA LIVES IN THE COVID-19 ERA

March 2021

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INTRODUCTION

The global impact of the COVID-19 pandemic has been immeasurably tremendous to say the least. In addition to a worldwide death toll that exceeds two million, the pandemic has thrust the global economy into the deepest global recession since the Second World War, pushing at least 88 million people into extreme poverty (Blake and Wadhwa 2020). The simultaneous shock to healthcare spending, school closures, reduced hours or wage or wholesale loss of employment loom large for people across the world (Blake and Wadhwa 2020).

But for some communities, the impact of COVID-19 has been especially acute because it has exacerbated inequalities they had already faced prior to the pandemic (Tai et al. 2021). This is especially true for refugees (Ostrach et al. 2020), transgender individuals (Human Rights Campaign 2020; National LGBT Cancer Network 2020; Poteat et al. 2020), and sex workers (Lam 2020; Singer et al. 2020).

This report examines the impact of COVID-19 on transgender refugees and sex workers who face heightened risks of economic, housing, safety, and healthcare insecurities in the wake of the pandemic. We report findings from an exploratory, qualitative study that assessed COVID-19's impact on economic stability, housing security, access to healthcare, and exposure to violence among transgender refugees and sex workers in the Netherlands and transgender hijras and sex workers in

Bangladesh. Our goal is to not only build knowledge on the social and economic wellbeing of these communities, but also to inform appropriate policy responses to address their needs.

This report highlights the wide-ranging impacts COVID-19 has had on transgender refugee and sex worker communities through case studies of two communities in unmistakably different social and geopolitical contexts: Bangladesh and the Netherlands.

Hijras in Bangladesh are seen as part of the longstanding indigenous South Asian tradition [1]. They are typically assigned a male gender at birth and may later identify as either female or non-man and often also rid themselves of male genitals (Hossain 2020). The recent legal recognition of hijras as a separate gender/sex in Bangladesh has put the community in the spotlight both nationally and internationally. Yet, legal recognition does not translate to social acceptance and the community continues to be marginalized (Hossain 2017).

While the Dutch context offers a vastly different picture, in many ways it represents one that is markedly similar. The Netherlands was one of the first European nations to adopt legislation granting legal recognition of gender identity to transgender people in 1985 (Human Rights Watch 2011). While this legislation offered progress at the time, it fell (and continues to fall) short by imposing conditions such as requiring people to alter their bodies through hormones and surgery to receive legal recognition, forcing many transgender people to live with identity documents that don't match their gender identity. Even as studies find increasing tolerance for LGBTQ individuals in the Netherlands (Cassell 2020), many transgender individuals report frequently experiencing stigma and violence (Verbeek et al. 2020). Studying the impact of COVID-19 in these vastly different contexts provides us analytic

leverage to assess the specific impacts that are unique to transgender refugee and sex worker communities.

In the remainder of this report, we describe the methods we used to conduct our analysis, and proceed with a presentation of our findings. Our findings are organized into four key sections, outlining the impact of COVID-19 on transgender refugee and sex worker communities in the domains of: (1) the economic stability; (2) housing stability; (3) access to healthcare; and (4) exposure to violence. Within each section, we present results from Bangladesh interviewees, followed by analyses of interviews from the Netherlands. We conclude with a discussion comparing experiences across the case studies and policy recommendations for each case.

METHODOLOGY

This study employed qualitative research methods. Twenty interviews were conducted among the hijras in Bangladesh by two hijra / trans identified research assistants who are a part of the sampled community. The principal investigator, Adnan Hossain is a researcher-cum activist based at the Vrije Universiteit Amsterdam who hired these two research assistants and thoroughly trained them in the interview process and protocols in the early stage of this project. Dr. Hossain has studied gender and sexual diversity in Bangladesh for the last 20 years, both as a social scientific researcher as well as a gender and sexual rights activist, and has established an extensive network with the broader 'LGBTIQ' groups.

We used a purposive sampling strategy to recruit twenty hijra interviewees from Dhaka. The twenty interviewees were all involved in sex work, although not all of them considered sex work to be a defining part of their identities. Most of them were also involved in hijragriri, a performance occupation that publicly defines hijras in Bangladesh. Hijragriri simply refers to two main activities known as badhai and cholla. Badhai refers to the demanding of gifts at childbirth and weddings by hijras in exchange of singing and dancing performance and bestowal of blessings on the newborn and the newly wed. Cholla is the practice of hijras demanding and collecting money, vegetables and rice from the vendors in marketplaces.

The Principal investigator also developed the questionnaire in consultation with the entire team. The two field research assistants (Joya Sikhdar and Srabonti Srabon) conducted the interviews on the ground and recorded the conversations using cell phones. The duration of the 20 interviews ranged from 30 to 70 minutes. Each interview covered topics such as the interviewees' background and the impact of COVID-19 on their employment status, housing security, access to medical care, and experiences with violence. Interviewees were compensated with 1000 taka each that were handed to them

following the interview.

The Dutch part of the study was conducted by Sino Esthappan, a former graduate student at Vrije Universiteit Amsterdam who is currently a PhD student at Northwestern University studying sociology. Sino Esthappan also conducted graduate research previously in the Netherlands that the principal investigator supervised. Between September and November 2020, 12 virtual interviews were conducted with transgender sex workers and refugees living in the Netherlands via Zoom, Skype, and Whatsapp. The sample was identified through a partnership with the Transgender Netwerk Nederland (TNN), which recruited interviewees drawing on networks in their organizational capacity. TNN distributed online flyers, written in English and Dutch, with information about the study and the researcher's contact information to their listserv, including organizational partners. They also drew on personal contacts. Interviewees were asked to contact the researcher through Whatsapp, who scheduled and conducted interviews through the interviewee's preferred communication method: Zoom, Skype, Whatsapp, etc. The duration of the 12 interviews ranged from 30 to 100 minutes. Interviewees were compensated with 20€ vouchers that were mailed to them within a week following the interview.

All twelve interviewees in the Netherlands identified as transgender. Notably, all identified as both migrants—either refugees or asylum seekers except for one—and sex workers. Interviewees' places of residence were geographically distributed across the Netherlands. The majority of interviewees spoke English, though three interviewees' first language was Spanish and one required translation assistance to conduct the interview.

ECONOMIC STABILITY

Bangladesh

Activities essential to the livelihood of hijras, namely badhai, cholla, and sex work, have all been put on hold during the lockdown. For example, Sonia interviewed for this project stated:

"When the coronavirus hit Bangladesh and the lockdown began, I was off work for four months. Then my guru realized that the virus would not go away anytime soon but we would have to eat. So we resumed our cholla and badhai but then the public shooed us away. Households would close their doors at our sight. We were called carriers and spreaders of the corona virus. While earlier we would bargain with the households or the vendors to get the amount we wanted, now we took whatever they handed to us since people also did not have income during the crisis. We thought if we were not going to die from coronavirus, we would surely die from hunger. So we had no choice but to be out and about in public and continue our work."

Hijras were stigmatized in new ways as being carriers and spreaders of COVID-19. This situation was further complicated by the fact that while hijras took to the streets despite the lockdown, they were also the target of the police (police violence is addressed at length in the section on violence later in the report as well) as the quote from Soma reveals below:

"I was in a state of panic since the very thought of not being able to pay for the rents, utility bills and food frightened me to death and being on the street undertaking either sex work or hijragiri put us at risk of being beaten by the police."

The overall quality of life of the hijras declined significantly since all sources of income were cut off. For example, in reflecting on their wellbeing during the lockdown, Nazia stated:

"House rent and food are the two major

expenses for me. Most of what I make is spent on those two items. One needs at least 5000 taka to rent a room in dhaka city. Plus one needs at least another 3000 taka for food. So in total one needs at least 8000 taka to live in Dhaka but my earnings have never been more than 7000-9000 taka. Consequently I have not been able to save up any money which I could use during an emergency or a crisis situation like the corona related lockdown."

Aside from the fact that the interviewees in the sample had very few savings to fall back on during contingency situations, many hijras also found it difficult to afford decent meals. The following quotes demonstrate how interviewees cut back on meals they could no longer afford to eat:

"When the lockdown started suddenly, we were at a loss since we did not have any time or money to buy enough groceries to last us for days on end but more importantly, we did not have any freezer to stock certain items. So we were left with no choice but to go out in search of some items or buy food from wherever it was sold. We ate one meal a day for days on end." -Sonia

"Normally I eat three meals a day but ever since the corona crisis hit Bangladesh, I ate only two meals and sometimes just one meal a day. Previously I would have variations in the menu. For example, I would eat fish or meat a few times a week but these days I only eat rice, lentil and eggs. I also can't afford vegetables anymore." -Soma

"Previously if i bought a chicken for two to three hundred taka, I could eat it for two to three days but during the lockdown all I could eat was rice and mashed potatoes. I am no longer able to eat good food" -Nazia.

Hijras also received very little support from the government. Although there were newspaper reports about the government's elaborate plans to help the hijras during the lockdown, the twenty hijras in Dhaka we interviewed reported not receiving any financial support from the government:

"I received nothing from the government. Some NGOs provided me with rice which lasted me a month." -Soma

"No support from the government. Some NGOs and private donations have reached the community but these were not enough" - Nazia

As the quotes above show, while some private and NGO-led initiatives did reach out to hijras during the crisis, what they offered was insufficient for hijras to survive. Hijras therefore had to borrow money to survive and often fell into debt, having lost other income sources.

Another issue that came up was that the natal families of many hijras were dependent on

them for livelihoods. Although hijras typically live separately from their natal families being shunned by them in childhood, many interviewees reported that they continued to support their biological families. It also needs emphasizing here that although the lockdown was already lifted in Bangladesh at the time of the interviews, the situation did not improve at all for the hijras since as Sonia argued "the public have little income. Those who traditionally give us money are also hit by economic downturn. People are also too busy making ends meet to spend money on sex. The economic recession also has an impact on the economic situation of us'.

The quote above raises an incredibly important point about the impact COVID-19 has had on the economic security of hijras in Bangladesh. As the interviewee noted, many hijras rely on the public for their income. However, the global recession resulting from COVID-19 has imposed financial shock onto people across the world. The pandemic has deeply impacted many jobs, resulting in reduced family income due to job loss, a stop in remittance payments, among other losses (Blake and Wadhwa 2020). Thus, the impact of COVID-19 on economically advantaged communities seems to have a spillover effect on hijra communities that rely on the former communities for income.

The Netherlands

COVID-19 took a large toll on the global economy and the Netherlands was no exception. Although unemployment rates in the Netherlands had been at their lowest in the start of 2020, the labor market effects of COVID-19 have contributed to growing unemployment. Non-essential businesses, including sex worker agencies, were forced to close doors indefinitely and many laid off and terminated their employees. Transgender sex workers and refugees were subject to job loss and unemployment – many faced difficulty finding employment because of their sex work or refugee status along with the compounding effects of COVID-19 on the job market.

All but one interviewee had lived in a refugee camp or asylum center at one point in their lives. Six interviewees currently lived in a refugee camp or asylum center and six did not. In the absence of stable employment, all but one interviewee—who was undocumented—received some form of financial government assistance. One interviewee, who was a migrant but not an asylum seeker or refugee, worked in the booths of the Red Light District, which did not require her to open a company with the Chamber of Commerce. Therefore, as a business owner, she received 1000 euros per month from the City of Amsterdam municipality in the wake of COVID-19. But, these funds were insufficient to meet her needs. “For me, it covered rent,” she said, “And, that’s about it. 1000 euros in Amsterdam doesn’t really carry you that far.”

Interviewees who lived in refugee camps and asylum centers received considerably less assistance, from 50 to 60 euros per week. When asked if that allowance met their daily

needs, respondents had conflicting answers. Some offered a resounding no, explaining that the amount of money they received would barely scratch the surface of two days' expenses. Others explained that they were not used to getting any assistance in their home countries and felt lucky to even be getting anything. Most, however, were ambivalent. Consider the following quotes:

"When you live in a refugee camp, you get an allowance. Back then, I was getting 57 euros. I heard that now they give you less. Was it enough? Well, you know, rent is free… so, to me, it was just enough. I mean, you could not really buy your things. Some of my friends there, trans women, needed more money to buy makeup or wigs or extensions, and it was just not enough for sure." -Anne

"Yeah, I was getting an allowance of 50 euros per week. Was that enough? I don't know how to answer that because I come from a country where I don't get anything, I mean, it's not enough but it's still something. Basically, we get treated like shit. The 50 euros did help for food. Now that I see it from where I am now, maybe it wasn't enough, but at that moment, I just felt grateful." -Tanisha

"I started to eat less. But 50 euros is not enough for one week. So, even with the 50 euros a week, I started to eat less, and the soap, I was washing my clothes with dish soap, and these are clean and nice, and I'm safe and alive at least." -Jolie

While these interviewees expressed sentiments of gratitude, they recognized the reality of the cost of living in the Netherlands and articulated a profound sense of neglect and desire for assistance.

All interviewees in this study reported engaging in sex work and that sex work was at least at one point their primary source of income. Many entered sex work through different pathways. Some engaged formally, registering with the Chamber of Commerce, getting insurance, and applying with registered businesses. Others engaged in sex work informally, operating through online channels and social networks. Prior to the pandemic, opportunities for sex work were reportedly plentiful:

"**Interviewee**: It's common knowledge that when you live near a refugee camp, there will be men passing by in their cars picking up refugees—trans refugees or cis women. It does happen that men will offer you money for favors.
Interviewer: And, was that common in the center?
Interviewee: Common in the sense that me and every trans person did it at least once."
-Anne

"And sex workers, when you are a trans person, there will always be people asking for

sex for money. Sometimes, I get a client through Instagram, sometimes through friends. It was more occasional." -Amara

However, along with the pandemic, many sex workers lost business. Those who worked formally as sex workers could no longer do so because their businesses were shut down by the Dutch government. These individuals were often given little warning or guidance about how to navigate the pandemic, nor were they provided transition support or assistance from their employers. They were left to financially support themselves. Those who worked informally as sex workers saw reduced interest from clients. Interviewees explained that the start of the pandemic instilled fear in many clients who stopped seeking business from sex workers. Many had a small handful of clients they had previous experience with who contacted them through Whatsapp and scheduled appointments that way. Despite this stable client load, interviewees reported a significant reduction in their ability to earn money.

"Since September, I said no, I'm going to stop, and I took out the advertisement in the pages, and I said in whatsapp to people that know me and know what I do, so they just contact me on whatsapp. I know they are good people, I know them already. Understand? I don't worry about it that way." -Jodie

"So, first of all, the uncertainty. I didn't know what was going on. The news, one day they were saying one thing and the next day they were saying something else. And then in my country, my parents and my family, they completely stopped working and receiving any kind of money. That actually... made things worse for me. Not specifically for me here in the Netherlands, but my family and my country, they're still struggling with the corona lockdown and anything." -Tamara

It is important to note that sex work was a frequently sought-after employment route, not necessarily because that was the interviewees' first choice for employment—in fact, many interviewees reported that they did not like being in this line of work and wanted to leave—but because they had no other choice. As interviewees made clear, their social position as transgender refugees, asylum seekers, and sex workers made opportunities for employment outside of the domain of sex work difficult. One common issue that respondents reported was not being eligible for job

listings because they did not know Dutch. As refugees and asylum seekers, opportunities to learn Dutch while seeking employment are difficult, especially given the cost of these classes. Moreover, as migrants operating in a completely new landscape, interviewees reported experiencing challenges with being able to navigate the labor market—chief among them were language barriers.

"And I was just looking for jobs in my English and my very limited Dutch could get me, and I went to lots of interviews and they never called me back." -Tanisha

"It's really everything—when I look at everything in Dutch, I really don't have anyone to help me. I'm already health and safety and environmental, that was my occupation. But when I come here, there is no guide or any sort of help for getting jobs. That's why... I hope to be able to work." -Misbah

"There was increased pressure for me to learn Dutch. But, unfortunately, paying bills came first and on the eastern side of the country it's more difficult to get lessons, and because of my residency, I'm not allowed to get the help that even refugees are allowed. So, even refugees have certain types of benefits, they're allowed to take out loans for classes. But I'm not eligible for that because I'm on a sponsorship. So, I can't take those classes." -Joselyn

Another common challenge that interviewees reported facing when trying to enter the labor market outside sex work was employment discrimination, specifically for their transgender identity. Several interviewees explained that although employers were eager to schedule interviews, employers were visibly distraught when they met in person for the first time and appeared to be transgender. One interviewee even reported facing extreme hostility from one employer. However, for the majority of cases, the way in which discrimination operated was subtle. There were no explicit verbal messages or written documentation, but subtle, nonverbal cues that interviewees clearly understood to be dismay and disdain about their gender identity.

"Part of the reason was because I'm transgender. I was working one day in march and I was sent home. And when I came back in July when the restaurants started opening, they saw a lot of the changes as I started hormone therapy, and I think it was this January, because I've finally been able to access that through the e--- clinic in Amsterdam. [**Interviewer**: And so your employer saw that negatively?] I was told that was part of the reason. They didn't say anything in the context of letting me go. I can't change my ID here, because I'm not an EU citizen, so I had to use my US id, and the

gender didn't match what they see now. It's really everything—when I look at everything in Dutch, I really don't have anyone to help me. I'm already health and safety and environmental, that was my occupation. But when I come here, there is no guide or any sort of help for getting jobs. That's why... I hope to be able to work." - Julianna

"Before Corona, I was trying to get a job. I went to a couple of interviews. And now everything is online, and I was sending my CV online, and I was getting calls and people saying I'm really interested, come in for an appointment. And these were for normal jobs, cleaning for McDonalds or the supermarket. And you can see their faces were shocked because they didn't know I was trans. You could see it on their faces. They never treated me bad, but you could see it on their faces. They were uncomfortable, and it clearly took them by surprise that I was trans. A couple of interviewers during the interview said, "Oh I didn't know you were trans." And all of them said "we're going to call you" and they never called me. I know that I didn't get the job because I was trans but there was no way I could prove that because they were really nice to me." -Tamara

"I went to the McDonalds for example, you sent your CV online and in three minutes I got a phone call. I went to the restaurant and the guy acted so surprised when he saw I was trans. And he acted through the whole thing and said "I'll call you back." And when I passed by the restaurant again, they have a huge sign that said they're looking for employees. And they said they're looking for multiple people, not just one. And so I went in and asked, "so what happened to the call?" And they said, "oh, sorry, we already got the person that we're looking for." And I told him, "but you're not looking for one person, you're looking for people, because you have a big announcement outside the door." And he didn't know what to say. And this is the thing. I can't prove that this is discrimination because it's really hard to prove." -Tamara

HOUSING STABILITY

Bangladesh

Prior studies of hijras in South Asia find that hijras report challenges finding safe places to live (Mal 2018). Many report that landlords are reluctant to rent rooms to hijras, and house owners will only rent rooms if they "behave properly" (Khan et al. 2009). This is especially true if hijras who engage in sex work disclose their occupational status. Many also report histories of eviction, being forced homelessness or to live in other violent situations. Consistent with prior studies, this study found that hijras in Bangladesh experienced significant housing challenges:

"Once I found a flat after a lot of hard work and searching. Then within a month, the owner of the house asked me to leave on the ground that the children next door were scared of hijras. Then I found another house and I could stay here for many years mainly because the house had serious problems. There was a shared toilet with a broken door. Power failure was rampant. Water supply was inadequate. So non-hijra ordinary people would not want to stay there. And on top of all these problems, I also paid more than non-hijra people." -Nazia

Most hijras interviewed for this study constantly worried about not being able to pay their rent on time:

"Paying my rent during the lockdown was very difficult since I had no income. And the house owner showed no consideration. So I had to pay at least partial rent every month to avoid being kicked out. This led to a cutting back on my daily food intake and purchase of clothing. The situation continues to be bleak for me even now and am struggling to pay all my debts to the house owner" -Soma

"In addition to worrying about house rent, I also had to pay utility bills separately. I also paid more than others for the same room since I was a hijra". -Sonia

Nevertheless, those that managed to pay rent stayed in their houses but there were also

several cases where hijras got kicked out of their houses for not being able to pay rent:

"During the lockdown, I had to change house twice due to my inability to pay rent. After being evicted the first time, I found another room with the help of a senior hijra but there too, I was struggling to pay the rent and was eventually kicked out. I wanted to pay the rent in installment but the house owner did not accept the arrangement and kicked me out. Then I managed to find a hijra group in another area that allowed me to stay with them temporarily. There were two rooms accommodating 10 hijras" -Sadia

“I lived with two other hijras but during the lockdown, unable to pay rent, both of them left the apartment and went back to their villages which put me in a very difficult position since I had to pay the rent all by myself.” -Payeli

Hijras who lost their income sources, and were therefore forced to live in the same property in crammed conditions, found it impossible to heed to social distancing rules. This meant that hijras in Bangladesh were caught in a self-reinforcing cycle precipitated by COVID-19. Because of the pandemic, hijras were no longer able to obtain income, which forced them into housing insecurity and crowded living conditions, increasing their exposure to COVID-19.

The Netherlands

Housing insecurity was scarcely discussed in the Dutch sample of interviews conducted for this study. All participants in this study were migrants who either lived in refugee camps or asylum seekers, or otherwise reported having stable housing with government assistance. One participant who was undocumented reporting moving from couch to couch, but did not report being concerned about her situation because she trusted the support of the Netherlands' queer community.

ACCESS TO HEALTHCARE

Bangladesh

The deep-seated social stigma against hijras is seen in the way hijras are denied access to health care in Bangladesh. Tales of hijras experiencing routine discrimination at medical facilities especially at doctors chambers and at hospitals emerged in the study interviews. Consider the remarks below:

"Every time I went to see a doctor in my life, I was refused treatment as soon as they found out that I was a hijra. Once I was diagnosed with dengue fever and went to see a doctor in Kurmitola hospital but the doctor refused to see me as I was a hijra. So even if I were dying from an accident during the corona crisis, no doctor would attend to me. So I do not see any doctor anymore" - Sonia

"I once had an accident. I had to go to a hospital. I was stabbed by miscreants and I had a huge cut on my left hand. They attempted to rape me but I escaped. But my injury was serious and I needed stitches and a bandage. The hospital did not deny me entry in the first place since they thought I was a female but after they figured out that I was a hijra, the doctor wrapped up the cut with some clothes perfunctorily and asked me to go to another hospital for treatment since they would not treat me there." -Sadia

"Two months ago, I went to see a doctor but as soon as they heard my masculine voice, the doctor refused to even measure my blood pressure, let alone touch me and check me. Then the doctor wrote a prescription and asked me to visit another doctor next time." -Soma

"Once I took Bably hijra to the hospital as she fell really ill and lost consciousness but the doctor and nurse refused to treat them. Some people intervened on our behalf and asked them to treat Bably and then the doctors attended to them." -Nazia

In these cases, medical professionals in Bangladesh refused healthcare services to the study interviewees on the basis of their hijra identities. In some cases, these practitioners were willing to provide services until they recognized signals or

cues that revealed their patients' gender identity. Often, these were visual cues identified by phenotypic or other bodily markers, but in some cases as seen above, vocal cues were more salient in the process of identification ("they heard my masculine voice"). Because they were refused treatment, hijras were forced to visit pharmacies or medicine shops and make do without professional prescriptions:

" When I fall ill, I just get whatever medicine I can from the local pharmacy rather than going to hospital since I have never received good treatment in a hospital because of my hijra status." -Sadia

Soma's comment below also supports Sadia's assessment of the hijra's access to healthcare.

"Whenever I have an illness, I visit a pharmacy and purchase whatever the salesmen suggest would cure my illness. I also consult with senior hijras and take medications based on their suggestions. Since I was ill treated at hospital, I refrain from going to hospitals." -Soma

Hijras also often visit NGO-managed and supported community health clinics. Although these clinics primarily offer sexual health services, a few interviewees reported visiting these clinics for general health purposes and framing their health problems as related to sexual health. This was a primary strategy hijras used to obtain health services in the face of refusal from other medical professionals. Such community specific clinics are also the only medical facilities where hijras did not feel discriminated against. The 20 hijras who were interviewed for this research all visited such NGO-supported sexual health clinics. However during the lockdown, those clinics were closed, leaving hijras with virtually no avenues to seek medical help. When asked about receiving health care during the lockdown, hijras mentioned that they did not bother to see a doctor based on their previous experiences. Consider the following quote:

"During the lockdown whenever I fell ill, I would heat up some water and drink it with some salt in it. I would also take a bath in mildly hot water. I also ate lemon juice regularly for vitamins to avoid being ill." -Nazia

The interviewees also disclosed that the COVID-19 global pandemic crisis significantly impacted the mental health of hijras since many felt helpless

and at times suicidal. In a social context where mental health is not even recognized as a proper health issue, it is not surprising that no facility exists to cater to the mental health issues of the hijra population.

The Netherlands

Individuals living in refugee camps and asylum centers had limited access to quality healthcare, especially compared to those not currently living in those facilities. Notably, they had substantially fewer medical staff available to them since the onset of COVID-19. They explained that there were far fewer doctors than the number of patients who needed treatment. Some reported having only one doctor onsite. Moreover, residents in some refugee camps and asylum centers reported that they would not be treated unless they presented COVID-19 symptoms or had an emergency. Serious medical issues that may not at the surface have presented themselves as urgent were thus left untreated. Ironically, residents in other refugee camps reported that nurses would not allow them to receive medical services if they *did* present symptoms of COVID-19, because medical professionals understandably did not want to expose themselves to the virus. Nonetheless, residents were given conflicting reasons for why they were denied access to healthcare during this time.

"It changed a lot. For example, we could go before and get a number and a ticket, and you go see the doctor or a nurse and you tell them I have this pain here or this and that, and they look at things, and they see you and okay. But now, you have to make a call, and the doctor just tells you things over the phone. So, they can't come here because they don't want to get sick. So, you tell them, hey I have a problem here, and they say, "oh, take a corona test, and then ..." We were here 10 days in quarantine, we were 10 days closed inside our rooms... we are wearing face masks, and I see the girl.... So... Netherlands people, they don't care so much about helping you. But when you come from another country, they care less. It has changed a lot. In general, they don't want to see and ask you if you're doing okay now because they're afraid to get sick." -Jolie

"No, from 8-12 time, the nursery, the nurse ask what happened with you. And if you passed that test, then you can go see the doctor. But if you say, okay, I have a cold, then they'll say don't come. So it doesn't make sense. If I have a cold, I need to see the doctor, but if I have a cold, they say, just go home. So what do you do? No, I don't go home. I'll break the window or something. Sometimes, here, you

have to be a little bit rude for people to hear you. If you act polite, they won't do shit, but if you act like you're going to hit them, then they'll do it for you." -Jojo

"There was no doctor or anything. I was isolated. So, only for the first month of my asylum, I had medical, but after March, everything was shut down. Only for emergencies we were allowed to see doctors. Only if you had COVID or some emergency." -Misbah

Some interviewees reported disparities in their ability to access hormone treatment at the refugee camps. Some doctors, as interviewees explained, did not provide treatment based on legal stipulations such as waiting for their paperwork to be processed. Others, as interviewees suggested, discriminated based on whether an interview 'passed' as cisgender based on whether their visual appearance matched certain cisheteronormative standards of beauty.

"**Interviewee**: Now, doctors can prescribe hormones, but I heard from some trans refugees that it depends on how the doctor reads your transness. If the doctor thinks you are... I don't know, I cannot judge their way of judging this, but some doctors do prescribe hormones and some doctors do not.
Interviewer: Do you know on what basis?
interviewee: They say... the doctor says they cannot do that because their trans refugee is under procedure or needs to move out of asylum, which is not true, because you can get them even before you moved out of the asylum center. But, what I've seen... those who look more feminine, they get more hormones even if they haven't taken it before. And those who do not look as feminine, even if they've taken hormones before, doctors will not prescribe them. And, I think it is again, gatekeeping and cis-heteronormativity at play here."
-Anne

"There was a doctor, but it's overcrowded there, so they had only 2-3 apartments with psychiatrists, talk therapy, and also I've told them I want you to refer me to a gender clinic, but they told me while your asylum application is being processed, we can't do that. We can only do that once your application was processed." -Anne

Interviewees living in refugee camps and asylum centers also reported being mistreated by medical staff, specifically that they were willfully misgendered.

"Normally, I like when they call me by my last name. But when they say Mister or Ma'am, or Lady, or whatever. But if they're going to say it, please write it down... I don't care what they are, understand? But they should know it. Because, they'll use my male name. And then they'll say mister. And I don't like that, and they'll say "thank you mister" and I'm like "What the fuck? No!" I think it can be even better, you know. I am ashamed because the people be there looking at me. You understand what I mean, I just prefer it."
-Amara

While those who did not live in the refugee camps and asylum centers at the time of the pandemic reported not having significant issues with accessing healthcare, many reported not seeking medical attention because they did not like going to the doctor. One even reported that she attempted to avoid getting sick as much as possible so she wouldn't have to seek medical care. Another pertinent issue was that sex workers, who relied on the STD tests that were provided by the Prostitution Information Center (PIC) and funded by the Amsterdam municipality, no longer had access to these tests. At the start of the pandemic, the PIC shut down, thereby ceasing access to the STD testing services they offered.

"No, I did the tests through PIC. But they stopped doing STD tests. It beats me. It seems like a situation when we need help the most, but they closed everything. When COVID started, everything was closed. But, there was also... PIC here, it's funded by the municipality. So, that was kind of negative toward people who worked because it was illegal. So, yeah, like I said, the spring was horrible. There were so many issues that suddenly became apparent. And it really affected me strongly to realize that much of the things were just like... and suddenly things changed and what we said a week ago was no longer valid anymore, and it really affected me mentally to realize that a lot of things that were said before were kind of like empty words." -Evelien

Finally, it would be remiss to ignore the obvious fact that physical and mental health of respondents has suffered across the board since the onset of COVID-19. Many were dealing with grief and loss and consequently had increasingly vulnerable mental and physical health. Many reported experiencing the burden of isolation given the lockdown and quarantine, which resulted in more labor in looking for healthy coping mechanisms. It is also important to note that worries about their material needs such as food and meeting their living expenses added to their anxiety and stress.

"Yeah, it's affected me the most... it's affected me mentally, my mental wellbeing. I'm already suffering from depression, I'm already suicidal. I suffer from anxiety for a lifetime, but I think it's worse now. The depression and the anxiety. I think that's all because of the isolation. I'm in a new country, I left everything behind, I left my family, I left my country, I was forced to leave, and now I'm here. That's overwhelming for me. I think that amplifies already existing suffering. And during the COVID, there was talk therapy that I can rely on, it was a little bit... now,

there's no one to talk to, I'm all alone. I'm really affected, mentally. Suicidal thoughts. It's crossing my mind all the time. Even, I remember in the asylum seeker reception center once, I overdosed... and, yeah." - Madhura

EXPOSURE TO VIOLENCE

Bangladesh

As a social group located on the margins of society, hijras are often subject to violence in both private and public space in Bangladesh. People who join the hijra community often get their first share of violence, bullying, intimidation and beatings in their natal homes, typically at the hands of parents, siblings and close relatives. Many hijras report leaving their homes to join hijra communities, where they learn to cope with new forms of violence in the public domain (Akhter 2020; Aziz and Azhar 2019).

According to the interviewees, the public (i.e., ordinary people) and the police are the two groups that violate and harass them the most. However with the onset of COVID-19 and the corresponding lockdown, there has been an increase in both police and public violence against hijras. Because many hijras had to leave their homes to search for work, the public viewed the hijras as spreaders and transmitters of COVID-19. Police routinely stopped hijras and perpetrated physical violence against them.

A quote from the interview with Nazia attests to their everyday experience of violence since the onset of the pandemic:

> "Just a few days ago, police picked me up from a cruisiting site and sent me to the court. They were saying that I was involved in thieving and dacoity but I aksed them to check the CCTV footage since I was a regular visitor of the premise from where they picked me up.I told them I was a sex worker and that I had been working there for many years. They refused to listen to my words and beat me up. I was also beaten up in the police station. Earlier before the corona virus, police did not show such intolerance of hijras." -Nazia

The hostility of the public towards the hijras also featured prominently in the interviews.

"The public often upbraided me for being out in the streets and asked me to stay inside the house. I would often retort by asking them to do the same and stay inside their houses rather than advising me. Police also beat me up twice on the street. Once they detained me arbitrarily and took me to the police station where I was also beaten." -Sadia

Research participants also argued that COVID-19 provided the public and the police with an excuse to target hijras. A few quotes from the interviews below are a testament to such violence to which hijras have been subject in the current pandemic situation.

"Once during the lockdown I was on my way home late at night. I was stopped by a group of goons and robbed. I lost all the money I earned that day. Before the advent of corona, I never faced a situation like this in my life. Goons would harass me in the past but never rob me. And then I was stopped by the police for the second time where I was harassed once more" -Soma

"Public teased us as corona virus or would say things like ' here comes corona virus' which I find very offensive but we had to put up with whatever the public said" -Sadia

In addition to being routinely called "coronavirus" by the public, hijras also suffered discrimination in accessing public transportation:

"I have never been able to access public transport especially bus service, due to my being a hijra. Public buses are the cheapest way to travel within Dhaka city but hijras are forced to use private transport which is exorbitantly expensive or we have to walk for hours to reach a destination. The situation became more complicated during the corona induced lockdown and afterwards since such hostile attitudes towards us have deepened." -Rizwana

The experience of violence was not restricted to the public space alone. Even in the neighborhoods and houses where hijras resided as tenants, interviewees experienced hostilities from ordinary people especially in the wake of the corona crisis.

"Once during the corona induced lockdown, my next door neighbor, a taxi driver by profession, was about to beat me one day since I went out for work. In other circumstances, I could turn to some NGOs for legal help and support but because of corona, i was left with no choice but to suffer on my own." -Jubaida

While asked about why they did not avoid going out, Jubaida offered an explanation that applies to the situation of the hijras in general:

"Maintaining safe protocols is hard for us since a mask would cost 50 taka and hand sanitizers were also expensive. We had no money to pay rent and eat. Purchasing masks and hand sanitizers would have been a luxury for us. We had to go out eerie now and then to find work or money so that we could eat and live. Being at home was privilege of the wealthy and social elites and not the working class, poverty stricken hijra people" -Jubaida

The interviewees also disclosed that, despite the legal recognition of hijras as a gender/sex category in 2013 in Bangladesh, that has done little to bring to an end the rampant violence perpetrated by the police and public against the hijras. Rather, the preexisting social stigma and hostilities towards hijras have intensified in the wake of the COVID-19 pandemic, evident particularly in the way society at large has labelled them as spreaders and transmitters of COVID-19.

The Netherlands

Refugee camps and asylum centers were sites of violence, and many respondents reported fearing for their lives because of exposure to individuals who had either threatened or physically assaulted them or someone close to them for being transgender. Some interviewees fought back and banded together with other transgender refugees and asylum seekers in the facility to stand up for themselves and protect each other. However, others reported hiding in their rooms and isolating themselves in fear of their safety.

"**Interviewee**: Yes, some people told me they do know. I've experienced some threats. Things didn't get violent for me, but I experienced some harassment, mainly because of my voice, I think, because the way I behave, even though I'm always isolating myself from everyone, and always I just imprison myself in my room all the time, that's how I protect myself. But even though I encountered some harassment from refugees.
Interviewer: Could you say more?
Interviewee: It was like, yeah, we know you, we are Sudanese and we know your people. People don't differentiate between being gay and trans or anything. They don't say gay or anything, even, they say abnormal. They say we know your nationality so we're going to expose you. I also experienced some... someone told me I want to marry you and then they all laughing. Things didn't get too violent for me." -Madhura

"No, I don't feel safe with other people. I feel safe because there's security that makes me feel safe. But, other people, they don't have space. Second, everyone brings trauma from coming from their land. But you don't know what everyone's thoughts are in their head. Understand?" -Jolie

"3-4 times have been physical. But, always to them, you know? Me and the other trans girls, we have to scare them. Even if you say, don't pay attention.. they'll keep coming back. So we have knives and things and we hit them in the head if they come try and fight with us." -Jojo

"I'm not open about me being trans, just a few people here also. So, I'm hiding it. And that was also something people advised me because it's very dangerous to be open in the asylum reception center because most of the people come from backgrounds that they consider being LGBTQ is not acceptable, so you may get hurt, you may experience some violence. That's why I've been advised to... yeah. And I've been hiding it for almost 25 years now." -Misbah

Interviewees described different

changes in the level of violence they were exposed to after COVID-19. In some cases, interviewees reported that they experienced more violence because businesses were shut down and residents in the refugee camps and asylum centers did not have anything else to do but be home. Therefore, they had more access and exposure to violence. However, a handful of other interviewees reported that violence went down because residents in these facilities were quarantined and isolated in their rooms; therefore, they did not have frequent contact with each other.

One interviewee noted that being 'passable' shielded her from violence. That is, the more her visual appearance ascribed to cis-heteronormative standards of beauty, the less she was recognizable as a transgender woman. This ability to 'pass' protected her from violence she might experience from those who would recognize and act on the stigma of her transgender identity. However, she described, others did not experience the same relief:

"I'm going to be very honest and this is not something I say myself, but this is something people tell me. I am passable. And, because of that, I don't encounter many problems. And this is common for me in the Netherlands. Rarely people clock me. But, for the rest of my friends and my former roommate, they did encounter daily problems, from men spitting on them, men pushing on them, shoving their genitals onto them, slapping them. Yes, I think the more queer you look or the less passable you look, you can encounter all kinds of problems." -Anne

Even when security was on site, interviewees remained fearful for their lives. And, justifiably so. When interviewees reported such incidents to security, their reports fell on deaf ears, passed onto the bureaucratic hoops of the law:

"One of my friends was slapped by a guy. He was making fun of her and she stood up and told him to shut up and then he slapped her. And, when we went with her to make a complaint, they said she needs to go to the police. We went to the police, and they said, yeah, but we need the name of the person. And then we went back to the reception center and they said, we cannot give you the name of the person. So, it became a situation with no end. And you can't go and ask him what's your name after he just slapped you in the face. Yeah, no. It's a very bureaucratic system. So, yeah, and there's other kinds of violence." -Amara

Others reported that security gave them advice that effectively amounted to victim-blaming:

"I think the people in charge need to understand that when a trans refugee complains about mistreatment, it's probably because it has already happened a lot. It's probably rooted in the fact that a person is more visible. Because several times when I went with my friends to make complaints, I got all kinds of silly responses... maybe you should not leave your room, maybe you should stop wearing makeup. Basically asking people to stop being themselves. Victim blaming." -Anne

In general, respondents reported being wary and skeptical of the law enforcement and security, and most found them useless and therefore did not call them when they needed help:

"**Interviewer**: Is that common for people to report something to the police and they don't follow up?
Interviewee: Yes, absolutely, for trans people. I know a sex worker whose house got robbed and she called the police and the police basically didn't do anything. And another friend of mine was harassed by teenagers and she called the police and they told her there's nothing to be done, basically. So, to answer your question, I don't think many people call the police. They don't see them as useful." -Amara

Beyond violence that took place at the refugee camps and asylum centers, COVID-19 had a significant impact on the forms of violence interviewees experienced in their pursuit of earning their income through sex work. Because sex work was no longer allowed, due to quarantine mandates, sex work was not formally regulated and it was therefore operating in hidden, precarious conditions—often through informal networks, social media, and online channels. These conditions relegated sex workers to the position of deference, relying on the income of their clients to survive. Interviewees noted that their clients took advantage of this position, forcing sex workers to engage in sexual acts that they knew would make them uncomfortable, but did so anyway because they knew sex workers had no other choice.

"Yeah, they knew that what we were doing was a criminal offense. So, they knew we must be quite desperate to work. So, they took advantage, I wouldn't say abuse, obviously they knew I needed the money and you can't really ask... it kind of brought the worst qualities of people." -Evelien

"I have a few images in my head, but I can still see myself in late March standing in one parking lot. It was dark, raining, cold, and then this client came to me wearing mask and gloves and this raincoat, protecting him

from the virus. And all he wanted to do was abuse me verbally. That was... nothing else. That... I can still see myself standing there. The whole thing was really horrible. That one image has stuck in my head." -Emma

For some interviewees, sex work exposed them to drugs that they did not necessarily want to take, but knew that they could earn a lot more money by doing.

"Yeah, you know, the most difficult part for me is the drugs. Because 90% of clients want to do hard drugs with me. It's... sometimes, if you work a good deal, you can make a lot of money one night. But that means you're going to be with a guy doing drugs and sex all night. And every client that I get, they all want to do drugs with me. And the others that don't, they don't last 5 minutes and they don't want to do anything. So that's the dilemma, you know. And I told you, I've always been looking for jobs since I came here. After now, October, that's when I got a cleaning job. I mean, it's not the best job, but I'm happy with it." -Tamara

This interviewee was caught in a bind. Although she did not want to do drugs, she knew that the alternative was to make little to no money. Thus, she relied on not only sex but drugs to survive.

It should be made clear at this point that many interviewees were not engaging in sex work during a time when it was prohibited in the Netherlands because they desired to do so or had some proclivity to violate the law. They engaged in sex work out of necessity. These individuals had no other option but to seek clients who would be willing to pay them so that they could make ends meet. Despite these conditions, sex workers were surveilled and penalized by the Dutch government. Interviewees reported that Dutch police officers went undercover on online sex work channels and sent threatening messages.

"**Interviewee**: Now, the government, the police were harassing us. We got the message from police around the Netherlands, text messages and Whatsapp messages that we need to stop working immediately or there would be repercussions. There were three.
Interviewer: How did they even get your numbers?
Interviewee: They went through those online advertisements and got our numbers. Yeah, that's another thing that made this really difficult. Because I kind of felt like our lives didn't matter. I mean, we got 1000 euros, but 1000 euros in Amsterdam doesn't really carry you that far. So, what else are we supposed to do? And then we get threatening messages from the office.
Interviewer: Was it primarily just messages or did they try and do undercover?
Interviewee: Not to me, but I did hear from another person in the Hague that they did

that to another person.
Interviewer: And what was the repercussion?
Interviewee: I think they had a fine which was 400 euros. Which doesn't make any sense to me. You're trying to survive and they fine you so they make it even more difficult to survive." -Evelien

These forms of intimidation were not only unnecessarily hostile and aggressive, but they also gloss over the root cause of the issue. It is counterintuitive to fine an individual for breaking the law because they cannot afford to not break the law. When an individual has no choice but to break the law, it is the law that must change, not the individual.

DISCUSSION

This report aimed to examine how the global COVID-19 pandemic has impacted transgender refugees and sex workers. To arrive at a broader understanding of the impact the pandemic has had on these communities, we adopted an exploratory, qualitative approach that employed case studies of transgender communities residing in two vastly different social and geopolitical contexts. Beyond the contrasting everyday, situational contexts in which transgender communities live across these regions, law and policymakers in these countries had many similar and different responses to COVID-19 as demonstrated in our interviews. The shared and divergent legal and policy responses to COVID-19 across these contexts offer a unique window into what aspects of transgender communities' experiences remain stable across varying contexts. Put differently, our approach allowed us to at some level gauge the impact of COVID-19 on transgender refugee and sex worker communities, effectively holding constant the social and geopolitical contexts in which they live.

First, this study found that COVID-19 pushed transgender refugees and sex workers into economic distress across both Bangladesh and the Netherlands. A large majority of interviewees in both samples reported losing their primary sources of income due to COVID-19. This was either because of reduced hours or wages, job loss, layoffs, or temporary shutdowns. These issues were magnified by the fact that the majority of our sample relied on income from sex work. Because sex work venues were shut down due to lockdown orders, interviewees who engaged in sex work were prohibited from seeing clients. It is also important to note that the loss of income stems from a cyclical effect that starts with COVID-19's impact on the global economy. The recession precipitated by COVID-19 resulted in major financial losses for many businesses who employed these communities, as well as potential sex work clients whose payments

sustained sex workers. This financial loss appears to have yielded a spillover effect onto transgender refugees and sex workers who rely on these institutions for income, and without them were reportedly cutting back on meals and taking other extreme measures to survive.

In the Netherlands, COVID-19 also seems to have exacerbated ongoing issues of employment discrimination. Many transgender sex workers we spoke with noted that they were not eager to participate in sex work, but rather they were forced to do so because they lacked other employment opportunities. Several interviewees described instances of employment discrimination prior to the pandemic and explained that nothing had changed. Additionally, some interviewees reported that, prior to the pandemic, employers were reluctant to hire non-Dutch speakers. However, in addition to the exorbitant costs of these classes, the COVID-19 pandemic has made it more difficult for residents to access these classes, limiting their opportunities to overcome language-based employment discrimination.

The Bangladesh interviews provide the most detailed information on the impact COVID-19 has had on housing since interviewees in the Netherlands did not discuss any notable changes in their housing situation. Even when prompted with various follow-up questions, the Dutch interviewees explained that their housing situations had largely remained stable. In Bangladesh, however, many hijras reported facing difficulty paying rent due to extreme changes in their income. Many reported being evicted from their homes and being forced to live in crowded houses with other hijras, increasing their exposure to COVID-19. Again, we want to emphasize that COVID-19 ensnares hijras into a self-perpetuating cycle. COVID-19 has stripped hijras of their income sources, forced them into crowded housing situations, increased their exposure to the virus, which then prompts a repetition of the cycle.

Also important to reiterate is that housing insecurity had long been

an issue for hijras before COVID-19 and was only made worse by the pandemic. Many hijras reported experiencing discrimination and reluctance among homeowners who rented their rooms because of their gender identity. Thus, even those who could afford to live somewhere were denied housing in the wake of the pandemic.

COVID-19 triggered a shock to the healthcare system in both Bangladesh and the Netherlands. In Bangladesh, healthcare services were largely absent, and interviewees reported not seeking medical help whatsoever. In fact, some hijras went to great lengths to make sure they did not get sick because they were not sure how they would access healthcare if they did get sick. In the Netherlands, healthcare services were dramatically reduced. Interviewees in some refugee camps and asylum centers reported that medical professionals would not see them if they presented COVID-19 symptoms; in other facilities, interviewees reported that medical professionals would *only* see them if they presented COVID-19 symptoms. These inconsistencies point to a major gap in healthcare delivery that demands scrutiny and revision. During a time when transgender refugees and sex workers face disproportionate health risks, Bangladesh and the Netherlands ought to expand healthcare services, not limit them. These individuals are otherwise caught in a bind without the appropriate tools or resources to meet their basic needs.

As with all the other domains, other healthcare issues were prevalent long before the pandemic. Across both samples, interviewees reported experiencing healthcare discrimination due to their gender identity. In Bangladesh, interviewees were refused healthcare altogether when medical professionals were made aware of their hijra status. They were often recognized due to their physical appearance or vocal cues. In the Netherlands, healthcare discrimination operated in less blatant and more covert ways. Many interviewees reported that doctors would only prescribe them hormones based on their

“realness” or the degree to which their visual appearances conformed to heteronormative standards of beauty. Interviewees also described instances in which they were intentionally misgendered by medical staff, even after taking action to correct them. This finding suggests the critical need for training medical professionals on the importance of respecting transgender individuals’ gender identities and chosen pronouns.

Finally, this study found that COVID-19 had profoundly varying effects on the degree to which transgender refugees and sex workers experienced violence in different contexts. In Bangladesh, interviewees reported that COVID-19 brought on a new set of stigmas associated with hijras related to the pandemic. Hijras were seen as carriers and spreaders of the virus and thus faced violent attacks from both the public and law enforcement officials. Many hijras also experienced discrimination from access to transportation, which means those seeking to escape violence had limited opportunities to do so.

In the Netherlands, the impact of COVID-19 had widely divergent effects on violence in different contexts. In some cases, interviewees living in refugee camps and asylum centers reported that they were subject to less violence because many residents of these facilities were forced into lockdown and had to stay in their rooms. In other facilities where there were fewer restrictions, however, interviewees reported that residents did not have anything else to do so violence escalated as a result of the pandemic. Many of these interviewees had to live in close quarters with others who threatened them with violence and abuse. When interviews reported the violence they experienced, they faced gaslighting and victim-blaming practices, and only in extremely rare cases were their reports actually addressed.

Sex workers reported very unique types of violence that were specifically triggered by the pandemic. Like interviewees in

Bangladesh, sex workers in the Netherlands reported increased police surveillance and police violence. Specifically, they explained that police monitored websites where sex workers solicited clients, and issued threats against them for seeking clients during a time when sex work was prohibited. Additionally, those interviewees who did continue to engage in sex work as a means to survive during the pandemic reported being placed in risky and potentially violent situations. As one interviewee noted, clients are abundantly aware that sex workers working during the pandemic are doing so illegally, and many use this precarious situation as an opportunity to abuse their power over sex workers.

Limitations

We faced several challenges in the process of conducting this research. For instance, the flyers used in this study were distributed to organizations that then posted them on public Facebook pages. This caused a flurry of e-mails to the researcher’s inbox from interested respondents who, it was later revealed, lied about their eligibility in the study (i.e., disclosing stories about sex work and naming nonexistent agencies and other verifiably false information). Of course, COVID-19 had no trivial impact on field research, and many forms of qualitative data collection shifted to the digital realm. This changed the nature of interviews and while researchers have found some unexpected benefits of this shift (i.e., interviewer neutrality), the resulting challenges outweigh the benefits. For instance, while interviewers can appear neutral and minimize their influence on interviewees’ response through body language or nonverbal signals, so too can interviewees. In virtual interviews, body language, nonverbal cues, and implicit signals that were once common in interview research are no longer accessible.

Beyond the limitations of no longer having face-to-face interviews,

COVID-19 presented challenges in the identification and recruitment of interviewees in the first place. Many interviewees were not available to participate in any such interviews because they were busy trying to make ends meet, and our ability to recruit participants was thus severely compromised. As previously indicated, questionnaires focused on four major themes. These were socio-economic conditions and livelihood, housing, access to healthcare and violence at private and public space. It is important to keep these limitations in mind when considering the findings of this study.

Despite these limitations, it bears repeating that many of the issues noted in this report were already ongoing prior to the start of the COVID-19 pandemic. COVID-19 has magnified these issues, and, as our report demonstrates, reconfigured them in ways that present new challenges to transgender refugee and sex worker communities. The novel challenges accompanied by the COVID-19 pandemic offer an opportunity for legal officials and policymakers to devise strategies that attend to the needs of transgender refugees and sex workers—some of which are borne from the pandemic and others that have long been ignored. The following section reports recommendations for changes to laws and policies in Bangladesh and the Netherlands that stem from these findings.

RECOMMENDATIONS

Drawing on the findings of this research, we propose several key recommendations that legal officials and policymakers can consider adopting to support the wellbeing and needs of transgender and hijra refugees and sex workers. As this research demonstrates, many of the social and economic insecurities these groups face have existed long before the pandemic. But, COVID-19 has exacerbated the ongoing injustices to which these groups have been subjected. In these challenging times, legal and political stakeholders have a unique opportunity to take leadership and address the critical needs of transgender refugees and sex workers who are increasingly vulnerable to various intersecting social and economic inequalities.

As we have emphasized throughout this report, we recognize that the case studies presented herein represent two extremely different social and geopolitical contexts. Indeed, studying the experiences of transgender refugees and sex workers in the Netherlands and Bangladesh together facilitated a robust comparative analysis. However, we believe that the widely divergent infrastructure of public institutions and public service delivery in these countries warrants different sets of recommendations for each country. Although there will inevitably be some overlap across our recommendations, we intentionally separate them for the purpose of providing useful and actionable guidance to relevant stakeholders in each country tailored specifically to their context. We hope they will seriously consider adopting these research-based recommendations to improve the livelihood and wellbeing of transgender refugees and sex workers in Bangladesh and the Netherlands through COVID-19 and beyond.

Bangladesh

An independent agency should conduct an audit of police and security agencies that engage in violence against hijras to bring the unnecessary harassment and detainment of hijras to an end. Interviewees in this study reported a spike in violence against the hijras at the hands of the public and, more importantly, law enforcement agencies in Bangladesh. Such violence predates the onset of the COVID-19 pandemic, reinforcing the need for increased scrutiny and correction to abusive practices engaged in by law enforcement agencies in Bangladesh. To minimize potential bias, such an audit should be conducted by an independent agency. The results would inform appropriate responses, whether that means removing violent officers or instituting trainings that eradicate the culture of violence toward hijras among law enforcement agencies in Bangladesh.

An independent agency should train medical professionals on treating hijra populations to minimize the barriers hijras face in accessing healthcare in both private and public hospitals. All Bangladeshi interviewees in this study reported being denied healthcare in Bangladesh because of their hijra identity. Deep seated social stigma against the hijras remains a serious barrier to receiving basic health care., and in the time of the pandemic, hijras have no option but to leave their medical needs untreated. Their inability to access a basic human right merits immediate attention and policy responses that effectively make hospitals safer and more welcoming spaces for hijras. There is some limited evidence of effectiveness of cultural relevance trainings (Byrd 2016), though more research is needed in this area.

Lawmakers should enact anti-discrimination laws to safeguard hijras against

discrimination and social and public hostilities. This is important given the widespread social stigma and hostilities and discrimination hijras face on a daily basis. There is currently a draft anti-discrimination law in the pipeline covering grounds discrimination for many factors including being a hijra, but it is not clear when this proposed law will be passed (National Human Rights Commission of Bangladesh 2021).

Public and private sector organizations should collaborate to develop a tailored social campaign to fight social prejudice against the hijras, specifically targeting housing discrimination against hijras. Such efforts are especially important in light of our research, which shows that the public in Bangladesh think the hijra issue has been fixed with their recent legal recognition. Our study discloses that the perceptions of ordinary people works to deflect attention from serious forms of discrimination, namely those that hijras experience in health and housing sector.

Establish a monitoring and documentation cell within the National Human Rights Commission to keep track of violence against hijras on a daily basis. Reconstituted in 2009 as a national advocacy institution for human rights promotion and protection and established by the 2009 National Human Rights Commission Act, the National Human Rights Commission Bangladesh has the mandate to monitor and document human rights violations against all, including the hijra population. Although there is a committee on Dalit, Hijra, Religious, Ethnic, Non-citizen and other excluded minorities' rights, we recommend establishing a monitoring and documentation unit within the commission to keep track of daily violence against hijras..

The government should provide support packages for hijras and hijra sex workers so they are not forced into poverty in contingency situations as they were during the COVID-19 pandemic. Although the government of Bangladesh announced in the initial phase of

the lockdown that it would dole out aid to the hijra population across Bangladesh, none of the interviewees in this study received any support from the government. They also did not know of any other hijra in Dhaka who reported receiving aid from the government. A few who did report receiving support in the form of food did so from private initiatives and NGOs. Some interviewees also reported that they were called ‘corona virus’ by the public while standing in queues to see relief.

The Netherlands

Dutch lawmakers should develop avenues for transgender individuals to report employment, housing, and healthcare discrimination and take these concerns seriously. As interviewees of this study attested, the nature in which discrimination operates is subtle and difficult to codify in the form of written proof. Often, the cues associated with discrimination are nonverbal or implied in the subtext of communication, rendering it up for debate whether the act constitutes discrimination. The high burden of evidence that existing discrimination statutes requires severely limits the ability of transgender individuals to report being discriminated in these domains. These individuals are therefore caught at the crossroads of being discriminated against and having no opportunities for redress. In a time when they face increasing economic and healthcare insecurity, transgender communities deserve opportunities to report discrimination, and policymakers ought to consider how to expand existing criteria for discrimination statutes to allow experiences that current laws do not capture.

Dutch law enforcement agencies should end the criminalization of sex work during COVID-19 and the unnecessary use of fines for those who are caught engaging in sex work during the pandemic. As our study reveals, many interviewees engaged in sex work as a way to support themselves. These individuals were forced into engaging in this work because they were given no other way to make ends meet. The support they have been provided is insufficient to make their ends meet, and they are simply using the channels at their disposal to pay their bills. Imposing fines for engaging in sex work only exacerbates the issue that forced them into engaging in sex work in the first place. Put differently, the current response to sex work during periods when the

Dutch government has mandated a quarantine, economically constrains transgender sex workers and places them in a bind. To meaningfully address this issue, the Dutch government should end the criminalization of sex work during crises like these and invest in other opportunities to provide financial assistance to sex workers so they do not have to resort to sex work for income during a time when it is unsafe to do so.

The Dutch Government should design and implement accessible and coordinated services that enable all individuals to safely obtain stable employment. Many interviewees in this study reported that they viewed sex work as the only viable opportunity for employment because other employers would not hire them for various reasons, including their transgender or sexual identity, their inability to speak Dutch, or racial discrimination. As well, interviewees found the process of identifying employment opportunities difficult. These interviews demonstrate that access to coordinated employment assistance services are needed specifically for this population in the Netherlands. This is especially true during the time of COVID-19 when this population faces significant financial constraints and are forced into precarious and often dangerous situations that could be prevented.

Healthcare stakeholders in the Netherlands should develop, standardize, and enforce uniform protocols for healthcare services when medical resources are strapped, as was the case during the COVID-19 crisis. Many interviewees reported receiving inconsistent guidance on whether and how they could receive healthcare, and different facilities reportedly had different standards for accepting patients.

Relatedly, independent agencies should train Dutch healthcare professionals on how to provide quality

healthcare to transgender populations. Many interviewees reported facing stigma from medical professionals, some of whom reportedly misgendered them, even when they were asked to address interviewees by their chosen pronouns. Such unwelcoming and hostile practices deter transgender refugees and sex workers from seeking medical help. Although trainings may not transform the culture and attitudes medical professionals have toward transgender individuals in the Netherlands, they offer a step in the right direction.

The Dutch Government should provide financial relief packages commensurate with the cost of living. Interviewees in this study noted that they received limited funds in the wake of the pandemic and many were thrust into poverty. Those living in refugee camps and asylum centers did not receive supplemental income beyond the minimal cash allowances they received. Those who were eligible for relief packages reported that those funds were insufficient to meet their daily expenses. This was especially true for interviewees who resided in Amsterdam, where the cost of living is significantly higher than other rural regions in the Netherlands. The Dutch Government thus might consider estimating and routinely updating the projected cost of living in different regions and adjust relief packages accordingly so that transgender refugees and sex workers are not forced to find shoddy work just to survive.

ACKNOWLEDGEMENTS

This report was prepared by Dr. Adnan Hossain and Sino Esthappan and was funded by Share-Net International. The authors thank our partners in Bangladesh, Joya Sikhdar and Srabonti Srabon, and our partners in the Netherlands at Transgender Nederland Netwerk, namely Alejandra Ortiz, Samira Hakim, and Elise van Alphen, for their assistance and contributions to the study. We would also like to thank all the participants who shared their stories, which we hope to uplift in this report.

NOTES

1. Although we use transgender as a generic label here, the focus for the Bangladesh part of the study is limited to only hijra identified groups in Bangladesh. We also acknowledge that not all hijras identify themselves as transgender.

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