THE IMPACT OF COVID-19 ON SEX WORKERS IN EUROPE AND CENTRAL ASIA AND RECOMMENDATIONS FOR POLICY MAKERS
INTRODUCTION

2020 was intended to be a groundbreaking year for sex workers' activism in Europe and Central Asia. Local sex worker collectives launched unprecedented initiatives on the ground to challenge repressive and abolitionist laws, such as 250 sex workers from France bringing their case to the European Court of Human Rights against the country's adoption of so-called Swedish model, a law criminalising clients or community-based groups in the UK launching a national mobilisation campaign for decriminalisation. On the regional level, sex workers campaigned online to frame and amplify their feminist principles of organising locally and across borders and to create opportunities to come together at their first Regional Assembly since 1995 in order to formulate their common demands.

Instead, sex worker activists had to face the spread of the COVID-19 pandemic deeply affecting their community's ability to work all across the region, deepening pre-existing inequalities, and exacerbating their social, economic, and political vulnerabilities. The COVID-19 crisis revealed in weeks that sex workers are amongst the populations most disproportionately impacted due to their social and economic exclusion working in a highly criminalised sector, and often being (undocumented) migrants; the volume of gender-based violence targeted at them; and heightened vulnerability to health risks due to intersectional discrimination and lack of services. It also proved what sex worker activists have been echoing for decades: sex workers will be the last prioritised population when it comes to providing them with alternative income, despite the popular rhetoric of abolitionist governments and activists stating the contrary and emphasising the urgency of creating opportunities to 'exit the sex industry'.

This pandemic is exposing the ways in which sex workers are forced to operate on the economic and social margins, in precarious circumstances, without the protections enjoyed by most workers in formal employment. Across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for sex workers by virtue of their work and the majority being (undocumented) migrants, poor, women, people of colour, and LGBTQIQ people.

COVID-19 is not only a huge challenge for our global public health response, but also a test of our collective solidarity and intersectional feminist activism. Recovery must lead to a more equal world that is more prepared for and resilient to future crises; a world that places marginalised groups, such as informal workers, including sex workers, at the centre. Many demands from marginalised and criminalised communities - sex workers, LGBTQIQ people, the homeless, migrants, prisoners - are supported by public health evidence. To ensure the maximum impact on both short and long term, it is now crucial that these demands are recognised, prioritised, and implemented in immediate national responses and long-term recovery plans.

SOCIAL AND ECONOMIC IMPACT

The impact of COVID-19 across the global economy has been profound and will continue to remain so, with supply chains disrupted, businesses required to close or scale back, and millions losing their jobs and livelihoods. The loss of income and livelihood affects women and LGBTQIQ people disproportionately due to preexisting inequalities in sexist and cis-heteronormative labour markets. Across the globe, women and LGBTQIQ people have restricted access to secure jobs and are more likely to be employed in the informal sector, working under exploitative conditions – from seasonal or temporary employment to home work, flexi and temp-work, to subcontracting, working as freelancers, or as self-employed persons.

Women - in many countries with a high proportion of (undocumented) migrant women - form the large majority of the care sector as well, including health workers, caretakers, and domestic workers. The care sector has been historically undervalued, underpaid, or completely rendered invisible and unwaged, and furthermore was severely hit by recent austerity measures. Many sex workers work in the sex industry since their care work, whether raising children or tending to ill or disabled relatives, is invisibilised and completely unpaid. With school closures and early release of COVID-19 patients and those with chronic illnesses from hospitals, more and more women become primary unpaid caregivers in their families.
In addition to these mechanisms of exclusion from the formal labour market and state protection, sex workers engage in an industry which is highly criminalised across the globe and in our region: no country has fully decriminalised sex work in Europe and Central Asia. On the contrary, the abolitionist feminist Swedish model has been propagated and implemented in numerous Western-European countries in the past twenty years, which has resulted in decreasing earnings, higher levels of surveillance and policing, more exposure to exploitation and violence, and detention and deportation of migrants, in Sweden, Norway, France, Ireland, and Northern Ireland. In countries where sex work is legalised, negative trends have been observed as well in the past decade, such as the introduction of registration of sex workers, enforcement of municipal by-laws to restrict sex work in public spaces, and increasing policing of the migrant sex worker community. In countries where sex work is prohibited, with sex workers, clients or third parties criminalised, sex worker communities have for decades reported dire circumstances, such as police violence, imprisonment, and being scapegoated by society. Despite the varying degrees of legality of sex work, it is generally observed that sex workers - even in countries where their profession is legal with certain restrictions - hardly access state-provided social support, such as accident compensations, sick leave, parental leave, paid holiday leave, pension benefits, or disability allowances.

As sex workers live on the economic margins, they are rarely benefitting from pandemic response and recovery plans that countries are currently rolling out. Furthermore, as evidenced with the financial crisis in 2008, many people will turn to sex work to make a livelihood in the months and years following the end of confinement periods, which will result in lower rates and potentially increased exploitation. The following recommendations of social and economic measures need to be implemented in order to protect sex workers, along with other informal workers, from the detrimental effects of the current crisis.

**IMMEDIATE RESPONSE**

- Community-led organisations that are run by sex workers, providing direct support to the most affected, need to be included in decision-making and distribution of emergency relief.

- Social assistance (non-contributory cash transfers, income replacement measures) should be introduced to cover unpaid or low-paid caregivers and the informal workforce, including sex workers, regardless of their migration status. Basic social protections should be extended to caregivers and informal workers as well. Direct support, such as health insurance, paid sick and maternity leave, pensions and unemployment benefits need to reach beyond formal employment and be accessible to people in all spheres of work.

- Tax and social security payment deferrals and exemptions need to also cover informal workers, as well as self-employed sex workers.

- In countries where sex work is legal as a form of self-employment or employment, measures need to be introduced to alleviate the tax burden of small businesses that suffer from the COVID-19 crisis and subsidised and state-backed loans must be made available to all small businesses affected, including to those owned by sex workers.

- Many sex workers are at risk of becoming homeless, having lost their primary source of income and due to the closure of workplaces, where many of them used to reside. A moratorium on evictions should be introduced and those who struggle with rent or mortgage payments should be supported, while emergency housing options must be allocated to those in urgent need, with a special view to those at risk of abuse or violence in their residence.
Housing should be provided by re-purposing currently not utilised spaces such as hotels, sports halls, and education institutions, to accommodate quarantine needs, integrating considerations of accessibility for all, such as LCB and transgender people and the disabled. Placement in sex-segregated facilities in absence of individual placement must be decided based on gender identity instead of sex markers in identity documents, with meaningful individual engagement with those to be housed.

Return procedures and deportations of (undocumented) migrants, including new decisions, must be immediately stopped.

Temporary permits to individuals need to be automatically extended or issued in light of the current circumstances, to stop people from becoming undocumented or being stuck with uncertain status due to the pandemic. Ways for undocumented migrants to regularise their status on various grounds should also be supported in the longer-term, and developed and implemented in partnership with migrant community and support organisations.

Countries need to move towards recognising sex work as work and the full decriminalisation of sex work. They should facilitate a comprehensive inquiry that assesses the living and working conditions and human rights of sex workers. The consequences of current legislation should be researched with the active involvement of sex workers and their organisations and with a view to the most marginalised sex workers, such as (undocumented) migrants, single parents, LGBTI+Q, people of colour, and disabled workers.

Countries need to carry out a meaningful consultation process with sex workers living and working in the country in order to establish a legislative, policy, and regulatory framework that respects their human rights and improves their safety and working conditions.

States should provide non-citizens who are victims of violence, exploitation, abuse and/or trafficking with access to secure unconditional residence permits which are not dependent on assisting with the prosecution of their perpetrators and lead to more stable status after a reasonable period of regular residence.

Pathways for migration for decent work, family reunification, study and protection need to be established, which promote the rights of migrants and their families. This includes ensuring that people change their status and employer, including through access to autonomous residence permits, to address risks of exploitation and trafficking linked to a person’s residence status.
Gender-based violence against women and gender minorities is increasing globally as the COVID-19 pandemic combines with economic and social stresses and measures to restrict contact and movement. Crowded homes, limited access to services, and reduced peer support are exacerbating these conditions. Many countries with reporting systems in place have stated surges of 25-50% of people asking for assistance in cases of interpersonal violence.

Ending violence against sex workers has, for decades, been the priority of our movement. Sex workers are exposed to physical and sexual violence due to criminalisation and intersecting oppressions such as sexism, anti-sex worker bias, homophobia, transphobia, racism, and classism. Globally, sex workers have a 45 to 75 percent lifetime prevalence of workplace violence and 32 to 55 percent chance of experiencing sexual violence in a given year*. Sex workers are not only vulnerable to violence by clients or people posing as clients, but often more so from private individuals, the police, immigration officials, and the judiciary. Research shows that criminalisation and policing causes a three times higher chance of experiencing sexual or physical violence for sex workers, and those affected are also twice as likely to have HIV and/or other sexually transmitted infections (STIs)**.

While social distancing measures have been introduced in the majority of countries in the region, it may be particularly difficult to respect them for those who rely on their work based on close personal contact for survival, are homeless or live precariously, or are now forced to be with abusive family members or other parties in confinement. First responder services and shelters for victims of abuse and violence also lack capacities to help and might be locked down due to not being qualified as essential services. LGBTQI people are especially affected due to family rejection, and their needs have been largely overlooked in the response to gender-based violence.

Sex workers are amongst the most precarious informal workers in the present situation, with little or no income and savings, often being (undocumented) migrants, and LGBTQI. The decrease in the number of clients and economic emergencies furthermore results in heightened risk of taking on abusive clients and engaging in risky behaviours. Access to justice for sex workers, especially for (undocumented) migrants, has long been compromised. The lack of access to support and justice in cases of victimisation creates an especially vulnerable situation during the pandemic: sex workers are afraid of the police and immigration authorities and do not report cases of abuse and violence to them due to the well-founded fear that they will either receive no support, or even get fined, detained or deported.

The following recommendations need to be implemented in order to protect sex workers and improve their safety under the present circumstances.

Policing should not single out vulnerable populations, such as homeless people, sex workers, LGBTQI people, migrants, or people of colour, and people who use drugs and punish them for violating quarantine regulations. Police enforcement of confinement and isolation measures should not be used for identity and residence status checks. Instead, police should refer people to essential services and distribute protection equipment, such as sanitisers and masks.

All raids, arrests, prosecutions, and deportations must be immediately suspended and all those classified as non-violent offenders, including those held for prostitution and immigration charges and convictions, should be released from prisons. Immigration detention needs to be ended immediately in favour of non-custodial, community-based approaches to case resolution. Self-isolation and social distancing are impossible in prisons and detention centres which are often overcrowded and lack appropriate care. Individuals released from detention and imprisonment should have access to adequate shelter and basic necessities.

All support services to victims of abuse and violence, such as helplines and shelters, must be maintained and regarded as essential services. Increased funding must be allocated to deal with the surge of clients and be distributed to those community-led organisations as well that are often left out of the response to gender-based violence, including initiatives of the sex worker, LGBTQI, and (undocumented) migrant communities.

The capacity of shelters for victims of violence should be expanded by re-purposing currently not utilised spaces, such as empty hotels, sports halls, or education institutions, to accommodate quarantine needs, and integrating considerations of accessibility for all, such as LGB and transgender people and the disabled. Placement in sex-segregated facilities in absence of individual placement must be decided based on gender identity instead of sex markers in identity documents.

Firewalls between immigration enforcement and service provision in the area of healthcare, social services, police, and the justice system should be implemented to allow undocumented migrants to safely turn to services and access justice mechanisms without any risk of immigration enforcement or other sanctions linked to their status.


LONG-TERM RECOVERY PLAN

- Police accountability needs to be improved and measures must be taken to eliminate the practice of discriminatory profiling of migrant and minority communities, homeless people, people who use drugs, and LGBTQ people. Operations leading to return or removal orders or detention of migrant sex workers and confiscation of their earnings and properties - in the name of combating trafficking - have to be abolished and replaced by a transparent and accountable system of trained community liaison officers.

- States must provide sufficient funding for sex worker-led initiatives in order to support and recognise their role in community empowerment and prevention of abuse, violence, exploitation, and trafficking in the sex industry. Equally, funding needs to reach communities at risk of victimisation, such as homeless people, LGBTQ people, migrants or people of colour, and people who use drugs.

- Sex worker-led organisations must be included into designing, implementing, and evaluating social inclusion and rehabilitation programmes for victims of trafficking and for sex workers who want to exit the sex industry. Sex worker-led groups must become crucial players in programming around gender-based violence.

- Actions need to be taken to reduce the stigma associated with involvement in the sex work sector, in close partnership with sex workers themselves. Measures to reduce stigma include improving public attitudes towards sex workers, providing agencies, authorities, NGOs, and the general public with nuanced and non-stereotypical information about sex work.

IMPACT ON HEALTH

- Similarly to many other marginalised communities, sex workers’ health can be compromised by various factors, including intersecting discrimination and criminalisation. The current COVID-19 pandemic greatly increases sex workers’ vulnerabilities to poor health, in particular due to the closure of most community services that usually provide sexual health resources such as condoms, HIV and STI testing and counselling, harm reduction services that assist people who use drugs, and transition-related care for trans people. For sex workers who continue working during the pandemic, this lack of access to prevention tools and health services limit their capacities to protect themselves from HIV and STIs and maintaining their health. For the most precarious sex workers, the inability to stop working due to lack of social protection means that they are more exposed or at risk of contracting the COVID-19. Sex workers who are undocumented also have limited access to health services in many countries.

- Decades of evidence in the fight against HIV has shown that meaningful involvement of the most-at-risk groups are key to the success of public health measures. Sex workers are rightfully recognised as a ‘key population’ in the fight against HIV by the UNAIDS, a recognition that has led to successful HIV campaigns and strategies globally. Lessons must be learned from the HIV epidemic, and consequently sex workers, gay men and other men who have sex with men, trans people, people who inject drugs, and prisoners need to be involved in decision-making and must receive funds to provide services for their communities.
Immediate Response

Accessible messaging in multiple languages must reach migrant sex workers, who form the majority of sex worker communities, in particular in Western Europe, through intermediaries they trust, such as community-based service providers.

Sexual and reproductive health care needs to be maintained and reorganised, with more resources allocated to community-based organisations.

Access to HIV-related medications and harm reduction services must remain consistent and uninterrupted.

Guidelines of comprehensive HIV/STI programmes, issued by UN agencies and the World Health Organization, establishing community-led services, condom and lubricant programming, anti-violence measures, and capacity-building for the sex worker community must be implemented.

Drug use must be decriminalised and gender-sensitive harm reduction measures need to be scaled up, taking into consideration the needs of groups facing intersectional discrimination, such as sex workers who use drugs.

States must provide access to the highest attainable standard of gender affirming healthcare, on the basis of an individual’s free, prior, and informed consent. They must furthermore ensure that gender affirming healthcare is provided by the public health system or that the costs are covered or reimbursable under private and public health insurance schemes.

Long-Term Recovery Plan

Access to preventive and curative health care must be guaranteed for all, including testing for COVID-19, with particular attention to the most marginalised groups in society, irrespective of their immigration status. ‘Firewalls’ need to be established to shield people from possible transfer of their personal data from health and social services to immigration authorities, and the risk of deportation if they seek care.

Hormonal treatment should be classified as vital and must remain uninterrupted, including, when necessary, through administration of injections in healthcare facilities, including via pharmacies and clinics. When it is not possible for a healthcare provider to administer injections, it must be ensured that trans people have sufficient information and resources to self-inject.