



nswp Global Network of Sex Work Projects
Promoting Health and Human Rights

GLOBAL BRIEFING PAPER:

The Impact of COVID-19 on Sex Workers

Introduction

Sex workers all over the world were among the hardest hit communities at the start of the COVID-19 pandemic and continue to be impacted by this global public health crisis. The structural oppression that sex workers faced before the pandemic as a result of criminalisation, stigma and discrimination was exacerbated as sex workers experienced hardship, a total loss of income, increased harassment, human rights abuses, and health inequalities. The vast majority of sex workers were excluded from emergency responses and national social protection schemes. Consequently, as governments imposed strict public health protection measures, social distancing orders and travel restrictions, sex workers were faced with continuing to work in order to provide for themselves and their families, and potentially being prosecuted for breaking these regulations, as well as any existing laws criminalising sex work.

The regional sex worker-led networks who are partners in the Sex Worker Networks Consortium documented the impact of COVID-19 on sex workers and sex worker-led organisations in Latin America, the Caribbean, Africa, Central and Eastern Europe & Central Asia (CEECA) and Asia Pacific. Regional networks hired national consultants to organise focus groups, interviews, and surveys to document the lived experiences from sex workers and sex worker-led organisations from January to June 2022. This project aimed to build on the evidence documented in the early stages of the pandemic in a NSWP Policy Brief¹, providing an in-depth analysis at regional level. This global paper summarises the evidence emerging from the reports developed by Plataforma Latino Americana de Personas que Ejercen el Trabajo Sexual (PLAPERTS), the Caribbean Sex Work Coalition (CSWC), the African Sex Worker Alliance (ASWA), the Sex Workers' Rights Advocacy Network for Central and Eastern Europe and Central Asia (SWAN) and the Asia Pacific Network of Sex Workers (APNSW). It highlights the common issues faced by sex workers across the five regions, exposing the main challenges that they faced during the pandemic.

Loss of income and exclusion from government responses

Public health protection measures against COVID-19 infection, such as lockdowns, curfews, social distancing, 'stay-at-home' orders and quarantine mandates meant that sex workers were unable to work for extended periods of time. Those who could not transition to online work experienced a total loss of income. The majority of sex workers were excluded from, or faced significant barriers to, government emergency responses. PLAPERTS reported that for most sex workers in Latin America, while sex work did not necessarily generate a very high income, it was enough to cover basic needs.

¹ NSWP, 2021, "[Policy Brief: COVID-19 and Sex Workers / Sex Worker-led Organisations](#)."

“It is living income. It is not an additional activity and there are people who make a full living from it due to exclusion from their social and family circles.”

Sex worker, Colombia

As sex work is not recognised as work, sex workers are not included in national social protection schemes accessible to other workers. Sex workers in CEECA reported that strict lockdowns, often included increased presence of police on the streets, curfews, and severe restrictions on citizens’ movement, that made it impossible for many sex workers with no other source of income to work. Night-time curfews introduced in Armenia, Kyrgyzstan, Kazakhstan, North Macedonia, and Ukraine made earning money extremely difficult for street-based sex workers.

“No socio-economic measures were arranged by the government for the protection and recovery of sex workers. What is striking is the ignorant attitude of the authorities towards sex workers and the lack of measures adapted to the needs of sex workers.”

HOPS, North Macedonia

In Asia Pacific, the closure of sex work businesses, such as brothels, entertainment venues, and karaoke bars, left sex workers without safe places to work or access to clients. What was left of their client base diminished due to clients’ own loss of income. In the Caribbean region, bars were closed completely across all countries surveyed during the first stages of the pandemic. Some sex workers would come out to work nevertheless, taking the risk of being arrested.

“Bars where sex work was conducted were forced to close, clients’ interest decreased, business was really bad, many were scared of getting COVID-19, sex work became very risky.”

Sex worker, Guyana

In all regions, sex workers reported that they were excluded from government emergency responses. ASWA reported that in all 24 African countries surveyed sex workers were not included in any emergency responses (cash transfers, food packages or health services) from the government during the COVID-19 pandemic. APNSW and ASWA reported that it was most common for sex workers to be excluded from national social protection schemes due to eligibility requirements. Requirements that individuals have a national identity card, or that their work is registered on an official list of ‘legitimate’ employment, automatically excluded sex workers. The pandemic exacerbated pre-existing inequalities and government emergency responses failed to address the reality of people working in informal economies. In the Caribbean region, sex workers reported very repressive national COVID-19 emergency measures.

“Lock down, quarantine and closure of public places, which are sex workers’ spaces, took food out of my mouth and money out of my pocket. Government did not help sex workers in any way.”

Sex worker, CSWC

Increase in violence and extortion

Sex workers in all regions reported that they still needed to work, regardless of the restrictions, in order to survive. This put them at an increased risk of violence from the police, and from clients who took advantage of their situation. Some sex workers also experienced increased violence from abusive family members due to ‘stay-at-home’ orders, quarantine mandates, or other restrictions on movement.

Violence from clients

The need to earn money to survive drastically reduced sex workers’ bargaining power with clients and their ability to ensure their safety, negotiate with or refuse clients, reject pressure or particular demands, including for unsafe sex.

In Asia Pacific, sex workers across all countries in the region reported going back to clients’ homes to work, which they never would have done prior to the pandemic, and once arriving there, being coerced into types of sex they never agreed to, being raped, or encountering multiple people and being gang raped. SWAN also reported that throughout the pandemic, sex workers experienced an increase in violence, fraud, extortion, and robberies (of money and other valuables) by clients.

Police violence

Across all regions a drastic increase in police violence was reported, as law enforcement officials turned to repressive means of enforcing curfews, lockdowns, and other emergency restrictions. The pandemic also created new opportunities for the police to exploit, harass, and extort money from sex workers. Sex workers spoke of the police selectively targeting them for enforcement of COVID-19 restrictions, such as curfews, and then demanding bribes or sex in order to avoid being charged. Police violence was particularly widespread during the pandemic, since curfews and business closures made sex workers who needed to continue to work especially visible on the street.

“Police behaviour is even worse now because of COVID...police use us like their ATMs.”

Sex worker, Myanmar

In almost all countries in Latin America the pandemic increased police violence against sex workers. Given the need to work to survive, many sex workers could not afford to follow pandemic restrictions. Under the guise of enforcing curfews and other restrictions, the police pursued sex workers even more than previously, not hesitating to persecute, assault, extort



and rape sex workers caught breaking the emergency regulations. For example, in Colombia, Paraguay, Panama and Peru, there were reports of police who demanded 'sexual favours' in exchange for not fining or detaining sex workers.

“The pandemic exposed and exacerbated violence that already existed... it gave the police an excuse to catch us in the street again... they used all the controls as an excuse of the pandemic to abuse their power”

Sex worker, Paraguay

In the Caribbean region there was also a notable increase in violence against sex workers and sexual exploitation during the pandemic. In Guyana, particularly migrant sex workers were often the victims of police exploitation, with demands for sex and money. CSWC reported that police on patrol and at roadblocks at entry points to the hinterland region in Guyana often stopped buses and cars to target migrant Venezuelan sex workers. Many were detained for working without valid work permits or visas and were often forced to pay money or provide sex in exchange for their release.

Across the CEECA region there was a significant increase in the application of criminal and administrative laws to manage the pandemic, and a notable expansion of existing powers of the law enforcement agencies, including police, public health, and immigration authorities. COVID-19 measures often translated into extensive surveillance, punishment, and policing, including heavy monetary fines, arrest, prosecution, and detention. In Kazakhstan and Kyrgyzstan police officers raiding sex work venues extorted money by threatening sex workers with punishment for supposed violations of emergency restrictions, some of which they had not even committed:

“Despite the fact that sex workers had no work, there were police officers who still extorted money from them. There was a fine of 3,000 Som (40 USD), and the violators were detained and taken to the police station and kept there until the curfew was over.”

Tais Plus, Kyrgyzstan

Domestic violence

PLAPERTS reported several cases of domestic violence occurring during periods where 'stay-at-home' orders or other restrictions on movement were in place. This exacerbated the existing stigma that sex workers face, as it became more difficult to keep knowledge of their involvement in sex work from their families. Violence resulting from being identified as a sex worker included discrimination, eviction from their family home, rejection by their family, harassment, rape, physical aggression and even femicide.

“I had the idea of calling a brother to give me accommodation... He knew that I worked in a social organisation, but he didn’t know that I was sex worker. When he realised it, he began to treat me badly... he made me leave home in the midst of a pandemic...”

Sex worker, Colombia

In the CEECA region pandemic-related anxieties, loss of workplaces, lack of income and economic insecurity have left a mark on many sex workers’ households and contributed to an increase in domestic abuse. This particularly affected cis- and trans-women, often unable to leave the abusive situation due to their dependence on the abuser or their precarious situation. Sex workers across the region reported moving back with their extended families during the pandemic, which exposed them to abusive treatment, violence, and whorephobia. For example, in rural Armenia the stigma against sex work is particularly high. Prior to the pandemic, sex workers often lived separately from their families in order to avoid exploitative and abusive relationships. However, without an income to pay for their own housing, many had to return to living with their families.

“I returned to my family, but every day I had to tolerate psychological, physical, and other forms of violence that I was no longer able to endure. It was better to sleep outside than to go through all those things one more time.”

Trans sex worker, Armenia

Impeded access to healthcare

The pandemic severely disrupted healthcare in many countries, with people’s movement being restricted and health services being limited or closed completely for significant periods. The Global Fund reported a 41% drop in HIV testing in Africa and Asia in early 2020.² In CEECA, HIV testing was suspended in most countries.³ Disruption to HIV services in some countries was reported to be as high as 75%.⁴ Sex workers’ access to health services – especially sexual and reproductive health services – plummeted during the pandemic, just as the risks to their health were increasing.⁵ ASWA reported that in many African countries, where sex workers already face intersectional stigma, discrimination, and access issues, they experienced even greater barriers to healthcare.

² The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2021, “[The Impact Of Covid-19 On HIV, TB And Malaria Services and Systems for Health: A Snapshot from 502 Health Facilities Across Africa And Asia.](#)”

³ SWAN and ESWA, 2020, “[COVID-19 Crisis Impact on Access to Health Services for Sex Workers in Europe and Central Asia.](#)”

⁴ UNAIDS, 2021, “[Benefits of continuing to provide life-saving HIV services outweigh the risk of COVID-19 transmission by 100 to 1.](#)”

⁵ Civil Society Engagement Mechanism for UHC2030, 2021, “[The Health and Economic Impacts of COVID-19 Containment Strategies on the Most Left Behind.](#)”

“There were no direct [health] resources for male sex workers and it was worse for transgender [sex workers] as they experienced double stigma and displacement when it came to admission in hospitals and lack of [proof of] identity.”

Community Health Rights Advocacy, Malawi

Sex workers in Asia Pacific reported high incidents of stigma and discrimination by health care providers who assumed that they were more likely to have COVID-19 due to the nature of their work. A sex worker in Myanmar described her experience at a clinic saying, “They don’t want to treat sex workers.” In Panama, sex workers were denied the right to medical attention when they presented themselves as sex workers. In the Caribbean, sex workers across all countries indicated that even though some essential healthcare services were still available, appointments were frequently rescheduled, sex workers were never given priority, and many were unwilling or unable to seek medical treatment because of potential consequences due to their status as undocumented migrants.

Another major problem impeding access to healthcare in all regions was that many community health clinics closed or severely reduced their hours, leaving sex workers to go to government or private clinics, which were already significantly reduced and dealing with higher numbers of patients. These services were also either expensive, discriminatory, and/or at a prohibitive distance. In Africa, CEECA and Latin America, many clinics also drastically shifted their priorities to COVID-19 treatment, making it difficult for sex workers to access other types of essential healthcare. In the first months of the pandemic, entire hospitals were transformed into COVID-19 clinics and in some cases, hospitals or departments were fully closed due to the spread of COVID-19 among patients and medical staff. Patients were sent home and only urgent and life-threatening cases were admitted to designated departments. PLAPERTS spoke with many community members who reported there being very limited or no access to public health services of any kind, unless they were COVID-19 related.

“It looked like a market and there was not enough space to sit or to stay. I arrived at 6am and there were no doctors, there were no nurses, there were no medicines, everything was missing... they treated me at 8pm, short of breath, with a huge fever.”

Sex worker, Peru

Sex workers in all regions reported difficulties in accessing sexual and reproductive health services and commodities. Several countries reported stock-outs of medications and contraceptives, and it was not possible, due to travel restrictions, for sex workers to go to other locations to access sexual and reproductive health services. In many countries in the CEECA region, gynaecological and sexual and reproductive health clinics did not admit patients during the strict lockdown. Sex workers throughout Asia Pacific and CEECA reported increasing numbers of unwanted pregnancies during the pandemic. This was often due to a lack of access to condoms and other forms of contraception because of clinic closures and/or lack of funds to purchase reproductive health commodities. Sex worker-led organisations in Kazakhstan, Kyrgyzstan, and Russia also reported that access to safe abortion became difficult, as medical procedures not related to COVID-19 were postponed or cancelled. Sex workers in need of abortion had to order pills online and home-based abortions.

Sex workers in CEECA, Latin America and the Caribbean all faced the burden of major increases in the cost of medications and health services during the pandemic. Sex workers in Suriname reported that, in addition to stock-outs of medical supplies, the change in government administration led to a 300% increase in administrative costs just to see a doctor. The overloading and critical condition of public health services meant that sex workers seeking help were forced to use private health care services, often at a very high cost. However, many could not afford to pay for private health services due to loss of income, or they had to choose whether to prioritise their health needs over their more basic survival needs and that of their families.

“When you arrived (at the hospital) and asked for medicine...you had to buy it. Here in Quito it costs up to 500 soles (112 USD)!”

Sex worker, Peru

The health impacts for sex workers living with HIV were especially severe. ASWA reported that the combined effects of COVID-19, containment measures and fragmentation of HIV services resulted in missed or delayed diagnoses and disruptions in HIV treatment. This in turn led to increased mortality and increased HIV infections. Access to ARVs was more difficult and interrupted in several countries throughout the region as a result of the pandemic.

“Sex workers living with HIV who are on treatment found it difficult to access the ART clinics due to bus fares increasing and even the clinics were closed during the lockdowns.”

Sex worker, Papua New Guinea

In Latin America, sex workers living with HIV described how the lack of access to treatment severely threatened their health.

“They (the clinics) closed for months, completely. We could not even go to withdraw medication. I was 9 months without medication...It was so serious that I reached the stage of AIDS in my forties due to that situation. Everything was very precarious.”

Sex worker, Paraguay

In many countries in the CEECA region, access to HIV and STI prevention, testing and treatment was severely restricted, and new patients who were not already enrolled in anti-retroviral therapy faced great difficulties in accessing HIV treatment. It was particularly problematic for migrant sex workers, without ID documents and official registration of residence. Due to restrictions on movement, migrant sex workers had limited possibilities to regularise their stay or obtain the required documentation. The vast majority of state and private health services were shut down or were reorientated towards COVID-19. Most of the community- and NGO-led condom and lubricant distribution projects were significantly reduced or halted due to travel restrictions or curfews.



Increased housing insecurity

The COVID-19 pandemic and the emergency responses to this public health crisis have exacerbated social inequalities and criminalised populations who already face social exclusion have been made more vulnerable. Many sex workers, faced with a significant loss of income, could not afford to purchase food, basic hygienic products, medicines, or pay for rent and utilities. On top of this, across all regions, sex workers reported disputes with their landlords, ranging from refusal to ease rent payments, to sexual harassment, and even eviction.

APNSW documented several cases of sex workers being evicted by their landlords. Some became homeless and were forced to live on the street, sometimes with their children; others moved into hostels; or with friends or colleagues; some moved back to their towns or villages of origin to stay with family.

“I was kicked out by the innkeeper because I had no money to rent, so I’ve been under the bridge until now, knowing it’s also dangerous there. If someone knows about [my doing sex work], I get kicked out if the police find out, but now I’m on the road, I don’t have any other options.”

Sex worker, Vietnam

Reports from Antigua and Barbuda, Barbados, Jamaica, Guyana, Suriname, and Trinidad and Tobago all documented cases of sex workers not receiving any form of support from the government, and either being evicted or subjected to sexual exploitation in order to keep their accommodation. In Belize, a sex worker who lost her income had to agree to have sex with her landlord so that he would discount the rent. The landlord would visit the sex worker on a weekly basis, with this arrangement lasting for almost a year. When the COVID-19 restrictions were relaxed and the sex worker was able to work again, the landlord demanded that she pay the rent owed for the past year. The sex worker could not pay and was threatened with eviction, upon which she reported the matter and took her landlord to court. The case is still currently before the courts, pending a decision.

Precarious housing and homelessness experienced by sex workers in CEECA was also one of the key issues raised by sex worker-led member organisations. Throughout the pandemic, many sex workers struggled to pay the rent for their workplaces and homes, often building up large debts. Tais Plus in Kyrgyzstan reported that there were sex workers were literally left on the street. Landlords closed their living spaces, leaving only a small room, a barn or outside in yards of houses, in which sex workers were forced to house their children or they were thrown out of their homes because they could not pay rent. Many independent sex workers, previously renting apartments for work, could no longer afford to pay rent for their workplaces, and had to start providing services from their private homes, sometimes with their children or other family members on the premises. For some, working from home posed a threat of homelessness, as in the case of 6 trans sex workers in Armenia, who faced eviction when their landlords became aware that they were working there.

Deterioration of working conditions

Since the pandemic began, sex workers in all five regions reported that their working conditions have worsened significantly. In addition, prices dropped and remain much lower than before the pandemic. PLAPERTS reported that sex workers found it very difficult to maintain the prices for sexual services because their basic survival needs were so urgent.

“We had to lower the prices of sex work so much that in order to eat we had to put our services at 5 dollars.”

Sex worker, Panama

In Asia Pacific, the economic downturn due to COVID-19, and increased unemployment throughout the general population, resulted in more people entering sex work, increasing the competition for clients. This in turn further lowered the prices that sex workers could charge for their services, as well as undermining their bargaining power with clients. Sex workers in both Asia Pacific and CEECA reported that the drop in clients also meant that they felt more pressure to perform services that they had not previously provided, putting their health at increased risk.

“With the closure of all establishments, sex workers lost their income and livelihood. This increased the number of sexual contacts without condoms for extra payment, which led to the risk of HIV, STIs, and unwanted pregnancy.”

Amelya, sex worker-led organisation, Kazakhstan

Venue closures in all regions pushed sex workers who had to continue working further underground. Clandestine working meant that sex workers more precarious working conditions and were often forced to work in unsafe environments to earn enough to survive. Sex workers in the Caribbean region reported that more risks had to be taken to earn money. Many were forced to put themselves at risk of contracting COVID-19, as well increased harassment, physical and sexual abuse just to be able to provide food and shelter for themselves and their children. In Latin America, sex workers noted that it was a great setback to go back to working underground. Since the hotels did not have permission to be open, the police could arrive at any moment and raid them, fining or putting individuals in jail for not complying with pandemic regulations. Sex workers in Ecuador, Bolivia and Mexico reported that the insecurity of working in hotels or apartments meant that sex work was now often carried out in dark and isolated public spaces or in cars.

“We give ourselves ways to go to certain public places, for example, the bathrooms. Places where there are no people, riverbanks, a clandestine street.”

Sex worker, Bolivia



Across the CEECA region sex workers working both outdoors and indoors have been subjected to repressive sanctions for violating COVID-19 restrictions. In most countries, this usually involved fines, sometimes significantly exceeding the average monthly earnings in a given country (up to 10,000€ in Poland, or 2 million Rubles in Russia). These further increased the need for sex workers to return to work during restrictions, as they had to earn more money to pay the fines:

“Sex workers couldn't afford to pay the fines. If you give a sex worker a fine, what do you think that does? Sex workers go out to work and come back with a fine, and the only thing that fine does is make them go back to that same work to earn the money to pay it.”

Sex Work Polska, Poland

As the conditions for in-person sex work worsened, sex workers who had the resources and access to the internet, turned to working online. ASWA reported an increase in sex workers working online during the pandemic. For some, this had a positive outcome as it reduced the likelihood of sex workers encountering harassment and robberies that are common across the region. However, income was lower and bore other risks, such as blackmail from clients.

“A small number of sex workers have resorted to online sex work through Facebook and WhatsApp. This has not been very safe as sex workers [struggle with] navigating these online platforms, leading to them getting blackmailed by clients using their nude pictures.”

Sex worker, Zimbabwe

Online sex work was also brought a host of additional burdens, risks, and challenges across the five regions. In Latin America, sex workers reported that in addition to online work bringing in a much lower income from clients in comparison to in-person sex work, many of the online websites and platforms that hosted sex workers' profiles took a high percentage from their earnings. Online work also involved a lot of unpaid preparatory work to create material and acquire clientele.

“For virtual work you cannot charge that much... and it entails a lot of work if you want to arm yourself with good material to market it well. It takes work to find out what are the networks, which takes time. It is quite cumbersome in relation to what is then translated monetarily.”

Sex worker, Argentina

One of the common themes regarding online sex work which emerged from the research in several regions was breaches in sex workers' privacy and anonymity and a resulting increase in digital threats. In Peru, one sex worker reported that through her online advertisements she was contacted by an organised crime group that proceeded to extort her, demanding money to allow her to continue working. In Poland, Russia and Ukraine, sex workers became victims of fraud, blackmail, and extortion by individuals non-consensually and unlawfully recording their content and threatening to publicise it. Representatives of Legalife-Ukraine also emphasised



that turning to online work has put many sex workers at the risk of incriminating themselves with the authorities. Whilst the direct provision of sexual services is considered an administrative offence in Ukraine, production and distribution of pornographic material is punished with criminal sanctions and could result in long-term imprisonment. Legalife-Ukraine members reported cases where undercover policemen incited sex workers to provide them with erotic content and webcam shows, only to charge them with a criminal offence.

Recommendations

The following recommendations are crucial measures needed to ensure that sex workers are not left behind in future crises.

1. Sex work must be recognised as work to ensure that sex workers can access the same emergency responses, labour rights and social protection as other workers.
2. Governments, policymakers, and advocates must actively pursue the full decriminalisation of sex work, including sex workers, clients and third parties.
3. Healthcare workers must be sensitised to the needs and priorities of sex workers to avoid discrimination and exclusion of sex workers from healthcare services.
4. Police and other law enforcement authorities must be sensitised to the needs and realities of sex workers to ensure better access to justice for sex workers, including those at risk of losing their homes or threatened with exploitative arrangements with landlords.
5. Emergency response funding should be given to sex worker-led organisations, as they are best placed to reach and assess the needs of sex workers.
6. Sex worker-led organisations should be funded to provide emergency shelter and rent assistance for sex workers threatened by eviction or domestic violence.
7. Donors must be more flexible in reprogramming funds to allow rapid responses to emerging health emergencies and humanitarian crisis and must prioritise and increase funding for community-led responses, including staff salaries.
8. Sex worker-led organisations should continue to strengthen alliances with other social justice movements for a stronger, more united response to support sex workers and other key populations in future pandemics and other humanitarian crises.
9. Sexual and reproductive health and HIV services must not be disrupted during pandemics or other humanitarian crises and must be more sustainably funded.
10. Social protection and emergency financial support should be extended to all workers, including migrants, and regardless of informal or formal labour status.

Conclusion

Across all five regions, sex workers have been, and continue to face devastating impacts and challenges due to the COVID-19 pandemic and the national restrictions. In all countries surveyed, reports showed that the level of violence against sex workers from police, clients and families increased dramatically during the pandemic. Sex workers not only lost their income, but they were often excluded from government emergency responses and national social protection schemes due to not being recognised as workers and criminalisation of sex work. Left without an income, sex workers struggled to pay for housing, and many were pushed into exploitative agreements with their landlords to avoid homelessness. Sex workers also faced increased barriers to healthcare during the pandemic, particularly sexual and



reproductive health services, including HIV/STI prevention, testing and treatment. Sex workers were forced to choose between following pandemic-related restrictions and falling into extreme poverty or continuing to work, often more clandestinely, and risking their health, in order to provide for themselves and their children. Sex workers who continued to work were often forced to work clandestinely, in much worse conditions than before the pandemic, and were faced with an added layer of criminalisation, exploitation and insecurity. The pandemic has further exposed the existing harms and inequalities caused by the criminalisation of sex work – and revealed them more clearly than ever. States must recognise sex work as work to ensure their inclusion in national social protection mechanisms, and urgently work towards the full decriminalisation of sex work. Sex workers must not be left behind again in this or future pandemics or other humanitarian crises.



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