


Sex workers' peer support during the COVID-19 pandemic: Lessons learned from a study of a Portuguese community-led response

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Abstract

To respond to the consequences felt by the COVID-19 pandemic, a community-led intervention was developed by the Portuguese national Movement of Sex Workers. With this exploratory study, we aimed to document their work and analyze their perceptions of this impact. To do so, we interviewed them individually, between May and August of 2020. Additionally, we analysed an Excel Sheet that contained the needs assessment and the support provided by the Movement. The content analysis of both suggests that the impact of the pandemic might have been exacerbated by the social inequalities caused by the prostitution stigma and characteristics such as gender, migration status, race, and socioeconomic

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status. This study calls for the inclusion of sex workers' voices in the design of policies and responses related to the commerce of sex. The consolidation of a Portuguese Movement of Sex Workers is also noted.

Keywords

community-led response, COVID-19 impact, sex work, social inequality, stigma

Introduction

The rapid spread of the COVID-19 virus resulted in an emergency state of public health all over the world, which led to the development of restrictive measures to reduce the risk of its transmission. In Portugal, measures such as the implementation of compulsory confinement, the establishment of sanitary fences, a ban on non-justified moving about and on public roads and a travel ban were declared on the 18th of March 2020 (Decreto do Presidente da República n.º.14 A/2020 de 18 de Março). From the 4th of May 2020 on, most of these measures were lifted, although the use of personal protective equipment, namely mouth masks and disinfectant gel, as well as practises such as hand hygiene, respiratory etiquette, the civic duty of staying at home and physical distancing remained in force (Resolução do Conselho de Ministros n.º 33-C/2020 de 30 de Abril).

Based on their lived experiences, the National Movement of Sex Workers predicted the dramatic impact that these measures would have on sex workers and developed a support network as a response. Community-led interventions, in which sex workers take the lead in designing, delivering, and monitoring the response, have been widely used in the HIV epidemic intervention. They enable 'sex workers to address structural barriers to their rights, and to empower them to change social norms to achieve a sustained reduction in their vulnerability that goes beyond HIV'. (WHO et al., 2013: 44).

Sex work can be defined as the direct physical contact and indirect sexual stimulation in commercial activities that relate to the provision of sexual services, performances, or products (e.g. prostitution, lap dancing, pornography, stripping, telephone sex, live sex shows, erotic webcam performances, etc), maintained between consenting adults. Sex workers are the people who perform any type of behaviour with sexual or erotic meaning in exchange for money or other material compensation (Oliveira, 2016; Weitzer, 2010).

The life trajectories of people selling sex, their motivations for entering into the industry and their approach to engagement in sex work are multiform

(Oliveira, 2018; Sanders, 2007; Weitzer, 2009). Indeed, experiences of poor labour conditions, dissatisfaction with selling sex, having been physically or sexually abused, being addicted to drugs and having been tricked or forced into the industry were found not to be representative of the whole group (Vanwesenbeeck, 2001, Weitzer, 2009). This is not to say that sexual commerce is always an edifying, lucrative, or esteem-enhancing activity either. The happy hooker/victim dichotomy is rejected by the sex workers' movements themselves, given that the emphasis on experiences of exploitation, subjugation, and violence leads to the 'victim' stereotype of sex workers while framing it with exclusively positive narratives excludes those who identify as sex work survivors or human traffic victims (Hofstetter, 2018). These simplified visions obfuscate the complexity of sex work realities, which builds upon societal conditions. Characteristics such as the immigration status, drug dependency, race, age, appearance, gender, and economic disparities are found to influence differences in social and economic stratum within this industry and, consequently, the uneven distribution of the working conditions and job satisfaction (Vanwesenbeeck, 2017, Weitzer, 2009).

The term 'sex work' itself is bound to the perspective of sexual commerce as a form of work. By focusing on the occupational aspect of it, this expression aims to break the 'prostitution stigma' related to the negative and moral aspects of the commerce of sex (Leigh, 1997). Furthermore, it is more inclusive since it comprises all types of sex work and alerts to the need to legally recognize it as a form of work, dignify it and guarantee the rights of those who perform it.

The *whore* stigma is well-documented, as well as the harmful consequences it causes on the workers (Weitzer, 2018). It has been widely described in the literature as leading to social isolation, loss of social ties, lack of well-being, low self-esteem, restriction of freedom, exploitation, and violence, including symbolic violence (internalisation of guilt and shame widespread by society). (e.g. Benoit et al., 2018; Link and Phelan, 2001; Oliveira, 2012).

According to Goffman (1963), stigma is an attribute that is deeply discrediting and reduces a 'whole and usual person, to a tainted, discounted one' (p.3). Further, Link and Phelan (2001) conceptualise it as a process that involves the labelling of individuals with negative stereotypes, implying their loss of social status and discrimination.

To protect themselves from stigma, many sex workers hide this part of their lives from their relatives and are thus living a 'double life'. The separation of these two worlds may create psychosocial stress and conceal them from seeking and receiving social support (Gaffney et al., 2008).

According to Oliveira (2008), hiding the activity from social care structures is also a common strategy to avoid mistreatment or discrimination, for example, when accessing social and health care services. This type of

behaviour, grounded in the dehumanization of sex workers, expresses the institutional violence suffered by them and leads to their exclusion. Because they are not granted the common civil and human rights, sex workers see themselves as unable to exercise full citizenship, becoming socially excluded.

The stigmatization of people selling sex can be further embodied in legislation, with the regulation or criminalization of the commerce of sex. A growing body of literature has found that the criminalization of sex work, including laws that target only the purchase of sex, and the activities relating to its facilitation, has adverse effects on the workers' personal lives, health, and vulnerability to violence (Platt et al., 2018; Vanwesenbeeck, 2017).

In Portugal, the act of selling sex was decriminalized in 1983 (Decreto-Lei 400/82, de 23 de setembro). Although this framework does not criminalize sex work itself, it does not recognize sex work as a form of labour either, preventing the access of its professionals to their labour rights and citizenship. Furthermore, the promotion, encouragement, or facilitation of another person's sexual commerce is considered a crime by the Portuguese Penal Code (article 169°), which also has some consequences on the workers' lives. Because they might be accused of facilitating other people's sex work, the workers often choose to work alone, which holds them more vulnerable to violence. Additionally, prevention materials, such as condoms, can be used as evidence of this facilitation, which encourages unprotected sex practices. This approach conceptualizes commercial sex as inherently violent and oppressive to women, which is influenced by the existent prejudices towards sex workers (Oliveira, 2011).

Even though the legal and social situation in every country is different, sex workers movements all over the world share a common goal of reclaiming the recognition of the profession as a legitimate form of labour, both social and legally (Heying, 2018; Lopes and Oliveira, 2006). This recognition calls on the need to grant human and labour rights to individuals in the sex industry, in order to improve their living conditions. The sex workers' movement counts various supporters, namely researchers, harm reduction practitioners, political parties, and powerful international organisations such as the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Amnesty International (AI). Altogether, they assert the need for its decriminalisation, constituting that it is the illegal status that turns sex workers more vulnerable to violence, abuse, and exploitation (AI, 2016; WHO et al., 2012). Decriminalisation is the legislative model that entails the removal of both criminal laws (prohibiting both sex work or sex work-related activities) and civil regulations. The main point of this model is not to have sex work-specific regulations, but rather to have it fall under the existing regulations that cover other industries and health issues. The goals are to remove the stigma from sex work, respect sex

workers' human rights, improve their health, safety, and working conditions, as well as to consider sex work like any other profession. New Zealand is the only country adopting this model (Mossan, 2007).

In Portugal, although some informal and punctual collective actions were registered throughout the last 40 years (Lopes and Oliveira, 2006), the formal organization of sex workers was non-existent until recently (Graça, 2019; Oliveira, 2018). In 2018, however, a member of the former ICRSE encouraged three sex workers to create a movement, now known as the national *Movimento dxs Trabalhadorxs do Sexo* (Movement of Sex Workers - MTS). MTS is a collective of sex workers and former sex workers that aims to represent and advocate for their rights at a national level. Like the global stand of sex workers' organizations, they aim to reclaim power over self-representation and their voice as experts in the public discourses on sex work. Indeed, although the movement still strives for its civil and human rights, it follows the current guidelines of global sex workers' organizations by constituting itself as a trade union, focusing on economic and labour rights (Gall, 2007). Nevertheless, with the outbreak of the pandemic, they concentrated their efforts on the response they developed.

Although much attention has been paid to the effects that the measures applied to avoid the transmission of COVID-19 had on Portuguese sex workers in the mainstream media (with numerous journalistic pieces published, some of them written by MTS), to the best of our knowledge, no studies have yet examined it. While NSW (2020) conducted several surveys on the impact of these measures on people selling sex, Portuguese sex workers were not among the respondents. However, its study is highly relevant to contribute, in useful time, to improve the national response to sex workers in need, as well as to elaborate recommendations for the future. Thus, this study aims to fill this gap by exploring (1) the possible consequences that the restrictive measures related to the COVID-19 pandemic had on sex work, through the perspective of MTS' support network leaders. Furthermore, it explores (2) how did these consequences impact sex workers' needs and (3) which sex workers did suffer the most with the pandemic and respective isolation measures taken by the government. Finally, it also aims to (4) analyse which intervention practices were implemented by the MTS to address these needs.

Method

Participants and instruments

The participants of this study were five people (P1-P5). These people lead the support network created by MTS during the COVID-19 pandemic of 2020.

Considering that they contacted 218 sex workers and all of them are, or were at some point, active within the industry themselves, we consider them key informants (Cobertta, 2003).

Two of the participants have been part of the movement since 2018, the year of its establishment, one joined in 2019 and two early into 2020. They have, on average, 14 years of experience as sex workers and are aged between 28 and 46 years old.

The participants were contacted by the research team and provided with a thorough explanation of the study, objectives, and access to future publications, in a meeting held online. A participatory model of research based on the participants' collaboration in all stages was agreed upon. Thus, the participants of this study are co-researchers and co-authors of everything generated by it. This approach represents an important step towards giving voice to a population who is usually marginalized, as it recognises them as experts and legitimate producers of knowledge about their own lives (Oliveira, 2019).

It was also agreed that MTS would only share with the research team data that was considered ethically innocuous, properly anonymised, and generic about their work during the pandemic. At the beginning of the first interview, we explained to the participants their anonymity rights, as well as the right to withdraw and refuse to participate or answer any question. They accepted this confidentiality agreement orally and were audio-recorded doing so. Furthermore, this study was approved by the Ethics Committee of the Faculty of Psychology and Education Sciences of the University of Porto (Decision Ref.^a 2020/05-7b).

Materials

To answer our research questions, we developed a qualitative exploratory study, which uses interviews with privileged informants and documentary analysis as its primary research strategies. Two semi-structured interview scripts were designed to explore and reconstruct the participants' experience supporting sex workers during the pandemic. The first script included questions about MTS and the impact of COVID-19 on MTS work, sex work and sex workers, and suggestions on what would improve the response to these workers. The second script, used in the follow-up interviews, comprised questions aimed at assessing the continuity of the work of participants since the previous interview. The order in which the topics were introduced, and the wording of the questions, were adjusted throughout the interview, in order to not interfere with the interviewee's train of thought, as suggested by Cobertta (2003). Additionally, a documental analysis of an excel sheet developed by MTS was performed to get a deeper understanding of what was done by the movement.

Procedure

Data collection

Fifteen interviews were conducted, between May and August of 2020. The five participants were interviewed during three moments of the pandemic each, to monitor their responses over time. The period between the three different interviews ranged between 4 and 9 weeks, depending on the availability of each participant. Due to the contact restrictions imposed because of the COVID-19 pandemic, the interviews were conducted over the phone and recorded for future reference. The first set of interviews ranged between 2 h and 32 min; the second one ranged between 6 and 30 min and the third between 7 and 57 min.

The excel sheet was provided to the research team by the participants themselves and contained information about the sex workers' needs and the support provided by MTS over the pandemic period.

Data analysis

The data were subjected to categorical content analysis, as specified by Bardin (2002). Firstly, the interviews were transcribed and, together with the excel sheet, constituted the data *corpus*. We read the data thoroughly to familiarize ourselves with the main ideas expressed by the participants, after which the coding and categorization process was initiated. The corpus was first fragmented into units and then it was systematically transformed and merged into categories. Since we intended to capture the spontaneity of the participants' speech, the analysis followed an inductive approach (Braun and Clarke, 2006).

The categories were later reviewed in relation to each other and the coded data extracts. As a result of this process three broad themes arose: *The impact of the pandemic on MTS*, *The impact of the pandemic on Sex Work* and *The Relationship with the Social System*.

The use of two different data collection strategies allowed us to triangulate information, enhancing the trustworthiness of our data. Additionally, we believe that the long-term engagement with our participants lead to the development of safe and trusting relationships with them which further benefits the credibility of our findings.

Limitations

Whereas this qualitative approach provided an in-depth understanding of the dynamics involved in the peer-led intervention conducted by MTS, some

additional quantitative sociodemographic data, collected directly on a sample of sex workers, would have yielded a representative picture of the relation between those data and the impact felt with the COVID-19 pandemic. Additionally, we acknowledge that having the representatives of MTS as gatekeepers in the data collection does limit the results to the perspective of the service providers and may have biased the information collected on what the organization was doing and how was it received by the workers. Listening to the sex workers supported by MTS would have avoided this limitation and would also have contributed to the representativeness of the impact of the pandemic on their lives.

Results

The impact of the pandemic on MTS

Response to COVID-19. MTS's response to COVID-19 consisted of an assessment of their colleagues' needs, followed by the facilitation of the access to the resources required to fulfil them, as mentioned by all participants. Initially, the participants contacted sex workers to conduct this needs assessment: '(...) we went to announcements' websites, we were the ones who contacted people asking... explaining who we were, what we were doing and asking if people were going through difficulties that we could help [with]' (P5, June) and, later on, they 'created a form' that was 'disseminated through various social media [websites], even in newspapers...' (P1, May). Additionally, one participant said that they did a follow up of each person's situation: 'We have always tried to keep up and not just 'Look, we helped once, that is it' (P2, May).

The facilitation of the access to the resources was made using an 'emergency fund' created by MTS, which consisted of money gathered with crowd-funding (donations were made for this purpose specifically), as expressed by two participants. However, 'since the fund was not enough to assist the number of people [in question]' (P1, May) all participants explained that they asked for help from all kinds of institutions and organizations: 'in the beginning, it was institutions that worked specifically with... people in prostitution. Later it [was] expanded [to other organisations]' (P5, June), they contacted NGO's, city halls, parish councils, religious associations, State-funded institutions, community networks and 'informal organisations created to respond to the pandemic consequences'.

Moreover, all the participants referred that they shared legal, political, and COVID-related information whenever it was requested and one of the

participants mentioned that when they contacted sex workers and learned that they were still working, they made sure they were safe. Two of the participants reported the creation of a chat where relevant information and documents were shared among the sex workers.

Although MTS was still providing this service when the last interview happened, three of the participants reported that when the state of emergency was over some of the institutions and community networks were not helping anymore, due to the 'lack of human resources' (P2, June) (e.g. volunteers went back to work, P1, June), 'monetary incapacity' (P2, June) or because they 'ceased the support' (P4, June). Further, at the end of July and middle of August two of the participants stated that this was still happening, now due to some of the organizations being closed for holidays. Therefore, according to three of the participants, they had to use more of their funds, which eventually 'ran out of money' (P4, August). Nevertheless, by the end of the interviews, two of the participants mentioned that they were still trying to get more funds. One of the participants also stated that 'as we got out of the emergency state, we noticed that the level of donations to our fund decreased a lot as well... Because people got back to the routine.' (P1, June). Hence, in June, the participants said that they did not have the capacity to meet the demand and one explained that they had to distribute resources according to the perceived priority.

When asked if they were able to respond to all the requests received, three of the participants stated that when it comes to 'food', 'medication' and 'information' requests, they were, but not with requests of paying rent. Another participant said that they were not able to, just like any other entity, including official institutions.

Movements' consolidation. The changes felt within the movement are noted: '(...) it made us jump some steps. It made us hurry the process of connection (...).' (P4, May), and their organization is commended by themselves and others: 'Everyone was like 'How did you manage to get so many people and have an organization so 'on the clock' (...) without any resources and showing up from nowhere' (P2, May). Additionally, P1 (May) said that 'with this' they were able to establish 'a very close relationship with the workers', that led to the perception of the movement as different from the other organisations and entities that work with sex workers, as well as to the realisation of the importance of uniting. In this regard, P3 (May) expressed that the pandemic 'generated union' and two other participants described the mutual help, support, and dialogue they perceived on the *WhatsApp* chat they created with the sex workers. In the last interviews, three of the participants reported that the movement was 'growing' and 'getting new members'. (P2, August).

Knowing that fighting for their rights 'cannot be unrelated with what is going on right now' (P5, June), three participants referred that they continued working on the political aspect of the movement and in August, they denoted that they were working towards their legal formalization.

The pandemic impact on sex work

Consequences. The main consequence that the COVID-19 pandemic had on sex work was unanimously referred to as the impossibility to work. The closing of bars and nightclubs, their children's presence at home, the neighbour's vigilance, the prohibition of being on the street imposed by the government, having chronic diseases, the lack of clients, the impossibility of renting other places to do sex work and the insecurity of the pandemic situation were pointed out as the reasons for that. On another hand, three of the participants outlined that moving sex work to the online setting was not a possibility, because 'online sex work is a different type of sex work' (P5, July), which implies a 'greater level of exposure' (P5, July). Also, they explain that not everyone can do online sex work due to the skills and resources that are required to do so. Additionally, two of the participants pointed out that the amount of money made with online sex work is not enough to make a 'salary' (P4, May) or 'pay rent' (P5, June). Nevertheless, by August one of the participants stated that 'the social networks and technology are opening new ways to sex work', especially to people that have chronic diseases and have no other option' (P1). According to the participants, this inability to work is associated with a financial impact on sex workers which 'catapulted' several other needs.

Three participants also referred to the pandemic impact on mental health: whilst two participants associate this mental health impact with the 'lack of means to survive', P1 (May) talks about 'major psychological problems' caused by the change in their children's routine. P1 explains that, because these sex workers isolate themselves from friendships and from connections with their child's teachers and other parents (to not risk being recognised for their commercial activity), they did not have their support to help them adapt to the situation. Additionally, the participant reported that the pandemic caused more isolation because sex workers could not have contact with the people they meet in their daily routine. P5 shared a different thought:

I think it brought a bit more isolation, not only because of the confinement but also being a sex worker and not having, in certain places, access to the community (...) and that is something that we [MTS] are also trying to break right now (...) coming together more as a community and knowing we are not alone... (June)

With the end of the emergency state, all the participants claim that some sex workers were getting back to work, but encountered a lack of clients and, therefore, a lack of income. Moreover, two reported that sex workers were taking precautions when doing so. One participant said that more people were engaging in the commerce of sex.

The most affected. When stating which sex workers suffered the most from the pandemic related consequences, three of the participants referred to the poorest, most precarious and belonging to the lower-class ones. Means, the most 'marginalised' sex workers: 'migrants', 'racialized', 'black', 'trans', 'people who have kids', 'people who suffer from chronic diseases' and 'with a lower education level' (P1, May; P2, May; P4, May). Two explained that the more marginalised one is the more violent will be the impact of not being able to work and that these factors of discrimination are related to the lack of access to resources (P2, May, P4, May).

Additionally, three of the participants considered that all types of sex work that require physical contact were affected and one mentioned the people that used to live in the nightclubs where they work but were evicted when the nightclubs got closed as the most affected. (P5, June).

As for the period after the end of the state of emergency, two of the participants claimed that the sex workers going back to work were the ones working independently/individually, while the street sex workers, the ones working at nightclubs, the ones that have chronic diseases and the ones who are mothers could not do so (P1, July; P2, August).

Needs. Regarding the needs felt, all the participants reported food as the main request made at the beginning of their service (P1, May). Food was then followed by requests for medicines and according to three participants, the request for help to pay bills and rent was the main one from June on. One of the participants offered an explanation: for P1 (August) the state of emergency gave a 'false sense of security' to the colleagues, who were then faced with the number of expenses they had been ignoring, as well as with the poorly developed agreements with their landlords. Hence, two of the participants reported requests for information related to 'negotiation with landlords', as well as the legal aspects of 'migration' and information about how to go back to work and others. One participant also reported that some people asked for help to look for another job. One other explained that many sex workers had more than one need.

From the excel sheet provided by MTS, we were able to calculate the frequency of each need reported. This analysis indicated that food was, indeed, the main request made by the sex workers who contacted MTS

(46.3% of the needs reported). House rents and bills were the second and third main requests (16.1% and 13.1% of the needs respectively), while monetary help for medication (5.7%), information on how to negotiate with the landlord and the type of support they are entitled to (4.5%) and for a mental health practitioner (3.3%) were also among the frequently requested needs.

Vulnerability to COVID-19. The sex workers' vulnerability to COVID-19 is perceived, by four of the participants, to be no different from the rest of the population or other occupations that require physical contact. One of the participants, however, stated that they were more vulnerable 'because this disease is a silent disease' and they cannot know if the client will be honest about being infected or not (P3, May).

Nevertheless, although three participants reported 'a few' situations of a positive diagnosis of COVID-19, two stated that 'it was not related to sex work', whereas the other one said that 'because part of the people did go back to work, some colleagues started to show up with COVID' (P4, August). The two remaining participants did not report any cases of COVID-19. One declared that not having more COVID-19 reported cases was a surprise, probably because of the stigma that associates sex work with the transmission of viruses.

Moreover, two of the participants stated that people in more vulnerable situations (e.g. the elderly, migrants and people who use drugs) take more risks at work:

I think that it is really hard to convince clients to wear a mask, for example. And I think that when the situations are more vulnerable when people need to make money the most, those are the times when clients try to push a bit for things that they usually would not. And that, depending on the person's needs, is what can result in more risky behaviours. (P5.1).

The relationship with the social system

Trust and peer work. Trust in the institution was described as an important factor for sex workers when it came to asking for help: the fear of stigma, exposure and lack of anonymity were reported as factors that inhibited them from reaching out. One, for example, was afraid that the State services would take their children away. Hence, confidentiality was regarded as essential in MTS work, even because sometimes 'people with who sex workers share their lives do not know what they do for a living' (P4, May). The participant also said that when they collaborated with the institutions and they needed to

give the sex workers' data, they demanded guarantees that the data was not going to be shared with the State's control services.

The perception of the Movement as an organization of people who 'are exactly like them' (P1, May) was highlighted by four participants as a crucial factor to earn their trust. P4 (May) refers to their efforts of not being perceived by their peers as a charitable institution or a financed service, but rather as an organization of peers, that they can join. In fact, one of the participants stated that they 'had to replace the role of the institutions' and adds that the ones that were in direct contact with the sex workers did 'almost an intensive course to be able to act as peer workers' (P1, May). The participants also mentioned the need to implement more peer work practices in the responses to sex workers.

Institutions, organizations, and community networks. The collaboration with some institutions, organizations and community networks is highly complimented, whilst with others, a participant felt that they were 'ignored' and 'not taken seriously' (P2, July). Furthermore, two of the participants mentioned reports of situations of mistreatment and discrimination related to their status as sex workers, which led them to not want to ask for help. The unwillingness of some harm reduction institutions to collaborate with MTS was commented on.

Besides that, the amount of bureaucracy demanded by the institutions is reported by three people as an obstacle to providing help, especially to the 'ones that need it the most' (P5, June). One of the participants declares that it proves that 'the supporting systems were never enough, and, in fact, the support never existed to give a real response to the people's needs because if it did, it would take them out of poverty.' (P4, May).

Government and law. The inaccessibility to state support caused by the non-recognition of the profession as such is linked by all participants of this study to the impact felt by sex workers with the COVID-19 pandemic related measures because they could not access the support given by the State: 'it is basically as if we do not exist in the economy' (P5, July). One participant mentioned that if sex workers had some kind of security, they would not feel the need to take risks by working and that the support given to informal workers ('200€ per month', P5, July) is not enough to pay for their monthly expenses. According to them, MTS did reach out to the Government to explain this, but never got a reply.

Thus, the urgency of its legal recognition is pointed out by all the participants as a form of preventing crises of this kind. One of the participants

expands: 'Since these people live illegally, in marginality, in a refusal of institutional recognition, they are more exposed and it is much harder to intervene' (P4, May). The participant also said that 'it is necessary to have a risk reduction perspective [on sex work]'

Recommendations. When it comes to the institutions and the government, three participants state that it is necessary to listen to 'the sex workers' opinions, decisions and needs' (P4, May) when implementing intervention projects, politics and solutions that have sex workers as the target group. The participants expressed that there are details that only the ones with lived experience on the subject understand. Hence, listening to the people to whom the intervention and policies are targeted is mentioned as crucial to match their needs. In this regard, P1 (July) calls for collaboration from the institutions that work with them and P5 (July) requests help in applying 'political pressure' to grant more visibility to this situation because otherwise, they will 'not be able to help effectively'.

According to four of the participants, the MTS is implementing the practice of listening to the sex workers' opinions: 'We are going to have a questionnaire online [and ask] what the difficulties are, what they need... our representation has to come from the voices of our own.' (P1, May).

Discussion and conclusions

By exploring the perspectives of the sex workers that led a peer intervention during the COVID-19 pandemic, the present study contributes to the understanding of the impact that the pandemic had on people selling sex. Furthermore, it offers recommendations for the development of comprehensive intervention strategies and policies on the subject.

The results of the present study suggest that the measures developed to control the COVID-19 transmission made it impossible for many people selling sex to continue to work, which hindered their source of income. As a result, these sex workers were left with no means of subsistence, making it difficult to pay for basic needs such as food, medicines, rent, or household bills. These findings are consistent with the impact of the pandemic on the sex industry recently found by Callander et al. (2020) in male sex workers and suggested by the Global Network of Sex Work Projects's data (2020).

This economical strain is linked, by the participants of this study, to the exclusion of sex work from the economic warranties provided by the government, which is further associated with the non-recognition of commercial sex as a legitimate form of work. It is beyond doubt that the pandemic put a

significant economic burden on almost all sectors. However, because sex work is a non-regularized informal activity, people selling sex were not legally included in the extraordinary legislative measures developed to support the other sectors facing this burden. The framework of the Portuguese law on sex work, which neither criminalizes the sex workers nor provides them with the basic labour rights given to other sectors (Oliveira, 2018), did hinder the access to the help conceded to other citizens, exacerbating the harmful effects of the pandemic in sex workers lives when compared to the wider population.

Besides not being able to access the government's economic help, sex workers encountered difficulties contacting the social care systems. Although the facilitation of access to the resources was to some extent possible due to the collaboration with other institutions, organizations, and community networks, the results showed that with the end of the state of emergency many of these collaborations fell through, leading MTS to rely more and more on their own resources over time. Thus, if it were not for MTS, some sex workers would not have been provided with the help they needed. Consequently, the leaders of MTS described the response they conducted as 'taking up the role of the institutions'.

On another hand, the leaders of MTS reported situations of mistreatment and discrimination toward sex workers when they accessed the social aid. Because these types of behaviours did inhibit people from accessing the social care structures, our findings support the assertion that institutional violence highly contributes to the exclusion of sex workers (Oliveira, 2008). Structural violence and sources of macro (legal framework) and meso (lack of access to the care systems) stigma have been previously found to affect sex workers' lives significantly and negatively, by hindering their access to health, justice, and social care support (Platt et al., 2018; Vanwesenbeeck, 2017). These findings build on these results and highlight the negative effects of stigma on sex workers' lives.

The reported feelings of isolation are also consistent with previous research (Benoit et al., 2018). In this study, the participants mentioned that to escape the negative social reactions associated with their professional activity, some sex workers avoided social networks that could now have been useful to provide support during the pandemic. For example, they avoided the networks of parents and teachers that could help them adapt to their children's changed routines. Seen as immoral, deviant, and transgressive, people selling sex may avoid these types of social networks to not being recognised (Oliveira, 2008). Hence, they must rely on each other even for the most basic needs, like maintaining contact with other human beings. In this regard, MTS's efforts to create a feeling of union among sex workers were referred to counter this lack of access to the wide community.

The participants seem to associate this feeling of isolation with negative effects felt at the psychological level, which is coherent with the existent research on the matter (Benoit et al., 2018; Oliveira, 2008; Platt et al., 2018). Nevertheless, it should also be noted that negative consequences of the COVID-19 pandemic on mental health have been found in the general population as well (Xiong et al., 2020).

At the beginning of the pandemic, the UNAIDS (2020) stated that stigma and discrimination could leave the most vulnerable people further behind. Based on the lessons learned from the HIV epidemic, the organisation stated that a successful response relied on the removal of barriers to people protecting their own health, including fear of unemployment and loss of wages. Research on HIV prevention among sex workers supports this statement (Deering et al., 2013), as risk behaviours (e.g. non-use of condoms) were also found to be related to structural conditions. Although very few cases of COVID-19 were reported in this study, our findings seem to be in line with these concerns. People in vulnerable situations, such as migrants, people who (ab)use drugs and the elderly, were held as more prone to take risks related to the COVID-19 transmission than other sex workers. Further, the workers that suffered the pandemic related consequences the most were described as belonging to vulnerable groups (e.g. race, migration status, gender identity, sexual orientation, low socioeconomic status). These findings suggest that the characteristics that lead some sex workers to the lower social and economic strata in the industry are reported as being the same which makes them susceptible to the nefarious consequences of the measures taken to respond to the pandemic (Weitzer, 2009).

Moreover, when discussing the results, the participants highlighted the exacerbated effect the pandemic had on women who are mothers, who, according to them, represented most of the requests received during the support period. A special emphasis was also given to the undocumented sex workers who, in addition to the consequences faced by their colleagues, encountered the fear of being deported when asking for help. Borrowing Vanwesenbeeck's (2017) words, whilst some structural conditions on which the 'ugly side' of sex work is rooted, like gendered labour markets, and double sexual standards, continue to shape one's options to make money, disproportionate consequences of this kind will continue to exist

The prostitution stigma, together with factors such as class, gender, race, and education are fundamental determinants of social inequality. They generate exclusion and have a significant impact on people's health and well-being (Hatzenbuehler et al., 2013; Wilkinson and Marmot, 2003). The findings of this study are consistent with these studies and emphasise the need for the development of legislative measures that ensure both public health and

respect for human rights. UNAIDS (2020) itself recommends that 'when preparing for epidemics, members of communities generally considered more vulnerable to an epidemic should have a place at the governance table' (p. 6), calling on community-led responses. Because peers face the same concerns and pressures, they are generally perceived as more credible, and their messages are more likely to change attitudes and behaviours (Gaffney et al., 2008). In this study, the recognition of MTS as a peer organisation was identified as essential to earn the trust of the sex workers supported, which is consistent with the literature.

The same plea as UNAIDS's is made by the leaders of MTS, who find their involvement in the development of policies and responses to sex workers to be crucial, due to their best understanding of the work. Nevertheless, their requests to meet with the government were never met, and their letters reporting the situation were ignored. The demand made to be heard and listened to tags along with the one made by the international sex workers movement itself, which adopts the motto 'nothing about us, without us' to reinforce the idea that no decision should be made without taking into consideration the opinions and needs of those with lived experience on the subject (Dziuban and Stevenson, 2015).

Whilst the unification of sex workers into a formal organisation was recently considered non-existent in Portugal (Graça, 2019), our findings suggest that the COVID-19 pandemic drew the line for the consolidation of the sex workers' movement, now organised into a formal structure with a growing number of new members. Taking Graça's (2019) deduction that the emergence of the collective of sex workers follows real threats, this public health hazard seems to have had a positive impact on the emergence of the sex workers collective that is more alive than ever and ready to seat at the governance table.

The sex workers' international movement has been clear in stating the harmful effects that stigma, discrimination, and punitive laws have on sex workers' lives. The findings of this study support the need to hear those statements. Further, they call on the need to include sex workers' voices in the design and implementation of interventions and policies targeting the sex industry. This study served as an attempt to give this voice and end up also registering the emergence of a Portuguese Sex Workers Movement.


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Marta Pinto is a Psychologist who has been working with socially vulnerable populations for more than 20 years. She has worked for many years as a clinical and outreach psychologist, she has been a professor and researcher at the Psychology (for 17 years) and Medicine (for 5 years) faculties of the University of Porto and is experienced in participating and/or coordinating national and international research/intervention projects. Additionally, she has been working as a scientific consultant of decision-makers and policymakers (namely Government or Parliament members of various countries) for more science-informed and humanistic public health and drug policies and is currently a co-author of the ongoing Portuguese Strategy to release COVID-19 public health restrictive measures.

Alexandra Oliveira is a Professor at University of Porto - Faculty of Psychology and Education Sciences, where she lectures and research at the Centre of Psychology. Her research interests are related to gender, sexuality and non-normativity, mainly focused on sex work. She completed her PhD in Psychology at University of Porto with an ethnographic research with street sex work. She is also interested in intervention focusing on health education and harm reduction for/with sex workers.

Maria Andrade works in the sex worker field and is an activist for sex workers rights since 2006. She has a degree in Social Work from the Catholic University of Braga. She also participated in the creation of the first organized group of sex workers in the district of Braga - Grupo partilha da vida (GPV) in 2017, which is currently the MTS nucleus of the North zone. She is responsible for the communication and social department. She is also a founding member and activist of the Sex Workers Movement (MTS) since 2018. Currently she is the administration responsible in the social and communication department.

Sérgio Vitorino has been an activist in different marginalised groups movements for around 30 years. In 1991, he cofounded the Portuguese antiracist association SOS Racismo; between 1993-2001, he was a spokesperson for the Homosexual Work Group, and between 2000-2003, he integrated the LGBT association ILGA-Portugal. He cofounded the LGBT Lisbon Pride March in 2000, and the queer collective Panteras Rosa in 2004. He has experience in sex work, both as a punctual experience and as a mean livelihood. During the covid-19 pandemic, he cofounded and participated in the peer mutual support network of the LGBT movement in Lisbon and of the national Sex Workers Movement, which he cofounded in 2018.

Sandra Oliveira was a sex worker for 4 years, having work both online and offline. She has been an activist advocating for the human and labour rights of sex workers since 2017 and is a member of the national Movement of Sex Workers since 2019. Additionally, she worked as a peer worker with other sex workers for 3 years.

Roberta Matos is an activist for sex workers' rights since 2015. She participated in the creation of the first organised group of sex workers in the district of Braga - Grupo Partilha da Vida

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Margarida Maria is a sex worker and activist with 10 years of work experience in sex work, having had worked in most fields of full-service sex work, always as a survival sex worker. She has been active in sex worker rights activism throughout those 10 years and is an ex-member of organizations such as MTS, ICRSE, SWOP and others. She has also worked as a tireless activist and community organizer for the last 15 years in causes and movements of marginalized and oppressed groups, especially for trans women of colour.