

MESTRADO INTEGRADO EM PSICOLOGIA
PSICOLOGIA DO COMPORTAMENTO DESVIANTE E JUSTIÇA

Sex Workers' Peer Support During the COVID-19 Pandemic: A study of a Portuguese Community-led Intervention

Joana Maria de Jesus Moura

M

2020



Universidade do Porto
Faculdade de Psicologia e de Ciências da Educação

**SEX WORKERS' PEER SUPPORT DURING THE COVID-19
PANDEMIC: A STUDY OF A PORTUGUESE COMMUNITY-LED
INTERVENTION**

Joana Maria de Jesus Moura

Novembro | 2020

Dissertação apresentada no Mestrado Integrado em Psicologia, Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto, orientada pela Professora Doutora *Marta Sofia de Sousa Pinto* (FPCEUP) e coorientada pela Professora Doutora *Alexandra Maria da Silva Oliveira* (FPCEUP)

AVISOS LEGAIS

O conteúdo desta dissertação reflete as perspectivas, o trabalho e as interpretações do autor no momento da sua entrega. Esta dissertação pode conter incorreções, tanto conceptuais como metodológicas, que podem ter sido identificadas em momento posterior ao da sua entrega. Por conseguinte, qualquer utilização dos seus conteúdos deve ser exercida com cautela.

Ao entregar esta dissertação, o autor declara que a mesma é resultante do seu próprio trabalho, contém contributos originais e são reconhecidas todas as fontes utilizadas, encontrando-se tais fontes devidamente citadas no corpo do texto e identificadas na secção de referências. O autor declara, ainda, que não divulga na presente dissertação quaisquer conteúdos cuja reprodução esteja vedada por direitos de autor ou de propriedade industrial.

Agradecimentos

Disseram-me recentemente que é raro este privilégio de se ter um objetivo tão claro e tão capaz de mobilizar todo o nosso foco, energia e força de vontade como o de escrever uma tese. Permita-me, o seu autor, abarcar nesta frase todos os anos de um percurso escolar que se quer certo, delineado e programado. Colocar um ponto final à vida académica traz consigo um sabor a incerteza a que, sei, não estou habituada. E talvez seja essa a razão deste friozinho no estômago e da rajada de emoção que teimavam em não me deixar concluir os detalhes finais deste trabalho. Percebo, agora, que não sinto a conclusão desta dissertação como um final, mas antes como um princípio. Afinal, começa aqui a pessoa (mais que a profissional) que ambiciono ser.

O caminho que me fez chegar aqui fez-se duro, atribulado e, ainda assim, gratificante. E percorrê-lo seria impossível sem as pessoas a que me referirei.

À professora Marta, que pela pureza das suas intenções, resiliência das suas ações, pelo seu sentido de missão e pela, tão sua, capacidade de sonhar, constituiu e constitui para mim o maior exemplo desta profissão. Por acreditar em mim mais do que alguma vez eu própria fui capaz de acreditar; pela sapiência da sua orientação.

À professora Alexandra, por me contagiar no fascínio pelo tema do Trabalho Sexual, por me mostrar (mais do que ensinar) a abraçar a luta daqueles e daquelas que se estuda, por ser para mim sinónimo de força e entusiasmo. Por todo o apoio, disponibilidade e atenção que dedicou a este trabalho.

Ao Movimento dxs Trabalhadorxs do Sexo, nas pessoas dxs participantes deste estudo, por, numa altura em que tal me foi vedado, trazerem a intervenção ao conforto da minha casa. Por confiarem em mim o veículo da sua voz, por me deixarem viver consigo todas as suas angústias e por partilharem comigo um pedaço das suas vidas. Que não seja mais preciso haver este veículo. Este trabalho é vosso.

Às pessoas que contribuíram de forma inestimável para o desenvolvimento desta dissertação: à Carolina, por viver comigo cada um dos meus anseios e por ser uma ajuda incalculável em todos eles; à Inês, pelas inúmeras horas de reflexão conjunta e por elevar cada pedaço do meu discurso; ao Bojan, por não me negar nunca o auxílio, mesmo que em tardia hora e em

confusão; por todas as palavras de incentivo; por me acompanhar neste desafio. Aos três, por todas as horas de alento.

À minha mãe, por partilhar comigo o amor à ciência e ao conhecimento; por alinhar comigo nos meus intermináveis devaneios; por fazer seu todo o meu entusiasmo. Ao meu pai, por me ensinar a ver sempre o melhor nas pessoas; por ser o meu maior exemplo de serviço à comunidade (e afinal os políticos não são todos iguais); por me ensinar que rir é mesmo o melhor mecanismo de *coping*. À minha irmã, pela colaboração nesta tese; pela leveza das suas intervenções; por ainda nos encontrarmos em versões melhoradas de nós mesmas. A toda a minha família por ter cultivado, desde sempre, um ambiente de espírito crítico e debate, crucial não só a esta dissertação, como a todos os meus interesses e aspirações.

Aos meus amigos. Ao Nuno, ao Leandro e à Joana, por serem casa em qualquer lugar e por pautarem todos os nossos momentos pelo humor. À Diana, à Ana, à Inês e à Eva, por travarem comigo, e com distinção, esta aventura; por todas as dúvidas e desabafos. À Eleftheria, por a ser minha melhor *cheerleader*; por me dar força; por ser o conforto de um longo e apertado abraço.

Às minhas equipas na ANEP e na EFPSA por me aliviarem o mundo das costas; por me ensinarem o verdadeiro significado da palavra *voluntariado* e por serem fonte de suporte nas horas mais negras deste trabalho. Em especial à Rosarinho, à Marta, à Vera, ao Johann e ao Robert. À Carolina Garraio, por me ter catapultado para este mundo, ensinando-me partes de mim que eu própria desconhecia.

Costumo dizer que escrever esta dissertação me mostrou que tenho muitas pessoas bonitas na minha vida. A todos e a todas vós, o meu muito obrigada.
Pudesse eu expressar melhor a minha gratidão.

Abstract

The COVID-19 pandemic has caused substantial disruptions on the health and economic systems across the globe. To respond to its impact on sex workers, 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 on the aforementioned impact of the pandemic. To do so, we used interviews with key informants and a document analysis as research strategies. The five people that led the intervention network were interviewed individually, at three different moments each, between May and August 2020. Further, a document analysis of an Excel Sheet that contained the needs assessment and the support provided by the Movement was conducted. The content analysis of both the interviews and the Excel Sheet suggests that the COVID-19 pandemic caused a massive economic strain among the most vulnerable sex workers, leaving them with no means of subsistence. Moreover, it indicates the presence of stigmatization of people selling sex at the micro, meso and macro levels. These findings are consistent with the extensive literature developed on sexual commerce and support the UNDAIDS' statement that stigma and discrimination could leave the most vulnerable populations behind in the response to the COVID-19 pandemic. This study calls for the inclusion of sex workers' voices on the policies development about the commerce of sex, as well as for the need to implement sex workers-led interventions. The consolidation of a Portuguese Movement of Sex Workers is also noted.

Keywords: COVID-19; pandemic's impact; sex work-led intervention; stigma; vulnerable populations

Resumo

A pandemia COVID-19 causou substanciais disrupções nos sistemas de saúde e económico por todo o mundo. No sentido de responder ao seu impacto nos/as trabalhadores/as do sexo, o Movimento português e nacional dos/as Trabalhadores/as do Sexo desenvolveu uma intervenção liderada pela comunidade. Este estudo, de carácter exploratório, tem como objetivos documentar este trabalho e analisar as suas perceções relativamente ao referido impacto. Para isso, foram utilizadas entrevistas com informadores/as chave e uma análise documental como estratégias de investigação. Assim, foram entrevistadas individualmente e em três momentos diferentes, entre maio e agosto de 2020, as cinco pessoas que lideraram a rede de intervenção. Concomitantemente, foi realizada uma análise documental duma folha Excel que continha o levantamento de necessidades e a ajuda facilitada pelo Movimento. As análises de conteúdo realizadas tanto às entrevistas, como ao documento excel, sugerem que a pandemia COVID-19 causou uma enorme tensão económica entre os/as trabalhadores/as do sexo mais vulneráveis, deixando-os/as sem meios de subsistência. Adicionalmente, indicam a presença da estigmatização das pessoas que vendem sexo a nível micro, meso e macro. Estas conclusões são consistentes com a extensa literatura desenvolvida sobre o trabalho sexual e apoiam as declarações da UNDAIDS de que o estigma e a discriminação poderiam deixar para trás as populações mais vulneráveis na resposta à pandemia da COVID-19. Este estudo apela à inclusão das vozes dos/das trabalhadores/as do sexo no desenvolvimento de políticas relacionadas com o comércio do sexo, assim como para a necessidade de implementar intervenções lideradas por trabalhadores/as do sexo. A consolidação de um coletivo português de trabalhadores do sexo é, ainda, referida.

Palavras-Chave: COVID-19; impacto da pandemia; intervenção liderada por trabalhadores/as do sexo; estigma; populações vulneráveis

Introduction

Since it was proposed by Carol Leigh in 1979, sex work has been the widely used term to define the commercial activities related to the provision of sexual services, performances, or products (Leigh, 1997). Thus, this concept “includes activities of direct physical contact between buyers and sellers (prostitution, lap dancing) as well as indirect sexual stimulation (pornography, stripping, telephone sex, live sex shows, erotic webcam performances).” (Weitzer, 2010, p.1). To qualify as sex work these activities must be between consenting adults, otherwise they are sexual traffic, exploitation, or abuse (Oliveira, 2016).

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, in order to dignify it and guarantee the rights of those who perform it.

While the sex industry refers not only to the workers but also “managers, owners, agencies, trade associations and marketing involved in sexual commerce” (Weitzer, 2010, p.1), this study focuses on the sex workers themselves, that is the people who perform any type of behaviour with sexual or erotic meaning in exchange of money or other material compensation (Oliveira, 2016).

1. Sex workers

Sex work is multiform, not only regarding the comprised practices, but also the actors involved (Oliveira, 2003). Hence, whereas most sex workers seem to be women, there are also male and transgender sex workers (Oliveira, 2013). Furthermore, sex workers’ life trajectories are diverse, as well as their motivations for entry into the industry and how they approach their engagement in sex work (Oliveira, 2018a; Sanders, 2007; Weitzer, 2009). Indeed, while it has been widely stated that most sex workers are women who were physically or sexually abused, are addicted to drugs and were tricked or forced into the

industry, a literature review conducted by Vanwesenbeeck (2001) concluded this to be the case only in specific groups. Experiences of violence from costumers, poor labour conditions and dissatisfaction with selling sex were also found to not to be representative experiences (Weitzer, 2009). This is not to say that sexual commerce is always an edifying, lucrative, or esteem-enhancing activity either. In fact, Weitzer (2009) states that both perspectives should be considered, since the emphasis on only experiences of exploitation, subjugation, and violence lead 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).

The uneven distribution of the working conditions, risk of victimization and job satisfaction in sex worker is argued to be shaped by some complexities and structural conditions (Weitzer, 2009). Characteristics such as the immigration status, drug dependency, race, age, appearance, and gender are found to influence the worker’s success, leading to differences in social and economic stratum within this industry.

Moreover, these structural conditions may shape the severity of the violence experienced, due to the level of stigmatization they entail. This is particularly the case for male, transgender and immigrant sex workers, for whom violence can be exacerbated by the double or triple stigma of selling sex and belonging to one or more of the previously mentioned groups (Oliveira, 2012; 2018).

2. Stigma and exclusion

The *whore* stigma is well-documented, as well as the harmful consequences it causes on the workers (Weitzer, 2018). 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. According to Oliveira (2012),

Stigma affects sex workers in various aspects of their life over time (Day and Ward, 2004; Ribeiro et al., 2008) and its consequences can be severe. These consequences

include isolation, loss of social ties, lack of well-being, low self-esteem, restriction of freedom, exploitation, and violence, including symbolic violence¹. (p.35).

To protect themselves from the stigma, many sex workers hide this part of their lives from their families, friends, and neighbours, 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). Moreover, stigma has been widely described in the literature as leading to social isolation (e.g. Benoit et al., 2018; Link & Phelan, 2001; Oliveira, 2012).

According to Oliveira (2008), hiding the activity from social care structures is a common strategy to avoid mistreatment or discrimination, for example, when accessing healthcare services. This type of behaviour expresses the institutional violence suffered by sex workers and leads to their exclusion. Indeed, because they are not granted the same civil and human rights of other citizens, sex workers see themselves as unable to exercise their full citizenship and are, therefore, socially excluded. Further, the author argues that these acts of violence occur due to the dehumanized vision of sex work held by society and the social care structures, which legitimizes the mistreatments. The same vision justifies the high rates of physical, sexual, and emotional or psychological violence faced by sex workers.

Both stigmatization and violence against sex workers operate as an attempt to rule over the transgressive sexualities (non-monogamous, without reproductive purposes, active, predatory), especially the feminine one. This form of control can be further embodied in legislation (Oliveira, 2018b). In fact, the regulation and criminalization² of sex work often employed by governments highly contributes to the marginalisation of people selling sex. Further, 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).

¹ Symbolic violence is defined as the internalization of the stigma, meaning sex workers internalise the guilt and shame widespread by society.

² Whereas in criminalized legal models countries make use of criminal justice mechanisms to end or at least minimize sex work, in some countries where prostitution is legalised, it is regulated by civil regulations (licensing, registration, mandatory health checks). Countries that criminalise all people involved in the sex industry (sex workers, clients, managers, etc.) are framed as prohibitionist, while those that allow the sale of sex, but ban all the related activities follow abolitionist policies. (Mossan, 2007).

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 persons' sexual commerce are considered a crime by the Portuguese Penal Code (article 169º), which also has some consequences on the workers' lives. Because they might be accused of facilitating other people's sex work, they often choose to work alone, which holds them more vulnerable to acts of violence. Additionally, it sets the context up for the non-use of prevention materials such as condoms, as its discovery might also be used as an indicator of this facilitation, especially in bars and brothels. With an abolitionist approach, the government conceptualizes commercial sex as inherently violent and oppressive to women, due to the influence of the existent prejudices towards the sex workers (Oliveira, 2011).

3. Movements

The happy hooker/victim dichotomy is rejected by the sex workers movements, who, strategically, seek to use frames of diversity to advance a variety of alternative narratives against the reductionist vision present in either part of the dichotomy (Hofstetter, 2018). Reclaiming their voice as experts in their own experience, sex workers all over the world have been organising and mobilising themselves, forming movements to fight for their rights. These movements' goal is to "reclaim power over self-representation in public discourses on sex work to counter negative images and to challenge the social stigma" (Hofstetter, 2018, p.55).

Although there have been protest actions before, the European and American movements of sex workers are better documented and their emergence can be placed in the 1970s. (Oliveira & Lopes, 2006) In America, the sex workers' organized mobilization started in 1973 with COYOTE (Call Off Your Old Tired Ethics), which claimed sex workers' agency for the first time. Two years later, in 1975, the movement was launched in Europe, when a group of 150 prostitutes occupied a church in Lyon during more than a week, in order to draw public attention to their working conditions (Heying, 2018, Hofstetter, 2018).

Since then, the sex workers movement has become globalized and adopted a network logic, manifested in the creation of the Global Network of Sex Work Projects (NSWP). Even though the legal and social situation in every country is different, these movements share a common goal in reclaiming the recognition for the profession as a legitimate form of labour, both social and legally (Lopes & Oliveira, 2006; Heying, 2018). This recognition calls on the need to grant human and labour rights for individuals in the sex industry, in order to improve their life conditions.

Sex workers' movement counts with various supporters, among who are 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 decriminalisation³, constituting that it is the illegal status that turn sex workers more vulnerable to violence, abuse, and exploitation (WHO et al., 2012; AI, 2016).

In Portugal, although some informal and punctual collective actions were registered throughout the last 40 years (Lopes & Oliveira, 2006), the formal organization of sex workers was non-existent until recently (Graça, 2019; Oliveira, 2018a). In 2018, however, a member of ICRSE⁴ 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. Although the movement still strives for their 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).

However, the outbreak of the COVID-19 pandemic⁵, changed their work significantly. The rapid spread of the virus resulted in an emergency state of public health all over the

³ Decriminalisation is the legislative model that implies the removal of both criminal justice laws (prohibiting both sex work or sex work related activities) and the civil regulations imposed by 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 stigma from sex work, respect sex workers human rights, to improve their health, safety, and working conditions, as well as to consider sex work as any other profession. New Zealand is the only country adopting this model (Mossan, 2007).

⁴ ICRSE stands for International Committee on the Rights of Sex Workers in Europe, a network that represents 103 organisations led by or working with sex workers in 32 countries in Europe and Central Asia, as well as more than 150 individuals including sex workers, academics, trade unionists, human-rights advocates, and women's rights and LGBT+ rights activists.

⁵ Declared as such by the World Health Organisation on 11th of March 2020

world which, in turn, led to the development of restrictive measures to reduce the risk of its transmission. In Portugal, the State of Emergency was declared on 18th of March 2020 with the implementation of compulsory confinement and prohibition of non-justified stays outdoors (Decreto do Presidente da República n.º 14 A/20n20 de 18 de Março).

Based on their own real-life experiences, MTS predicted the dramatic impact that these measures would have on sex workers and developed a support network as a response. To do so, they conducted a needs assessment on each sex worker that requested help, identified the most required resources, and facilitated those resources. Community-led interventions have been widely used in the HIV epidemic intervention with promising results. The use of this type of intervention has been already shown to diminish the percentage of both HIV and other STI infections (Kerrigan et al., 2013; Shannon et al., 2015).

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 NSWP (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 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

1. Participants and Instruments

The participants of this study were the five people that lead the support network created by MTS during the COVID-19 pandemic of 2020. Considering that they contacted 218⁶ 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, while one of them joined in 2019 and the two remaining participants joined early into 2020. On average, they have 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 this research, except for this dissertation. This approach represents an important step into giving voice to a population who is usually marginalized, recognising 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, the participants were provided with an explanation of the study, objectives, anonymity rights, and access to publications, 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 Science of University of Porto (Decision Ref.^a 2020/05-7b).

⁶ The frequency of Sex Workers contacted per district can be found on the appendix 1

2. 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. A semi structured interview script (Appendixes 2 and 3) was designed to explore and reconstruct the participants' experience supporting sex workers during the pandemic. The order in which the topics were introduced, and the wording of the questions, was adjusted throughout the course of 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 on what was done by the movement.

3. Procedure

3.1 Data Collection

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

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

3.2. 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, they 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 after which 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 & Clarke, 2006). Thus, the data were coded without trying to fit it into a pre-existing coding frame.

The categories were later reviewed in relation to each other and to 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 system of categories can be found in the appendixes 5 to 10).

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 development of safe and trusting relationships with them which further benefits the credibility of our findings.

Results

1. 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 (n=5). 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, that consisted of money gathered with crowdfunding (donations were made for this purpose specifically), as expressed by two participants. However, "since the fund was not enough assist the amount of people [in question]" (P1, May) all participants (n=5) explained that they asked for help to 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, the participants (n=5) 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. Four of the participants declared that they did share some risk reduction recommendations to the sex workers that were still working, while one participant said that they did not because "none of those [risk reduction] practises to direct sex work is really secure". 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 fund, 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.

The number of requests varied with time. According to two of the participants, the number of requests increased in July, while another said that it decreased. One of these participants said that it “always kept increasing over time” (P3, August), whilst three participants explained that by the end of August, they had less requests. One of them also explained that they were receiving requests again from people that had not needed their help for two months now.

The participants also described some difficulties they encountered when facilitating the access to the support. One of the participants explained the difficulty of some people not being able to circulate through different municipalities, the impossibility of contacting people that suddenly ran out of call value on their phones, people’s fear of the police when they were migrants and of helping people that were infected with COVID-19. For two participants, it was more difficult to intervene on “rural and small areas”, when compared to the “suburban” areas or big cities, while another participant felt the exact opposite.

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 rents. Another participant said that they were not able to and explained “At this point I think we can say that we are not able to. No entity is.

Right now, not even the official institutions can, let alone us. But we are very committed to do so” (P4, June).

Movements' consolidation. The changes felt within the movement are noted: “It accelerated MTS’s organizing process. So, at the same time, contradictorily, it made us jump some steps. It made us hurry the process of connection through an association” (P4, May). Indeed, their organization is commended by themselves: “I also think that the organized system has been working well, even though it has been... changing. We started one way, we were seeing if it worked [and] we were making changes along the way” (P5, June) and others: “Everyone was like “What? 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 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”, declaring that “this is even historic on an organization level from the rest of the world” (P2, August).

Knowing that fighting for their rights “cannot be far from 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.

2. The pandemic impact on sex work

Consequences. The main consequence that the COVID-19 pandemic had on sex work was unanimously referred as the impossibility to work. The bars and nightclubs closure (n = 3), their children’s presence at home, the neighbour’s vigilance, the prohibition of being on the street imposed by the government (n=1), having chronic diseases (n =2), the lack of clients (n=3), the impossibility of renting other places to do sex work (n=2) and the insecurity of

the pandemic situation (n=3) 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 is able to do online sex work due to the skills and resources that are required to do so (n=3). 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.

Furthermore, two of the participants stated that some people were evicted, and one other reported an increase of violence against sex workers. In addition, P1 (May) mentioned that the lack of income increased domestic violence and the (ab)use of psychoactive substances.

Three participants also referred 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 of 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 these kinds of 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 within their daily routine. P5 shared a different thought:

I think it brought a bit more of 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 (n=5) 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 sex commerce.

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. Meaning, 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 you are at the class level, the more violent will be the impact of not being able to work” (P2, May) because these “factors of discrimination are related with the lack of access to resources” and, therefore, with the vulnerability felt during the pandemic as well (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 on the nightclubs where they work, but were evicted when the nightclubs got closed. (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 (n=5) reported food as the main request made at the beginning of their service (P1, May). Food was then followed by requests of medicines and according to three participants, the request for help to pay bills and rents was the main one from June on. One of the participants offered an explanation: for P1 (August) the state of emergency gave a “false security” feeling to the colleagues, who were then faced with the amount 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 with 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, which can be found in the appendix 4.

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's 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 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 risk behaviours. (P5.1).

3. 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, the confidentiality was regarded as essential on MTS work, 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 “right from the beginning”.

The perception of the Movement as an organization of people that “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 charity institution or a financed service, but rather an organization of peers, which 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 politics on the intervention with 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 reported situations of mistreatment and discrimination related to their status as sex workers, which led them to not wanting 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 provide 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).

As a suggestion, one of the participants states that interventions with sex workers need to include information on about “health, political and legal matters” (P1, July), mentioning specifically the need to educate sex workers on how they can be registered as workers on the system, like other citizens. In addition, another participant said that, to

promote inclusion, intervention services should adopt the “gender neutral terminology” (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 explaining 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 experience on the subject can understand. Hence, listening to the people at whom the intervention and policies are targeted is mentioned as crucial to match their needs. In this regard, P1 (July) calls for the 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 on-line. [and ask] what the difficulties are, what they need... our representation has to come from the voices of our own.” (P1, May).

Discussion

The global outbreak of the COVID-19 pandemic has dramatically impacted the governments' public health interventions. In Portugal, the declaration of the state of emergency was followed by measures such as curfews and complete lockdowns. As a result, a severe impact on people selling sex was predicted by the leaders of the national movement of sex workers. This study aimed to document their response, as well as to understand the perceived impact that the COVID-19 pandemic had on sex workers.

The Portuguese Movement of Sex Workers adopted a community-led approach to interventions, in which peers are recognized as similar to the intervention receivers. 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 behaviors (Gaffney et al., 2008). In this study, the recognition of MTS as a peers' organisation was identified as essential to earn the trust of the sex workers supported, which is consistent with the literature. Hence, our findings support the need for more peer-led interventions to be implemented.

The leaders of MTS described the response they conducted as 'taking up the role of the institutions'. 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. On another hand, the participants reported situations of mistreatment and discrimination towards 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 and highlights the effect of stigma in the lives of people selling sex (Oliveira, 2008). Consequently, relying on each other was of the utmost importance to get the support needed.

MTS's efforts to create a feeling of union among sex workers was referred as a way to counter the lack of access to the wide community. Seen as immoral, deviant, and transgressive, people selling sex may face feelings of exclusion. Hence, they must rely on each other even for the most basic needs, like maintaining the contact with other human

beings. 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 the situation, because they were facing similar situations as regarding their children. Furthermore, the participants seem to associate this feeling of isolation with negative effects felt at the psychological level. These findings, together with the rise of the victimization of sex workers also found in this study, build on previously observed negative effects that the ostracization and stigma have on sex workers' lives (Benoit et al., 2018; Oliveira, 2008). 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).

As for the direct impact of the outbreak of the COVID-19 pandemic, the results of the present study suggest that the measures developed to control its 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, rents, or household bills. These findings are consistent with the impact of the pandemic on the sex industry recently found by Callender et al. (2020) in male sex workers and suggested by NWSP's data (2020).

Problems were clearly associated with the Portuguese law 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, but it appears that the strain felt by some sex workers is more related with their exclusion of the economic warranties provided by the government in comparison to the other sectors. Indeed, 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 in this situation. Hence, the framework of the Portuguese law on sex work, that neither criminalizes the sex workers, nor provides them with labour rights (Oliveira, 2018a), may be responsible for the harmful effects on their lives, by preventing them from receiving the support provided to other sectors in this situation. These findings also support the statement that the exercise of their citizenship is hindered by it (Oliveira, 2008).

Still, not every sex worker felt the same impact of the pandemic. Considering the results of this study, the sex 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 socio-economic 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 that make 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, whom, according to them, represented most of the requests received during the support period. Borrowing Vanwesenbeeck's (2017) words, while some structural conditions on which the "ugly side" of sex work is rooted on, like gendered labour markets, and double sexual standards continue to shape ones' options to make money, disproportionate consequences of this kind will continue to exist.

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. Immigrant sex workers are currently a large percentage of those who sell sex in Portugal (Oliveira, 2018a) and, because they are seen as both signs of moral and sexual disorder and a threat to social order, they are subjected to increased persecution by the police and the system of justice (Oliveira, 2012). Therefore, they may have been disproportionately affected by the escalation of state and institutional control that the pandemic situation generated in the country, as our results seem to suggest. These results may as well offer an example of how the exacerbated levels of stigma and symbolic violence suffered by immigrant sex workers often deny them the access to health, justice, and social services, putting their psychological, social, and physical well-being at risk.

People in vulnerable situations, such as migrants, people who (ab)use drugs and the elderly, were also held as more prone to take risks related with the COVID-19 transmission than other sex workers. Research from the HIV prevention among sex workers supports this statement (Deering et al., 2013), as risk behaviours (e.g. non-use of condom) were also found to be related with structural conditions. On another hand, following the outbreak of the COVID-19 pandemic, the UNAIDS⁷ also alerted to these possible risks, stating that a more

⁷UNAIDS stands for 'Joint United Nations Programme on HIV/ AIDS' and it is a model for the United Nations that aims to lead the global effort to end AIDS. Although the recommendations hereby referred do not focus specifically on sex workers, it should be noted that because of the considered vulnerability to HIV and other sexual transmitted infections that is linked to sex workers, the organisation has been intimately involved on the emission of recommendations for the intervention with this target group. Sex workers are, therefore, one of the groups the organisation usually considers vulnerable and marginalized.

effective, humane and sustainable response to the pandemic relies on responses that ensure that people can act without fear of losing their livelihood (UNAIDS, 2020). Although very few cases of COVID-19 were reported in this study, our findings seem to be in line with the concerns raised by the organisation, reinforcing the need for the development of legislative measures that ensure both the public health and the respect of human rights.

Altogether, our results support the UNAIDS (2020) statement, made at the beginning of the pandemic, that “stigma and discrimination can lead to significant human rights breaches and abuses, leaving the most vulnerable further behind” (p.8). The organisation 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. The same plea is made by the leaders of MTS, who find their involvement in the development of policies 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 follows the one made by the international sex workers movement itself, which adopts the motto “nothing about us, without us” to reinforce the idea that none decision should be made without taking into consideration the opinions and needs of those with lived experience on the subject (Dziuban & 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, such as the repression or police inaction, various injustices, crimes directed at sex workers, or the HIV/AIDS epidemic, this public health hazard seems to have had a positive impact on the emergence of a sex workers collective that is more alive than ever and ready to seat at the governance table.

Limitations

This study has some limitations, namely associated with its method, that deserve mention. 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. Further, listening to the sex workers supported by the MTS would also have contributed for the representativeness of the impact of the pandemic on their lives. That being said, considering MTS' desire to hearing their colleague's opinions in the near future, we observe the potential for a further collaboration with the movement that may address these limitations. Additionally, knowing that the pandemic and its inevitable consequences are not yet near to its end, we acknowledge that the time limit imposed to the conclusion of this dissertation leaves some yet-to-come aspects of the pandemic unstudied, reinforcing the need for further collaboration.

Conclusion

By exploring the perspectives of the sex workers that led a peer intervention during the COVID-19 pandemic, the present study contributes for 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.

At the beginning of the pandemic, the UNAIDS (2020) emitted a document of recommendations for an effective and community led-response to the COVID-19 pandemic. 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. Although extraordinary legislative measures were indeed developed by the Portuguese government to tackle these types of situations, the sex industry was not among the sectors included in this support. The fact that sex work is not a formally recognised activity by the Portuguese State prevented its workers from accessing the labour rights provided to other professionals, which, since they were not able to work during the lockdown, left them with no means of subsistence. To address their needs, a community-led intervention was developed by the national movement of sex workers, a collective of current and former sex workers. Their experiences revealed more than the needs felt by many people selling sex in Portugal. They uncovered the existent stigma towards sex workers at all levels: micro (sex workers social isolation), meso (structural violence on the health care and justice systems) and macro (Portuguese's law and policies towards the commerce of sex) (Benoit, et al., 2018), as well as the uneven consequences of the pandemic on vulnerable populations. Hence, supporting the UNAIDS' statements that stigma and discrimination can leave the most vulnerable behind.

The sex workers' international movement has been clear into stating the harmful effects that stigma, discrimination, and punitive laws have on sex workers' lives. Reclaiming the recognition of sex work as a form of labour, their goal is to guarantee their human, as well as their civil and labour rights (Hofstetter, 2018). 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 that was believed to be numb. This collective is ready to be heard.

References

- Amnesty International. (2016). *Amnesty International policy on state obligations to respect, protect and fulfil the human rights of sex workers* (POL 30/4062/2016). <https://www.amnesty.org/download/Documents/POL3040622016ENGLISH.PDF?fbclid=IwAR2KCGWEN3Nk2OKKqP7ZCXM03xOddpCGqRhmc6SPbjfiMUvfneAouhnQVg>
- Bardin, L. (2002). *Análise de Conteúdo* (L. A. Reto, Pinheiro, A., Trans.) Edições 70. (Original work published 1977)
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Benoit, C., Jansson, S. M., Smith, M., & Flagg, J. (2018). Prostitution stigma and its effect on the working conditions, personal lives, and health of sex workers. *Journal of Sex Research*, 55(4–5), 457–471. <https://doi.org/10.1080/00224499.2017.1393652>
- Callander, D., Meunier, É., DeVeau, R., Grov, C., Donovan, B., Minichiello, V., Kim, J. & Dunca, D. (2020). Investigating the effects of COVID-19 on global male sex work populations: a longitudinal study of digital data. *Sexually Transmitted Infections*, 0, 1-6. <https://doi.org/10.1136/sextrans-2020-054550>
- Cobertta, P. (2003). *Social Research: Theory, Methods and Techniques*. SAGE Publications. <https://doi.org/10.4135/9781849209922>
- Decreto do Presidente da República nº.14 A/2020 de 18 de março. *Diário da República nº55/2020 - I Série*. Lisboa: Presidência da República.
- Decreto do Presidente da República nº.14 A/20n20 de 18 de março. *Diário da República nº55/2020 - I Série*. Lisboa: Presidência da República.
- Deering, K., Lyons, T., Feng, C., Nosyk, B., Strathdee, S., Montaner, J. & Shannon, K. (2013). Client demands for unsafe sex: the socio-economic risk environment for HIV

among street and off-street sex workers. *Journal of Acquired Immune Deficiency Syndromes*, 63(4), 522-532. <https://doi.org/10.1097/QAI.0b013e3182968d39>

Dziuban, A. & Stevenson, L. (2015). *Nothing about us without us: ten years of sex workers' rights activism and advocacy in Europe*. The International Committee on the Rights of Sex Workers in Europe. https://www.researchgate.net/publication/289245278_Nothing_About_Us_Without_Us_Ten_Years_of_Sex_Workers%27_Rights_Activism_and_Advocacy_in_Europe

Gall, G. (2007). "Sex worker unionisation: an exploratory study of emerging collective organisation". *Industrial Relations Journal*, 38(1), 70-88. <https://doi.org/10.1111/j.1468-2338.2007.00436.x>

Gaffney, J., Velcevsy, P., Phoenix, J., & Schiffer, K. (Eds.) (2008). *Practical guidelines for delivering health services to sex workers*. Foundation Regenboog AMOC.

Global Network of Sex Work Projects (2020). COVID-19 Impact Survey – Europe. <https://www.nswp.org/resource/nswp-global-and-regional-reports/covid-19-impact-europe>

Goffman, E. (1963). *Stigma: Notes on the Management of the Spoiled Identity*. Prentice-Hall.

Graça, M. (2019). Trabalhadores/as do sexo e ação coletiva: iniciativas no contexto português. *Sociologia, Problemas e Práticas*, 89, 115-132. <https://doi.org/10.7458/SPP2019898973>

Heying, M. (2018). Prostitutes movements – the fight for workers' rights. *Moving the Social*, 59, 5-12. <https://doi.org/10.13154/mts.59.2018.5-12>

Hofstetter, J. (2018). Still we rise – the contemporary sex worker movement in Europe in the context of neo-abolitionism and repressive policies. *Moving the Social*, 59, 47-70. <https://doi.org/10.13154/mts.59.2018.47-70>

Kerrigan, D., Fonner, V., Stromdahi, S. & Kennedy, C. (2013). Community empowerment among female sex workers is an effective HIV prevention intervention: a systematic review of the peer-reviewed evidence from low- and middle-income countries. *The Lancet*, 385(9963), 172-185. <https://doi.org/10.1007/s10461-013-0458-4>

- Lopes, A. & Oliveira, A. (2006), “Sex worker mobilization in Portugal — slow awakenings”. In C. Barker & M. Tyldesley (orgs.), *Conference papers of the eleventh international conference on alternative futures and popular protest* (vol. 3, pp. 19-21). Manchester Metropolitan University.
- Leigh, C. (1997). *Inventing Sex Work*. In J. Nagle, (Coord.), *Whores and other feminists* (PAGINAS). Routledge.
- Link, B., & Phelan, J. (2001). Conceptualizing stigma. *Annual Review of Sociology* 27, 363–85. <https://doi.org/10.1146/annurev.soc.27.1.363>
- Mossan, E. (2007). *International Approaches to Decriminalising or Legalising Prostitution*. Prepared red for the Ministry of Justice. Wellington, New Zealand, Ministry of Justice. <https://www.procon.org/wp-content/uploads/newzealandreport.pdf>
- Oliveira, A. (2003). Actores do trabalho sexual: características comuns e traços distintivos. In *AUTOREES, Psicologia: teoria, investigação e prática* (pp. 169-186). Universidade do Minho.)
- Oliveira, A. (2004). As prostitutas, os prostitutos e os restantes trabalhadores sexuais. In *As vendedoras de ilusões: estudo sobre prostituição, alterne e striptease.paginas* Editorial Notícias.
- Oliveira, A. (2008). Trabalho sexual e vitimação: riscos e danos de um grupo estigmatizado. In *Realidades emergentes da vitimação*. (pp. 179-198)
- Oliveira, A. (2011). *Andar na vida: prostituição de rua e reacção social*. Almedina.
- Oliveira, A. (2012), ‘Social control of immigrant sex workers: Transforming a group recognized as “at risk” into a group viewed as “a risk”’. *International Journal of Migration, Health and Social Care*, 8(1), 32–41. <https://doi.org/10.1108/17479891211231392>
- Oliveira, A. (2013). *Da prostituição de apartamento na cidade de Lisboa: Características e significados*. Relatório. FPCEUP.

- Oliveira, A. (2016). Trabalho sexual. In R. L. Maia, L. Nunes, S. Caridade, A. I. Sani, R. Estrada, C. Nogueira, H. Fernandes & L. Afonso (Coords.) *Dicionário Crime, Justiça e Sociedade*. 494-405, Edições Sílabo.
- Oliveira, A. (2018a). Portugal. In Wagenaar, H. & Jahnsen, S. (eds.) *Assessing Prostitution Policies in Europe*. (pp. 304 – 316). <https://doi.org/10.4324/9781138400238>
- Oliveira, A. (2018b). ‘Same work, different oppression: Stigma and its consequences for male and transgender sex workers in Portugal’. *International Journal of Iberian Studies*, 31(1), 11–26. https://doi.org/10.1386/ijis.31.1.11_1
- Oliveira, A. (2019). An action research project with sex worker peer educators in Lisbon, Portugal. Collaboration as a key issue for empowerment In S. Dewey, I. Crowhurst & C. Izugbara (Eds.) *Routledge Handbook of sex industry research* (pp. 80-89). Routledge.
- Platt, L., Grenfell, P. Meiksin, R., Elmes, J., Sherman, S., Sanders, T., Mwangi, P. & Crago, A. (2018). Associations between sex work laws and sex workers’ health: a systematic review and meta-analysis of quantitative and qualitative studies. *PLoS Med* 15(12), 1-54. <https://doi.org/10.1371/journal.pmed.1002680>
- Sanders, T. (2007). Becoming an ex-sex worker: making transitions out of a deviant career. *Feminist Criminology*. 2(1). 74-95. <https://doi.org/1177/1557085106294845>
- Shannon, K., Strathdee, S. A., Goldenberg, S. M., Duff, P., Mwangi, P., Rusakova, M., & Boily, M. C. (2015). Global epidemiology of HIV among female sex workers: influence of structural determinants. *Lancet*, 385, 55–71. DOI: [https://doi.org/10.1016/S0140-6736\(14\)60931-4](https://doi.org/10.1016/S0140-6736(14)60931-4)
- Vanwesenbeeck I. (2001). Another decade of social scientific work on prostitution. *Annual Review of Sex Research* 12, 242–89. <https://doi.org/10.1080/10532528.2001.10559799>
- Vanwesenbeeck, I. (2017). Sex work criminalization is barking up the wrong tree. *Archives of Sexual Behaviour*, 46, 1631–1640. <https://doi.org/10.1007/s10508-017-1008-3>
- UNAIDS. (2020). *Rights in the time of COVID-19: lessons from HIV for an effective, community-led response*. <https://www.unaids.org/en/resources/documents/2020/human-rights-and-covid-19>

Weitzer, R. (2009), "Sociology of Sex Work". *Annual Review of Sociology*, 35(1), 213-234.
<https://doi.org/10.1146/annurev-soc-070308-120025>

Weitzer, R. (2010). Sex Work: Paradigms and Policies. In *Sex for sale: prostitution, pornography, and the sex industry* (1-43). Routledge.

Weitzer, R. (2018). Resistance to sex work stigma. *Sexualities*, 21(5–6) 717–729.
<https://doi.org/10.1177/1363460716684509>

World Health Organisation, United Nations Population Fund, The Joint United Nations Programme on HIV/AIDS & Global Network of Sex Work Projects. (2012). *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries*(Recommendations for a public health approach).
[https://doi.org/10.1016/j.jad.2020.08.001](https://www.who.int/hiv/pub/guidelines/sex_worker/en/Xiong, J., Lipsitz, O., Nasri, F., Lui, L., Gill, H., Phan, L., Chen-Li, Iacobucci, M., Ho, R., Majeed, A., & McIntyre, R. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. <i>Journal of Affective Disorders</i>, 277, 55–64. <a href=)

Appendix 1. Frequency of Sex Workers contacted per district

Category	<i>F</i>	%
Aveiro	3	1.4
Braga	64	29.4
Castelo Branco	2	0.9
Coimbra	7	3.2
Évora	4	1.8
Faro	7	3.2
Leiria	3	1.4
Lisboa	73	33.5
Porto	31	14.2
Santarém	6	2.8
Setúbal	13	5.9
Viseu	4	1.8
Unkown	1	0.5
TOTAL	218	100

Appendix 3. First Semi Structured Interview

1. O que é o MTS?

- quem o constitui
- desde quando existe
- o que faz normalmente/ que tipo de trabalho fazem
- se há algum documento escrito sobre o MTS: objetivos, princípios, ações...

2. Qual foi o impacto da COVID-19 no trabalho do MTS ?

- o que mudou no trabalho do MTS depois da chegada da pandemia
- que tipo de pedidos vos são dirigidos
- tipo de trabalho têm desenvolvido/ o que têm feito
- recursos a que têm recorrido
- como tem sido a vossa resposta nos diferentes territórios
- o que tem funcionado melhor no vosso trabalho
- como têm funcionado as respostas institucionais? (o que tem funcionado bem e o que não tem funcionado nas respostas institucionais)
- quando fazem contactos institucionais identificam-se como? (como MTS?) E como identificam xs beneficiárixs do vosso apoio? (como TS?)
- Se sim, porquê e qual a reação (e essa reação varia em função das instituições/territórios/ outros fatores)? Se não, porquê?
- na intervenção que fazem com TS, incluem informação acerca da COVID? Onde obtiveram essa informação (p.ex. formação raquel duarte)
- se sim, quais são as medidas de higiene e segurança aconselhadas pelo MTS aos trabalhadorxs do sexo?
- se conseguem dar resposta a todas as solicitações que vos chegam/ eventuais dificuldades e obstáculos sentidos

3. Qual o impacto da COVID-19 no trabalho sexual?

- Houve algum impacto da COVID-19 na atividade dxs trabalhadorxs do sexo?-Se sim, qual ou quais?
- E na vida pessoal dxs trabalhadorxs do sexo?
- [*Tendo havido alterações*] Como classificam essas alterações?
- Alguma destas alterações é vista como um problema?
- Quais? Porquê. Explorar...

- Quais as pessoas mais expostas/tipo de trabalho a esses problemas?
- Que tipo de cuidados de higiene têm sido adotadas pelas trabalhadoras do sexo?
- Explorar se há algum problema na eventual manutenção de tratamentos de saúde (p.ex. VIH - mas não podemos mencionar explicitamente este) e na redução de riscos convencionais, como o uso do preservativo.

4. Qual é a sua perspectiva acerca da exposição/vulnerabilidade das TS em relação à COVID-19 por comparação com a população geral?

- Porquê?
- Foi-lhe reportada alguma situação de diagnóstico positivo? Ou existe algum caso com sintomas?
- Quando acontece, o que é que fazem?
- Como descreve e classifica o acesso aos cuidados de saúde específicos para o COVID-19, nesses casos? Como compararia essa prestação de cuidados com a que é oferecida à população em geral?
- Vê alguma relação entre a vivência da covid-19 por parte das TS e o estigma social? Ou não vê relação alguma? só toca neste assunto se elas estiverem a descrever o estigma!

5. Tem alguma sugestão para melhorar a resposta das trabalhadoras do sexo, quer seja em termos mais gerais ou académicos, quer seja por exemplo em termos de políticas e decisões do estado?

- Existem algumas boas práticas que consideram que estão neste momento a adotar e que gostassem de partilhar?
- E há alguma que conheçam e que considerem útil mas que, por alguma razão, não está sequer possível implementar em PT?
- Se sim qual, por que razão não está a ser implementada?

Appendix 4. Second and Third Semi Structured Interview

1. Como correu esta semana? O que fizeram?
2. Quantas pessoas xs contactaram? Houve maior ou menor afluência de pedidos?
3. As necessidades reportadas continuam a ser as mesmas? Existiu alguma diferença nos serviços solicitados? Como responderam?
4. Têm tido algum tipo de ajuda por parte de outras entidades, instituições ou pessoas?
5. Existiu alguma alteração na atividade dxs trabalhadorxs do sexo desde que falámos pela última vez?
 - *[Tendo havido alterações]* Como classificam essas alterações?
 - Alguma destas alterações é vista como um problema?
 - Quais? Porquê Explorar...
6. Que pessoas estiveram mais expostas a essas alterações?
7. Tomou conhecimento de algum caso de diagnóstico de COVID-19?
8. Hoje, tem alguma sugestão para melhorar a resposta xs trabalhadorxs do sexo, quer seja em termos mais gerais ou académicas, quer seja por exemplo em termos de políticas e decisões do estado? Existem algumas boas práticas que consideram que estão neste momento a exercer?

Appendix 4. Frequency of the Needs Reported by the Sex Workers Contacted by MTS

<i>Categories</i>	<i>F</i>	<i>%</i>
Food	155	46.3
Medical Appointments	2	0.6
Hygiene Products	23	6.8
Dislocations	4	1.2
Bills (electricity, gas, water and phone)	44	13.1
House rents	54	16.1
Children's books, toys and clothes	2	0.6
Information on how to negotiate with the landlord and type of support they are entitled to	15	4.5
Medications	19	5.7
Condoms	1	0.3
Debts	1	0.3
Ticket to go back to the home country	3	0.9
Clothes	1	0.3
Psychologist/ Psychiatrist	11	3.3
TOTAL	335	100

Appendix 5. Table of “The Impact of The Pandemic on MTS” Categories (I Part)

<i>The impact of the pandemic on MTS</i>			
<i>Category</i>	<i>Sub category</i>	<i>Description</i>	<i>Context Unit</i>
Response to COVID-19	Needs assessment	Includes references to the sex workers’ contact, as well as the form created to evaluate their needs.	“The work [we do] is the colleagues contact, is a contact of approximation. With this in mind, my work has been... We have received help requests through multiple platforms and contact, in first hand, with the colleagues, to know which needs they have, which kind of support they need, [and] other information such as the [the] family household, I ask what is their situation...” (P1, May)
	Facilitation of the resources	Includes references to the actions made to respond to the sex workers’ needs and requests, meaning the creation of an emergency a fund, and the contact with institutions as well as the legal, political, and COVID-19-related shared when requested.	“(...) we have made requests to several solidarity institutions from north to south [of the country]. We articulated, because the fund was not nearly enough to respond to the number of requests that we received and then we even had to resort to food support networks, created in the country in the context of COVID. (...) we resorted to the help of the emergency social action of many parish councils (...) and all the information we needed at the legal, economic level, [through] platforms such as (...), we were able to transmit information and make here a great mediation between the needs that are presented to us and the articulation with these institutions that have recognized the work that we have done# (P1, May)
	Time	Includes references of the change over time of the facilitation of resources.	“And many of the organizations we used to work with, are no longer... Either they went on vacation, or they’re not even making them available anymore... Or they’re not even making them available anymore... or the funds they had no longer have them or they just can’t do them anymore now... Or they went on vacation too.” (P1, July)
	Intervention	Includes references to the reach of the support given, as well as to the challenges encountered throughout the intervention.	“But it depends on the requests... For example, if they are requests for rent payments, then we cannot give full support to it, we cannot help completely. But we have responded to all requests. (P5, June)

Appendix 6. Table of “The Impact of The Pandemic on MTS” Categories (II Part)

<i>The impact of the pandemic on MTS</i>			
<i>Category</i>	<i>Sub category</i>	<i>Description</i>	<i>Context Unit</i>
Movements’ consolidation	Organization’s structure	Includes references to the movements’ organizational structure.	“And at the level of organisation itself we, there it is, without any resources and many of us without any experience of... Some of us with a lot of organisational experience and some other with no experience of activism, we were able to create this bonds of sharing tips and sharing information with each other, to empower each other and be able do this work... And we created a very well organised organizational structure. We were able to give this help and make this requests procedure on an optimal way.” (P2, May)
	Movements’ recognition	Includes references to the recognition of the MTS as an organization to and from sex workers, as well as perceptions of the recognition of the importance of having a sex workers movement.	“(...) the role of MTS has passed, at least in the way I noticed, from the social media... they use to see it as another organism, another entity, another organisation and they started to realise that it was not, that actually MTS is here for the workers. And this help lead them to that realization” (P1, May)
	Growth	Includes references to the new members joining the organization.	“A good number of people has joined [MTS]. Many people, that get involved in the support facilitation, show interest and stay connected. (...). It’s nice. It is [MTS] growing.” (P4, August)
	Sense of community	Includes references to the support sex workers give to each other on the chat created, as well as references to the “union” feeling.	“We even have a chat for example in which we invited all the workers in the network, which we helped, in which we talked about the situation itself, a bit to give each other hope too, and to give information relevant to the situation in general, too.” (P2, May)
	Formalization	Includes references to development of the movements’ organization according to what is established by the law, as well as to the political actions the movements aim to do.	“And we will continue now to do this work of... Beyond what we are doing at the aid level, at the level of strengthening the MTS to continue this political struggle in general, beyond COVID, to change the law, to have an ambition of representativeness. We have not finished this process yet either, but let us see if we are going to formalize it this month or next month as an association...” (P2, June)

Appendix 7. Table of “The Impact of The Pandemic on Sex Workers” Categories (I Part)

<i>The impact of the pandemic on Sex Workers</i>			
<i>Category</i>	<i>Sub category</i>	<i>Description</i>	<i>Context Unit</i>
Consequences	Inability to work	Includes references to the sex workers’ inability to work, as well as the reasons why they could not do it.	“During the state of emergency, the work, the nightclubs, the bars, closed completely and these people were left with no alternative work.” (P1, May)
	Loss of house	Includes references to evictions.	“(…) in the case of brothels there were brothels that closed and the workers had to leave and there were brothels that closed and some were able to remain there, but only confined. (P5, June)”
	Violence	Includes references to acts of perpetrated against sex workers, as well as references to domestic abuse.	“The violence against women workers who continued working (because they needed to survive) has increased, and we know of several cases.” (P2, May)
	(Ab)use of substances	Includes references to the use and/ or abuse of substances.	“Some of our colleagues, we have associates here consuming alcohol, consuming drugs ... We have associates here companions, some are victims of domestic violence ... And then suddenly, besides the lack of income ... The lack of income has aggravated the already vulnerable situations, like domestic violence, like suddenly the sporadic consumption of drugs or... the day-to-day money would give to... and suddenly we have these people without food, without their consumption, and many of them with their children at home without knowing how to deal...” (P1, May)
	Mental health	Includes references to the psychological impact of the pandemic on sex workers, as well as the reasons that mediated that impact.	“And not having the means to survive is one of the things that affects your mental health most individually, and I say this from experience. Man, yes, I think everyone is already very... Even those who haven’t lost their jobs are already very worried about this, because we are in a global crisis, when you don’t even have any way of subsisting or surviving, it’s all on top of that. Plus, the fact that many of us are in an irregular shape here, or don’t have residence visas or are still in this migratory limbo, and all of this will obviously affect a person’s whole life, not being able to survive.” (P2, May)
	Isolation	Includes references to the sex workers’ feeling of isolation.	“I think it brought a bit more of isolation, not only because of the confinement, but also being a sex worker and not having, in certain places, access to the community, I think it also brought some isolation and that is something that we are also trying to break right now. In other words, bring more of that... coming together more as a community and knowing we are not alone...” (P5, May)
	Time	Includes references of the change over time of the consequences of the pandemic on sex workers.	“(…) what we notice now is that some of the colleagues have returned to the activity and completed the support. (...)That is, they are either dying of the disease, or they are dying of hunger, and in this case they are coming back because they have no alternatives, there are no alternatives at all...” (P1, June)

**Appendix 8. Table of “The Impact of The Pandemic on Sex Workers” Categories
(II Part)**

<i>The impact of the pandemic on Sex Workers</i>			
<i>Category</i>	<i>Sub category</i>	<i>Description</i>	<i>Context Unit</i>
The most affected	Vulnerable Groups	Includes references to the classification of the sex workers impacted according with their belonging to a vulnerable group.	“(…) the more marginalised you are at the class level, more violent will be the impact of not being able to work” (P5, June)
	Type of Sex Work	Includes references to the classification of the sex workers impacted according with the type of work they do.	“Yes, obviously all full service... because everything is closed. Because they fit more in the entertainment part, so to speak... Actually, the only ones who are not affected by this are the online workers.” (P2, May)
	Time	Includes references of the change over time of the sex workers impacted.	“I think that there are more workers back to the activity, on the independent workers level, I think that the majority is going back.” (P2, May)
Needs	Necessities	Includes references to all types of necessities evoked: food, medicines and the payment of rents and bills, as well as references of the sex workers’ evocation of having more than one need.	“Many... have a lot of expenses and no income to supply the needs (...) Food, rents... There are still people losing their homes, there are still colleagues (one of the baskets I sent today was a situation like this) putting other colleagues at home, because they were homeless”. (P3, August)
	Information	Includes references to the sex workers’ request of legal information, information on job’s opportunities, free psychologists, and doctors.	“But they are also often related either to the situation of an undocumented migrant (...) Sometimes they are just requesting for information (...) or to the legal rights of people as tenants, or to... these are them. These are the two most recurrent.” (P4, May)
	Time	Includes references of the change over time of the needs evoked by sex workers.	In June we still had here, when people started to work, it is not, we still had a lot of difficulties here. Because people were overburdened with expenses and bills to pay. (...) But all the payments came and then we had, not at the level of food, but at the level of water payments, of electricity and income support. (P1, August)
Vulnerability to COVID	Perceived vulnerability	Includes references to the perception of the sex workers’ vulnerability to COVID-19, by comparison with the rest of the population.	“They are at equal risk to anyone who is working with physical contact with other people at the bottom. It’s the same as any other profession in which you have physical contact with other people in the work you’re doing.” (P2, May)
	Reported cases	Includes references to the positive diagnostics of COVID-19.	“Associated to this, no... See a client or so, we have not heard any case yet.” (P2, May)
	Taking risks	Includes references to who are the sex workers that take more risks.	“I think that it is really hard to convince clients to wear the 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 originate more risk behaviours.” (P5, June).

Appendix 9. Table of “The Relationship with the Social System” Categories (I Part)

<i>The relationship with the social system</i>			
<i>Category</i>	<i>Sub category</i>	<i>Description</i>	<i>Context Unit</i>
Trust and Peer work	Fear of Stigma	Includes references to the sex workers’ fear of stigma.	“I know that there have been a number of constraints in asking for help for fear of stigma. And even with us, when we were contacting people, sometimes they didn't automatically trust us to do it either.” (P5, June)
	Confidentiality	Includes references to the sex workers’ need for anonymity, in order to trust the support system.	"All issues have to be [delt] with confidentiality, with data protection, with a guarantee of security of the data or whatelse we store. Therefore, personal data protection, in addition to being legally required and demanded, is absolutely critical in this regard. (...). And then the fact that we also ask these guarantees of the external entities with whom we work.” (P1, May)
	Peer Work	Includes references to the MTS’ peer work, as well as the perception of the need to implement it more in the institutions’ intervention.	“[We did] almost an intensive course to be able to act as peer work. (P1, May)”
Institutions, organizations, and community networks	Collaboration	Includes references to the positive and negative experiences of the collaboration between MTS and the institutions.	“The support of the organisations we have been working with, the aid associations (...) they are also organisations not so resourceful... In the case of the X specifically, it is also a grassroots movement, street, with no funds at all, and they have been incredible, and we have worked very well with them. (P2#1)
	Stigma	Includes references to the perception of actions that reveal stigma, on the interaction between the sex workers and the institutions.	"They barely treat people, they discriminate against people according to how they look, they differentiate the amount of food people take home according to this prejudiced condition and we don't notice it..." (P4.1)
	Bureaucracy	Includes references to the amount of bureaucracy needed in the institutions.	“(…) but entities that are used to protocols and bureaucracies have sometimes taken longer to realise that protocols sometimes do not serve an emergency situation and have to move forward ... (P4#1)
	Intervention Suggestions	Includes suggestions for the intervention with sex workers during the COVID-19 pandemic, made by the MTS members.	“This is very important to have one point (...)The sharing of one place has all the information, and we have been collaborating on this, all the information directed to... We are talking at the level of health, of support, at the political level, at the level of, of, of... of what exists, of what there is, where there is, where you can go... In one place!” (P1, July)

Appendix 10. Table of “The Relationship with the Social System” Categories (II Part)

<i>The relationship with the social system</i>			
<i>Category</i>	<i>Sub category</i>	<i>Description</i>	<i>Context Unit</i>
Government and law	Government contact	Includes references of the MTS’ contact of the Portuguese Government.	“(…) the letter we sent to the Minister of Culture was completely ignored. ... And before the State, in general, we feel completely ignored and that our existence does not matter and that the State's help is basically zero.” (P2#1)
	Sex work recognition	Includes references to the relation between the non-recognition of sex work as a profession and the impact felt with the pandemic, as well as references to the need for its recognition.	“I think it's all about decriminalisation and recognition in the first place, isn't it? If people are recognised as workers in the activity they perform, everything changes. Now, when people have to hide before the state that they are sex workers; before the social security that they are sex workers; before the health services that they are sex workers; it is all, everything is distorted. Everything is distorted, isn't it?” (P4.1)
Nothing about us, without us	To be heard	Includes references to the necessity of listening to sex workers’ needs and opinions.	While this is not done... and based on the opinions, decisions and needs of sex workers, from a perspective of "nothing for the SW people, without the SW people themselves" there will be no basis for improvement from a state point of view.” (P4#1)
	Listening	Includes references to the MTS’ consultation of other sex workers to develop their actions.	“(…) not to write this from the perspective of all of us as sex workers, but we want the input of women workers in general, of as many workers as possible, which is something that is very little practised. Generally, that kind of direct democracy where the voice of all is important, instead of having representative groups speaking for all.” (P2#3)