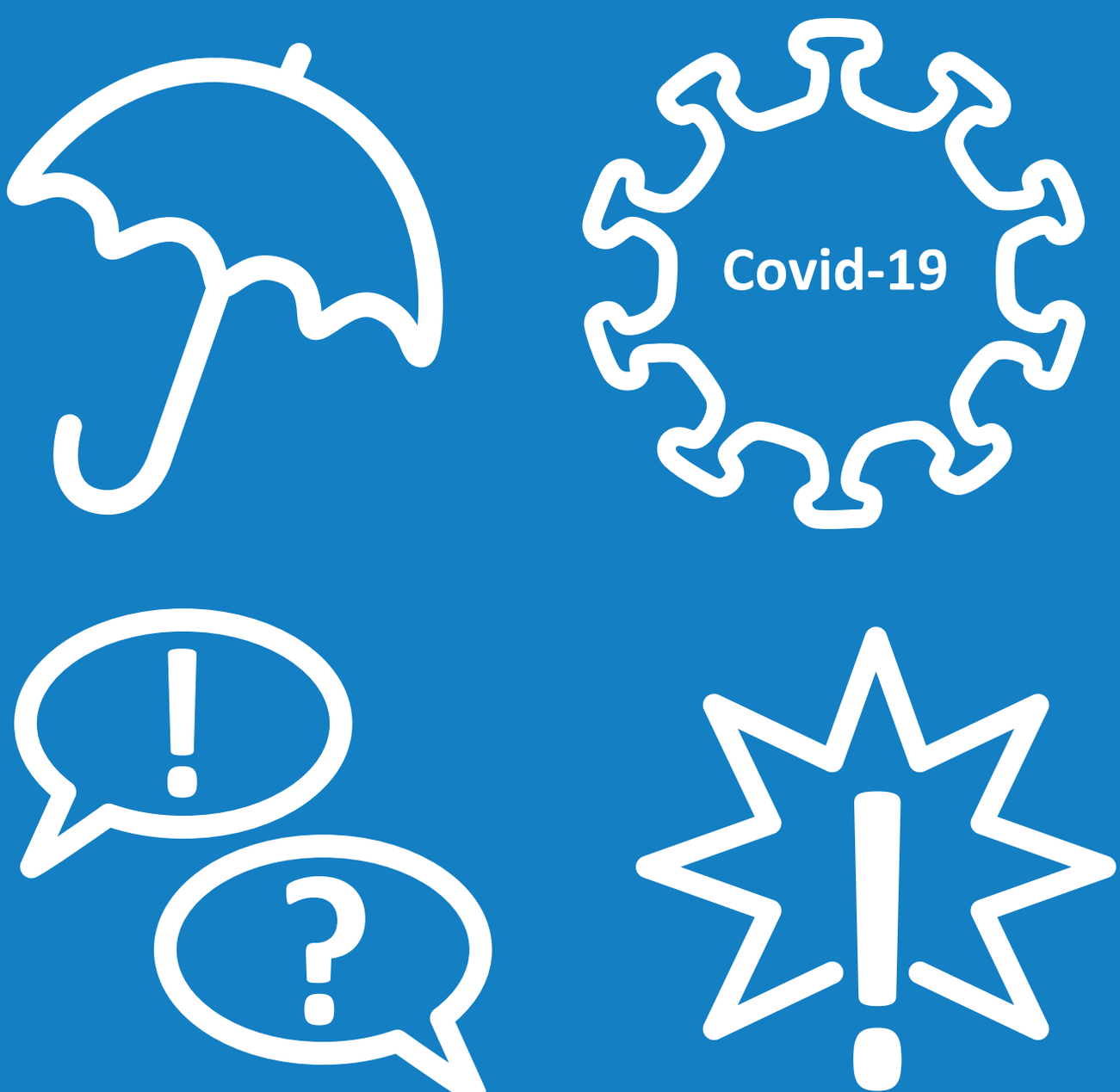
Sex work and the COVID-19 pandemic in The Netherlands

A qualitative study



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Research on the impact of Covid-19 and the subsequent measures on sex work in the Netherlands

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Glossary

In order to help the reader fully comprehend the terminology used in this report, the reasons the researchers chose such a language and, more generally, which vocabulary we consider appropriate when referring to sex work, we decided to include this introductory glossary[1]. As the use of disrespectful terms when referring to sex workers implies risks such as offending them and fueling stigma, this brief list of words also contains those expressions we consider incorrect and, therefore, to avoid.

Correct terminology

- Sex work and sex worker: terms indicating paid sexual services (of any kind) and anyone offering them; they were suggested by the sex workers' communities and are used worldwide.
- Customer paying for a sexual service: this is the correct expression to describe what customers do when visiting a sex worker.
- Sex workers in a position of fragility: this expression is inclusive of the diverse and various vulnerabilities to which sex workers may be subjected, which may hinder their access to justice.
- Unlicensed sex work: it indicates someone doing sex work in an unlicensed location where a license is required. This is also the case of those sex workers who, despite being unlicensed, are registered at the Chamber of Commerce and are taxpayers.
- Third parties: the term defines someone who has a bond with a sex worker, e.g. a third parties living at home, a security guard, a driver...
- Sex workers' community/communities: in this paper, we often refer to a 'sex workers' community'. However, it is essential to notice that there is not such a compact and homogeneous group, neither at the national nor international level. We decided to use the singular to refer to sex workers in The Netherlands, whose conditions are studied in this paper.

Incorrect terminology

- Prostitute: the term is often used and experienced negatively. In addition, it is generally not inclusive of all the services a sex worker may offer.
- Whore/hooker: these offensive and abusive terms contribute to perpetuating stigma.
- Sex buyer/buying sex: the choice of words is misleading, as clients do not buy sex (neither someone's body), they pay for a service.
- Selling someone's body: after paying for sexual services, the body of a sex worker does not change possessor.
- Vulnerable women: women are not by nature more vulnerable than men or non-binary persons; people may face particular vulnerabilities due to specific regulations, experiences, discrimination and exclusion. The expression "vulnerable woman" hides the processes generating such vulnerabilities and dangerously labels and essentialises (certain) women's conditions. In addition, when referring to sex workers, it is necessary to remember that those sex workers who experience vulnerabilities and may be victims of coercion or exploitation in their work are not only women.
- Illegal brothel/illegal sex house/illegal sex establishment: these expressions often refers to just houses where unlicensed sex workers work. The indiscriminate use of these expressions creates moral panic and misleading associations with sexual slavery and human trafficking.
- Pimp: the term refers to a criminal who coerces individuals into doing sex work. However, it is mainly misused as a synonym for 'third parties', i.e. partners, adult children living at home, security guards, accountants, drivers, or co-workers.
- Human trafficking (as interchangeable with sex work): the term is often and incorrectly used as a synonym for 'sex work'. Human trafficking for sexual exploitation exists, as it does in other professional sectors, but there is no cause-effect relation with sex work per se[2].
- Getting out of prostitution: it is an expression often used by agencies that claim to want to help sex workers, but where after "getting out", help often stalls. In addition, it is a stigmatizing term, as it would not be used for quitting or changing any other type of job.

Introduction

As a result of the COVID-19 pandemic, the Dutch healthcare system has been under tremendous pressure for a long time, reducing access to other health services[3]. As of March 15 2020[4], the Dutch government decided to enforce a lockdown with associated pandemic measures to contain the spread of the virus and the pressure on the healthcare system[5]. During this period, the so-called "contact professions" were temporarily obliged to halt their activities. Many professional groups falling in this category suffered economic constraints due to the impossibility of resuming their work, for which reason the government made a financial support package available for the vast majority of them[6].
Sex work was forbidden for a more extended period than the other contact professions during the COVID-19 pandemic; from March 15, 2020, to July 1, 2020, then from December 15, 2020, to May 19, 2021, and from December 19, 2021, to January 15, 2022. During that period, sex work was not allowed, and, unlike other professions that were forbidden, many sex workers had no access to financial support packages from the government during the lockdown. This affected the entire sex work industry and produced precarious conditions regarding sex workers' income, access to healthcare and safety.

Research objective

This research aims to study from a qualitative perspective the experiences of sex workers in The Netherlands during the COVID-19 pandemic, especially during the lockdown, regarding their financial conditions, access to healthcare services and safety. The material analyzed in this report was collected via a survey with open questions and three online focus groups[7] between December 2021 and February 2022[8].

Legal framework of sex work in The Netherlands

Following the lift of the ban on brothels from the Criminal Code in 2000, running a sex business for voluntary prostitution by adult persons is legal and locally regulated[9]. Since then, sex workers who
are European Union residents can legally work in the country as self-employed or within the Opting-in regulation. Self-employed sex workers can operate almost solely in licensed businesses, as in most municipalities, street sex work and working from home are not allowed. For sex businesses to obtain a license, they must comply with the General Local Ordinance (APV)[10] requirements on health and safety, otherwise facing closure. Instead, the Opting-in regulation consists of an agreement between a business owner and an independent sex worker halfway between salaried employment and self-employment. Under this type of contract, sex workers are neither insured for unemployment or disablement nor enjoy labor protection differently from other jobs[11].

The new national bill aimed at aligning the different local licensing models known as WRS[12] is currently under discussion[13]. The law, whose works started in 2008, calls, among others, for the introduction of a national sex workers' register, mandatory registration for sex workers, the criminalization of unregistered sex workers and their clients and the rise of the working age from 18 to 21. In the past, these requirements made the draft legislation strand at the Senate due to conflict with Dutch and European privacy legislation. They also met fierce criticism by sex workers' movements and activists[14], as a broader range of requirements to comply with to work legally are likely to push many sex workers to work illegally.

Factors of risk for sex workers in The Netherlands

Sex workers experiencing increased exposure to one or more factors of risk often undergo more severe economic, health and safety vulnerabilities. Social exclusion, which can be a significant threat to healthcare access[15], can be exacerbated by multiple and intersecting stigmas, among which those linked to identifying as LGBTQi+, being a person of color, making use of substances. Factors that increase the risk of experiencing violence[16] identified in research on violence against sex workers in The Netherlands[17] appeared to be related to gender, age, country of origin, language, use of substances (by the sex worker or the client), the legal category of sex work and the workplace location.
These findings are aligned with the results of the quantitative study conducted by SOA Aids[18] at the beginning of 2022, which identified sex workers who were young (between 18 and 24 years old), not born in The Netherlands and already experiencing financial struggles as groups at high risk of experiencing violence during the COVID-19 pandemic.

COVID-19 and sex work in The Netherlands

Due to the lockdown enforcement in March and November 2020, sex work suddenly became an outlawed profession in The Netherlands. Firstly, sex workers faced financial difficulties due to the closure of all sex businesses. The governmental scheme for self-employed professionals, the so-called TOZO[19], was technically made accessible to sex workers. However, those employed in the Opting-in regulation remained excluded, as they did not comply with the essential requirement of self-employed professionals, such as registration at the Chamber of Commerce[20]. Moreover, many sex workers could not access the TOZO scheme due to the complex procedure, the language of the documentation (available only in Dutch), or lack of documentation[21]. In addition, sex workers who were undocumented or unlicensed could not access any form of financial support. The combination of the restrictions on sex work and the lack of access to a governmental financial support package left 65% of sex workers struggling financially, whilst about half of them did not have enough money to pay for groceries and bills[22]. These precarious financial conditions pushed into poverty especially those sex workers who were already experiencing marginalization and, in some cases, urged them to resume their sex work illegally. Despite being outlawed, among those sex workers who participated in the SOA Aids research in 2020, approximately 55% had continued to work, while in 2021 the number rose to 90%[23]. Yet, sex workers reported a sharp decline in clients, even after the lockdown was lifted. This meant facing prolonged financial constraints and induced many sex workers to accept more risky working conditions[24]. Moreover, differently from other contact professions such as gyms, sport centers and saunas that could open their businesses in May 27 after the first lockdown in March 2020, sex workers were denied to work until July 1, after which sex work was allowed again, although with restrictions on opening and closing hours[25].

The COVID-19 pandemic also had a significant impact on sex workers' access to healthcare/health services in the country[26]. Due to the redirection of the medical staff to the COVID-19 hospital departments and the vaccination campaign, the offer of low-threshold HIV and STI/D (Sexually Transmitted Infections and Sexually Transmitted Diseases) care for sex workers was significantly reduced. Many GGDs (Gemeentelijke Gezondheidsdienst, Municipal Health Service) temporarily scaled down their STI/D care, outreach activities have not been carried out, and opening times have been changed due to the prioritization of COVID-19 care. In addition, during the lockdowns, accessing municipal healthcare in person became more difficult, especially for those more at the margins, such as undocumented sex workers.

Moreover, sex workers faced particular exposure to violence during the pandemic and, more generally, a deterioration of the safety conditions at work. According to SOA Aids findings[27], working illegally during the pandemic produced or exacerbated precarious health and safety conditions for those involved. More precisely, it negatively affected the capability to select safe workplaces and reject clients. In the same research, it also appeared that 41% of the sex workers in our sample experienced physical or sexual violence in 2021; the populations that resulted being especially at risk of being subjected to violence due to the enforcement of the lockdown were young sex workers (18-24 years old), sex workers who were not born in the Netherlands and sex workers who were already facing financial problems. Furthermore, according to the data collected[26], very few sex workers reported violence. While 45% of the sex workers responding to the questionnaire had experienced abuse to report to the police, only 21% contacted the authorities, and only 4% officially reported a crime. Many sex workers indicated that they would not report a crime to the police due to concerns about being questioned and detained for working illegally.

The objective of this research

This research aims at exploring the impact of the COVID-19 pandemic and the following measures in the field of work, income, sexual health and safety among sex workers by reporting the analysis and the qualitative findings of three focus groups and one questionnaire in which sex workers and caregivers took part. The idea to organize the focus groups originated from the need to elaborate the quantitative research results with further discussion while reflecting on potential solutions and recommendations with the target groups.

Research question: what was the impact of COVID-19, lockdown and governmental measures related to the pandemic on income, access to healthcare (especially STI/D care) and safety (safety at work, exposure to physical and sexual violence, ability to report crimes) of sex workers? What recommendations can we provide to improve sex workers' conditions in times of emergency in the future?

Methodology

Timeline

This report is the result of the qualitative analysis of three focus groups and the open questions of one questionnaire conducted respectively between the end of December 2021 and the end of February 2022, and between January and February 2022 (see Figure1).

Structure of the focus groups

The three online focus groups occurring between December 2021 and February 2022 involved researchers from academia, sex workers, social workers and healthcare personnel. The meetings took place on an online meeting platform and lasted approximately one hour and a half each. All participants were invited to actively participate by sharing their experiences and expressing their opinion on the topics of concern. For all meetings, the discussions were semi-structured to cover and explore the previous data collections' main findings and leave ample space for the participants to lead the conversation. The language utilized was English, although, in the second and the third focus groups, some non-English speaker participants were provided simultaneous translation from and to Spanish by other participants.

One researcher, two sex workers, a social worker from The Hague, a GGD employee and a P&G292 employee took part in the first focus group. This first meeting aimed to produce an exchange among sex workers and caregivers on the experiences of the accessibility and quality of healthcare services during the pandemic. Also, the last part of the focus group was dedicated to suggestions and recommendations on improving healthcare services, particularly when related to sexual and mental health, for sex workers.

One care provider and six sex workers attended the second focus group, moderated by two researchers from our research group. We decided to involve specifically sex workers who had recently moved to The Netherlands to collect and answer their main doubts on sex work regulation, accessing healthcare and reporting violence, among others. Among the participants, four asylum seeker and refugee sex workers from South America identified as transgender. Reaching out to such a target group enabled us to examine and discuss the experiences of populations exposed to specific risks that provoked additional hazards during the pandemic.

Figure 1: timeline of the main events related to the COVID-19 pandemic and this research.

The individual stories and perspectives that emerged in this focus group mirrored and integrated the outcomes of the quantitative data collected between January and February 2022[28]. In particular, we encountered several cases of difficulties in accessing emergency funds, distress and worsening of mental health conditions due to work inactivity or working illegally, increased unsafe working conditions and exposure to clients' violence, lack of trust in the authorities, financial constraints and complications in accessing healthcare services. We acknowledge that the group chosen faces hardships due to specific circumstances, and should not be considered representative of the overall sex workers' community in the country. Yet, the choice to involve this group contributed to shed light on some of the most acute and detrimental effects of the lockdown enforcement.

Finally, two researchers and six asylum seeker and refugee transgender sex workers originally from South America, the Philippines and the United States took part in the third focus group. This last meeting aimed to further expand the discussion around violence and police enforcement and their effects on specific populations such as transgender migrant sex workers who endured particularly precarious conditions regarding safety and access to healthcare services during the lockdown. In the case of technical questions posed by the participants, primarily when related to the national or local legal framework, we ensured a later contact with experts to provide them with a precise and more in-depth analysis of the topics discussed. The safety conditions of undocumented migrant, asylum seeker and refugee sex workers were particularly debated.

Structure of the questionnaire

The questionnaire "Sex Work, Health and Safety in 2021" was prepared by our research group and aimed at collecting data about sex workers' experience of violence, access to healthcare and STI/D services, relations with the police and abuse reporting in 2021. The questionnaire was available in Dutch, English and Spanish. The 32 questions prepared were aimed at both a quantitative and qualitative study. In this report, we only discuss the qualitative findings, which emerged from the eight open questions[29] that the respondents could answer extensively or leave blank. Before diffusion, sex workers' community leaders discussed and validated the questions. The community leaders conducted the diffusion between January and February 2022 online through their networks. We strived to engage sex workers from diverse groups regarding gender, age, ethnicity and citizenship status.

Recruitment

The first focus group included sex workers and caregivers who identified as cisgender females, transgender women and others (such as non-binary). Instead, we decided to involve specifically sex workers who were also transgender women and migrants (non-Dutch natives and, in some cases, asylum seekers) for the second and the third focus groups. The latter decision stemmed from the experience of the first focus group, when we realized that sex workers with these characteristics had particularly suffered the COVID-19 pandemic measures compared to the Dutch native sex workers who were present, including lack of information.
The age range of the sex workers who took part in all meetings was 24-38 years. The first and the second focus groups' participants were contacted directly and via community organizations such as TransUnited, PIC and SAVE. In addition, due to her connections, a researcher in the team could address and involve a community of asylum seeker transgender sex workers from South America in the focus groups. Regarding the third focus group, the participants from the second meeting helped us recruit sex workers who were also asylum seekers and refugees.

As far as the questionnaire is concerned, a total of 196 sex workers from different locations in The Netherlands and of different ages, gender and ethnicity took part[30].

Analysis

The focus groups were audio-recorded, transcribed and analyzed in light of previous and parallel quantitative findings[31] concerning access to health services, changes in income and financial condition, exposure to violence and relations with the police. In the process of transcription, all participants were anonymized. In the questionnaire, the participants took part anonymously. The qualitative data obtained from the open questions were analyzed in the light of our parallel quantitative research and the previous studies[30] to integrate our understanding of sex workers' experiences of violence, ability to report abuse and access to STI/D care during the pandemic.
This report summarizes the topics discussed, the relevant experiences narrated in the focus groups, and the answers to the questionnaire's open questions.

Findings

Income during the pandemic

Governmental assistance for sex workers

The enforcement of the lockdown on three occasions and the following prohibition to do sex work had detrimental effects on the financial and physical safety of sex workers in The Netherlands[32]. As stated before, sex workers who were unregistered at the Chamber of Commerce, for being under the Opting-in regulation or undocumented, but also many who were registered but could not apply for the TOZO assistance, could not access any form of state support during the lockdown. This situation left many sex workers exposed to poverty, implying difficulties in paying for groceries, bills and rent, risking eviction. Hence, several sex workers resumed doing sex work illegally during the lockdown.

"They didn't have the money, they were hiring and renting houses here mostly for high rents. They couldn't pay rent. Landlord was saying them to pay. They try to explain to him: 'I don't have work, I can't pay.' 'Doesn't matter, you have to pay otherwise I throw you out of house.'"

Caregiver narrating stories of sex workers she had contact with (Focus group 2).

Translated from Dutch:
"During the pandemic, I had no support from the municipality (so no assistance) or support from the government (I fall under the Opting-in) so I applied to work anywhere (supermarket, delivery services, drugstore, etc.), unfortunately without luck. Without income, I had to work during the lockdown. Through sex jobs I encountered someone who arranges bungalows and other workplaces for girls. Sex [work] was prohibited during the lockdown, so the police invaded a bungalow park"

Sex worker (Questionnaire).

"There was also a big group [of sex workers] who couldn't prove that they pay the rent. They were always paying cash to the landlord. There was no proof. In the end, the darkest scenario happened. I had 5 ladies thrown out of their houses. It was really bad. No money. Nowhere to live. Most of them going back to Romania. They have family and food [there]. Still they have debts."

Health care provider (Focus group 2).

Undocumented migrants and income

Undocumented migrants taking part in the third focus group highlighted the critical financial conditions they endured during the lockdown. Participants explained that was mainly due to the restrictive procedures to access paid positions during the asylum process, circumstances that, however, might have occurred regardless of the COVID-19 pandemic. To improve their financial conditions, some decided to do sex work illegally during the asylum procedure, despite the risk of being subjected to violence and unable to report abuse for fear of the police. These prospects appeared to be anyhow exacerbated by the COVID-19 pandemic[33].

Access to healthcare

Limitations to the access to public healthcare during the COVID-19 pandemic

In The Netherlands, the functioning, timing and procedures to obtain appointments with the GGD for medical checks, treatments, and medications vary according to the region. These structural differences make sex workers' and medical staff's experiences and access to healthcare diverse. Yet, several individuals from different geographical areas in the focus groups have stressed how lengthy procedures and the arduousness of navigating Dutch medical bureaucracy may create substantial obstacles to effectively accessing health services.
For instance, it may be required that the patient checks in with multiple actors (doctors, nurses, specialists…) to whom they should describe their conditions. This may cause confusion and discomfort, especially for those who find it problematic to disclose details about their sex work due to the stigma or their status, e.g. undocumented migrants. During the lockdowns, these circumstances exacerbated, as physical appointments were limited and medical personnel were redirected to the vaccination campaign.

"What we have seen is that when it was not allowed to work at all, sex workers were afraid to come and test anyway. Because they had the feeling of 'I don't know if it's safe', 'it won't be passed on'. Sex workers also received text messages from the police at that time, saying 'you are still advertising, you must stop doing that'. Fear of authorities and unfortunately GGD was also included in this."

Health care provider (Focus group 1).

"In order to get antibiotics, it took 3 weeks. I think that can be done better. It can be done faster. By the time they get me antibiotics the infection was already at his highest, but I couldn't stop working"

Sex worker (Focus group 2).

"The outpatient clinic with us has had to scale down, because a lot of GGD nurses had to be put in for the vaccination program. Access to regular outpatient clinics was less."

Health care provider (Focus group 1).

Addiction and mental health assistance

Sex workers also mentioned insufficient assistance in cases of addiction and mental health services during the pandemic. According to the report (Sex work stigma and violence in The Netherlands[34]), between 2017 and 2018, among the sex workers taking part in the research, 46% occasionally used alcohol during their work, 26% occasionally used soft drugs, and 27% occasionally used hard drugs, while 13% made use of tranquillizers or other medications. Drug addiction may have a more significant impact on sex workers facing precarious financial and working conditions[35], for whom obtaining specialized assistance may be difficult in ordinary times and even more arduous during a lockdown. Even for some documented and insurance-paying sex workers, it was challenging to access this type of service:

"When I asked for help I was paying for insurance. [...] I disclosed my story to five different persons and they told me I had to come with 500 euros to get the intake. So I was like: okay, I am going to do hard drugs to do the sex work to come with the 500 dollars, but that was the thing I wanted to get away from."

Sex worker (Focus group 2).

"[...] Most of the time it happens that I do need the drugs to keep going and to keep working. Because it relaxes me, and I don't know like every time I open the door it will be the police or it will be those guys out there pretending to be the police, just like trying to rob us and do bad things to us. It's scary."

Sex worker (Focus group 1).

Furthermore, some sex workers reported experiencing increasingly unstable mental health during the lockdowns due to financial uncertainties, unemployment and fear to be arrested for resuming sex work. For instance, many in the questionnaire have highlighted the relevance of having partners, friends, family, colleagues, therapists or sex workers' organizations to go to in case of need for advice, support or help after experiencing violence.

Outreach activities

The activities of organizations such as P&G292 and SOA Aids Nederland, and other groups in support of sex workers proved to be essential in continuing to provide counselling on STI care through constant outreach. Notably, some caregivers reported in the focus group that many organizations committed to delivering digitalized assistance during the lockdown while ensuring a specific physical capacity for the most marginalized individuals. Due to consistent outreach, a caregiver from an organization in The Hague argued that in their case, the relations with sex workers grew substantially, and the services provided were improved. Moreover, in the questionnaires, many sex workers reported high levels satisfaction with the STI/D services provided by GGD and doctors.

"The doctor really valued my privacy though he rushed the whole process, he was really professional."

Sex worker (Questionnaire).

"I am very satisfied with the STD care provided by the GGD. People here are very friendly, helpful and professional."

Sex worker (Questionnaire).

"They helped me a lot with the discreteness and speed with which my STI was dealt with."

Sex worker (Questionnaire).

However, it was often stressed that the concentration of the clinics and support centers for sex workers in the north of the country poses a challenge to those sex workers in more peripheral areas. Therefore, the services became virtually unreachable for those sex workers who were based far from the clinics when movement constraints were imposed during the lockdowns. Moreover, public STI/D care had to scale down due to the need for caregivers for the COVID-19 pandemic; accessing private STI/D tests remained an option, although expensive[36].

"I wanted to go to the GGD for a smear, an STD test. That was not possible, because the GGD was full because of corona. [...] So I then paid for two smears (blood and vaginal). This was a few hundred euros for a do-it-yourself test. I get one result. The test for blood was not successful [...]. Then I was supposed to get a new one, so I requested that and didn't get it. So I actually did a half smear."

Sex worker (Focus group 1).

"During the restriction, it was especially noticeable that our task has become larger, because if you are vulnerable you cannot always come to the right place for the right care. This may be because you are not vaccinated or you do not have the correct documents. You are uninsured. You start using more resources, because you get stressed."

Health care provider (Focus group 1).

Undocumented migrants and healthcare

Severe concerns emerge in the case of undocumented migrants, who might fail to access basic checks and medications for fear of being reported to the authorities if they disclose working illegally as sex workers, potentially facing detention or deportation. Moreover, undocumented migrant sex workers generally have more limited access to information about their rights and the possibility of being visited without expenses and anonymously in specific clinics[37] . During the pandemic, these and other marginalized groups were even more difficult to reach and, therefore, to inform.

Safety

Exposure to increased risks

The individuals taking part in this research highlighted the severe impact that the pandemic and the lockdown had on sex workers' safety. Many sex workers reported in the questionnaires and focus groups of having experienced clients' violence because of increasingly unsafe working conditions. Indeed, many of those unable to receive government assistance decided to resume their sex work to provide for their income. Due to the reduced clientele and fear of being caught by the authorities, sex workers often had little margin of choice over their clients, accepting risky appointments more frequently and, as a result, being more exposed to potentially violent encounters. Moreover, many victims of violence among sex workers did not report to the police the crimes suffered for fear of disclosing their sex work when the lockdown was enforced. In the meantime, sex workers continued being raided in their houses and hotels during the pandemic, with the risk of being detained, losing their income or even their homes. These incidents further undermined sex workers' cooperation with and trust in the authorities[38].

During the second focus group, a caregiver told us about the experience of a Romanian sex worker who was attacked by two men in her flat, resulting in a broken leg. The woman decided neither to report the mistreatment to the police nor to go to the hospital for fear of being discovered having resumed sex work. This information is consistent with our quantitative survey results, according to which only 4% of sex workers who experienced abuse reported it to the authorities homes. These incidents further undermined sex workers' cooperation and trust in the authorities.

"I work without a permit and am afraid of being caught by the police."

Sex worker (Questionnaire - translated from Dutch).

"[...] the one I was escorting for, he tried to bring me to his place. It is like the purpose to rape. Because he was meeting me in a forest."

Sex worker (Focus group 2).

"They [the police] have a concept that sex workers are liars and are responsible for what happened to them."

Sex worker (Questionnaire).

Police enforcement against sex workers

In some cases narrated during the focus groups, police enforcement prevented some individuals from resuming their sex work due to the fear of being raided and detained by police pretending to be clients. This concern was particularly present among undocumented migrant sex workers, who were worried about the possibility of being arrested and deported by the authorities.

Some undocumented migrants who were also non-Dutch speakers reported episodes of perceived racial and homophobic discrimination and abuse by the police but were unable to react or were unaware of the possibility of reporting the abuse due to lack of information related to their rights. Notably, a sex worker reported being (sexually) touched by a police officer pretending to be a client before being raided and later reported to immigration control.

"[...]they pretended as a client [sic], then they came to the hotel, knocked on my door and asked many things, and then they brought me to the police station, detained me there for like three hours, four hours, and then that time they reported me also in immigration..."

Sex worker (Focus group 3).

"[...]the police was arresting me when working in a hotel.[...] They bring me in a police station for 3-4 hours. It makes me scared."

Sex worker (Focus group 2).

"They [sex worker and client] were, like, chilling, and after 10 minutes he came in, the police knocked and then he said that he also was police after touching her a bit [...] he was, like, a guy undercover [...]"

Sex worker translating peer's experience (Focus group 3).

"[...] she [...] arrived in Maastricht but stayed in the station, inside, she was there just chilling around, I don't know, and the police came there and told her, after 30, 40 minutes she was in the station, like, you cannot be here, you have to go because you don't have a ticket and you are not going nowhere. Like, they were watching her maybe by camera, I don't know, they took her photo and they put her outside of the station."

Sex worker translating peer's experience (Focus group 3).

These facts highlight the necessity to provide better and more detailed information concerning the rights of those sex workers who also experience vulnerabilities linked to their financial condition, gender, ethnicity or addiction.

Clients' violence during the lockdown

For many sex workers, the lockdown worsened the working conditions and the ability to reject customers[39]. During the focus groups, sex workers told us about the necessity to work far from urban areas (such as in forests) not to be detected by the police despite clients attempting or managing to rape them, steal money and threaten to call the police.

"I was left at a car station, raped twice, money stolen 5 times, sometimes I was so high and the guy took the money he gave me. I was high just looking at the wall."

Sex worker (Focus group 2).

These precarious conditions were exacerbated by the fact that some clients took advantage of their position of power, as they understood that sex workers who were working illegally during the lockdown, especially when experiencing additional conditions of vulnerabilities, such as being undocumented migrants, would likely refrain from reporting abuses to the authorities:

"It's just matter of improving our security and make us feel safe [...] the authorities can show that they protect all the people regardless if they do in either legal or legal sex work. I think the criminals will not target those who they think are without license."

Sex worker (Focus group 3).

These experiences emphasize that while the pandemic and the lockdowns that followed had a considerable impact on sex workers, they disproportionally affected populations of sex workers in fragile circumstances.

In addition, another participant (transgender migrant) mentioned being taken out of a train station and photographed by the police without explanation and for no apparent reason; the participant in question did not object due to a lack of knowledge of both the language and her right to ask for further explanations, especially regarding privacy on data collection.

Discussion

The pandemic and the following governmental measures to contain it significantly affected sex work in The Netherlands. Many sex workers could not access the TOZO scheme and had to resume working during the COVID-19 pandemic under unsafe conditions. Reportedly, the emergency support was also inaccessible for many sex workers who were licensed due to the restrictive criteria required and the bureaucratic challenges related[40]. The lack of financial aid, the lack of trust in the authorities and police enforcement to prevent sex work exacerbated sex workers' safety, economic and working conditions. During the focus groups, a sex worker narrated that she decided not to report the abuses committed by her clients but also that she refused to contact emergency care while in need due to the fear of being arrested for doing sex work during the lockdown. These and other facts highlight that without sufficient financial support and by making sex work illegal, the health and safety of sex workers are endangered[41]. Particularly, those sex workers enduring increased hardships, namely non-Dutch born sex workers, young women (18-24) and those already facing financial difficulties, were especially at risk of enduring abuses due to the governmental measures enforced during the COVID-19 pandemic[42].

For sex workers, access to healthcare, especially STI/D care, mental health and addiction services, was also hindered due to the deployment of nurse staff in COVID-19 hospital departments and vaccination campaigns. More generally, the outreach and accessibility of public clinics, STI/D tests, addiction support and mental health care appeared to be greatly limited during the COVID-19 pandemic. This was due to the impediments caused by lengthy procedures to obtain checks and medications and the lack of information and consistent presence of STI/D clinics and organizations providing STI/D consultation over the national territory. The sex worker groups most affected by the mentioned obstacles to healthcare access were amongst the most vulnerable ones, such as undocumented migrant sex workers and transgender women; these results are consistent with the data collected in The Netherlands and other European countries[43].
The pandemic also operated as a magnifier of the significant stratification within the sex work community regarding financial capabilities, access to information and suffering stigma[44] .

Conclusion

This report aims to expand our understanding of the effects of the COVID-19 pandemic and the measures enforced in response to it on sex workers in The Netherlands between 2020 and 2021. More specifically, it focuses on how the former affected sex workers' income, access to healthcare and safety. As far as the focus groups are concerned, the main obstacle to recruiting a broad and diverse sex workers population across the country was precisely the lockdown, during which the study was conducted. However, we could reach out to sex workers' groups from various locations and backgrounds and who had experienced different and intersecting marginalization's. The experiences narrated, the opinions and the discussions collected during the three focus groups, and the questionnaire's open questions emphasized the consequences of institutional measures that have systematically excluded a large group of sex workers from financial, healthcare and safety support. In particular, the sex workers who participated in the research highlighted how the lockdowns amplified stress and difficulties regarding their economic conditions, their capability to access STI/D care, and their relations with clients and the authorities. The condition of undocumented migrant sex workers appeared to be especially problematic in all the sections of the study.

Personal experiences of struggles (but also positive ones in a few cases, particularly in healthcare) may help the researchers and the public to better comprehend and analyze more in-depth the recent events linked to the COVID-19 pandemic within the sex workers' community, which often lamented of having been left behind by the institutions. The sex workers who participated in this research also contributed with valid suggestions and recommendations stemming from their knowledge and experiences, particularly (but not only) in the discussion on accessing STI/D care.

Recommendations

After considering the issues discussed and elaborating on the observations and suggestions that emerged both during the focus groups and the open questions in the survey, we dedicate this section to advising on the steps we believe essential to tackle the problems that emerged during the COVID-19 pandemic.

This section intends to encourage actors such as policymakers, community leaders and authorities to undertake concrete actions towards systemic changes in the three areas examined in this report, namely sex workers' financial conditions, access to healthcare and safety. In particular, after acknowledging the deficiencies and specific struggles encountered by sex workers in times of emergency. This section intends to encourage actors such as policymakers, community leaders and authorities to undertake concrete actions towards systemic changes in the three areas examined in this report, namely sex workers' financial conditions, access to healthcare and safety. In particular, after acknowledging the deficiencies and specific struggles encountered by sex workers in times of emergency.

Recommendations on financial support

- **A non-discriminatory approach towards sex workers in case of emergency** shall be promoted. Sex workers should benefit from the same measures and support guaranteed to the other contact professions and, more generally, to different categories of workers. It is necessary to advance assistance schemes that do not discriminate against sex workers as such from accessing financial support while developing an inclusive approach that does not prevent certain sex workers' categories from receiving support altogether.
- **Specific financial schemes for populations at risk** need to be created. This research highlighted that sex worker populations experiencing multiple conditions of vulnerability are more exposed to economic struggle and poverty, while they are often excluded from emergency funds. Before another emergency occurs, it is necessary to arrange policies and financial programs protecting against poverty and support sex workers through tackling specific conditions of marginalization, such as those of undocumented migrants, transgender women, women of color, non-Dutch speakers, young migrants, those experiencing addiction to substances, among others.
- **More information on how to access financial help** is needed. In case of emergency, institutions should provide sufficiently clear and accessible information on how to navigate the procedures to obtain financial support. The complexity of those procedures and the bureaucratic challenges may hinder or impede those sex workers entitled to forms of support from accessing them.

Recommendations on improving access to healthcare

- **A "national standard" for accessing healthcare** should be established. Implementing an accessing system that works similarly nationwide would imply less confusion when moving across municipalities and regions in The Netherlands. Maintaining local differentiated systems increases the need to reach out to provide precise information on the functioning of each system, which may be an obstacle in the case of sex workers, who generally experience great local and national mobility. Especially for non-Dutch speakers, understanding such differences might be more arduous.
- **A holistic approach should be endorsed by caregivers when interacting with sex workers.** In order to achieve this goal, it is necessary to provide specific training to medical staff on sex workers' social conditions and diversity. Such an approach would allow doctors, nurses and healthcare personnel at all levels to fully understand the specificities of sex workers' conditions and needs and how to approach them more openly and effectively. Also, they would be more receptive to the impact that stigma, specific conditions of marginalization, and the existence of the intersection of multiple elements of vulnerability have on accessing healthcare and on communication with medical staff.
- **Mental health and addiction services should be kept accessible in times of emergency.** It is imperative that mental health and addiction services do not shut down in case of emergency, such as, for instance, a lockdown, and that patients may continue accessing visits and cures. The reliability of such services needs to be guaranteed, as their support is most needed precisely in times of crisis, when institutional measures that impact individual lives directly may create additional tensions, stress, depression and anxiety.
- **Access to STI/D self-tests should be improved, especially in times of emergency,** when there might be a lack of medical staff in STI/D clinics (as happened during the COVID-19 vaccination campaign) and in peripheral areas (where access to clinics might be reduced compared to main urban centers). During the past lockdowns, access to STI/D self-tests for sex workers appeared not to be facilitated despite the mentioned conditions. However, STI/D self-tests may be a valid alternative for sex workers when tests cannot occur in clinics. For sex workers, who demand access to these kinds of tests with a particular frequency, it would be desirable to make access to STI/D tests easier, more frequent and more diffused.

- **Simplified access to STI/D clinics and consultation for populations at risk** should be implemented. Especially in times of emergency, sex workers that already suffer from forms of marginalization tend to be more at risk and more out of reach for the institutions and sex workers' communities as well. In order not to preclude them from accessing STI/D care and consultation, it is necessary to create a simplified and reliable system based on, for instance, more consultation times and walk-in structures that should also be more geographically diffused.
- **Mobile STI/D clinics in every region should be diffused** to quickly reach out to sex workers who live far from services. STI/D clinics and organizations offering STI/D consultation are mostly geographically concentrated in urban areas and predominantly in the country's north. We advise the implementation of regional branching of STI/D care in all municipalities in The Netherlands in order to fill the geographical divide while guaranteeing continued outreach in times of crisis. Those clinics' "mobile" nature would ensure that all peripheral areas could be covered when needed.
- **A "buddy system" for improving communication with medical staff** should be established by sex workers' communities and promoted by the institutions. Suggested by sex workers participating in the focus groups, it consists of a figure who already has experience with the healthcare system, accompanying a sex worker who needs help. This can become a helpful asset for those sex workers who have recently moved to the country, are unfamiliar with the language, or have other specific needs. This form of support could cover direct communication with the medical staff, e.g. during visits, scheduling appointments and general assistance with collecting the required documentation.
- **Both institutions and sex workers' communities should promote information on how to access STI/D care and patients' privacy rights, and more generally on the functioning of healthcare.**

Recommendations to enhance safety

- **Safe and effective abuse reporting mechanisms should be guaranteed,** while punitive approaches against sex workers should be avoided. During the lockdown, when sex work was temporarily outlawed, sex workers resuming their profession were often targeted by police raids, sanctioned and detained. This punitive approach has had two adverse secondary effects: on the one hand, many sex workers decided to refrain from calling the authorities in case of violence and abuse; on the other, clients found themselves having disproportionate power over sex workers as they knew they would have avoided asking for help in case of abuse, which in some cases resulted in episodes of violence against sex workers. These circumstances implied a deterioration of sex workers' trust in the authorities and significant impediments to effective collaboration to ensure sex workers' safety and to prosecute crimes. It is necessary to abandon this detrimental punitive approach and make room for adequate protection and cooperation by guaranteeing safe reporting mechanisms for sex workers and building relations based on collaboration and trust. Only in this way will it be possible to ensure that sex workers are more protected and feel safe to report crimes and access justice.
- **Training to police staff on abuse prevention and effective cooperation with sex workers** should be promoted. In connection to the previous point, we advise providing training to police staff at a local, regional and national level on how to build relations based on trust and collaboration with the sex workers' community. It is essential that the authorities are lectured and trained on dealing with the specificities and the diversity within the community as the ignorance of those imply severe risks. Neglecting pre-existing and intersecting conditions of social marginalization (e.g. women of color, the LGBTQi+ community, and undocumented migrants) and the harsh consequences of stigma in accessing services and justice may bring unwanted and damaging effects originating from authority enforcement. Therefore, resources must be invested in getting the authorities and sex workers into a closer conversation and raising awareness among the police on sex workers' social conditions, stigma and diverse needs.
- **A "buddy system" for digital safety and police interactions** should be established by the sex workers' community and promoted by the institutions. The principle of this system would be similar to the "buddy system" proposed in the recommendations on improving access to healthcare, but with the internet and the relations with the authorities as targeted grounds. A form of support from a member of the sex workers' community who can guide and be present in such contexts would be useful to increase sex workers' safety and avoid forms of abuse which may derive from the ignorance of the procedures or of one's rights, or the incapability to assert one's rights.
- **A booklet for sex workers on their rights and entitlements** should be created and distributed by the sex workers' community. On the one hand, this tool, which should be available in multiple languages, would be handy in case of abuse, e.g. client's violence, so that the victim would have a guide on the steps to access justice. On the other, it would allow sex workers to know how to act in case of interaction with or interrogation by the authorities, i.e. which information they may be rightfully asked for and which not, what they are entitled to in case of detention, what to consider as police abuse, etc.

General recommendations for the sex workers' community:

- **A strong and reliable network among the several digital platforms, online services and websites dedicated to sex work information at the national level** should be built. This would significantly increase the clarity and completeness of the information on sex work in The Netherlands. At the moment, several small local and a few more prominent websites created and managed by sex workers provide a significant number of resources and updates on the subject; however, the lack of connection among the various platforms might create confusion for those sex workers that have recently either entered the country or started the job, on where it is best to get informed and on which sources are more reliable. In addition, the repetition of the same information might be overwhelming. Organizing digital information nationwide might be an ambitious but much-needed project, which may turn particularly useful in times of crisis when spreading reliable, precise and fast information may be vital.
- **A mentoring system to bridge the gap between sex workers' organizations and sex workers at the margins** needs to be created. The 'mentor' figure' would be an outreaching figure whose role would be to strengthen the bonds among sex workers' community leaders and those individuals who are more difficult to reach due to their unlicensed status, financial struggles, language or other types of marginalization. Their tasks would be on one hand to connect and spread useful information among sex workers in disadvantaged positions (e.g. how to access financial help, how to access STI/D care, what to do in case of abuse, etc.); on the other, they would report to sex workers' organizations sex workers' needs, issues and suggestions on how communities can support them. These links need to be built and strengthened in times of "normalcy" so that sex workers' organizations may have the knowledge and resources to continue providing support at the margins in times of crisis. Also, through the mentors' action, it would be possible and more feasible to consistently monitor situations of particular vulnerability by collecting clearer data and facilitating in-depth research that can advise policymakers on the necessary measures to improve the social conditions of those sex workers at the margins.

Appendix

Questionnaire: list of the open questions

- Where can you ask questions or get help about mental well-being? (Question n. 10)
- How satisfied were you with STI care? Did you have any questions or problems that were not addressed? (Question n. 16)
- How could STI care for sex workers be improved? (Question n. 17)
- Where can you go for questions or help during or after violence? (Question n. 25)
- If one of the above happened, why is that? (Question n. 27)
  - Linked to Question 26: Did the police….? a) Arrest you, b) Detain you, c) Enter your home or workplace, d) Warn you, e) I have not experienced any of the above
- Can you please explain? (Question n. 29)
  - Linked to Question 28: How did the police make you feel in terms of security? a) Positive, the police made me feel safer, b) Neutral, the police did not influence my security, c) Negative, the police made me feel unsafe
- Why? (Question n. 32)
  - Linked to Question 31 [about reporting violence to the police]: If yes, did the police take your report seriously and write it down or entered it on the computer? a) Yes, b) No, c) Not applicable
- That was the last question. Is there anything else you would like to add? (Question n. 33)

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