

# Double Jeopardy: Maintaining Livelihoods or Preserving Health? The Tough Choices Sex Workers Faced during the COVID-19 Pandemic

Journal of Primary Care & Community Health  
Volume 12: 1–8  
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DOI: 10.1177/21501327211031760  
journals.sagepub.com/home/jpc

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## Abstract

The COVID-19 pandemic and associated public health preventive measures such as lockdown and home confinement have posed unique challenges to female sex workers (FSW) globally, including in Canada where the sex trade is not formally recognized. In this commentary, we discuss the unintended consequences the pandemic has had on various social determinants of health among FSW. We draw on a review of scholarly and grey literature, complemented by our experience with the Exit Doors Here program, a sex work exiting program implemented in Toronto, Canada. Due to COVID-19, many FSW suddenly lost their main source of income, work conditions became riskier, and sheltering-in-place presented challenges for women with no safe housing. The slowdown of social and health care services also meant FSW were not receiving the required attention. We make recommendations for intersectoral mitigation strategies to limit the short- and long-term impacts of COVID-19 on FSW health and livelihoods. Recommendations focus on addressing women's marginalizing circumstances and speak to a gender transformative approach to the COVID-19 recovery. Our recommendations are relevant to FSW and other marginalized groups, in the current context and in the context of future health, social, and economic crises.

## Keywords

access to care, program evaluation, risky sexual behavior, underserved communities, health promotion

Dates received: 10 May 2021; revised: 22 June 2021; accepted: 23 June 2021.

## Introduction

Female sex workers (FSW) experience a number of marginalizing social and health conditions which often force them into sex work, represent difficult circumstances once they are involved, and act as barriers to exiting the trade.<sup>1–5</sup> In countries such as Canada, where the industry is not formally recognized (ie, sex workers cannot advertise their trade) although being a sex worker is not illegal,<sup>6</sup> sex workers experience unique challenges related to employment, housing and health.<sup>7,8</sup> For these reasons, they also suffered disproportionately from COVID-19 and the preventive measures put in place to curb the pandemic. Despite increased adversity of FSW in the form of discrimination and harassment and loss of income during the pandemic, sex worker-led organizations worldwide reported their exclusion from emergency economic relief policies and national social protection schemes.<sup>9</sup> There is thus an urgent

need to pay attention to FSW as we plan for the post-COVID-19 recovery. Since the co-occurring public health, social, and economic crises brought about by COVID-19 are likely to have long term impacts on FSW health and livelihoods, tailored mitigating strategies must immediately be developed and implemented to avert short- and long-term consequences.

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In this paper, we make several recommendations for such strategies and illustrate the need and relevance for them by discussing the impacts and unintended consequences of COVID-19 prevention and mitigation measures on a range of social determinants of health among sex workers. We draw on our experience as evaluators of Exit Doors Here, a program implemented in Toronto, Canada, to support women who wish to exit sex work progress toward their goals.<sup>10</sup> Between April 2020 and January 2021, we engaged in conversations with the program team about the impacts of COVID-19 on clients, program staff and program functioning, as well as lessons learned and ways forward. These discussions informed the present paper. Key themes were identified from a review of program team meeting minutes and documented through a review of scientific and gray literature. While we draw on a Canadian example, the recommendations we make are relevant and applicable to other contexts.

## COVID-19 Impacts on Female Sex Workers

Beginning mid-March 2020, as elsewhere around the world, Canada implemented strict public health measures such as injunctions to shelter-in-place and maintain physical distancing to slow the spread of the new coronavirus responsible for COVID-19. While these were mostly successful in preventing virus transmission, they also increased social isolation and negatively affected mental and physical health.<sup>11-14</sup> Worldwide, the social and economic consequences of these measures were considerable, and included an economic downturn, massive job losses, and an increase in domestic violence.<sup>15-17</sup> Of importance, the health, social, and economic impacts of the pandemic have not been equally experienced by all.<sup>18,19</sup> Moreover, it is women who were disproportionately affected by COVID-19 job losses.<sup>20</sup>

Home confinement and lockdown had immediate and devastating impacts on FSW who were already experiencing multiple overlapping oppressions (eg, being women, racialized, homeless, victims of domestic abuse, substance users) prior to the pandemic. The consequences of these oppressions may have only been made worse by the COVID-19 preventive measures that were quickly and broadly implemented, but which neglected to account for their lived reality.<sup>21,22</sup> Furthermore, in an attempt to mitigate the negative impacts of preventive measures on the general population, governments urgently developed various emergency support strategies. For example, in Canada, the federal government introduced the Emergency Response Benefit (CERB), a 16 to 24-week financial support program.<sup>23</sup> In Ontario, additional funding was provided to Ontario Works and Ontario Disability Support Program recipients, electricity rates were lowered, and

emergency shelter was made available for women and children fleeing domestic violence.<sup>24</sup> Temporary orders were also implemented so that no new eviction orders would be issued.<sup>25</sup> However, most of these mitigation strategies were developed with the general population in mind and may have unintentionally served to reinforce FSW' marginalizing circumstances. As a result FSW experienced, and continue to experience, new social and economic challenges which place them in a highly vulnerable position to take care of their own health.

## Recommendations

In the following sections we make a number of recommendations which could meaningfully contribute to addressing the unintended consequences which COVID-19 preventive measures and associated mitigation strategies have had on FSW. Numerous organizations and scholars have, for many years, advocated for the promotion of FSW' health and safety and for their full inclusion in society.<sup>2,26,27</sup> Since the COVID-19 pandemic has brought to light, and to some extent exacerbated, the marginalizing conditions in which FSW live and work, previous recommendations are more relevant than ever. Here we revisit some of these through a COVID-19 lens. Recommendations were selected because they resonated with the Exit Doors Here program and evaluation teams, they reflected the stated preferences of sex workers themselves, and for being relevant not only to the COVID-19 pandemic, but also to other future health, social, or economic crises. We categorized them as relating to the spheres of social and health care services, essential resources, housing, income, and employment and work conditions given that these are important social determinants of health.<sup>28</sup> We illustrate the need for each recommendation using examples from the literature and the experience of Exit Doors Here program staff and evaluators.

1. Ensure no-strings-attached support for social and health care services

*Problem:* The generalized COVID-19 lockdowns brought the provision of social and health care services to a halt. Many organizations closed temporarily while others slowed down their usual activities to focus on crises. This had multiple impacts on FSW who suddenly found their access to essential services such as food banks, shelters, health care (including sexual and reproductive health), addiction support or psychotherapy significantly reduced, when not eliminated altogether.<sup>29,30</sup> For many women engaged in sex work, unresolved past trauma, mental health, and addiction are a constant concern in their lives.<sup>31</sup> COVID-19 was a stressful event for many<sup>12,32</sup> and this, combined with concerns regarding access to basic necessities, might have contributed to a worsening of mental health issues.

The discontinuity in the support and treatment FSW would normally receive also meant they were at increased risk of substance use relapse.<sup>8,22</sup> When confronted with limited options in terms of emergency housing, women who were sober may have had to coinhabit with active users. During the pandemic unusually high numbers of drug overdoses were also recorded in several Canadian provinces, as around the world,<sup>33,34</sup> a consequence of users having to turn to unsafe sources for drugs.<sup>35,36</sup> Another impact of the discontinuity in social and health care services among sex workers is that trust relationships which take so long to build with frontline workers were put to the test and, in some cases, severed.

*Recommendations:* These observations lead us to recommend that emergency funds be provided to community organizations and frontline social and health care services working with FSW to ensure they can pursue their work in times of emergency and crisis, and prevent discontinuity in support and severing of ties and trust.<sup>37</sup> Longer term support is also required in order for social and health care services to adapt to a changing world which is likely to include both in-person and virtual service provision. Money and training are needed to purchase and properly use the technological tools required.<sup>38</sup> There are 2 essential features of such financial support to women and organizations they work. First, it should have no strings attached, that is, it should not be contingent on women agreeing to exit sex work or changing any other of their circumstances.<sup>26</sup> Second, it should support person-centered services which value the needs and goals FSW have identified for themselves and which support women to address them on their own terms. Organizations should also favor peer-led support whenever possible.<sup>26,37</sup>

## 2. Secure sex workers' access to essential resources

*Problem:* The COVID-19 pandemic highlighted the need for FSW to secure access to basic resources such as personal protective equipment (PPE) and telecommunication services. The sudden, albeit temporary, closure of community organizations has meant that sex workers' access to PPE which normally allows them to stay safe (eg, condoms, safe injection kits) was reduced. Female sex workers who had to keep working despite confinement and physical distancing measures also could not easily access COVID-19 PPE such as face coverings and hand sanitizer through these routes. Female sex workers might therefore have been putting their health and safety at increased risk.<sup>39</sup> Furthermore, while the pandemic triggered the rapid deployment of telehealth and virtual delivery of some social and health care programs and services (eg, case managers meeting with clients, psychotherapy, and program information sessions delivered online), frontline organizations and their clients have voiced the need for financial and technological

resources to take up this innovation. Suffice to say that this has proven challenging and was not possible for all.<sup>38</sup> First, providing services over the phone or internet requires that organizations and women have the proper tools (internet-enabled device, stable, high-speed and unlimited internet connection, sufficient phone minutes), which is not always the case, especially among more marginalized women. Second, the phone and internet are not necessarily optimal modes of communication for building and maintaining trust relationships, a major issue for FSW in normal times due to their past experiences of trauma and loss.

Interestingly, the Exit Doors Here program team also encountered several benefits to the turn to virtual case management and group information sessions. They highlighted the possibility that virtual meetings could promote inclusivity and reduce inequalities in service provision. Indeed, case managers reported that some women who did not usually attend information sessions prior to the pandemic were now joining online. Virtual meetings can save time, money and commuting hassle to both service providers and sex workers, while those who suffer from agoraphobia or anxiety may find it more suitable as they do not have to leave the house. For these reasons, telephone and virtual support can help those who would not benefit from in-person service delivery otherwise.

*Recommendations:* At Exit Doors Here, some clients asked for virtual meetings to continue after the COVID-19 pandemic, and case managers mentioned the advantages that a hybrid in-person and virtual approach to service provision could have in terms of time saved and reaching a more diverse array of FSW. Providing government-subsidized high-speed internet access to all will prove essential here.<sup>38</sup> Although the Canadian Radio-Television and Telecommunications Commission recently announced a \$750M program to "close the digital divide," this will focus mostly on developing new infrastructure and reducing urban-rural discrepancies in internet access.<sup>40</sup> This would therefore need to be complemented by direct subsidies to women who lack the financial and material resources or the literacy skills to take part in telehealth services.

## 3. Remove barriers to accessing safe housing

*Problem:* The obligation to shelter in place during COVID-19 presented important challenges for women who did not have a fixed place to live, lived in overcrowded shelters, or resided with a violent partner. This lack of housing security may have forced individuals to stay in shelters or isolation sites where the risk of contracting the virus was high.<sup>41</sup> For many individuals, experiencing homelessness or substandard shelter conditions combined to prior illnesses and poor accessibility to health and social services have resulted in increased vulnerability to COVID-19.<sup>42,43</sup> For those who were not homeless, pre-COVID-19 challenges such as

intimate partner violence and violence against children also increased,<sup>41,43</sup> as reported by many organizations serving women experiencing domestic violence which saw their services overwhelmed by demand at the height of the pandemic.<sup>44</sup> Although the Canadian government announced different types of housing support such as emergency rent assistance, FSW were not necessarily eligible to apply due to their profession not being recognized, increasing the likelihood of entering into hidden or absolute homelessness. Furthermore, several housing initiatives which were implemented to mitigate the risks of COVID-19 on individuals experiencing homelessness, such as moving them into hotel rooms, did not take into account the unique needs of individuals who engage in sex work, although some community-led initiatives specifically provided sex workers with safe temporary shelter.<sup>45</sup>

*Recommendations:* Strategies must be developed to ensure FSW can rapidly secure safe emergency housing in the event of future crises. One way to implement this would be to provide organizations working with FSW with the financial and operational capacity to address their clients' housing needs in times of emergency and beyond. With regards to sex workers who were seeking to secure safe housing through governmental programs prior to the pandemic, the Exit Doors Here program team made paradoxical observations: although 3 women who applied for housing through the Special Priority Program were approved between March and June 2020, a high number compared to pre-pandemic times and considering the current housing crisis in Toronto, other women's attempts to secure housing were halted or slowed, perhaps due to backlogs. Delays in housing procedures can incur delays in women obtaining the services they need in general, as well as in exiting sex work. Falling off the normal timelines for completing housing applications can also set women back on housing. In the longer term, procedures to support FSW securing safe and stable housing must be simplified and facilitated, and landlord discrimination against sex workers must be addressed.

#### 4. Implement universal basic income

*Problem:* Many sex workers experience coercive and undesirable employment conditions including unsafe working conditions, being lured into sex work, and ongoing sexual and economic exploitation. Escape from poverty and the need for a steady source of income to live a comfortable life are often out of reach for these workers keeping them trapped in sex work, dependent on their employers or both.<sup>46,47</sup> The sex work industry, like many other service sectors, has been hardest hit during the COVID-19 pandemic. With the closing of businesses—massage parlors, strip clubs, brothels, and other safe dating places—and

reduced demand for paid sex by clients, sex worker income has virtually disappeared. Because of the ongoing criminalization of sex work in many countries, sex workers did not receive any income relief as they remain ineligible for government economic mitigation strategies or were fearful about applying to these programs for fear of the criminal consequences of revealing their illegal occupation, a situation particularly dire among sex workers who are also immigrants with uncertain residency status.<sup>48</sup> With no or reduced incomes, sex workers are at increased risk of further becoming homeless, experiencing food insecurity for themselves and their families, experiencing challenges getting the health care that they or their families may require, and being forced back into an unsafe work environment. For sex workers, employment insurance and other temporary government sponsored income restoration programs are out of reach in most countries, forcing them deeper into poverty and denying workers in this sector many of their human rights. In Canada, COVID-19 emergency government funding was provided to organizations supporting women fleeing domestic violence and sexual assault<sup>13</sup> but not to sex workers specifically. Organizations have thus had to raise their own relief funds for their clients, which unsurprisingly were not as generous as federal funding.<sup>49,50</sup>

*Recommendations:* A Basic Income Guarantee would allow FSW to structure their home and work lives in a way that meets their needs.<sup>21,26,51</sup> This guarantee provides all residents (universal basic income (UBI)) or a targeted group (quasi basic income) with a cash income that is sufficient to meet basic needs and live with dignity, regardless of work status.<sup>52</sup> We already have examples in many countries of quasi basic income programs such as old-age pensions or child benefits.<sup>53</sup> Even prior to the economic devastation of the sex industry brought on by the COVID-19 pandemic, the idea of a universal basic income was proposed as a solution to the many income related challenges faced by sex workers noted earlier. A UBI is particularly suited to women's economic plights as it compensates for the lower wages in sectors where women predominate, as well as for their many hours per week of unpaid and disproportionate domestic labor (eg, child minding and domestic household duties, both of which tend to fall to women more than men). While not all sex workers would prefer alternative employment, UBI would provide them with more social and economic opportunities to allow them to leave sex work if they choose to do so,<sup>54</sup> an observation which resonated with the Exit Doors Here program team's experience.

#### 5. Recognize sex work as a form of employment

*Problem:* The COVID-19 lockdown significantly impacted already complex employment and work conditions for FSW. Among women who were unable to secure emergency

income or employment support, some could not afford to stop working and may have had to make risky decisions of turning to unsafe meeting locations such as parks and back alleys or to accepting car dates.<sup>39</sup> Survival and street-based sex workers were most at risk. Several sex worker organizations released COVID-19 resource guides outlining safe practices for engaging with clients.<sup>49</sup> Other women resorted to alternative arrangements such as virtual dates and phone or text sessions.<sup>39</sup> However, not all women could afford making the switch due to a lack of resources such as computers with cameras and stable, unlimited internet connections, while others may not have had the privacy to operate from their homes due to sheltering in place with their families. As well, even though online sex work may appear safer than indoor or street-based sex work, women who provide services through the web suffer from high rates of digitally-facilitated crime which also tends to be under-reported to the police. Persistent or repeated unwanted contact through email, text or social media, non-payment/underpayment of services, threatening or harassing communications and verbal abuse are among the most common attacks reported by online sex workers.<sup>55</sup>

*Recommendations:* Despite the risks of turning to online sex work or continuing to engage in sex work during the pandemic, one must remember that FSW are resourceful. They have a history of devising strategies to protect themselves and their clients, including the deployment of buddy systems and other women-initiated strategies to help vet clients prior to meeting them.<sup>55</sup> Enhancing resources expended for these strategies could assist in minimizing harms and ensuring greater safety for sex workers. In the longer term, a variety of system-level solutions must be implemented. A primary recommendation is to formally recognize sex work as a form of employment. The current criminalization of sex work in Canada has contributed significantly to the systemic discrimination which is apparent in policies and practices in sectors such as employment, housing, health care and substance use services,<sup>26</sup> and which have been further highlighted by the COVID-19 crisis.<sup>21,22</sup> The failure to recognize sex work as a form of employment also contributes to the enduring stigmatization of sex work<sup>55</sup> and acts as a barrier to FSW accessing health care, even in countries such as Canada where insurance is universal.<sup>56</sup> Moving toward the legitimization of sex work as a form of employment will require a trans-disciplinary approach and the collaboration of service providers and individuals with lived experiences.<sup>22</sup> Ultimately, we echo calls for the de-criminalization of sex work which have been documented internationally, including in Canada, with linkages made from criminalization of sex work to factors such as violations of rights to work, privacy and equality.<sup>26</sup> Eliminating policies and practices which are rooted in oppression and discrimination of FSW will be key de-criminalizing the industry.

## Discussion

In this paper we made recommendations to limit the short- and long-term impacts of the COVID-19 pandemic on female sex workers' health and livelihoods. The strategies recommended can also contribute to strengthening their resilience to weather future health, social, and economic shocks and crises. Indeed, while emergency support for housing, income and employment are essential in times of crisis,<sup>21,51</sup> longer-term strategies such as the ones recommended above are also needed. Political change (eg, decriminalization of sex work) and structural change (eg, reduction of gender inequalities) will be required for these solutions to be effective and sustainable, to promote women's autonomy and dignity, and to reduce discrimination and marginalization.<sup>22,27,54</sup> If the COVID-19 pandemic has a silver lining, it may be that it has led us to a tipping point and created the conditions to accelerate political, social, and structural change.<sup>57</sup>

Our recommendations share some common threads which can guide a recovery plan. First, interventions and policies should be anchored in a social justice approach and aim to address the social determinants of health, reduce social inequalities, and plan for recovery with the needs of the most vulnerable populations in mind.<sup>58</sup> Second, as observations from previous public health emergencies such as Ebola and Zika suggest, a recovery plan should be rooted in a gender transformative<sup>59-61</sup> and intersectional analysis<sup>51</sup> of the COVID-19 crisis and its impacts. It should accordingly recognize the ways in which FSW experience multiple overlapping oppressions that result in their hardship, and address the intersecting gendered discrimination and inequality which they experience in terms of poverty, work conditions, housing, healthcare, legal aid, and criminalization.<sup>26,51</sup> Third, an important limitation of the programs and policies deployed during the COVID-19 pandemic is that they were designed and managed sector-by-sector (eg, health, housing, income, employment). This siloed approach has made it difficult for a great proportion of female sex workers who are burdened by various combinations of overlapping issues to benefit from the supports provided. This illustrates the need to develop intersectoral strategies which address women's unique intersecting circumstances. Fourth, strategy development should acknowledge that FSW can be trusted to know what is best for them since they are used to actively vouch for their health and safety with their clients.<sup>26,27,49</sup> Moving beyond mere consultation, strategies should be co-created with sex workers and frontline service providers and organizations working with them.<sup>22</sup> This would lead to more relevant, effective, and sustainable interventions and policies.<sup>51</sup> Finally, women's agency, resilience and autonomy should be central to a recovery plan. Women have the capacity to make choices based on what they need or desire and, in a

perfect world, could choose how they want to access and receive services such as health or housing support. Their autonomy would also be respected, in that they would not have to struggle to gain access to services which are meant to fulfill their most basic needs.<sup>26(p27)</sup>

## Conclusion

Extreme inequalities in the social determinants of health for female sex workers were brought to light by the pandemic and these will, in the long run, be exacerbated by the social and economic crises that ensued. Overall the COVID-19 pandemic has highlighted the unintended consequences which may result when social programs and policies are developed for the general population without consideration of the needs and resources of the most marginalized of society. There are lessons to be learned from past crises as well as from the COVID-19 pandemic so as to better anticipate potential inequalities and address them proactively in the future.

## Acknowledgments

We would like to thank women participating in the Exit Doors Here evaluation study as well as the program team.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The Exit Doors Here program and evaluation is supported by Public Safety Canada (2017-2021). Shareck is supported by a Tier 2 Canada Research Chair in Urban Health Equity among Young People. O'Campo is supported by a Tier 1 Canada Research Chair in Population Health Intervention Research.

## Ethics

Ethics approval for the Exit Doors Here evaluation was obtained from St. Michael's hospital.

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