



COVID-19: Moving Out of Lockdown

The experiences and needs
of women in the sex industry
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www.encompassnetwork.info

Encompass is managed by Women's Support Project.



INTRODUCTION

The coronavirus (COVID-19) pandemic has had and continues to have a significant detrimental impact on the lives of women who sell and exchange sex on street and in off street settings such as lap dancing bars, escort agencies, pornography, and selling images online.

The women involved have faced the same challenges as many other women such as housing, no money, lack of access to services and caring responsibilities but are also facing additional challenges in accessing support due to stigma, fear of disclosing their specific circumstances and concerns around confidentiality.

Women in Scotland reported during Lockdown and the initial phases of the Route map; -

- A collapse in demand for paid for sex significantly impacting finances.
- Venues such as lap dancing clubs closed with women not able to access financial supports.
- A need to continue seeing clients despite COVID-19.
- Heightened risk of violence from punters/clients using Emergency Measures to pressure women.
- Fears of arrest if they are selling sex together in the same premises during the Emergency Measures and Lockdown.
- Concerns around the ability to maintain boundaries with punters/clients as Lockdown eased.
- A need to turn to unsecure online platforms and private galleries to sell sexual images to paying fans or subscribers (e.g. OnlyFans/Adultworks/AdmireMe) where subscribers can easily pirate content and boundaries may be pushed due to market saturation.
- Struggles to make money from online platforms where sexual images are paid for/subscribed to due to market saturation.

1/ FINANCIAL IMPACT

With self-isolation, movement restricted and social distancing measures in place, women already involved in selling or exchanging sex had no money coming in and no prospect of any in the short term. Some women did not have online access to complete applications and registrations, some had no prior knowledge or experience of the benefits system, some had major delays in receiving payments and some women were refused access to benefits. Many women did not have savings and no safety net to fall back on. The impact of this has been devastating for some women on their living circumstances but also on their mental and emotional health.

- Women who were already involved were unable to access benefits and supports such as Universal Credit, sick leave or annual leave from venues such as lapdancing club, relief for self-employed and small businesses.
- Migrant status and restrictions meant women were not eligible for benefits and support.
- Women built up debts to banks, lenders, family and friends. There are concerns as to how these debts will be repaid in the short and longer term with women noting the pressure to make more money from the sex industry to cover this.

- Some women owe debts to loan sharks and are concerned what consequences may result if they are unable to pay.
- Women felt excluded and pushed to the side of any universal support and saw the lack of direct action during Lockdown as linked to the stigma and marginalisation they feel. Women accessed financial support from mutual aid donations and funds set up through sex worker community led groups.
- Women were able to access the Victim Fund and the Encompass Fund which started in July and ends in September 2020. There are no future funds in place.

There is also evidence of women who have lost mainstream employment moving and considering entering the sex industry as they feel there is no other options or alternative. Women who were previously involved in street prostitution are returning having been paid off from their work. In a recent study 7% of students said they had actually turned to sex or adult work during the pandemic due to losing work or families no longer able to financially support them.

2/ HOUSING

In line with the rest of the population, women are incredibly concerned about their homes and accommodation. Women who were homeless or rough sleeping were accommodated during the pandemic but for some this was in premises where their vulnerability was exploited. Some vulnerable women were forced to exchange sex for drugs and somewhere to stay, with fears for their safety if they were to try and leave. Other women were concerned about mortgage payments and rent arrears and additionally some women were initially paying 2 sets of rent – for their home and for any apartments/flats on which they have leases from which they sell sex.

- Women have concerns over being able to pay rent and bills with women running up rent arrears and council tax debt. Women also used the mortgage holidays offered with worries about the knock-on effect when this ends.
- Women had concerns around their own safety as during Lockdown they felt under scrutiny and surveillance from those living nearby who may report punters/clients coming to their homes.
- Women were concerned about approaching services for support and advice around rent arrears due to possible repercussions from landlords if they knew women were involved in the sex industry. Some funds require this information, but the Encompass Fund attempted to remove as many such barriers as possible.

3/ ESSENTIAL SUPPLIES

During Lockdown many women relied on support with essentials. They accessed food banks and community fare share schemes but some struggled to link in with these due to unfamiliarity with local networks and resources, language barriers and existing isolation. The Encompass Network and other community support organisations delivered food and supplies to women and their families along with linking them in with other schemes.

4/ ACCESS TO SERVICES

Women in the sex industry are very often hidden from services and do not access many mainstream services. Prior to COVID-19, women were not aware what was available in their area, what their rights were and how to engage with systems and processes and during Lockdown and early phases required high levels of advocacy with this.

Women did not identify with the public health messages as they felt some were not relevant to their situations or were applicable. There was a lack of targeted information on public health measures specific or relevant to the women, with an acknowledgement that many had no option but continue to or start sell sex face to face. There are high numbers of women in the Scottish sex industry for whom English is not their first language and so are less likely to be able to read and understand public information, which is often rapidly changing and contradictory. In the early stages TARA had to create their own translated information leaflets. There was also challenges for women for whom English was not their first language.

Many women were also digitally excluded and so were not able to access COVID-19 information and as the majority of services moved online, there were difficulties for women to stay connected.

5/ SAFETY

Women in the sex industry face some very specific challenges about maintaining their safety and some measures that they would normally use have not been available and some women had no choice but to accept bookings from punters/customers whom they would not accept in other circumstances such as new clients with no previous reviews from other women. Punters/clients used women's financial vulnerability to pressurise them to remove their existing boundaries to make money and encouraged them to breach emergency measures restrictions. Women involved in street prostitution told services of high levels of violence from punters/clients but are not reporting this to the Police. Some women have told of being involved in more serious crime to get money/drugs but levels of coercion are unknown at this stage. Women in brothels report concerns about social distancing with other women, punters/clients and ability to implement public health recommendations around COVID-19 transmission. Services that have begun street outreach have found that women want to engage but are under pressure to take punters/clients so interventions can be cut short.

Some very vulnerable women have described high levels of coercion and control. Women have reported their homes being taken over by drug dealers who sexually exploit them and rob them when they move on. The Encompass Network has highlighted concerns for women's safety in these indoor environments around the national Test and Protect system and contact tracing. Work has begun with the National Test and Trace Centre and Public Health to look at ensuring the specific needs of women are considered.

Women still report a reluctance to report crimes committed against them to Police Scotland as they fear criminalisation if they are selling sex in the same setting as other women or on the street. They also feared consequences under the Emergency Measures Legislation.

6/ TRAFFICKED WOMEN

Trafficked women known to services experienced extreme social isolation during this time which has continued even with the easing of restrictions. Women have struggled to access information in a language they understand and have reported feelings of confusion, fear and restricted movement that mirrored their experiences whilst being exploited. Women had challenges in accessing or continuing to access information and assistance as the majority did not have access to internet enabled devices or ability to pay for wifi/mobile data. As many services moved to providing online supports women struggled to retain their support network because of this digital exclusion. This was even harder for those who do not speak English and the challenges around accessing interpreters. Many women struggled to keep in touch with their friends and wider communities as they were unable to afford mobile phone top ups and were fearful of leaving their homes.

Women with children struggled during Lockdown with some reporting that they felt unable to support children's education either through a lack of equipment and, in some cases, their own lack of a formal education. Many required reassurance that it was ok to leave their homes to allow them and/or their children to exercise.

Women were anxious about their immigration status and asylum applications, but some also felt relieved that regular reporting or asylum interviews were postponed during this time. Women were also impacted by restrictions on their ability to access public funds, but this was mitigated by the support of wider third sector groups and their response to supporting those seeking asylum during this time.

Frontline services remain concerned about the outcomes for those women still in situations of exploitation as even with Lockdown being eased there are fewer opportunities for proactive identification or for women to seek assistance. In the early stages of Lockdown there were concerns that trafficked women would be exploited in other sectors but some women recovered during Lockdown and referred to services have disclosed that they were still exploited by traffickers and buyers during this time. Whilst many services continue to provide remote support and are not offering in person drop-in sessions, the opportunities for proactive identification of indicators or establishing trust with women remains low.

7/ HEALTH

Sexual Health

Women will still have to see punters in the current times. They may not be able to maintain boundaries around safer sex due to pressure from managers/pimps or lack of condoms and lubricant. Women still need access to contraception and those on longer lasting methods such as injections will need access to repeat services. The women need emergency contraception and are concerned about possible unplanned/unwanted pregnancies during this time.

The Encompass Network had flagged concerns around women having access to safer sex supplies such as condoms, lubricants, and contraception along with access to STI testing. One Network member, CLiCK started a condom postage scheme, and this was also offered through Umbrella Lane along with local NHS C-Card style schemes.

Sexual health clinics have reopened with many operating a triage system. It is important that women can easily access sexual health services in area with no specialist support such as the WISHES clinic in Edinburgh and G3 in Glasgow. Pathways to triage women need to ensure that women involved in selling sex are given a priority in accessing services such as the Acorn system in Fife.

Addiction Services

At the beginning of Lockdown, some women on drug treatment programmes were concerned as to how they would continue to access this. Local services developed new approaches and measures were implemented. Some women had to continue selling sex to get the money for drugs and some women had to start exchanging sex for drugs themselves. Some Encompass Services are within organisations that offer support around addictions. These organisations have seen a huge increase in new referrals for support which has meant a knock on effect on availability of support for existing caseloads.

Mental Health

Women share the concerns and fear of many around social isolation and Lockdown. They have limited access to online support as this model is only just being developed in Scotland through CLiCK. There are peer support groups such as Umbrella Lane which offered a weekly drop in but has had to suspend face to face meetings and move to virtual meetings and workshops. They continue to offer support through social media and whatsapp. Other women are connecting themselves through social media, but many others are not tapped into these online forms and are incredibly isolated. It cannot be assumed that all women are online – local services know of significant numbers of women who do not have access to the internet on a consistent and regular basis and so may not be hearing information and updates on COVID-19 and new financial support measures. Not all women have access to a smart phone, have internet connections or can afford mobile data top ups. Some women use services as their means to get online and will be further isolated as that opportunity is removed.

We know that as women exit and leave the sex industry – very often the full trauma comes. We are concerned that in the coming months they may have to deal with this in very isolated and intense circumstances. Some women feel they have had a sudden “forced exit” from the industry which can be distressing as the process of exiting is difficult, complex, and usually requires a high level of planning across a number of years.

8/ MOVING INTO DIFFERENT PARTS OF THE INDUSTRY

Women who are already involved in the sex industry are having to move into different online aspects of which they have little knowledge or experience of without time for reflection, preparation and making an informed choice. These include camming sites and gallery sites where women perform sexual acts or share sexual images for paying viewers/subscribers. One such site OnlyFans, received 1.85 million new registrations globally since the end of February of both those selling such images and those wishing to subscribe and pay. (www.thenational.scot/news/18685630.choice-empowering-choose-dismantle-capitalism/)

OnlyFans has a reported 75% increase in new sign ups in May, with 7000 to 8000 new creators joining each day, with 29% aged 18 to 21 and 33% aged 22 to 25. There is already a recognition that as saturation and competition has increased, women are pressured to override their boundaries – making content that they are not comfortable with – to ensure subscribers and customers continue to pay. Women report having to take every opportunity they can to sell content as the level of demand for images and videos is lower than the demand for face-to-face selling of sex.

As **recently shown** – these are not safe and secure sites for women and existing legislation does not cover the images being stolen and shared without consent. There are long term risks for the women if this happens with impacts on their mental health, family relationships, and future employment.

9/ LACK OF EXISTING EXITING MODEL IN SCOTLAND

Exiting is often a long, complicated process which can require planning and support. Due to COVID-19, many women say they are now being forced into considering alternatives in the absence of a clearly defined and agreed model of exiting support in Scotland. This gap means that there is not a substantial body of guidance to draw upon but work is underway through the Encompass Network.

Women can have many transferable skills and qualities to be able to avail of other opportunities and diversify their income but other women do not have the same options with no previous employment history to draw upon so in the longer term. They may face disadvantages in moving into other training and employment options in the future. Women have concerns about the impact of any section 46 or section 11 convictions on their prospects.

10/ POST-CORONA POVERTY

It is clear that Scotland is facing financial hardship with rising unemployment and growing numbers applying for benefits and financial supports. Within this, women are disproportionately affected and women in the sex industry are facing destitution and extreme hardship in the short and longer term. There is still the need for comprehensive harm reduction services to support women but there also needs to be a clear approach on national and local levels.

We are concerned that more women will be drawn into sex trade who would not have considered this in other circumstances but feel they have no alternative and options. Certain parts of the industry have promoted the ease of access to sign up and start on image selling platforms. During Lockdown and earlier phases, the Encompass Network carried out scoping of commercial sites where women were advertising for paid for sex, saying this was a result of financial difficulties due to COVID-19.

As in any emergency, more women and girls are incredibly vulnerable to being sexually exploited. Preventing this happen is a matter of urgency. All services need to ensure that staff and volunteers are immediately aware of expectations around behaviour and codes of contact.



WHAT IS NEEDED?

1/ INFORMATION

A central point for clear and up to date information covering what help is available, what services can offer and how to access them. This information should be available in several languages and pictorial form to ensure women are able to understand it.

2/ RAPID ACCESS TO FINANCE AND RESOURCES

Women still are financially impacted by the virus and are struggling financially as they move on through the phases of the Route Map and continue to need access to emergency and crisis funds beyond this initial phase. Consideration must be given to the barriers women may face due to involvement in the sex industry. Women must be able to access money and have vital utilities like heating and gas. Not all women have a bank account, some services currently use vouchers and codes and there are concerns as to how money can be transferred to women quickly. Many are not eligible for support via universal credit or through support for businesses/employees.

It is urgent that European Women are given information, support and barriers such as length of time in Scotland and levels of income are waived. They should be able to access legal advice around their pre settled or settled status. Additional consideration should be extended to non EU women who may have complex immigration histories.

Consideration must be given to fears around disclosing their involvement in the sex industry and how their involvement may impact on how they engage with service providers. This current situation could compound fears of services if not handled correctly and mean that women are further marginalised.

3/ SUPPORT AND ADVOCACY

Women need access to support in as many different forms to take consideration of a range of needs. This should be via telephone, email, text, or chat facilities such as face-time/SKYPE etc. They will also need advocacy to guide through new benefits and entitlements and how to link with mainstream services.

They need support to cope with not only the current situation but also any potential trauma from their involvement in the sex industry which very often takes time to manifest.

4/ PARTNERSHIP WORKING AND CO-ORDINATED APPROACHES

There is a need to build a support network around the women, with new approaches and models considered. At this stage in some areas it is difficult to get a sense of who is offering what and how easily accessible this will be for women who have been involved in the sex industry.

5/ REVIEW OF CURRENT LEGISLATION

As in any crisis – there is a risk that men will exploit vulnerability and take advantage expecting sex in return for key resources e.g. “sex for rent” scenarios where economic disadvantage is exploited for a basic need such as accommodation. Women have already reported such situations. There are concerns that current legislation will not reflect the circumstances women find themselves in the short and longer term and take account of developments in digital environments.

Those who chose to exploit others' lack of access to money or resources for their own sexual gain or pleasure should be held accountable. This should also include workers and volunteers who have access to resources or in positions of power. Guidance should be developed and issued based on UN Compact/staff guidance.

Voluntary Compact: www.un.org/preventing-sexual-exploitation-and-abuse/content/voluntary-compact

Staff Guidance: www.interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse

6 / SUPPORT FOR STAFF

Staff have been a vital link for women, offering online and phone support with many now moving back to some face to face support. This poses challenges for organisations to deliver new models of working along with staff health and safety.

Staff have been dealing with women's traumatic situations whilst working from home with no chance for separation and space whilst managing their challenges and demands. Staff have also had to deal with changing modes of work in a rapidly changing context, very often balancing work and childcare. There is a risk of vicarious trauma and burn out, with a recognition of the limitations of staff roles in the current and emerging contexts. We would call for resource put in place for staff to access trauma informed external support to reduce the risk of long-term mental health impacts.

There is also concern around maintaining an effective service if staff become ill or have to isolate as some specialist services have very small staff teams with a limited pool of potential new employees.

