



The impact of Covid-19 on women who sell sex or are sexually exploited

**A report by Beyond the Streets
and the Joint Public Issues Team**

May 2021

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Executive Summary

While the pandemic and subsequent lockdowns have had widespread impacts, those who began this period in disadvantaged positions faced the harshest consequences in terms of health and economic impacts. Research early in the pandemic by the Joint Public Issues Team indicated that women who sell sex or who are sexually exploited were likely to be a group that faced particular difficulties.

Working alongside Beyond the Streets and their network of affiliated charities it was possible to use focus groups, interviews, and surveys to look at the experiences of the women they supported during the lockdown period.

The retraumatising effect of the pandemic and lockdown

A recurring theme throughout the research was that many women were coping with pre-existing trauma alongside dealing with the huge disruptions in financial, social, and living situations necessitated by the pandemic and lockdowns, a process which one respondent described as “retraumatising”. There were many stories of mental health deteriorating, while at the same time, specialist support became less available.

Throughout the research it appeared that systems designed to provide support for people facing difficulties during the pandemic, while adequate for most, were, at best, much more difficult to access for those who had experienced trauma, and, at worst, inappropriate and even damaging.

Income loss and food poverty

The findings point to women facing reduced incomes and difficulties affording even basics such as food. Many projects responded to this by providing supplies of food and toiletries, either directly or through charitable partners. This issue was particularly pronounced amongst trafficked women, migrant women, and those involved in street or outdoor contexts.

Respondents indicated that many women did not qualify for benefits or other support schemes including the furlough and SEISS. For those able to receive Universal Credit, the application process was often problematic. Of particular concern was the 5-week wait for an initial payment.

Lack of alternative ways of securing an income increased the pressure on women to continue selling sex. There was no evidence of a large drop off in the numbers of women selling sex, and women faced greater risk of violence as they were competing for fewer punters who could report them for violations of lockdown regulations. A number of projects reported an increase in the level of violence experienced by women both in their domestic situations and in the context of selling sex.

Housing, homelessness and isolation

The themes of trauma, mental health, isolation and increases in domestic abuse ran through the responses addressing issues of housing and homelessness.

Some women found accommodation through the government's "Everyone In" scheme. Quickly it became clear that the accommodation was often inappropriate and that women were isolated from their support networks and often in places where they could not feel safe. The need for single sex accommodation was mentioned frequently. There were repeated stories of women moving away from temporary accommodation due to its unsuitable nature.

As the world went online, some women also moved to sell sex online. This was associated with increased isolation and loneliness. For those who didn't take this route, the choice was often between the risk of continuing to sell sex and the risk of financial trouble.

The disruption of the stay-at-home order was experienced more profoundly by women whose home is the site of domestic abuse, something which was repeatedly flagged as a problem which increased during lockdown.

Improving support as we exit the pandemic period

Women who sell sex or are sexually exploited faced particular difficulties during the lockdown, and a number of long-term challenges have been thrown into sharp relief in the pandemic period. If women are to be able to improve their lives and have meaningful choices as we move out of lockdown, a more knowledgeable and "trauma informed" approach is needed. Four specific requests are made.

- **Readily accessible trauma-specific therapy:** to help women work through and understand traumatic experiences and their long-term effects.
- **Long term specialist support:** to enable women with experiences of trauma to access the vital public services we all need, which, while technically available to all, are in practice much more difficult (or even impossible) for them to access.
- **Non-specialist services that can understand the needs of women who sell sex or have been sexually exploited:** often symptoms of trauma are misunderstood by service providers such as housing agencies or jobcentres. Adoption of trauma-informed approaches amongst public services, along with more consistent training on engaging with women who sell sex, would help ensure services are more accessible for this population of women.
- **Offering realistic routes out of poverty:** for many, the need to afford essentials for themselves and their children is integral to their sexual exploitation. If women are to have meaningful choices, we need decent, reliable employment, backed by a benefits system that is accessible and offers sufficient financial support.

1. Introduction

The impacts of the Covid-19 pandemic and subsequent lockdowns have been universal and profound. Professional life, home life, income, mental health, and myriad other areas of life have been disrupted, and we are likely to continue to experience long-lasting effects for many years to come.

It has been well-demonstrated that the brunt of the effects of lockdown have fallen upon more vulnerable people – for example, those with pre-existing physical or mental health conditions, or those with a low or insecure income. Lockdown has also had a particular impact on women, especially BAME women, as the Fawcett Society, among others, has shown.¹

Within this context, it was apparent from the outset that the pandemic and lockdowns would create difficulties for women who are sexually exploited or who sell sex. However, as lockdowns continued, it became increasingly plain that the difficulties experienced by this particular group were not simply the same disruptive experiences of the pandemic experienced by most of society, but a specific set of difficulties which are both different in both quality and intensity.

This research came from the desire to understand what these particular difficulties might be, and how they might be different to the difficulties experienced by society as a whole. The research also attempts to identify some of the specifics of these difficulties and discern what the future will look like for this group of people.

The needs and circumstances of women who sell sex or are sexually exploited have, for a long time, not been considered in government provision - both in terms of pandemic support services and more perennially. This represents a failure which must be redressed if the safety net is going to work for everyone in society. This report seeks to understand the long-lasting effects of gaps in provision for this group and begin to move towards some policy proposals to redress this failure.

This research has been conducted with an understanding that there is great complexity and diversity in how sex is sold in England and Wales today, and therefore there is a need for caution in seeking to make generalised claims.² In the research undertaken, we attempted to understand the experiences of some women who sell sex or are sexually exploited during the pandemic and to document grassroots experience and evidence. Participants were identified through the Beyond the Streets Affiliate network. We cannot claim that the research identifies and/or represents the experiences of all who sell sex in England and Wales, but it offers an insight into the diverse experiences of these women over the lockdown periods.

In the research we have taken into consideration the significance of language when

talking about the sex industry and the role language plays in determining whose experiences is counted. Throughout the report, the phrase 'women who sell sex or are sexually exploited' is used. This phrase was chosen to convey the breadth of experience within the sex industry amongst women supported by the Affiliate network and to convey the network's focus on person-centred support. However, these phrases are used with an acknowledgement of the imperfect nature of the language within this context.

In reporting back what participants told us, we have done so verbatim, not altering the wording used by participants.

Additionally, the research uses the phrase 'clients' to refer to the women supported by the Affiliate network, recognising that this is not necessarily a term used by all affiliates.

2. Research Methods

To begin to understand the experiences of women who sell sex or are sexually exploited during the pandemic, we used a series of consultations with individuals from agencies, charities and organisations (referred to as ‘agencies’ in this report) providing support to women who sell sex in local areas. This was primarily done through a focus group, surveys, and one-on-one interviews with agency staff.

The focus group took place in September 2020, the survey was open for responses for 5 weeks from 12th November 2020 to 18th December 2020, and the interviews happened in February 2021. In this report, ‘lockdown’ refers to the first UK national lockdown (March-June 2020) unless otherwise specified.

The initial focus group was put together through Beyond the Streets, reaching its partner organisations in various places across the UK. The initial group had 6 agencies represented. These agencies were chosen to represent a geographical spread across England, a spread in terms of size of agency, and in terms of the contexts in which they offer support. We used the themes which were flagged in this focus group to refine two surveys. One (‘the main survey’) asked for responses from agencies about the effect of lockdown on the women they work with and the services they offer. The second (‘the phone survey’) asked agencies to conduct phone interviews with a client who they work with and report on themes which were flagged as areas of concern, including which issues were brought up unprompted and which were prompted.

The study design aimed to gain a qualitative insight into the experiences of women who were supported by agencies during the pandemic period. While the frequency of observations reported is useful in building this picture, this study is not based on a representative sample and cannot be used to provide quantitative data.

The findings from these surveys were then condensed into four main themes, which were put to a series of interviewees from agencies. These acted as a consultation on the preliminary findings and included a series of questions about how accurate agencies perceived our findings to be. We also asked whether there was more to the themes than we had stated, as well as any further thoughts. This format allowed for longer one-to-one conversations of between 40-50 minutes.

This report identifies themes (or recurring ideas) within the data. The thematic analysis was performed manually by repeatedly going through the data to identify recurring ideas.

Our research was designed to find out about women’s experiences during this time. However, because our research was conducted through agencies, the research also shed a light on the experiences of agencies providing services and support.

3. Effect on services

The principal focus of this study was to explore the experiences of women who sell sex. As the primary source of information was agencies supporting the women it was important to understand the services they provided, how those altered in response to the pandemic and the interactions they were able to have during that period.

3a. Services during the pandemic

In the main survey, we asked agencies about the services that they offer, and services which are offered externally, for example Council or Government-run schemes. We asked what the effect of the pandemic on these had been.

Of those services which had been offered by agencies before the pandemic, the most common approach to adapting to the pandemic was to suspend and then later restart the service, or to move the service online/to phone. The services most frequently suspended indefinitely were drop-ins and brothel/sauna/flat visits. Unsurprisingly, phone and digital services were least affected by the pandemic. The majority of services offered, however, were in some way affected – either by changing the way of working (for example moving online) or because the service had to be suspended.

There was no consistent picture about the accessibility of services run externally rather than by agencies – for example GPs, Job Centres, or housing services. Understandably, it was rare that respondents indicated that these were easier to access during the pandemic. The majority of services about which we asked were either slightly or significantly more difficult to access during lockdown.

The services where the biggest spread of answers about accessibility during lockdown were given were substance misuse and housing services. Some noted that these were slightly or significantly easier to access, whereas many noted the opposite to be the case.

GP surgeries and sexual health services had the most marked downturn in accessibility. The service least affected in either direction was pharmacies.

3b. Moving out of lockdown

All organisations interviewed anticipated at least a possible increase in demand for their services when we move out of national lockdowns.

As society moves out of lockdown, measures suggested to help women were most often about supported housing, but training and employment opportunities, free trauma-informed therapy, rehabilitation and addiction services, and befriending

schemes were also all suggested.

3c. Policing

During the lockdown period, over 75% of agencies who responded to the main survey had contact with the police. There was a very broad spread of how useful respondents considered policing to have been during lockdowns, ranging from very helpful to very unhelpful. However, more people found policing to be helpful than unhelpful.

The experience of policing was certainly not uniformly good, although in many cases respondents flagged that policing had been less punitive and more collaborative during lockdown. Policing which was seen as actively damaging, however, criminalised vulnerable women. One respondent to the main survey noted a shift initially towards less punitive policing (verbal cautions rather than referrals) but that this shift was not long-lasting and that Court Diversion Service referrals had started to build up again. Damaging policing also did not address those who were buying sex and instead concentrated on the women selling, placing the burden of criminalisation on women.

Whether or not police were behaving punitively, for some women the threat of punitive policing was enough to cause serious fear and concern. In the phone survey, one woman expressed that she felt

“...vulnerable to excessive demands from clients testing boundaries. If she says no, [she is] frightened they’ll report her for breaking lockdown rules.”

Likewise, in the main survey, one respondent noted that while the police were trying to be helpful, ‘the rift is so great between the police and our clients that the clients didn’t interpret it in that way.’

4. Main findings

We asked the agencies who took part in the survey to estimate the number of women they supported and the contexts in which they worked. Prior to the pandemic, 26% of affiliates stated that they had contact with 51-100 women each month; just over a third had contact with 26-50 women each month; and another third had contact with up to 25 women each month. A small number of agencies didn't know or did not respond to that question. In terms of the contexts, the table below shows the percentage of agencies working with women in each setting. The list of settings was based on the research carried out by the University of Bristol and agencies could select multiple answers. Just under half (48%) worked in only one or two settings, with around a third (37%) working solely with women in street and outdoor contexts and/or with women who are sexually exploited/trafficked.

| <i>Sex industry context</i> | <i>Percentage of agencies</i> |
|-------------------------------|-------------------------------|
| Street and outdoor | 78% |
| Escort: agency | 30% |
| Escort: independent | 41% |
| Brothels, parlours and saunas | 44% |
| Webcamming | 33% |
| Erotic and exotic dance | 15% |
| Sexually exploited/trafficked | 56% |
| Migrants | 30% |
| Other (please specify) | 4% |

The agencies which took part in the survey flagged that they saw no evidence to suggest that the number of women selling sex significantly dropped during the lockdown. All respondents to the main survey noted that some or all of their client base continued to sell sex, and the most common response was that almost all continued to sell sex.

In some cases, agencies were actually in contact with more women, although the focus group indicated that there was a drop off in contact at the initial point of lockdown. However, agencies also noted that this may be more to do with difficulty keeping in touch with regular clients at the start of the lockdown as ways of communicating changed, rather than because there was a genuine dip in the number of people selling sex.

4a. Viewing these findings through the lens of trauma

During the Covid-19 pandemic, it is clear that the vast majority of society have experienced disruptive changes, including to professional and financial situations, living situations, mental health, and social life, among others. But it is also clear that prior circumstances have a major impact on an individual's ability to cope with such disruption.

The findings of this report and understanding of the particular effects of lockdown on people who sell sex or are sexually exploited must therefore be viewed through the lens of historic and ongoing trauma.

'Trauma' as a particular experience of some women who sell sex or are sexually exploited is more specific than 'poor mental health'. In the words of international expert Dr Gabor Maté: 'Trauma is not what happens to you, trauma is what happens inside you as a result of what happens to you'.³ Trauma fundamentally changes the way our

brains and bodies work – it leads to neurobiological and psychosocial adaptations. It can shape a person's way of viewing and being in the world and traumatic stress can overwhelm a person's ability to cope.

The impact of trauma can be long lasting, and it can be retriggered years after a specific traumatic experience. Exposure to trauma increases the risk of a range of vulnerabilities, including substance misuse, mental health problems, and physical health problems. Trauma has a more profound effect on an individual when it is caused by humans, rather than by a natural disaster, is caused by a person known to the victim, is repeated rather than an isolated incident, includes rape or sexual violence, where there is little sympathetic social support, and where there is a history of previous abuse or violation.

Five things which are recognised as helping with recovery from trauma are safety, collaboration, trustworthiness, choice, and empowerment. These are all things which the pandemic disrupted. This in turn has affected the ability of some women to cope with the impact of trauma in their lives.

In the phone survey the vast majority of women brought up poor mental health as both

What is trauma?

'Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being'.

(SAMHSA (July 2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, p.9. Pub ID#: SMA14-4884.)

a current problem during lockdown and one which was likely to persist in the future, especially as we move out of lockdown. Alongside this, around half of the women brought up either addiction or violence as current and potentially ongoing issues. One respondent to the survey, who was dealing with additional caring responsibilities on top of her own trauma,

“ *...stated her own mental health was terrible. She stopped seeing clients and suffered agrophobia [sic] and panic attacks.* ”

The same respondent

“ *...stated her mental health has been so badly affected she could not continue as a sex worker and therefore had no sustainable income.* ”

This experience was borne out by the main survey, which found that nearly 70% of agencies perceived a significant increase in mental ill-health during the pandemic, and no agencies noted that there had been a decrease in mental ill-health. As one of our interviewees suggested,

“ *...it's that lockdown fatigue that I know many of us are connecting with anyway, but if you've also got mental health conditions and a whole range of other issues and challenges going on in your life, it just keeps on getting layered on.* ”

However, the effects of trauma are more wide-ranging than worsening mental health. One respondent to the main survey stated that

“ *...now lockdown restrictions have eased we are beginning to see a high level of crisis across the client group including engagement from people who used to be in service who are coming back due to isolation.* ”

The negative experiences of lockdown, including the enforced isolation and economic stress which it inflicted, have led to some women who had previously stopped selling sex returning to the industry. Furthermore, in an interview, it was flagged that there was a widespread lack of 'suitable female-only trauma-informed accommodation' across the agency's region. The impact of trauma has therefore impacted the ability of women to access and engage with housing provision as well.

Over 55% of agencies noted an increase in safeguarding incidents during the pandemic, and over 70% noted either a significant or slight increase in violence/abuse in the home. One agency referred to this as women being 'retraumatised', a description particularly relevant to those already struggling with the effects of complex trauma, poor mental health and those in abusive relationships or suffering with addiction.

Many agencies flagged that there was an increase in sexual assaults on the streets, paired with a sharp rise in domestic abuse. Problems around where women were living

was clearly a complex and variable issue – see below. Alongside fresh experiences of trauma and the long-standing mental and physical effects of past traumatic experiences, mental health services often became more difficult to access. 80% of respondents to the main survey said these services were a little or a lot harder to access. One respondent noted that ‘those who need group therapy to aid their recovery’ were particularly affected by lockdown. This is just one example of how issues which were widespread in society – such as increased isolation – were particularly felt by those with a background of trauma.

The experience of trauma is one which is complex and deeply individual to untangle. As one respondent put it during a focus group, ‘the layers of trauma and damage are not solved by solving ‘an issue.’ But as has been seen, addressing trauma is not easy during a pandemic, especially where people are digitally excluded.

As we come out of lockdown, it was often identified that trauma-informed therapy which is free and accessible will be a key help to women in a post-pandemic context.

What is trauma-informed?

Organisations ‘become trauma-informed by thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery. Trauma-informed services are designed specifically to avoid retraumatizing those who come seeking assistance as well as staff working in service settings. These services seek “safety first” and commit themselves to “do no harm.” [...] By contrast, trauma-specific services have a more focused primary task: to directly address trauma and its impact and to facilitate trauma recovery.’

(Roger D. FalLOT, Ph.D. and Maxine Harris, Ph.D. (April 2019). *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections; Washington, D.C, p.2)

There are six core principles to a ‘trauma-informed’ approach:

- (1) **Safety:** services should feel physically and psychologically safe to staff and clients.
- (2) **Trustworthiness and transparency:** organizational decisions are conducted with openness to build trust with clients and staff and to ensure expectations are clear on all sides.
- (3) **Peer support:** individuals with lived experience of trauma are supported to use their own experience to promote recovery and healing.
- (4) **Collaboration and mutuality:** services are mindful of power dynamics and place importance on partnership between staff and clients and on the leveling of power differences.
- (5) **Empowerment, voice and choice:** clients are supported in taking control of their lives and services are designed to recognise client’s strengths.
- (6) **Cultural, historical, and gender issues:** services are responsive to the gendered, racial, ethnic, and cultural needs of individuals served and recognise and address historical trauma.

(SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach (2014), p.10-11. Pub ID#: SMA14-4884.)

4b. Income loss & food poverty

Other research undertaken by the Joint Public Issues Team, The Trussell Trust and the Joseph Rowntree Foundation and others has repeatedly illustrated that, during the pandemic, income loss and food poverty were hugely prevalent issues which had a disproportionate impact on those who were relying on low or precarious incomes before the Covid-19 crisis. This was a general problem which our findings suggested was also a particular issue among the women who were the focus of this research.

Reduced income was the most frequently flagged concern in the phone survey, with nearly all respondents bringing up the issue unprompted. Around half brought up food insecurity. Likewise, in the main survey, nearly 90% of agencies described food insecurity as a problem which had become significantly or slightly worse. The problem of food insecurity was particularly pronounced among migrants, trafficked people, and those involved in street or outdoor sex industry contexts. These twin problems were also flagged as likely to be ongoing when we move out of lockdown. One agency put it like this in the interview stage:

“

All of the clients we worked with seemed to be impacted to a greater or lesser degree around that reduction in income.

”

Income loss was the cumulative effect of several different factors. Parlours were officially shut, and there were far fewer punters – which also led to some safeguarding issues as women were less able to pick and choose customers. Social distancing made it harder or impossible to work, and many women did not qualify for benefits or other support schemes including the furlough and SEISS. Furthermore, some respondents noted that more women turned to selling sex during the pandemic period, although other agencies did not find this to be the case. In the words of one respondent to the survey,

“

...it appears more people are sex working so women have to work harder to keep or get new clients.

”

This issue was compounded by the problem of digital exclusion: some women lacked the ‘equipment and capabilities to continue to compete for clients’ (the same response as above). Alongside this, other options for income became much more limited, especially entry-level jobs such as those in hospitality.

An area of focus for much poverty-related campaigning during the pandemic has been around Universal Credit – retaining the £20/week uplift instated at the start of the pandemic and reducing or eliminating the mandatory 5 week waiting time.⁴ For the women involved in our survey, it seems to be the latter which is the dominant issue, partially because many women applied for UC for the first time at the start of the pandemic. Some agencies were able to support women during this time with grants or

food provision.

But it is clear that aside from the 5 week waiting time, the rate of Universal Credit was still not enough for people to live on. Sometimes this was compounded with issues around addiction, but was more broadly the case too. This led to an increase in reliance on agency-distributed food packages which, as seen in the focus group and interviews, was clearly the primary way that most agencies and charities were providing practical support to women. Furthermore, some women in No Recourse to Public Funds (NRPF) groups, including migrant workers, were permanently stuck without financial assistance. This may explain why agencies working primarily with migrant groups were some of the mostly likely to flag food insecurity as an increased issue in the main survey.

Pressure to resume the sale of sex with regular clients was, in some circumstances, coming from the management of parlours, at least in part so that establishments could continue to pay rent rather than facing permanent closure.

Loss of income has been a widespread experience during the pandemic throughout society. However, the experience of income loss for women who sell sex or are sexually exploited is different, not least because engaging in in-person sexual services represents a more significant health risk from Covid-19 than work in many other contexts. Viewing this through the lens of trauma, the restricted autonomy which comes from reduced income, including feelings of being trapped, without options, or reliant on insecure and dangerous work is one which has the capacity to exacerbate and trigger trauma. This is especially true when coupled with the expense and decreased availability of trauma-informed therapy, especially for those most vulnerable groups without unrestricted internet access.

4c. Housing, homelessness & isolation

The impact of trauma echoes widely through our research, including in responses about housing provision and homelessness. Key themes about isolation and mental health, as well as domestic abuse and physical health, were again seen in responses about housing and homelessness. It was often flagged that accommodation provision for women had been inappropriate, and at the heart of most of this inappropriateness was a failure to address the specific circumstances of trauma faced by some women.

For example, one respondent to the main survey suggested that the ability of women to engage with the process of securing and maintaining a bed in supported accommodation was hindered by experiences of trauma. While there was an evictions ban in place, it did not provide protection in some circumstances: poor mental health and addiction had led to one woman being evicted from supported accommodation. One participant in the focus group said that because of the complex needs of some women, 'we had almost nobody that stayed in a hotel which was allocated at the start

of the pandemic' as part of Everyone In: housing solutions presented at the start of the pandemic did not suit everyone equally.

In the focus group, one respondent noted that the isolation associated with accommodation provided through 'Everyone In', the government scheme which aimed to house rough sleepers in temporary accommodation including hotels, was overwhelming for some women. The experience was profoundly isolating, re-triggering past trauma, impacting on women's feelings of safety and therefore their coping ability, but without any kind of support network.

As the world went online, many women also experienced increasing isolation and loneliness after moving to sell sex online. For those who didn't want to or couldn't make this transfer, the choice was between putting themselves at risk by continuing to sell sex or risking financial trouble.

Those who were not trapped in isolating accommodation were sometimes experiencing a different kind of trapped-ness. The disruption of the stay-at-home order is experienced more profoundly by women whose home is the site of domestic abuse, something which was repeatedly flagged as a problem which increased during lockdown.⁵ Even for those who managed to secure short- or long-term housing, it was often inappropriate because it was for all genders and didn't take into account a background of trauma, often connected to experiencing violence and abuse from men, and was, in some cases, just far too expensive to be a viable solution. There also is not enough of it, as one interviewee told us:

“It can take a long time to find somewhere in terms of social housing, but then in the interim, whilst you're looking for supported accommodation, there's the occasional bed space, but it depends, you know, like you say, is it going to be a shared house? Who's there? Is it an appropriate environment? Yeah, it's quite varied.”

What does appropriate accommodation look like? The most common answer to that question is about single-sex housing. But it is also important that housing options provide a bridge between short- and long-term solutions and come with trauma-informed approaches including affordable and accessible therapy. See more on this below.

At the start of the pandemic, the attention given to 'Everyone In' was seen to prove that homelessness could be eliminated quickly should the political will exist. However, this overwhelmingly positive reading of the scheme does not take into account the experience of many women who sell sex and are sexually exploited.

Women are more likely than men to experience “hidden homelessness” moving between temporary and informal living arrangements with family friends and squats. Only a small percentage of rough sleepers are women.⁶ The lack of attention to the specific circumstances of homeless or precariously housed women was perceived by

many to have been perpetuated during the pandemic. As one interviewee said,

“

I think they [the government] need to better understand what the needs of the women who are sex working are, or who have experienced sexual exploitation - what those needs look like. I think as a group they are not covered at all. There is very little understanding.

”

‘Everyone In’ was also short-term and needs to be meaningfully translated into something more long-term in order to have a lasting impact.

This theme presented us with a wider range of answers than many other areas in the main survey. Some respondents noted a marked decrease in homelessness, others an increase. Some noted that it was easier to access housing provision, and others noted that it was significantly more difficult, and some noted very little change in either homelessness or housing provision. This spread is a result of different and converging factors, not least regional.

It is notable that the decreases in homelessness tended to be among agencies just working in street and outdoor, whereas increases tended to be among those working with many different kinds of client groups, especially sexually trafficked or migrant groups. Those with more complex needs, including those with No Recourse to Public Funds (NRPF), were not caught by the safety net of Covid support schemes.

It was noted that NRPF migrant groups struggled to find appropriate and affordable accommodation, even in the private sector. The level of expense – including service charges – which women will face in accommodation is not always made clear and can lead to unexpectedly high bills and, in some cases, debt.

Those agencies which primarily work with women who work as escorts and/or through webcamming rarely saw an increase in homelessness.

As we move out of lockdown, almost all respondents to the main survey suggested that appropriate short- and long-term housing solutions were a key route to supporting women, especially as measures like the evictions ban wind down.

5. Policy needs

The pandemic has highlighted and deepened pre-existing inequalities throughout society. This is a pattern which is also visible in the effect of the pandemic and lockdowns on people who sell sex or are sexually exploited. A number of long-term challenges have been thrown into sharp relief by the changes in circumstances demanded by the pandemic.

The effects of the pandemic make the policy needs delineated below more urgent. The increased risks posed by the pandemic have led to increased need alongside a drop in the provision which agencies are able to offer. These suggestions aim to reduce harm experienced by women who sell sex or are sexually exploited, and to ensure that they have the financial, mental, and physical capacity to be enabled to make realistic and informed choices.

Readily accessible trauma-specific therapy

The experience of trauma has clearly impacted the way that some women who sell sex or are sexually exploited have experienced lockdown and been able to engage with existing provision. Accessible treatment of the underlying trauma in the form of trauma-specific therapy must be at the centre of any response that hopes to offer women improved life chances over the long term.

High quality consistent therapy can open up choices for women as they begin to understand the effects trauma has on their life. This can help women understand past experiences and reduce vulnerability to exploitation in the future. However, it is not a quick or easy process and requires long term commitment from service providers and funders.

As we exit lockdown and all tiers of Government evaluate their priorities it is important that these services have adequate and stable long-term funding.

Long term specialist support

Trauma-specific therapy is key to helping women have improved life chances. In the here and now, however, it is important to recognise that it is not always straightforward for women who have experiences of trauma to access vital services such as housing, benefits, and healthcare.

The experience of trauma can shape the way that a person is able to interact and engage with public services. For example, when people are unable to keep appointments, misunderstand instructions or act defensively (all well-understood responses for those who have undergone trauma when placed under stress), they are often labelled as “bad”, difficult or “obstructive”, making it more difficult and even

humiliating to access basic services.

With these options appearing difficult or even closed, vulnerability to exploitation increases. Some services are therefore less effective and even counterproductive for women who have experiences of trauma.

It is therefore important that agencies, organisations, and individuals who understand and are experienced in dealing with this dynamic can act as a bridge between the services on offer and the women who need to access them. This allows women with experiences of trauma to access the vital public services we all need, which are technically available to all, but are in practice much more difficult or even impossible for them to access. For example, in an interview, one agency noted that

“...everything is with the best intentions, all these things getting offered, but it’s like, oh, this person will ring you on Thursday at 2, and this person will ring you on Friday at 10, and it’s just that it was getting a lot for a particular lady, so I can understand how that can be.”

In many cases, then, services are on offer – but well-funded, gender-informed, and trauma-informed agencies are needed to help to translate these into something widely accessible for women with experiences of trauma.

Non-specialist services that can understand the needs of women who sell sex or have been sexually exploited

The long-term aim of adequately funding trauma-informed therapy would be that every woman experiencing complex trauma would be in a better position to engage with public services. However, it is important to recognise that most public services, while not specialists, need to develop ways of working that are more accommodating of women who have experienced trauma.

One key area of public services which would benefit from greater adoption of a trauma-informed and gender-specific approach is housing provision. The need to feel safe in one’s surroundings before one can engage in trauma-specific therapy is vital. Too often mixed-sex accommodation is the only option and, where single-sex accommodation is available, attention to the six core principles of a trauma-informed approach is lacking (see text box above).

More broadly, public services (including policing) require more consistent training and guidelines on engaging with women who sell sex or are sexually exploited.

The joined-up work between agencies, services, police and others during the pandemic has been a distinct positive mentioned by agencies at every stage of our research. This joined-up working will be key going forwards in helping to make services and therapy accessible for women.

Tackling poverty is essential in preventing exploitation

Exploitation of women who sell sex is often driven by poverty. Offering women real choices means ensuring that there are realistic alternative ways of avoiding poverty for themselves and their children without selling sex.

A good way of quashing poverty-driven exploitation would be decent, reliable employment, backed by a benefits system that is both accessible and offers sufficient financial support.

It is also necessary to make benefits accessible for NRPF groups, and reduce the five-week waiting time for Universal Credit which drives many women who qualify but are waiting for support into debt, poverty, and sexually exploitative situations.

6. Conclusion

Throughout the research process, hearing from agencies working with women who sell sex or are sexually exploited, it is clear that the pandemic and lockdown affected this group of people in different and more profound ways than the general public.

These women already faced significant challenges before the pandemic, including, for many, the long-lasting experience of trauma, which impacted their ability to cope with lockdown and engage with those services which were available to them. Alongside this, services which had been forms of support before the lockdown were frequently closed or more difficult to physically access, a problem compounded by mental health difficulties relating, which make services mentally more demanding to access. Several Government support schemes, such as furlough and SEISS, were not extended to this group.

Some of the most vulnerable within this already vulnerable demographic were also unable to access other services and schemes such as housing and Universal Credit, due to digital poverty and being from NRPF groups.

During the pandemic, ways of working and living changed: from digital exclusion to a lack of appropriate accommodation, from the closure of parlours to a reported increase in violence against women, the pandemic has had a profound impact on this group. However, what we have seen is that the prevalence of historic and ongoing trauma has made the lockdown experience of women who sell sex profoundly different and more difficult compared to others.

As the UK moves out of its third national lockdown, lessons from the pandemic so far can ensure that this group of women – historically neglected by much policy and governmental provision – can access the necessary and appropriate support.

Without collaborative, trauma-informed approaches to provision at an agency and governmental level, it is clear that women who sell sex or are sexually exploited may be particularly at risk in the long-term fallout from Covid-19.



Beyond the Streets partner with women on their journey out of sexual exploitation. We want to see a world where people are free from sexual exploitation, and where those in prostitution have the option to pursue genuine alternatives, free from constraints such as poverty, drug dependency, and abuses of vulnerability. We work directly with women selling sex to support them to find routes out of prostitution as well as equipping and supporting other projects across the UK to tackle the sexual exploitation that happens in every community.

beyondthestreets.org.uk
office@beyondthestreets.org.uk

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Produced by the Joint Public Issues Team: Baptist, Methodist and United Reformed Churches working together on behalf of the Baptist Union of Great Britain, the Methodist Church, the Church of Scotland and the United Reformed Church.

jointpublicissues.org.uk
enquiries@jointpublicissues.org.uk

With thanks to the affiliate projects of Beyond the Streets who took part in the survey, and particular thanks to those who took part in the focus group and interviews. Thanks also to the individual women who took part in the phone survey.