

# The exclusion of persons who sell sexual services in the handling of the COVID-19 pandemic

Experiences from the field in Norway, Finland, Sweden and Denmark



**Pro Sentret is Oslo Municipality's health and social service provider for persons who sell sexual services, and a national centre of expertise on prostitution. This report was written and developed by Astrid Renland, Ida Kock and Ulla Bjørndahl.**

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# The exclusion of persons who sell sexual services in the handling of the COVID-19 pandemic

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In a press conference March 11, the WHO declared COVID-19 a pandemic. On March 12, like in other European countries, large parts of Norwegian society were shut down.

Schools and other educational institutions, child care, bars, restaurants, health- and social service providers were instructed to close or reduce their activities dramatically. The shutdown did not only affect the population with anxiety over the pandemic itself. For many, the shutdown had a dramatic impact on private finances, with the drastic increase of furloughs and lay-offs that resulted from it.

Early on in the pandemic, several international health organisations voiced the need to include marginalised groups in disease control measures. UNAIDS has urged countries to employ a rights-based approach to disease control, and that cues should be taken from the efforts made in HIV prevention to ensure that all groups are included in the measures taken against COVID-10. UNAIDS urge countries to have a particular focus on marginalised groups, such as persons who sell sex and illicit drug users, as they are especially vulnerable in a pandemic.<sup>1</sup>

## ***Vulnerabilities of persons who sell sexual services***

Persons who sell sex are not a homogenous group. The group includes all genders and the levels of marginalisation. It is, however, a highly vulnerable group since selling sex is often tied to various marginalisation factors such as migration, sexual orientation, gender identity and poor socioeconomic status.

In Norway, the majority of persons who sell sex are migrants. Some have permanent residency or citizenship; others hold tourist visas while others still are in Norway clandestinely. Although selling sex legal in Norway, the group are affected by criminal law on third parties in prostitution as well as immigration and tax legislation.

The COVID-19 pandemic has had a severe impact on persons who sell sex, particularly financially. Many live hand-to-mouth and lack any financial buffer. Although some sex sellers have registered with tax authorities and pay tax on their earnings, most do not. As a result, they do not have any documented income and are therefore not able to access the financial aid

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<sup>1</sup> *Rights in the time of COVID: 19 lessons from HIV for an effective, community-led response.*  
[https://www.unaids.org/sites/default/files/media\\_asset/human-rights-and-covid-19\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf)

packages for small business owners that have been available during the crisis. Those who are in Norway temporarily, or clandestinely, do not have access to any form of financial aid.

### ***About this report***

The report deals with the experiences of Pro Sentret and other service providers in Norway and the Nordic countries during the first few months of the COVID-19 pandemic. Using UNAIDS recommendations for countries to include marginalised groups in the disease control measures as a starting off point, we wish to map whether persons who sell sexual services have been included in disease control measures on a local and national level.

A central aim of this report is to document service providers' work during the crisis, both concerning the restrictions placed by the pandemic, and their work with service users. Also, we have contacted rights organisations for persons who sell sexual services to document their experiences.

Experiences from Pro Sentret have been collected through interviews with staff. For other service providers in Norway and the Nordic countries, a survey<sup>2</sup> was sent out via e-mail that could be answered either in written form or via telephone or Microsoft Teams. The report has been met with great enthusiasm from Norwegian and Nordic service providers. The same survey was also sent to the Norwegian and Nordic rights organisations for persons who sell sex.

The Norwegian service providers who have responded to the survey are: Nadheim, Marita Women, and Sykepleie på hjul in Oslo; Prohjelpa and Shalam Women in Kristiansand; Nadheim Trondheim and Uteseksjonen in Trondheim, FRI in Bergen and Albertine in Stavanger.

The Nordic service providers who have responded are Mika Gothenburg, Mika Stockholm, and Evonhuset Malmö in Sweden, Reden Aarhus, Reden Odense, Reden emergency shelter, Reden International and AmiAmi in Denmark and Pro-Tukipiste in Finland. The rights organisations that have responded are PION (Norway), Sexarbejdernes interesseorganisation (Denmark) and FTS (Finland).

In the first part of the report, we present the Norwegian guidelines in the form of the Disease Control Act, and the attempts of dialogue that has been made by Pro Sentret and rights organisation PION with relevant authorities.

In the second part, we present the experiences from Pro Sentret, and in the third part, experiences from other Norwegian service providers. Experiences from Norwegian service providers and the right organisation PION are presented together in the third part. In the fourth part, Nordic service providers and rights organisations are presented per country,

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<sup>2</sup> See appendix 1.

starting with an introduction of the respective national disease control measures and a summary of legislation on prostitution.

The report is not an exhaustive analysis; rather, it is an attempt to summarise the efforts and experiences made by service providers during the early days of the COVID-19 pandemic. It is essential to keep in mind that the pandemic is still ongoing and that although measures have been eased, there is still a need for adequate disease control prevention and assistance to persons who sell sexual services.

### ***The COVID-19 pandemic and the lessons from the HIV-pandemic***

HIV-prevention has been central to Pro Sentret's work, and it has provided the framework for the health services we provide. Through trial and error, this has provided us with extensive knowledge of effective and goal-oriented disease control for our target group. This knowledge entails the importance of including and involving groups in all strata of society, particularly marginalised persons.

During the HIV-pandemic, increasing availability and removing obstacles for marginalised groups to access health- and social services was of utmost importance. The COVID-19 pandemic, in effect, halted or severely restricted, service provision for persons who sell sexual services in Norway.

Nearly all service providers were forced to shut down drop-in services.<sup>3</sup> Emergency shelters in Oslo and Bergen closed completely, outreach work was halted or reduced, and contact with service users was mainly had through telephone or online platforms. At Pro Sentret, some of the health staff was posted in other support services by Oslo Municipality.<sup>4</sup>

In addition to service provision for persons who sell sexual services being restricted, other health- and service provision was also reduced. Also, a temporary ban on selling sexual services further added to creating barriers for seeking aid from health- and social service providers.

### ***National regulations and the handling of the pandemic***

On March 12, the Ministry of Health and Care Services declared that large parts of Norwegian society were to be shut down to halt the spreading of coronavirus. The decision was mandated by the Act relating to the control of communicable diseases section 4-1.<sup>5</sup> It was in force from March 12, 6 pm to March 26.

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<sup>3</sup> Shalam in Kristiansand kept their drop-in services open.

<sup>4</sup> Two of Pro Sentret's nurses were posted at Vestli Rehabilitation centre, a newly opened institution for persons with substance abuse infected with COVID-19, by the Agency for social and welfare services, Oslo Municipality.

<sup>5</sup> Section 4-1, On Prohibition against assembly, closure of establishments, curtailment of communication, isolation and removal of source of infection <https://lovdata.no/dokument/LTI/forskrift/2020-03-12-270>

On March 15, the Ministry of Justice and Public Security mandated a new regulation on the deportation of foreign nationals in consideration of public health.<sup>6</sup> According to section 1 in the regulation, foreign national without residency (including EU-nationals) are to be deported in concern to public health. Decisions on deportation are to be taken by the Police or by the Norwegian Directorate of Immigration.

On March 27, the Ministry of Health and Care Services presented a new regulation on disease control measures regarding the outbreak of coronavirus.<sup>7</sup> The regulation aimed to limit the spread of coronavirus in the general population and among health and welfare personnel and to ensure capacity in health and welfare sectors regarding handling both the outbreak and upholding regular services. The regulation also prohibited services that involved one-to-one contact, such as hairdressing, massage therapy and tattooing, to remain open. A breach of the regulation could result in a fine or up to six months in prison.

Selling sexual services were not explicitly mentioned in the regulations from the Ministry of Health and Care Services. Since selling sex is not regarded as a legal business in Norway, it was unclear whether this was included in the prohibition of one-to-one services. The rights organisation PION, therefore contacted the Health Directorate via letter, in order to get a clarification on this. Via e-mail, the Health Directorate clarified that selling sexual services fell into one-to-one type services, and was therefore prohibited.

### ***The Police's handling of disease control regulations***

It came to Pro Sentret's knowledge that the police department for immigration in a Police District had contacted advertisers on the webpage realscort.eu<sup>8</sup> via SMS, informing them that selling sex was now prohibited, urging them to close their advertisements, and leave the country immediately or face deportation.

The judicial system has been dominating the field of prostitution in the latter decade. Although selling sexual services is legal, sex sellers have found themselves as both a mean and an end to the Police's enforcement of adjacent laws on, for example, procuring and on immigration law. Using disease control regulations for other purposes, such as reducing the number of advertisements for sexual services as in this case, is highly problematic. Some persons who sell sex have reported an increase in violence, and if one risks being charged for breaking disease control regulations, the threshold for reporting this to the Police is very high. In effect, this type of police strategies may exacerbate violent and other crime directed at sex sellers, since the perpetrators' risk of being reported is virtually non-existent.

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<sup>6</sup> *Forskrift om bortvisning mv. av utlendinger av hensyn til folkehelsen.*

<https://lovdata.no/dokument/SF/forskrift/2020-03-15-293>

<sup>7</sup> The regulations took effect March 27. <https://lovdata.no/dokument/SF/forskrift/2020-03-27-470>

<sup>8</sup> The leading webpage for advertising for sexual services in Norway.



Together with service providers Nadheim, Albertine and rights organisation PION, Pro Sentret wrote a letter to the Ministry of Justice and Public Security voicing our concern over this practice. In the letter, we expressed concern over the Police's choice of operation mode towards an already vulnerable population and their use of disease control regulations as a means of reducing the number of advertisements for sexual services. We also urged the Ministry of Justice and Public Security to initiate measures to soften the negative impact of disease control measures for the group and to provide better disease prevention.

In their reply, the Ministry of Justice and Public Security stated that it was important for the Police to act civil, be impartial and show concern for people's integrity in contact with persons who sell sex. They also invited us to provide suggestions on how to improve the conditions for this population.<sup>9</sup> In our reply to this, we urged the Ministry of Justice and Public Security to inform the Police not to take advantage of the extreme situation for their work in the field of prostitution.

### **Act Relating to Control of Communicable Diseases**

According to the Act Relating to Control of Communicable Diseases, section 1, the purpose of the act is to protect the population against communicable diseases and ensure that authorities take necessary measures to protect the population from the spread of infection. Further, authorities are to coordinate measures, and to ensure the right of law for the individuals who are affected by them. Section 1-2 determines that the act applies to all persons in Norway (i.e. including foreign nationals), but that the Ministry can make restrictions for non-residents and foreign nationals.<sup>10</sup>

The Norwegian official report<sup>11</sup> on disease control states that the main principle of the Act Relating to Control of Communicable Diseases is that the regulation applies to all, regardless of residency status, in accordance with international law. Exceptions should only apply when a person's stay in Norway clearly is of temporary nature, and the exceptions should only apply to procedures, not services.<sup>12</sup>

According to the official report, the Act Relating to Control of Communicable Diseases clearly includes persons without residency in Norway. The official report states the extended rights for persons without residency not only out of concern for the individual but also to protect public health.

The Act Relating to Control of Communicable Diseases, section 6-1, states that all persons within Norway's borders have the right to disease prevention and treatment; including

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<sup>9</sup> Ministry of Justice and Public Security: Konsekvenser etter lov om vern mot smittsomme sykdommer – sexsalg. April 28, 2020.

<sup>10</sup> *Lov om vern mot smittsomme sykdommer*. [https://lovdata.no/dokument/NL/lov/1994-08-05-55#KAPITTEL\\_1](https://lovdata.no/dokument/NL/lov/1994-08-05-55#KAPITTEL_1)

<sup>11</sup> NOU 2012: 17: *Om kjærlighet og kjøletårn*. Ministry of Health and Care Services.

<sup>12</sup> NOU 2012: 17 p. 59.

vaccination, information and other forms of necessary preventive health services. As an example, everyone, regardless of residency status, has the right to access HIV-prevention and treatment medication.<sup>13</sup>

In the official report, emphasises that what constitutes necessary prevention and treatment should be interpreted in a broad sense. It should include services that are not included in health service regulations, such as financial and housing aid and training and since a lack of such services may lead to the benefit of treatment and prevention being diminished.<sup>14</sup>

### ***The right to disease prevention and treatment***

The temporary ban on selling sexual services was not followed up with any aid directed towards easing the negative financial impact of the ban for the group.

Pro Sentret partook in a meeting initiated by the rights organisation PION, with the Health Directorate and the Norwegian Labour and Welfare Administration. The topic of the meeting was financial aid for persons who sell sex due to the temporary ban to ensure that sex sellers were not forced to continue working, therefore exposing both themselves and others to infection. During the meeting, the question of whether the Act Relating to Control of Communicable Diseases, section 6-1 opened up for municipalities to be obliged to provide financial aid for groups who lack rights in Norway.

MP Nicholas Wilkinson Wilkinson posed the question of whether disease control prevention and treatment should include financial aid<sup>15</sup>, directed at the Minister of Labour and Social Inclusion, Torbjørn Røe Isaksen. In his answer, Røe Isaksen stated that persons who are not members of the Norwegian national social insurance scheme do not have the right to financial aid. Further, he emphasised that foreign nationals are obliged to leave to country due to the temporary immigration legislation, adding the Norwegian government did not plan to make any changes to the regulation.

### ***The authorities efforts for persons living with illicit drug addiction***

Persons who sell sexual services and persons living with illicit drug addiction are separate groups. However, as marginalised groups, there are commonalities between the two. Addiction has also been identified as a pull-factor for prostitution.

The Health Directorate addressed the challenges with providing disease prevention and treatment to persons living with illicit drug addiction early on. Their guidelines on coronavirus specifically mention illicit drug users, and peer organisations were involved in developing them.

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<sup>13</sup> HivNorge: *Vellykket behandling og PrEP virker*. <https://hivnorge.no/nyheter/vellykket-behandling-og-prep-virker/>

<sup>14</sup> NOU 2012: 17. p.76

<sup>15</sup> After having been contacted by PION, Pro Sentret and other service providers and organisations on the matter. Question from Nicholas Wilkinson (SV) the Minister of Labour and Social Inclusion. Document no. 15: 1648 (2019-2020). <https://www.stortinget.no/no/Saker-og-publikasjoner/Sporsmal/Skriftlige-sporsmal-og-svar/Skriftlig-sporsmal/?qid=79889>

The Health Directorate did not, however, include persons who sell sex in their guidelines. Except for financial aid for non-residents to return to home countries, no specific aid measures have been directed towards this group, despite the temporary ban on selling sexual services. Persons who sell sexual services are, like persons living with illicit drug addiction, a highly marginalised group. Also, due to their frequent contacts, they are highly exposed to infection.

## Experiences from Pro Sentret

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Prostitution in Norway is marked by high levels of international mobility. This is not unique to Norway but is the case in most Northern and Western European countries. There are also high levels of mobility within Norway, and sex sellers, both nationals and foreigners, advertise with travel itineraries. Sexual services are in demand and offered in both larger cities and small, rural towns.

Pro Sentret's service users are a heterogeneous group and show great diversity in socioeconomic, psychosocial resources, living conditions and welfare rights in Norway. The group includes persons who sell sex to supplement other income; others have it as their sole income. Some have registered as small business owners and pay tax on their income, but most do not report their income to tax authorities. The group also include highly marginalised groups, such as illicit drug users and irregular migrants.

Irregular migrants, and foreign nationals who stay temporarily in Norway, are the largest group among Pro Sentret's service users, and as a rule, they cannot access the Norwegian welfare system. Most migrants, regardless of residency status in Norway, support family in their home countries financially.

Pro Sentret's service users have different needs as to which of our services they wish to deploy. Some have particular needs, such as to use our health services or to pick up condoms; others primarily use Pro Sentret as a social arena to talk to other service users and staff and to have a meal. Other service users receive aid to contact other health- and social services and authorities, as well as counselling and guidance.

Pro Sentret does outreach work in street prostitution, massage parlours and online, and we are available by telephone, e-mail, chat, by appointment or by drop-in during opening hours.

### **Lockdown**

On March 12, Pro Sentret was informed that employees, who work directly with service users, were to be considered as "essential workers", meaning that they were to continue providing services during the pandemic. All other employees were instructed to work from home.

Although Pro Sentret's services have remained open during the crisis, drop-in services were closed due to disease control concerns. Service users were encouraged to call before coming to the centre, both to ensure that they did not show symptoms of infection, and to map whether aid could be given over the telephone rather than by a physical meeting at the centre.

During the first period of the pandemic, much time and resources were allocated to provide information on disease control regulations, travel restrictions, border control and Pro

Sentret's services via telephone and social media. Foreign nationals were recommended to return home, as travel restrictions might be furthered in future. Many service users were however in doubt as to whether to return home or not. Many came from countries with a high infection rate and had no means of supporting themselves back home, so remaining in Norway seemed a more feasible option for some.

In the early days of the pandemic, many service users contacted Pro Sentret for counselling. From one day to another, they found themselves in a situation where they had no means of supporting themselves, nowhere to live, and no right to welfare services. Many had questions regarding coronavirus, and how to protect themselves from it, and what rights to health care they had, were they to fall ill.

Pro Sentret's employees experienced providing advice and information to service users as challenging, as the situation was so chaotic and unclear. Several employees have described the period as feeling like this was "the end of the world".

### ***The consequences of restrictions and prohibitions***

After March 12, many service users experienced financial difficulties. Some opted for not working due to infection risk, and the demand for sexual services dropped significantly.

After the announcement that selling sexual services were temporarily prohibited on March 20, the number of advertisements on the leading advertising platform reescort.eu reduced dramatically. From March 9 to April 13, the number of advertisements went down from 724 to 236. Advertisements for massage parlours on the said platform went down from 91 to 13. A similar development was also seen in outreach work: The number of persons observed by Pro Sentret in street prostitution reduced by 50 % from February to April.<sup>16</sup>

On whether the persons who took down their advertisements remained in Norway or not, we can only speculate. It is, however, worth mentioning that the number of advertisements went up rapidly after the prohibition was lifted, something that could indicate that many did not leave the country, possibly due to the travel restrictions and strict border control in other European countries.

We do not know how the persons that took their advertisements down supported themselves financially during the prohibition. It is plausible that some took a break from working, while others only saw regular clients. From service users, we know that some moved to sell various webcam services, and others started selling sex on the street prostitution arena. Some stated that they began to sell sex in other cities and towns than Oslo since the capital had the highest infection rate. Some service users did not see a reduction in income and stated that they earned well from seeing regular clients.

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<sup>16</sup> It is worth mentioning that the number of outreach sessions was lower, with three in April versus seven in February.

Several service users stated that they continued to sell sex, despite great personal fear of both infection and the prohibition, to support themselves financially. Some also indicated that they had compromised their work standards by dropping prices, offering sex without condoms or seeing clients that they would not typically accept. Service users from different strata stated that they did this, not only the most marginalised.

Many service users experienced challenges with accommodation during the crisis. Many had precarious living conditions<sup>17</sup> before the pandemic, and that the situation worsened during the crisis. Some short term rental apartment complexes closed down, leaving some homeless, others failed to pay rent and were evicted. In some cases, rental contracts were not formalised enough to qualify for housing aid. Only one service user reported that landlords had lowered rent due to the crisis. Amongst service users who had lost their accommodation, some stated that they had moved in with friends or with clients.

### ***Sex as capital and a solution***

Several of Pro Sentret's service users who had stopped selling sex before the pandemic told us that they had taken it up again after being furloughed, lost jobs or after their business failed due to the lockdown. In some cases, they were entitled to aid from welfare services but had not applied for a variety of reasons. Pro Sentret assisted them in applying for aid.

Among service users with illicit drug addiction, some stated that drugs had been increasingly difficult to come by and that they had taken to trading sex for drugs. Among this group, some also reported that they traded sex for a place to sleep.

During the crisis, Pro Sentret was contacted by a group who had not previously used our services. These persons had arrived in Norway on work contracts but had found themselves furloughed or dismissed due to the crisis, and had taken up selling sex while waiting for new job opportunities to appear.

### ***Stigmatisation and isolation***

Pro Sentret is aware of that service users who have continued to sell sex during the crises have experienced stigmatisation by their peers. Exposing oneself to infection is seen as irresponsible, and a sign of not wanting to participate in the fight against stopping the spread of the virus. As a result, several service users have told us that they keep the fact that they are still selling sex a secret from their peers.

However, the stigmatisation of those who continue to sell sex is also related to personal finances. Not having enough savings to enable not working for a period, is frowned upon, and it seems that service users put pressure on both themselves and their peers to have an ordered

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<sup>17</sup> Such as cramped and overpriced living quarters and difficulty securing a lease for an apartment

financial situation. Further, a rumour of sex sellers being vectors of spreading coronavirus may impact sex sellers negatively once the situation is normalised after the pandemic.

Although social norms on taking responsibility for stopping the spread of coronavirus, as well as having finances in order, are present in society at large, the impact is especially hard as prostitution milieus are small. To be forced to keep ones work hidden from both mainstream society and peers is particularly detrimental, as one is often dependant on peers for debriefing, support and aid.

### ***Travelling home and food packages***

From March 24, Pro Sentret was allocated municipal funds to book and administer home travels<sup>18</sup> for foreign nationals within our target group. However, few service users decided on taking the offer of travelling home, despite the ticket being paid for by Oslo Municipality.

For those who did decide to go home, organising the travel was complex and time-consuming for staff, and included dialogue with embassies, airports and travel agents, in addition to travel restrictions and regulations being in constant flux.

As previously mentioned, several service users expressed that they did not wish to return to their home countries. However, what is regarded as a home country is complex; many service users work all over Europe, and some have established themselves with accommodation and partner in a country other from where they have citizenship. Since most countries have had restrictions of entry during the pandemic, many will face difficulty entering a country where they are not citizens as they lack the necessary documentation. For example, one service user was not allowed into another Nordic country where they lived with their partner because of lacking documentation.

Because of the financial strain many service users were put under, Pro Sentret decided to start distributing food packages. Between March 29 and June 5, 342 food packages were distributed to service users. Although service users expressed gratitude over this service, we also observed that the threshold for accepting this type of aid has been high. For some, being dependent on this aid is seen as shameful, especially in relation to peers. Being seen leaving Pro Sentret with a food package makes your desperation very visible to your peers.

### ***Violence***

There has been considerable variation in how service users have described their situation during the crisis. Some tell of fewer and worse clients than before, while a minority state that they have had plenty of clients and earned well. However, Pro Sentret has experienced great desperation and despair among service users, and there has been an increase in service users expressing that they have been victims of violence.

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<sup>18</sup>. This included organising, booking tickets and payment.

Service users state that the temporary prohibition of selling sex and other restrictions has increased the clients' power and that this, in turn, has made the sellers more exposed to violence from them. Service users tell of an increase in intoxicated clients, clients who refuse to pay, or motivate not paying by the fact that selling sex is prohibited; clients who refuse to use a condom, bargain over price or demand services that the seller does not offer. Further, some service users report that regular and previously civilised clients have taken to aggressive and volatile behaviour during the crisis.

Many service users had little trust in the Police before the pandemic. The temporary prohibition of selling sex created a new dimension of distrust, since reporting a crime may place you at risk of being reported for breaching the prohibition. Some service users also avoided visiting health services after being exposed to violence out of fear of being reported, or that health personnel would refuse them treatment because they were continuing to sell sex during the prohibition.

The prohibition created obstacles for seeking help from health and social services, and from the Police, among service users who had been victims of violence.

### ***Inaccessible welfare services***

The partial lockdown of society affected welfare services accessibility. For Pro Sentret, this meant that the collaboration we usually have with other health and social service providers became challenging, as many reduced their opening hours or closed altogether. The pandemic has not halted the physical and psychosocial needs among our service users, however.

Many persons who sell sex are in precarious life situations, often marked by many adverse life events and overlapping vulnerability factors. Pro Sentret's service users often have complex psychosocial challenges, including financial hardship, suicidal ideation, self-harm, exposure to violence, loneliness and isolation. For those with residency and rights to welfare services, the decreased accessibility to services was experienced as especially hard.

For Pro Sentret, the reduction in service provision by other actors led to an increase of service users who regularly receive services from several different types of providers. As a response, Pro Sentret's employees offered regular counselling via telephone to service users who we know are highly vulnerable.

As a response to the pandemic, the Labour and Welfare Administration (NAV) developed new guidelines for handling applications for financial aid. In their information brochure on the new guidelines<sup>19</sup>, the Labour and Welfare Administration states that the requirements of documentation of income should be eased due to the extreme situation. However, Pro Sentret

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<sup>19</sup> NAV: *Veileder for behandling av saker om økonomisk stønad i unntakstilstanden som skyldes koronavirus.* <https://www.nav.no/no/nav-og-samfunn/samarbeid/for-kommunen/nyttig-a-vite/koronavirus--informasjon-til-kommunene/koronavirus--veileder-for-behandling-av-saker-om-okonomisk-stonad-under-pandemien>



experienced that some caseworkers at the Labour and Welfare Administration, either were not familiar with the new guidelines or decided to overlook them when service users applied for financial aid. To Pro Sentret's caseworkers; it seems that the requirements of documentation of residency, contracts for leasing accommodation and tax returns, remained the same as before the pandemic. For some service users, this resulted in difficulty accessing their right to financial support and aid from the Labour and Welfare Administration.

Pro Sentret has experienced that the Labour and Welfare Administration has not fulfilled its duty to provide correct information and guidance during the crisis. This has, among other things, resulted in that persons who were furloughed did not receive accurate and exhaustive information on how to apply for aid; that caseworkers did not ensure that information given during applications for housing and financial aid was fully understood by the applicant or that caseworkers did not ensure that the applicant had access to the necessary digital tools and equipment. The Labour and Welfare Administration are required to ensure illiterate persons get adequate and adapted information, something that is rarely done in normal circumstances, and not at all during the first period of the pandemic.

However, Pro Sentret's experience of the Labour and Welfare Administration is not only negative. We have several examples of caseworkers going to great length to assist in application processes, and who have seemed updated on the new guidelines.

### ***Strange times***

For Pro Sentret's employees, it has been both challenging and educative to provide services during the pandemic. Not surprisingly, we have had fewer service users during the crisis, but because of the complexity of the cases and the unique needs of the individuals, providing services has been more time consuming and challenging than usual. The most pressure on employees was during the first few weeks after March 12, but as restrictions have eased, the situation is now more manageable.

The pandemic, and the extreme pressure it placed on both employees and service users, has created a certain ambience and a feeling of solidarity. This feeling has been present in both outreach work in contact with individual service users. We have discussed the pandemic and the disease, updated each other on the latest development and information from authorities, and for how long the various restrictions will last. All service users understood that employees have little control over the situation and what the future will hold.

Although restrictions have eased by the time of writing this report, the pandemic is still very much ongoing. Although selling sex was temporarily prohibited, no aid or support packages have been specifically directed towards the target group. This has resulted in that already vulnerable persons have been forced to breach the prohibition, exposing themselves and others to infection, to support themselves.

# Experiences from other service providers in Norway

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The following service providers and organisations answered Pro Sentret's survey in Norway: Nadheim Oslo<sup>20</sup>, Marita Women (Oslo)<sup>21</sup>, Sykepleie på hjul (Oslo)<sup>22</sup>, Prohjelpa (Kristiansand)<sup>23</sup>, Shalam Women (Kristiansand)<sup>24</sup>, Albertine (Stavanger)<sup>25</sup>, FRI (Bergen)<sup>26</sup>, Nadheim Trondheim<sup>27</sup>, Uteseksjonen Trondheim<sup>28</sup>, PION (national)<sup>29</sup> and ROSA (national).<sup>30</sup> All either give services to persons who sell sexual services or are in contact with the group. Their answers have been summarised and are not presented separately.

## **Reduced opening hours and remote working**

All service providers, except Shalam Women in Kristiansand, closed their drop-in services after March 12. Some of the providers did, however, remain open by appointment only, and several continued to distribute condoms and lubricants throughout the crisis. Some also distributed food packages.

Other service providers closed their premises and employees worked remotely from home, giving services such as guidance and advice via telephone and online. These service providers expressed frustration over the limitations this entailed; several service users needed practical aid which required the use of a PC, such as filling out forms with sensitive personal information. Giving guidance via telephone or online was, therefore both ethically and legally problematic concerning professional secrecy and personal data protection.

While some service providers have experienced a reduction in workload during the crisis, others express that the period has been frantic, with complex and time-consuming cases and service users with a great need for aid. It is mainly the established service providers, i.e. who has been in the field for an extended period of time, that have experienced the period as hectic, as the work related to the crisis has come on top of an already heavy workload. By contrast, Nadheim Trondheim, which was newly established at the time, and Prohjelpa in Kristiansand did not receive any inquiries from persons in the target group at all.<sup>31</sup> Sykepleie på hjul (Nurses

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<sup>20</sup> <https://kirkensbymisjon.no/nadheim/>

<sup>21</sup> <https://marita.no/avdelinger/marita-women>

<sup>22</sup> <https://www.fransiskushjelpen.no/rusomsorg>

<sup>23</sup> <https://www.ungrus.no/prohjelpa>

<sup>24</sup> <https://shalam.no/brukthandel/women>

<sup>25</sup> <https://kirkensbymisjon.no/albertine/>

<sup>26</sup> <https://kirkensbymisjon.no/fri-tiltak-for-ofre-for-menneskehandel/>

<sup>27</sup> <https://kirkensbymisjon.no/nadheim-trondheim/>

<sup>28</sup> <https://www.trondheim.kommune.no/uteseksjonen/#heading-h2-2>

<sup>29</sup> <http://www.pion-norge.no/>

<sup>30</sup> <https://www.krisesenter.com/rosa/>

<sup>31</sup> Both of these service providers work with other target groups in addition to persons who sell sexual services, however.

on wheels), who work primarily with persons with illicit drug addiction, did not have focus on challenges related to selling sex during the period.

### **Outreach**

All service providers have continued to do outreach by contacting advertisers on online platforms in their region, and by keeping up contact with known service users.

Several providers tell of working intensively with providing up to date information on the general situation and on regulations from authorities via SMS, telephone and on social media. There has been a lot of anxiety and fear among service users, and the need for information has been insatiable. Several service providers have seen an increase of inquiries from service users on how to protect oneself from infection, restrictions and regulations, and questions related to the temporary prohibition and the consequences of breaching it.

Nadheim Oslo, Marita Women (Oslo), and FRI (Bergen) have continued doing outreach in street prostitution, and all report that they met people working during the time of the prohibition. Albertine in Stavanger, did not do outreach in street prostitution during the crisis but kept in contact with the persons they knew from this milieu via telephone. Sykepleie på hjul continued outreach among illicit drug users in Oslo, and distributed condoms and lubricants as they usually do.

### **Changes to the market**

Like Pro Sentret, service providers in other cities than Oslo observed a reduction in the market for selling sexual services. Local massage parlours (that offer sexual services) closed down, and advertisements on online platforms decreased. Service providers stated that the advertisements that remained active primarily offered services that did not require physical contact, such as webcam shows. FRI in Bergen visited online platforms for advertising daily and observed that some of the advertisers had lowered prices and offered unprotected sex. After the prohibition was lifted, the service providers found that the number of advertisements increased.

In both Oslo and Bergen, people have been active on the street prostitution arena throughout the crisis, including during the time of prohibition. Some service users stated that they planned to travel to other cities and towns to work, while others remained and continued working as usual.

### **Journeys home**

From mid-March and onwards, Norwegian authorities requested all foreign nationals to leave the country. After this, many service providers received requests from service users wanting assistance to return home, and much aid was provided concerning this. The Labour and Welfare Administration (NAV) provided an online application form to apply for financial aid to

return home in Norwegian and English. Some of the service providers expressed that the forms were difficult to fill in and understand for service users, either because of language difficulties or poor literacy skills. Many service users needed assistance in filling out the form, and this proved challenging to provide via telephone.

Since the employees in FRI in Bergen worked remotely during the period and the relevant Labour and Welfare Administration office was closed, an agreement was met with Robin Hoodhuset<sup>32</sup>, so that service users could come to their offices for assistance with filling out the application form. In Stavanger, the Labour and Welfare Administration office that typically assists with homeless foreign nationals was in charge of assisting in filling out the application forms. Service provider Albertine was allocated to assist in contacting travel agents for their service users. Nadheim Oslo reports that while using much time assisting their service users in applications and arranging journeys home initially, the situation improved significantly after Pro Sentret was allocated means by Oslo Municipality to pay for journeys home for the target group.

### ***Solution strategies after losing one's income***

The service users that have been in contact with providers during the crisis have been a heterogeneous group in terms of what their rights to welfare services and aid they are entitled to; ranging from Norwegian citizens to undocumented migrants.

Since there were no national guidelines from the Labour and Welfare Administration that dealt with the target group specifically, challenges needed to be addressed locally and individually. This was expressed as an obstacle by service providers, expressing that caseworkers at local Labour and Welfare Administration offices often seemed unsure of what type of aid service users were entitled to. In addition, some service users who were Norwegian nationals stated that they were uncomfortable in contacting the Labour and Welfare Administration offices for aid since they would then need to disclose that they supported themselves by selling sex and that they needed assistance from the service providers in the process.

Many service providers state that they spent considerable time in assisting persons who worked in, or operated, massage parlours. Being forced to close the parlours, these service users were left without any income, therefore needing financial aid for living expenses as well as compensation for lost business earnings and rent for business premises. Rights organisation PION also received inquiries from persons working in massage parlours, especially concerning accessing the governmental financial aid packages<sup>33</sup> for small business owners. PION reports that challenges with understanding information and filling out the relevant forms were particularly among those who contacted them for assistance.

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<sup>32</sup> <http://www.robinhoodhuset.no>

<sup>33</sup> NAV: Når du mister inntekt ved koronautbruddet for selvstendige næringsdrivende og frilansere. <https://www.nav.no/no/person/innhold-til-person-forside/nyttig-a-vite/koronavirus--informasjon-fra-nav/koronavirus-informasjon-til-selvstendig-naeringsdrivende-og-frilansere>

For persons with work permits, the service providers have also assisted with writing CVs, applying for jobs and providing information on seasonal work regulations.

### ***Loss of income, vulnerability and exploitation***

As shown, a majority of service providers have assisted persons who have lost their income. The situation was extraordinarily cumbersome for migrants who did not have the right to welfare aid and assistance in Norway, who worried about not being able to pay rent or to send remittances to family in their home countries.

Service providers express concern over that service users who were vulnerable before the crisis, have been made more vulnerable during the pandemic. Persons who, for a variety of reasons, were unable to stop selling sex, were put in an even more precarious situation after the temporary prohibition. Further, demand was significantly reduced, as most clients sustained from buying sex due to the risk of exposure to infection.

Service providers report of increases in violent episodes with clients, clients bargaining over price or pushing sex sellers for services they usually do not provide and for unprotected sex. Service providers have also reported of exploitative landlords raising rent, as they are aware that the sex sellers have nowhere else to go. There are also reports on service users trading sex for a place to stay.

Among itinerant sex sellers, local quarantine regulations and travel restrictions made some stranded outside of their home municipalities, leaving them to cover costs both back home and for temporary accommodation.

### ***Contact with the Police***

When the prohibition of selling sexual services was announced, service providers gave information on this verbally in outreach in street prostitution and via telephone, social media and online platforms. Many of the inquiries from service users were related to the prohibition, what consequences it would have to breach it, and whether the Police were actively enforcing it.

After the Police sent out information on the prohibition to advertisers on online platform realescort.eu, urging foreign nationals to leave the country or face deportation, service providers in Stavanger, Kristiansand and Bergen, in addition to rights organisation PION, was contacted by worried sex sellers. PION investigated further and found that a police department for immigration in Kristiansand had sent the messages. PION contacted said police department, that stated that they had sent the messages after instruction from the District Medical officer. However, after being contacted, the District Medical officer denied this and stated that they had no knowledge of the Police's messages.

Several service providers report that service users decided not to report violent crime to the Police during the time of the prohibition.

ROSA, who provide assistance to victims of human trafficking on a national level, report that the crisis had a severe impact on the Police's work and that it was nearly impossible to file a police report during the period. They also report that planned police raids were postponed, something that resulted in a victim of human trafficking disappearing.

### ***Consequences of lockdown***

Several of the service providers reported that the extensive lockdown of society and the practice of social distancing had a severely negative impact on most service users, including those with residency and welfare rights in Norway. The closing of schools, child care, health and social service providers, etc., affected mental health negatively, and many service users needed aid and assistance. For service users who were students, the closing of educational institutions was challenging, as many struggled with online teaching, and needed more frequent interaction with teachers in order to benefit from the education fully. This group included victims of human trafficking that received assistance from ROSA and other service providers.

### ***Assistance to victims of human trafficking***

During the crisis, the national service provider for victims of human trafficking, ROSA, experienced several logistical challenges in providing services. Local travel restrictions and disease control measures created obstacles, for instance when a victim was identified in one municipality, and she or he needed to be placed at a shelter with capacity in another municipality that had closed its municipal border. Cancelled flights and other transport further challenged moving victims between municipalities. For victims who were in the process of applying for asylum, the situation was dire, as the asylum system was nearly non-functional during the crisis.

### ***Disease control regulations and prostitution***

All service providers have based their disease control work on the national regulations and guidelines by the Institute of Public Health, the Health Directorate and the government.

All service providers have been in dialogue with local authorities, such as the district medical officer and the chief medical officer of communicable disease control, for guidance on such as how and if services are to be given via telephone. Some of the service providers, such as Marita Women and Nadheim, have also been given guidance by the person in charge of disease control within their organisations.

### ***Disease control on a municipal level***

None of the service providers report that there has been disease control information and assistance explicitly adapted for the target group on a municipal level. There is a consensus among the service providers that the information and assistance provided by the municipalities, worked unsatisfactorily for the target group and vulnerable groups in general. Therefore, the service providers developed information expressly for the target group (and different segments within the target group), including translating the information to several languages. Service providers have collaborated and have shared information material with other service providers.

PION has developed and provided information on how to reduce the risk of infection if one continues selling sex during the pandemic. Further, Pion has published information on COVID-19, and on how to access financial aid and assistance from the Labour and Welfare Administration, in several languages on their webpage. PION commends the Norwegian Institute of Public Health for providing information on disease control prevention in many languages, including in Thai, for different types of business, such as massage parlours.

### ***PIONs hardship fund***

After March 12, PION initiated a hardship fund<sup>34</sup> for sex sellers who had been financially affected by the pandemic.

In order to ensure that the persons who received payments were in acute need, applicants needed to have been selling sex as their sole income, actively selling sex before the pandemic, and not otherwise provided for by a partner or family member. Information on the fund was given through service providers and outreach online. The payment was given in the form of a NOK 1000 Paygo card<sup>35</sup>, or by NOK 1000 bank transference. By the time of the writing of this report, 91 persons have received payment from the hardship fund.

PION reports that they received the most applications in March and the beginning of April. After the temporary ban was lifted April 30, applications dropped significantly, but they still receive occasional applications. Most of the applicants were in the Oslo region, and the majority were migrants.

### ***Dialogue with authorities***

PION, together with service providers Pro Sentret, Nadheim, Albertine and rights organisation PION, wrote a letter to the Ministry of Justice and Public Security. In the letter, they expressed concern over the Police's choice of operation mode towards an already vulnerable population and their use of disease control regulations as a means of reducing the number of advertisements for sexual services. They also urged the Ministry of Justice and Public Security

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<sup>34</sup> As per June 3, 2020, NOK 908 57 had been distributed by the hardship fund.

<sup>35</sup> <https://paygoo.no/cards>

to initiate measures to soften the negative impact of disease control measures for the group and to provide better disease prevention.

PION, together with Pro Sentret, The Norwegian Centre against Racism, FRI Oslo and Viken, and Skeiv Verden, sent a formal letter to the political advisors at Standing Committee on Health and Care Services. In the letter, the signatories urged that disease control prevention and treatment should be available for everyone in Norway, regardless of residency status. Further, they urged that prevention and treatment should include financial and social assistance, by allowing all in Norway the right to work and by providing a temporary right to financial assistance through the Labour and Welfare Administration.

PION has been highly active in addressing both municipal and governmental authorities during the crisis. On April 1, PION initiated a meeting with the Health Directorate and the Norwegian Labour and Welfare Administration. On April 4, a meeting with PION, Pro Sentret, the Health Directorate and Labour and Welfare Directorate held a meeting to discuss the situation for persons who sell sexual services. After this meeting, PION has continued addressing topics relating to the target group, with a focus on non-nationals, in various channels. PIONs efforts have resulted in the topic being lifted by both the Oslo City Government, and in a written query from MP Nicholas Wilkinson addressed to the Minister of Labour and Social Inclusion, Torbjørn Røe Isaksen on April 15.<sup>36</sup>

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<sup>36</sup> <https://www.stortinget.no/no/Saker-og-publikasjoner/Sporsmal/Skriftlige-sporsmal-og-svar/Skriftligsporsmal/?qid=79889&fbclid=IwAR3k7jSKG5fvaF71EysAMQ6R1VDPrFHgtsioFi1HLXquMNCGHwWERLHpeXY>



## Experiences from other Nordic countries

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The Nordic countries have had different approaches in containing the coronavirus, ranging from the strict lockdown in Denmark to Sweden's "soft" approach based mainly on public recommendations. In order to map how the different approaches affected service provision for persons who sell sexual services, we sent a survey to the key service providers in Finland, Sweden and Denmark. Nearly all have responded.

The survey<sup>37</sup> consisted of seven questions and was available in English, Norwegian and Swedish. Most service providers have provided their answers in written form, but three service providers opted for telephone or Teams to give their answers orally.

In addition to service providers, we also sent the survey to member organisations for persons who sell sexual services. We have received answers from organisations in Finland, Sweden and Denmark.

The responses we have received mainly deal with the period of the strictest lockdown, i.e. from about mid-March up onto the beginning of May. In most countries, restrictions have lifted gradually, and life has started to move more towards normalcy.

This chapter is divided by country, starting with a summary of the country's disease control measures and the respective country's prostitution legislation.

### Finland

Starting from March 16, all primary and secondary schools, universities, polytechnics, and adult learning institutions were closed, and online teaching was employed for students. Day-care centres did, however, remain open. All public museums, libraries, leisure centres, sporting facilities, and other activities were closed. The private sector and religious communities were recommended to halt their operations. Public gatherings with more than 10 participants were prohibited, and the public was advised not to visit public places unless necessary.<sup>38</sup> From April 3, all restaurants and bars etc. were closed for guests (takeaway orders were allowed).<sup>39</sup>

Visits from the public in hospitals, care homes and other health care facilities were prohibited. Persons over 70 were advised to self-quarantine. All unnecessary travel was strongly

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<sup>37</sup> See appendix 1.

<sup>38</sup> [https://valtioneuvosto.fi/sv/artikeln/-/asset\\_publisher/10616/hallitus-totesi-suomen-olevan-poikkeusoloissa-koronavirustilanteen-vuoksi](https://valtioneuvosto.fi/sv/artikeln/-/asset_publisher/10616/hallitus-totesi-suomen-olevan-poikkeusoloissa-koronavirustilanteen-vuoksi)

<sup>39</sup> [https://valtioneuvosto.fi/sv/artikeln/-/asset\\_publisher/1410877/ravintolat-sulkeutuvat-koko-maassa-perjantainapuolen-yon-aikaan-koronavirusepidemian-vuoksi](https://valtioneuvosto.fi/sv/artikeln/-/asset_publisher/1410877/ravintolat-sulkeutuvat-koko-maassa-perjantainapuolen-yon-aikaan-koronavirusepidemian-vuoksi)

discouraged, and all passenger traffic out of Finland was halted. Residents returning to Finland were referred to a 14-day self-quarantine upon returning.<sup>40</sup>

Between March 28 and April 19, travel to, and leaving from, the region of Uusimaa (which includes Helsinki) was restricted. Residents were however allowed to travel within their region.<sup>41</sup>

Some of the restrictions, such as the closing of sports facilities, restaurants and the number of visitors at public gatherings, has since been lifted or updated.<sup>42</sup>

Selling and buying sex is legal in Finland. However, buying sex from someone who is under 18, or a victim of human trafficking is not. Profiting from, or accommodating another person's prostitution is criminalised.<sup>43</sup> Renting out premises for prostitution-related activities and advertising for sexual services is also criminalised.<sup>44</sup>

### **Pro-Tukipiste**

Pro-Tukipiste is a service provider (NGO) for persons that sell sex and erotic workers, with offices in Helsinki, Tampere and Turku. They offer social- and health services, do outreach, peer-work and provide other services such as training. The Tampere office has answered the survey, but they have also provided information from the other offices.

Pro-Tukipiste closed their offices for activities March 23, including outreach, and employees have been working remotely. They have increased their availability on the telephone and chat during the crisis. Pro-Tukipiste's nationwide chat that has remained open has seen an increase of users, particularly among Finnish-speaking service users. On occasion, the staff has had in-person meetings with service users, mainly with users who are migrants and have poor language skills for which telephone or online meetings may prove challenging.

Pro-Tukipiste has been very active on social media, especially Facebook and Instagram, in sharing information on their services and on COVID-19.

Since May 11 in Helsinki and since May 18 in Tampere, the offices have re-opened for STI-testing by appointment once a week. Since May 18, all offices have started handing out condoms and lubricants again weekly. Since re-opening, they have seen an influx of new service users who have received information about their services on social media or from peers.

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<sup>40</sup> Ibid.

<sup>41</sup> [https://valtioneuvosto.fi/sv/artikeln/-/asset\\_publisher/10616/liikkumisrajoitukset-uudellemaalle-voimaan-28-maaliskuuta-2020-klo-00-00?\\_101\\_INSTANCE\\_LZ3RQQ4vvWXR\\_languageId=en\\_US](https://valtioneuvosto.fi/sv/artikeln/-/asset_publisher/10616/liikkumisrajoitukset-uudellemaalle-voimaan-28-maaliskuuta-2020-klo-00-00?_101_INSTANCE_LZ3RQQ4vvWXR_languageId=en_US)

<sup>42</sup> <https://valtioneuvosto.fi/sv/information-om-coronaviruset/gallande-begransningar>

<sup>43</sup> <https://www.finlex.fi/sv/laki/ajantasa/1889/18890039001#L20>

<sup>44</sup> Ibid.

In May, Pro-Tukipiste launched an online peer-support group. The group offers weekly meeting that is administered by a peer and by a Pro Tukipiste staff member. A member of staff screens group members to ensure that they are indeed part of the target group. Pro-Tukipiste hopes to continue this after the crisis lifts.

There has been no ban on one-to-one type services (hairdressers, massage parlours, etc.) in Finland, so selling sex has not been made illegal such as it has in Denmark and Norway. However, there has been a considerable reduction in online advertising of sexual services during the crisis. Further, there has been no deportation of EU-nationals.

Service users have stated that there has been a dramatic drop in clients, forcing many to lower their prices. There has also been an increase in clients being verbally abusive, pushing for services to be performed without condoms and bargaining over price. Sex sellers that are new in the business have started providing oral sex without condoms, but more experienced sellers have not. In Tampere, erotic dancers have turned to sell sex, as ventures have closed during the crisis.

For persons working in Thai massage parlours, the financial situation has been devastating. Some parlours have closed for business, while others have remained open with very little revenue. Among Thai service users, in addition to extreme financial worries, there has been a lot of fear and anxiety connected to exposure and infection of coronavirus. Pro-Tukipiste has distributed food packages among this group, as they are especially hit hard by the crisis.

Among Finnish service users, worries regarding the future, as well as financial concerns, have been prominent. Also, there has been considerable anxiety connected to feelings of loneliness, since many service users have hardly any social network. For these service users, closing Pro-Tuipiste's offices has been an especially hard blow, as they often consider the staff as family.

Although benefits were to be made more readily available during the crisis, Pro-Tukipiste has experienced that this has not necessarily been the case, with many service users being unable to claim support. For service users who speak Finnish or English poorly, this has been particularly challenging.

Pro-Tukipiste has not contacted (or been contacted by) any state or municipal agencies during the crisis, something that has partially been a conscious choice, as drawing attention to their target group may lead to further restrictions and regulations. Finnish authorities have, however, been very responsive in developing information material on disease control in many languages, something that has been helpful in working with a group of diverse nationalities. Pro-Tukipiste has adapted this information for their service users.

## **FTS Finland**

The organisation FTS is a network for sex sellers or erotic workers in Finland. FTS make clear that their members are mainly white and Finnish, and that their experience comes from this perspective.

They state that there has been great variation among their network members; some have seen a steep reduction in clients, while others have continued working as normal. Some have decided to stop working all together. They also see an increase in persons engaging in survival sex. FTS has been active in sharing information developed for the target group on various social media platforms.

## **Sweden**

Sweden has had a softer strategy in the crisis compared to the neighbouring countries. Although there has been some criticism from academia and in the media, the Swedish strategy has had strong support among the population. The weekly survey on the Swedish population's response to the coronavirus crisis by Kantar Sifo showed that 78 % of respondents had a high or very high trust the Public health authority, and 82 % had high or very high confidence in health services.<sup>45</sup> The high level of trust in authorities has been relatively consistent throughout the crisis.

The Public health authority has been in charge of the disease control strategy. The strategy involves public recommendations to avoid unnecessary travel, practice social distancing in public spaces, and for persons over 70 to avoid all social interacting. Care homes do not allow any visitors.

Pre- and primary schools have remained open throughout the crisis. However, secondary schools, universities, vocational and polytechnic schools have closed for students in favour of online teaching.<sup>46</sup> Public events and gatherings have been limited to a maximum of 50 participants.<sup>47</sup> Some public sector services have had reduced accessibility during the crisis (ref).

Health centres, shopping centres, gyms, hairdressers, massage parlours etc. have also remained open, as have bars and restaurants (with restrictions on social distancing and number of visitors. Due to not closing any of the one-to-one type services such as hairdressers and massage parlours (as in the neighbouring countries), selling sexual services has not been affected by restrictions.

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<sup>45</sup>14-20 May.

[https://www.kantarsifo.se/sites/default/files/reports/documents/allmanhetens\\_tillit\\_tankar\\_och\\_beteende\\_under\\_coronakrisen\\_22\\_maj\\_2020.pdf](https://www.kantarsifo.se/sites/default/files/reports/documents/allmanhetens_tillit_tankar_och_beteende_under_coronakrisen_22_maj_2020.pdf)

<sup>46</sup> <https://www.krisinformation.se/detta-kan-handa/handelser-och-storningar/20192/myndigheterna-om-det-nya-coronaviruset/information-om-skolor>

<sup>47</sup> <https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/verksamheter/information-till-arrangorer-av-evenemang/>

Selling sexual services is legal in Sweden, but buying is not.<sup>48</sup> Profiting from, or accommodating another person's prostitution is criminalised. Renting out premises for prostitution-related activities and advertising sexual services is also criminalised.<sup>49</sup>

### **Service providers**

Pro Sentret sent the survey to the three leading service providers for persons who sell sexual services in Sweden. Three municipal service providers give specialised services to persons who sell sexual services in Sweden: Mika-mottagningen in Gothenburg, Mika-mottagningen in Stockholm and Evonhuset in Malmo. All have responded to the survey.

### **Mika Gothenburg**

Mika Gothenburg provides counselling, support and services for persons with experience of selling sex, from other types of sex work, for persons who self-harm through sex and for family and partners of persons in said categories.<sup>50</sup> They also do outreach in street prostitution and online.

The service has remained open throughout the crisis but has offered counselling via telephone or skype for persons who show symptoms of infection or have chosen to self-isolate. They saw a small reduction in service users contacting them early on, but the numbers quickly went back up to normal.

Mika Gothenburg has experienced an increase in anxiety, and a worsening of mental health, among service users during the crisis. Worries include fear of losing jobs and income for those who have stopped selling sex and therefore falling back into sex work and the general uncertainty of the situation. Further, reducing health- and mental health providers' accessibility, cancelled medical appointments and difficulty accessing social services and other public services add to this.

Regarding EU-migrants, the situation has been complicated further due to the cancelling of flights and other forms of transport to home countries. IOM's vulnerable groups' program, which Mika Gothenburg administers in the region, has been halted. Halting the programme has left the returnees in a very vulnerable situation, being stuck in Sweden with no access to public services.

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<sup>48</sup> [https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/brottsbalk-1962700\\_sfs-1962-700](https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/brottsbalk-1962700_sfs-1962-700)

<sup>49</sup> Ibid.

<sup>50</sup> [https://goteborg.se/wps/portal/start/social--och-familjefragor/familj-barn-och-ungdom/mikamottagningen!/ut/p/z1/hY6xDolwGISfhrX\\_TykU3ToYDUqiE9jFIKmfhFJSqk18enE00Xjb5b7LHUioQY7No9eN7-3YDIs\\_y-zC6BbjgsX7HHccRXralCXjNDmmUP0D5BLjDwmEAmR\\_NSS0hiBJOM04izlbcZ5nlL\\_nxXhNcg3SqZtyypG7W1513k\\_zOslIQwhEW6sHRVprlvxW6ezsof4kYTL186Aq8QI5Ecp3/dz/d5/L2dBISvZ0FBIS9nQSEh/](https://goteborg.se/wps/portal/start/social--och-familjefragor/familj-barn-och-ungdom/mikamottagningen!/ut/p/z1/hY6xDolwGISfhrX_TykU3ToYDUqiE9jFIKmfhFJSqk18enE00Xjb5b7LHUioQY7No9eN7-3YDIs_y-zC6BbjgsX7HHccRXralCXjNDmmUP0D5BLjDwmEAmR_NSS0hiBJOM04izlbcZ5nlL_nxXhNcg3SqZtyypG7W1513k_zOslIQwhEW6sHRVprlvxW6ezsof4kYTL186Aq8QI5Ecp3/dz/d5/L2dBISvZ0FBIS9nQSEh/)

Mika Gothenburg has also heard of a decrease in the number of sex buyers, leading sellers who are already in a vulnerable position, to accept to give services they would not typically provide. For service users who are also homeless, or in other precarious life situations, complying with disease control measures regarding hygiene and self-isolation is extremely difficult, putting them at higher risk for infection.

Mika Gothenburg has developed and distributed information material for its service users regarding coronavirus.

### **Mika Stockholm**

Mika Stockholm provides counselling, support and services for persons with experience of selling sex, from other types of sex work, for persons who self-harm through sex and for family and partners of persons in said categories.<sup>51</sup> They also do outreach in street prostitution and online and run a sexual- and reproductive health service (Mika hälsa) in collaboration with Stockholm municipality.

Mika Stockholm has remained open throughout the crisis. There is, however, a possibility that staff will be posted in other areas of social services in Stockholm if the crisis escalates. Mika Stockholm has voiced great concern in that this would, in effect, mean that the target group would be left entirely without specialised services, something that would have devastating consequences for service users.

Mika Stockholm has experienced an increase in cancelled appointments. In some cases, this is due to service users having symptoms of infection. They also point out that service users who sell sex have an increased risk of infection because of high exposure.

Although public spaces in Stockholm have been mostly empty during the crisis, street prostitution has remained active. Mika Stockholm has continued their outreach work on this arena. They raise particular concern over this group's exposure to infection, partly because of a high number of contacts, partly because of a high number of persons with health-related risk factors for a severe outcome of COVID-19.

Mika Stockholm has also continued its outreach online. There has been a decrease in advertisements for sexual services, but they have observed that the number of advertisers offering webcam services has gone up.

Mika Stockholm states that the crisis has affected their target group in various ways. Loosing, or risking losing one's job, can push persons back into selling sex. Online teaching, which has

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<sup>51</sup> [https://goteborg.se/wps/portal/start/social--och-familjefragor/familj-barn-och-ungdom/mikamottagningen!/ut/p/z1/hY6xDolwGISfhrX\\_TykU3ToYDUqiE9jFIKmfhFJSqk18enE00Xjb5b7LHUioQY7No9eN7-3YDIs\\_y-zC6BbjgsX7HHccRXralCXjNDmmUP0D5BLjDwmEAmR\\_NSS0hiBJOM04izlbcZ5nL\\_nxXhNcg3SqZtyypG7W1513k\\_zOslIQwhEW6sHRVprlvxW6ezsof4kYTL186Aq8QI5Ecp3/dz/d5/L2dBISEvZ0FBIS9nQSEh/](https://goteborg.se/wps/portal/start/social--och-familjefragor/familj-barn-och-ungdom/mikamottagningen!/ut/p/z1/hY6xDolwGISfhrX_TykU3ToYDUqiE9jFIKmfhFJSqk18enE00Xjb5b7LHUioQY7No9eN7-3YDIs_y-zC6BbjgsX7HHccRXralCXjNDmmUP0D5BLjDwmEAmR_NSS0hiBJOM04izlbcZ5nL_nxXhNcg3SqZtyypG7W1513k_zOslIQwhEW6sHRVprlvxW6ezsof4kYTL186Aq8QI5Ecp3/dz/d5/L2dBISEvZ0FBIS9nQSEh/)

been the norm in universities, polytechnics, adult learning and secondary schools, has also meant a loss of social arenas for service users who are students.

Cancellations of health-related appointments (particularly in mental health services), based on prioritising, affects the target group negatively. Other appointments such as within social services, job centres etc. have also been cancelled on the same grounds, further adding to the strife of the target group. Several service providers catering to the needs of vulnerable persons have closed or reduced their availability, including outreach health services for homeless persons and homeless shelters.

Mika Stockholm has developed information posters for persons in street prostitution, but have received no specific information from public agencies regarding the target group's vulnerable situation concerning hygiene and disease control. Through collaboration meetings, Mika Stockholm has had regular interaction with public agencies such as the County Administrative Board, Police and social services with a satisfactory outcome. However, direct dialogue with public agencies has been less fruitful. Mika has voiced that their target group is highly vulnerable, and adaptations such as making public services available through digital platforms will work poorly, but the agencies have not acknowledged this.

### **Evonhuset Malmö**

Evonhuset, located in Malmö, is a service for persons with experience of selling or buying sex, self-harm through sex, and for persons who are victims of human trafficking.<sup>52</sup> Two of the employees at Evon-huset also functions as regional coordinators on human trafficking.

Evonhuset has remained open, and the directives from Malmö municipality have been that remote working should be employed, but that the activities should not be diminished as a result of this. The six employees have been divided into teams, alternating between working remotely from home and at the centre. They have avoided meeting service users in person as much as possible, offering meetings via telephone or digital platforms such as Skype. Some service users have adapted well to this, while others have preferred to wait until physical meetings are possible again. Distributing of condoms, lubricants and personal alarms have continued as usual.

Outreach in street prostitution has continued throughout the crisis. There has been very little activity in this arena, and the majority of the sex sellers are Swedish persons struggling with substance abuse and mental illness. The EU-migrants that previously dominated this arena are now gone, something that took place *before* the crisis, and was primarily related to increased police activity directed towards this group.

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<sup>52</sup> <https://malmo.se/Service/Stod-och-omsorg/Brott-hot-och-vald/Evonhuset---for-dig-som-saljer-koper-konsumenter-eller-skadar-dig-med-sex-eller-ar-utsatt-for-manniskohandel.html>

Evonhuset has also continued their outreach online, and have sent advertisers information about the coronavirus via SMS. The response to this has been very positive among advertisers. There has not been a reduction of advertisements for sexual services during the crisis.

Evonhuset's partner organisation Crossroads that work with vulnerable EU-migrants have experienced difficulty with distributing information about coronavirus among their service users. Poor literacy skills, language difficulties and misinformation in the group have added to this, and the organisations have spent considerable time giving information verbally to their service users. Crossroads has also assisted with return trips to home countries; however, many service users have stated that it feels safer for them to remain in Sweden.

Evonhuset's partner organisation Thai Wise, which work with Thai women in Sweden, have been very active in distributing information on coronavirus on their digital platforms and webpage.<sup>53</sup>

There has been no specific information material developed by public agencies for the target group, but the municipality has established routines for social workers. Evonhuset has been contacted by the County Administrative Board to provide information on the impact of the crisis on their target group.

### **Fuckförbundet**

Pro Sentret also sent the survey to Fuckförbundet, a Stockholm-based member organisation for persons who sell sexual services or work in other parts of the sex industry. They stated that some members had chosen to self-isolate, while some kept operating as usual. The demand for sexual services has significantly varied; some members, particularly those working in smaller cities and towns, have seen a sharp decrease. Other members have experienced an increase in demand. The need among members is mainly financial (as a result of lack of income) or help with finding accommodation. Further, for members who are not residents, financial and other assistance is needed to return to their home countries.

Fuckförbundet also started a hardship fund for sex sellers who have lost their income. Twenty applicants received aid before funds were depleted. They hope to open for new applicants once new funds are in place.

Due to a much-publicised police campaign directed towards sex buyers by the Norrmalm police in Stockholm, members have expressed concern over a decrease in clients in an already difficult financial situation.

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<sup>53</sup> <https://www.thaiwise.se/>



## Denmark

Starting from March 13, all primary and secondary schools, universities, polytechnics, and adult learning institutions were closed, and online teaching was employed for students. Museums, libraries, places of worship, gyms and leisure centres also shut down. All public employees, excluding key workers, were to work remotely from home. Restaurants, bars, nightclubs, cafés, department stores and shopping centres were also closed. Further, all public and private events and activities with more than 10 participants were prohibited.<sup>54</sup>

From March 14, Denmark's borders were closed, and entry prohibitions were enforced on non-Danish citizens (transport of goods was not included). All non-essential travel was strictly discouraged. Businesses with one-to-one contact with clients, such as hairdressers, massage therapists, beauticians, tattooist, etc., were closed. This regulation also included persons who sell sexual services.<sup>55</sup>

Selling and buying sexual services is decriminalised in Denmark, and sellers are expected to pay tax on their earnings. However, it is not a recognised profession (anerkendt erhverv), and sex sellers are therefore excluded from claiming unemployment benefits.<sup>56</sup> Profiting from and accommodating another person's prostitution is criminalised.<sup>57</sup>

## Redene

Redene are run by the Danish branch of YWCA/YMCA<sup>58</sup>, and are in turn divided into several different branches into many different regions. Reden Copenhagen, Reden Odense, Reden Aalborg and Reden Aarhus provide services to women with illicit drug addiction who also sell sex. Reden Odense and Reden Aarhus have answered the survey.

Reden Odense<sup>59</sup> provides social services and run a drop-in centre. They have remained open throughout the crisis, but with restrictions of activities. Their night-time services have been closed, and they have only been able to receive service users outside of the centre. Their harm reduction work has, however, continued as usual. Due to the reduction in opening hours, and access to the physical centre, Reden Odense has increased their availability on the telephone for support, counselling and advice.

Among service users, Reden Odense has experienced an increase in chaos, anxiety and loneliness during the crisis. The price of substances has gone up dramatically, even for inferior quality substances. Some of their service users have been in a challenging situation since revenue from selling sex has dropped significantly, and prices on substances have soared.

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<sup>54</sup> <https://www.regeringen.dk/nyheder/2020/pressemeddelelse-i-spejlsalen-om-covid-19/>

<sup>55</sup> Ibid.

<sup>56</sup> <https://socialstyrelsen.dk/voksne/prostitution/viden-om-prostitution/relevant-lovgivning>

<sup>57</sup> Ibid.

<sup>58</sup> <https://kfuksa.dk/om-organisationen/institutioner-tilbud>

<sup>59</sup> <https://kfuksa.dk/reden-odense/om-reden-odense>

Other service users have felt pressured into continuing selling sex by either procurers or financial hardship; even though the pandemic made them frightened, and they did not wish to continue.

The Danish Health Authority has developed general information on disease control, but not specific information for vulnerable groups. Reden Odense's outreach cultural mediator has contacted migrant service users who have continued selling sex throughout the crisis, to give advice on disease control and challenges related explicitly to COVID-19.

Reden Odense has collaborated with Odense municipality to establish an emergency shelter for vulnerable and homeless persons who cannot self-isolate at home. They have also worked with other Reden centres to develop an emergency shelter for women in substance abuse who have experienced violence. Reden states that they have seen an increase in violence against these women during the crisis, and women who sell sex have lost their accommodation as brothels closed.

Reden Odense state that communication and collaboration with Police, municipality, shelters and other NGOs have been successful throughout the crisis.

Reden Aarhus<sup>60</sup> gives social and health services and therapy, run a café and provide legal counselling for women with addiction who sell sex.

Reden Aarhus closed their physical centre, but they have been available through extended telephone hours and e-mail. From mid-May, some services were partially opened again, including health services, counselling and therapy sessions.

They have experienced an increase in loneliness among their service users, an increase in, or a falling back into, substance abuse. Many service users have also chosen to self-isolate due to poor health.

Reden International<sup>61</sup> is a service for female migrants who sell sex, located in the Vesterbro district in Copenhagen. They have a particular focus on women who are victims of human trafficking. The services include a drop-in centre, a health clinic and a night café. They also do outreach and run the only shelter in Denmark for women who are victims of human trafficking.

The physical drop-in centre was closed during the crisis, and the health clinic was only open once a week, and by appointment only. To compensate for reduced opening hours, Reden International intensified their outreach work in street prostitution and kept in contact with service users via telephone. They have distributed food packages and gift cards for food and

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<sup>60</sup> <https://kfuksa.dk/reden-aarhus/om-reden-aarhus>

<sup>61</sup> <https://kfuksa.dk/reden-international>

telephone cards. Although the centre has been closed, they have given counselling to service users physically, but by appointment only.

Reden International usually do health service outreach in brothels/sex clinics, but this has been much reduced during the crisis. Instead, they have contacted service users via telephone through their advertisements.

They have been in contact with a group of about 45 Nigerian women in Vesterbro. Romanian women seem mostly have returned home, and many of the Thai massage clinics (that offer sexual services) have been closed. Some escorts from Latin America and Eastern Europe have however remained, and have continued to sell sex as normal.

There has been no targeted information material developed by authorities for the target group. The Danish Refugee Council<sup>62</sup> has produced information on the disease control regulation and measures in 25 languages, and Reden International has adapted this for the target group. Further, in collaboration with the Danish Centre against human trafficking<sup>63</sup>, they sent text messages on the regulations and measures, to escort advertisements.

No service users have shown symptoms of infection during the crisis, and there have been no confirmed cases. Many have been isolated during the crisis, and many have stopped selling sex. However, there has been no general test strategy among vulnerable groups, and Reden International believes that random sampling tests of the target group, would have given a better understanding of actual infection rates.

Reden International's shelter for women who are victims of human trafficking experienced a lot of uncertainties at the beginning of the crisis, including the availability of tests for service users, the feasibility of quarantine at the centre, upholding disease control regulations and on how to give information on the regulations to service users.

After some time, an initiative for testing and quarantine of vulnerable groups (including EU-migrants) were put in place by the municipality. Still, there have been no initiatives directly targeting persons who sell sex. Reden International's shelter has addressed concerns regarding the lack of quarantine options for victims of human trafficking, and availability of disease control information in different languages to Danish Centre against human trafficking, who are the coordinating state agency on the matter.

Despite the uncertainties in the early stages of the crises and the lack of focus on the target group from authorities, Reden International's shelter expresses that the situation regarding disease control is now working more satisfactory.

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<sup>62</sup> <https://drc.ngo/>

<sup>63</sup> <https://www.cmm.dk/>

## **AmiAmi**

AmiAmi<sup>64</sup> is an outreach and healthcare service for female migrants that sell sex, including victims of human trafficking. They are located in Fredericia in south-eastern Jutland.

AmiAmis's centre was closed during the crisis, but employees have increased their availability on the telephone. Further, their volunteer doctors have given health advice via phone, including prescriptions. Through an agreement with regional authorities, they have also been able to test service users for coronavirus. They have not done outreach as normal, but they have visited service users to give out food parcels and to give advice "from a distance".

Much of the work has centred around giving out information on disease control measures and regulation via telephone or text messaging advertisers for sexual services. The information has been given in Danish, English, Spanish and Thai.

They have mainly been in contact with service users from Nigeria, Thailand and Latin-America. AmiAmi's experienced that those who were able to travel home during the crisis, did so. However, many service users did not have that option, as they had very little to return home to.

Many service users have been in an extremely vulnerable position during the crisis. They have voiced concerns over lack of money and a difficult life situation, in addition to fear related to the virus itself.

In addition to helping with food and medications, AmiAmi has also helped service users with tickets to their home countries. There has been no state or municipal funds allocated for this, and they have therefore used their own funds to finance this.

For Thai service users, returning home has been complicated further by Thai authorities demanding a certificate of health to enter Thailand. AmiAmi has been able to provide such certificates.

Due to the temporary ban on one-to-one services, that included selling sex, the Police have actively sought out brothels/sex clinics to enforce the ban. For establishments that remained open, the Police have issued warnings and fines. The ban has since been lifted. Eu-citizens have been able to stay in Denmark during the crisis. However, third-country nationals have been put into custody.

For service users who sell sex legally, i.e. are registered and pay tax on their earnings, are in theory eligible for state benefits. Still, in AmiAmis's experience, this has proved difficult in practice.

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<sup>64</sup> <https://kfuksa.dk/reden-aarhus/om-reden-aarhus>

In general, there has been a lack of interest from authorities regarding the information on disease control for persons who sell sex, and for migrants in general.

### ***Sexarbejdernes interesseorganisation (SIO)***

Pro Sentret also sent the survey to Sexarbejdernes interesseorganisation<sup>65</sup>, a member organisation for persons who sell sexual services or work in other parts of the sex industry. Their work is mainly political.

Among members, some state that they have stopped selling sex altogether, or that they only see a few, regular clients. Others have moved to sell webcam services, phone sex and such. A few have kept working as usual. Those who stopped selling sex lived on savings, borrowed money or had income from another job. In general, the financial situation has been difficult, and there has been no financial aid package for sex workers, similar to that that has been available for other groups.

Since selling sex is legal in Denmark, and sex sellers are to pay tax on their earnings, they are in theory included in financial aid packages that have been made available for small business owners and freelancers. As stated by service providers earlier, in practice, it has proved difficult for sex sellers to access this package. SIO points to the inconsistency between the requirement to pay tax and sex work not being regarded as a “legal profession”, making accessing the aid packages nearly impossible for sex sellers.

SIO was in dialogue with the Danish Health Authority regarding this, which lead the authority to send a formal letter to the Ministry of Social Affairs and the Interior and the National Board on Social Services. In the letter, they recommended that all full contact sex work should stop during the crisis because of the impossibility of disease control measures during sexual activities. The Danish Health Authority also urged MSAI and NBS to ensure that sex sellers was included in the financial aid packages during the crisis, but to no avail.

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<sup>65</sup> <https://www.s-i-o.dk/>

## Summary

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The financial impact of the disease control measures taken due to the COVID-19 pandemic has caused severe financial strain on large parts of the population in Norway. Experience from the HIV pandemic shows that marginalised and vulnerable groups should be included and consulted for effective communicable diseases control and prevention. However, for persons who sell sexual services, access to the various state-funded emergency financial aid packages was highly restricted. With closed borders and a temporary ban on selling sexual services, forced sex sellers into an extremely precarious situation. Norwegian authorities are urged to clarify whether the Act Relating to Control of Communicable Diseases opens up for providing financial and housing aid and assistance for non-nationals.

Pro Sentret remained open throughout the most severe lockdown. We adapted our services to current disease control regulations in order to uphold continuity in our service provision. The marginalised position persons who sell sex find themselves in, makes them even more vulnerable in a crisis like a pandemic. Access to health and social service provision has been limited, or non-existent, for many, especially since the majority are non-nationals. The need for information and social support has been vast, but also for essential aid such as emergency food packages.

Most Norwegian service providers for the target group have collaborated and shared information with other providers during the crisis. All agree on that authorities on both local and national level have failed to address the specific needs of persons who sell sex.

Unlike other vulnerable groups such as illicit drug users, there has been a deafening silence from local and national authorities regarding persons who sell sex. The responsibility to address, explain, and give information on the target group has, therefore primarily fallen on the service providers.

The impact of the crisis has affected both service provision and the lives of persons who sell sex profoundly in other Nordic countries as well. All Nordic service providers state that they have been forced to reduce their availability to service users. However, the mapping also shows an extraordinary ability to adapt services to the current situation, by extending availability through telephone, increasing online presence, distributing food packages and more.

Although the severity of lockdowns, and the legal status of prostitution, varies between the Nordic countries, service providers tell of a remarkably similar situation for their service users. Not surprisingly, the crisis has exacerbated vulnerability in an already vulnerable population.

## Closing remarks

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The COVID-19 pandemic is undoubtedly the most significant crisis in our time. It has impacted the economy, freedom of movement and assembly. It has been said that the virus does not discriminate, but we now know that that is not wholly accurate.

Persons who sell sex are not a homogenous group, but they share commonalities in that they are marginalised to varying degrees. As shown in this report, the group has been mainly left out from disease prevention and treatment efforts in Norway and the Nordic countries, while other vulnerable groups have been both included and consulted. Compared to measures taken for illicit drug users, for example, the difference is striking. Here, peer organisations and service providers were involved in strategy planning, and extraordinary means were allocated to respond to the group's needs. Persons who sell sex, however, have been met with indifference and deafening silence from authorities.

Disease control and prevention apply to all persons within the country, regardless of residency status, according to Norwegian legislation on communicable diseases. It is striking that persons who sell sex have been left out of any state interventions, particularly as it is a group with frequent contacts, thus high exposure to infection. The complete lack of designated financial aid for the group has pushed the group into continuing selling sex, at considerable personal risk. Not only is this a human tragedy, but it also goes against Norwegian legislation on communicable diseases.

Unsurprisingly, it is the most vulnerable in the group that has been hit the hardest by the measures taken to stop coronavirus. Migrants, especially those who are undocumented or on temporary visas, have been left without any means to support themselves outside of continuing selling sex. Often, the only type of assistance available has been financial aid for journeys home, but not even this has been available in all Nordic countries. Further, for persons who are citizens, or have permanent residency, accessing financial assistance has proved difficult, despite state promises of simplified application processes and lowered requirements of documentation.

The situation for persons who sell sex is remarkably similar in the Nordic countries. Neither countries have had designated efforts directed at the group, and the legal status of prostitution seems not to have had any effect on the outcome. In Denmark, where selling sex is legal, and taxes are to be paid on earnings, financial aid packages directed at freelancers and small business owners did not include sex sellers, although, in theory, they should.

It is highly unlikely that this is the only pandemic we will experience in our lifetime. Despite UNAIDS urging states to include marginalised groups in disease control prevention; this has not been the case when it comes to persons who sell sex. By this report, we wish to place a

searchlight one of the most marginalised and vulnerable groups in our society. Hopefully, our experiences will contribute to better disease control and prevention in future pandemics. After all, COVID-19 was only the dress rehearsal.



## Resources

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Rights in the time of Covid-19, Lesson from HIV for an effective, community-led response.  
[https://www.unaids.org/sites/default/files/media\\_asset/human-rights-and-covid-19\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf)

Felleshøringsinnspill til «Prioriteringer av helsehjelp i Norge under Covid-19 epidemien».  
<https://www.fhn.no/felles-horingsinnspill-til-prioritering-av-helsehjelp-i-norge-under-covid-19-epidemien/>

*Forskrift om smitteverntiltak mv. ved koronautbruddet (covid-19-forskriften).*  
<https://lovdata.no/dokument/SF/forskrift/2020-03-27-470> Forskriften trådte i kraft 27. mars.

*Forskrift om bortvisning mv. av utlendinger av hensyn til folkehelsen.*  
<https://lovdata.no/dokument/SF/forskrift/2020-03-15-293>

*Forskrift om rett til helse- og omsorgstjenester til personer uten fast opphold i riket.*  
<https://lovdata.no/dokument/SF/forskrift/2011-12-16-1255>

Ministry of Justice and Public Security: *Konsekvenser etter lov om vern mot smittsomme sykdommer – sexsalg.* 28.april 2020

*Koronaviruset – beslutninger og anbefalinger.*  
<https://www.helsedirektoratet.no/veiledere/koronavirus>

*Lov om vern mot smittsomme sykdommer.* [https://lovdata.no/dokument/NL/lov/1994-08-05-55#KAPITTEL\\_1](https://lovdata.no/dokument/NL/lov/1994-08-05-55#KAPITTEL_1)

*Lov om pasient- og brukerrettigheter.* <https://lovdata.no/dokument/NL/lov/1999-07-02-63>

*HivNorge: Vellykket behandling og PrEP virker.* <https://hivnorge.no/nyheter/vellykket-behandling-og-prep-virker/>

*Vedtak etter lov om vern mot smittsomme sykdommer § 4-1 andre ledd om møteforbud og stenging av virksomhet.* <https://lovdata.no/dokument/LTI/forskrift/2020-03-12-270>

Velferdsetaten: *Korona og sexsalg.* 07.04.2020

NOU 2012: 17: *Om kjærlighet og kjøletårn.* Helse- og omsorgsdepartementet  
<https://www.regjeringen.no/no/dokumenter/nou-2012-17/id704855/>

NAV: *Veileder for behandling av saker om økonomisk stønad i unntakstilstanden som skyldes koronavirus.* <https://www.nav.no/no/nav-og-samfunn/samarbeid/for-kommunen/nyttig-a->

[vite/koronavirus--informasjon-til-kommunene/koronavirus--veileder-for-behandling-av-saker-om-okonomisk-stonad-under-pandemien](#)

NAV: *Når du mister inntekt ved koronautbruddet for selvstendige næringsdrivende og frilansere.* <https://www.nav.no/no/person/innhold-til-person-forside/nyttig-a-vite/koronavirus--informasjon-fra-nav/koronavirus-informasjon-til-selvstendig-naeringsdrivende-og-frilansere>

«Oppfordring til handling» signert av signed by PION, Pro Sentret, Foreningen for kjønn- og seksualitetsmangfold (FRI) Oslo Viken, Antirasistisk Senter og Skeiv Verden, 12.mai 2020

Query from MP Nicholas Wilkinson (SV) for the minister of labour and social inclusion. Document no. 15: 1648 (2019-2020) <https://www.stortinget.no/no/Saker-og-publikasjoner/Sporsmal/Skriftlige-sporsmal-og-svar/Skriftlig-sporsmal/?qid=79889>

[https://valtioneuvosto.fi/sv/artikeln/-/asset\\_publisher/10616/hallitus-totesi-suomen-olevan-poikkeusoloissa-koronavirustilanteen-vuoksi](https://valtioneuvosto.fi/sv/artikeln/-/asset_publisher/10616/hallitus-totesi-suomen-olevan-poikkeusoloissa-koronavirustilanteen-vuoksi)

[https://valtioneuvosto.fi/sv/artikeln/-/asset\\_publisher/10616/hallitus-totesi-suomen-olevan-poikkeusoloissa-koronavirustilanteen-vuoksi](https://valtioneuvosto.fi/sv/artikeln/-/asset_publisher/10616/hallitus-totesi-suomen-olevan-poikkeusoloissa-koronavirustilanteen-vuoksi)

[https://valtioneuvosto.fi/sv/artikeln/-/asset\\_publisher/10616/liikkumisrajoitukset-uudellemaalle-voimaan-28-maaliskuuta-2020-klo-00-00?\\_101\\_INSTANCE\\_LZ3RQQ4vvWXR\\_languageld=en\\_US](https://valtioneuvosto.fi/sv/artikeln/-/asset_publisher/10616/liikkumisrajoitukset-uudellemaalle-voimaan-28-maaliskuuta-2020-klo-00-00?_101_INSTANCE_LZ3RQQ4vvWXR_languageld=en_US)

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# Appendices

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## Appendix 1.

### NO

1. I noen korte setninger, beskriv hvordan situasjonen har vært for dere og deres brukere gjennom krisen (utfordringer, hvilken type henvendelser etc.).
2. Hvilken eller hvilke myndigheter har hatt det overgripende ansvaret for smittevern på nasjonal nivå?
3. Hvordan har håndheving av smittevernstiltak blitt håndtert i forhold til prostitusjonsfeltet?
4. Har det blitt utarbeidet målrettet smitteverninformasjon for personer som selger sex og prostitusjonstiltak?
5. I hvilken grad har dere vært involvert og deltatt i arbeidet med i identifisering av behov og i å utvikle tiltak for smittevern?
6. Opplever dere at det har vært en god dialog med myndighetene og at deres synspunkter har blitt hørt?
7. Hvilke erfaringer har dere om hvorvidt smittevernsarbeidet har vært målrettet og effektivt i prostitusjonsfeltet?

### EN

1. In a few short sentences, describe the situation for you and your service users during the crisis (challenges etc.).
2. Which agencies (on state and municipal level) have had the overarching responsibility for disease control on a national level?

3. How (if at all) has disease control measures been carried out in the prostitution field?
4. Has any information material on disease control for persons who sell sex and/or their service providers been developed and distributed by authorities?
5. Have you, as service providers, been involved in developing disease control measures and identifying needs for your service users?
6. Do you feel that the dialogue between you and the authorities has been good and fruitful during the crisis?
- 7.
8. Do you feel that disease control has been effective and goal oriented in your field?

SV

1. I korta ordalag, beskriv hur situationen har varit för er och era brukare under krisen.
2. Vilka (eller vilka) myndigheter har haft det övergripande ansvaret för smittskyddsarbetet på nationell nivå?
3. Hur har smittskyddsarbetet sett ut i prostitutionsfältet?
4. Har myndigheter utarbetat något informationsmaterial specifikt för personer som har sex mot ersättning?
5. Har ni, som service providers, blivit involverade i smittskyddsarbetet genom att identifiera behov och komma med förslag på åtgärder gällande era brukare?
6. Upplever ni att dialogen har fungerat mellan er och myndigheter?
7. Upplever ni att smittskyddsarbetet har varit målriktat och effektivt i prostitutionsfältet?



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