  

### RE: Call for input to the report of the Special Rapporteur on violence against women and girls to the Human Rights Council on prostitution and violence against women and girls

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The following submission is based on a large body of Canadian-based peer-reviewed research, predominately drawing from the AESHA (An Evaluation of Sex Workers’ Health Access) Project.

The AESHA Project is a 10-year+ longitudinal community-based research project that includes a quantitative cohort and a qualitative and ethnographic arm. As part of the quantitative arm, AESHA operates a community-based prospective cohort of over 900 sex workers across diverse work environments. The qualitative arm is focused on documenting the lived experiences of sex workers of all genders, and third parties who provide services for sex workers (e.g., receptionists, venue managers, owners and security personnel). The AESHA project is housed at the Centre for Gender and Sexual Health Equity (CGSHE), a University of British Columbia Faculty of Medicine research centre. Over the past decade, the AESHA Project has focused on evaluating the impact of evolving legislative approaches on sex workers’ health, safety, and human rights.

We were compelled to provide our evidence to bring attention to the Special

Rapporteurs problematic use of the repressive legal term “prostitution”, and framing of sex work (defined as the consensual exchange of sex services) as inherently harmful. The political and ideological conflation of sex work with human trafficking and violence against women have shaped repressive laws and policies that have consistently violated sex workers’ human rights and autonomy (1–3). Despite the harms of such laws and policies, most jurisdictions continue to uphold punitive measures targeting the sex industry, including criminalizing most aspects of sex work. Laws and policies that directly impact sex workers’ rights, safety and autonomy are routinely developed without any or adequate consultation with sex workers themselves. Global policy bodies and human rights groups, including the [UN Working Group on discrimination against women](https://www.ohchr.org/en/special-procedures/wg-women-and-girls/eliminating-discrimination-against-sex-workers-and-securing-their-human-rights#%3A~%3Atext%3DThe%20Working%20Group%20on%20discrimination%2Ctheir%20human%20rights%20are%20protected) [and girls](https://www.ohchr.org/en/special-procedures/wg-women-and-girls/eliminating-discrimination-against-sex-workers-and-securing-their-human-rights#%3A~%3Atext%3DThe%20Working%20Group%20on%20discrimination%2Ctheir%20human%20rights%20are%20protected), the [World Health Organization](https://www.who.int/publications/i/item/9789241506182), and [Amnesty International](https://www.amnesty.org/en/documents/pol30/4062/2016/en/), have consistently called for the full decriminalization of sex work as the most effective approach to reducing violence and exploitation.

*Based on over a decade of peer-reviewed AESHA research, we support the call for an end to punitive approaches regulating sex work, and provide the following evidence to the Special Rapporteur:*

1. ***Describe the profile of women and girls affected by prostitution in your country.***

### Demographics of people engaged in sex work within Canada:

Research indicates that sex workers in Canada represent a highly diverse group, including cisgender women and men, transgender individuals, those who assume other positions on the gender and sexuality continuums, and those who solicit and service clients in a variety of settings, including through the internet, at escort agencies, in brothels, bars, massage parlours, or on the street. Recent studies drawing on samples of sex workers working in various locations across Canada have indicated that the majority of sex workers identify as cisgender women with about 20% identifying as transgender and between 10-20% identifying as men (4).

Presently, the AESHA Project represents the largest study of sex workers in Canada, therefore providing important insights to the diversity of people engaged in sex work. Among the 907 cisgender and transgender women sex workers interviewed bi-annually as part of the AESHA longitudinal cohort, 61% worked in indoor venues (e.g. massage parlours, beauty establishments, micro-brothels, bars, hotels, out-call, bars and in-call) and 39% worked primarily in street-based settings; 31% identified as a gender and/or sexual minority with 6% transgender women and Two Spirit sex workers and 93% cisgender women.

Compared to general population estimates in BC and across Canada, there was significant overrepresentation of Indigenous (38%) and racialized im/migrant sex workers (24% Chinese, 3% Thai/Vietnamese/Korean/Japanese, 2% Black and 1% Latin/Central/South American). The AESHA cohort participant demographics are comparable to other research with sex workers in Canada. As in other studies Indigenous sex workers were overrepresented among street-based sex workers and sex workers living in poverty due to the ongoing effects of colonialism.

The AESHA cohort includes a higher percentage of im/migrant sex workers than other national samples of sex workers, this is likely due to the multi-lingual AESHA research team who is able to conduct interviews in Mandarin and Cantonese and due to sustained outreach to massage parlours and other indoor sex work environments where many im/migrant sex workers offer sexual services in Metro Vancouver.

Most research on sex work indicates that sex work is gendered with the majority of sex workers identifying as cisgender or transgender women. The relative lack of empirical data on men sex workers may be attributed to the greater sexual autonomy ascribed to men and/or the fact that men sex workers may undermine the stereotypical notion that sex work is inherently an act of violence against women. In a qualitative peer-reviewed study with 39 men sex workers who work in Metro Vancouver, thirty-five identified as cisgender men, 7 identified as Two-Spirit and 4 as trans individuals. This study highlights the diversity of men sex workers gender and sexual identities, something that is rarely acknowledged in research and policy discussions surrounding sex work(5).

***8. How is the issue of consent dealt with? Is it possible to speak about meaningful consent for prostituted women and girls?***

### Consent in sex work: Acknowledging sex workers’ agency

Our findings indicate that sex workers in both street-based settings, as well as those working in indoor environments and im/migrant sex workers, are actors with agency, where engaging in sex work constitutes a rational decision, albeit one that is shaped by social and structural constrains, including race, class, gender im/migration policies and criminalization(6–8). Our study with <200 im/migrant sex workers revealed a diversity of pathways into sex industry work upon arrival to Canada, including language barriers to conventional labour markets, and the higher pay and relative flexibility of sex work rather than experiences of coercion or trafficking(8).

***9. How effective have legislative frameworks and policies been in preventing and responding to violence against women and girls in prostitution?***

Our peer-reviewed research unequivocally demonstrates that punitive and restrictive laws and policies undermine sex workers’ occupational health and safety, increase risk of violence and push sex work underground. Indeed, our research demonstrated that sex work criminalization and policing increases risk of violence(9–12).

In 2014, Canada enacted the Protection of Communities and Exploited Persons Act, (PCEPA), which enshrined “end-demand laws” that criminalize most aspects of sex work including the purchase of sex and providing third party support. End-demand laws conflate sex work with trafficking and are based on assumptions that “exploitation is inherent in prostitution” (13).

AESHA Project research involving 900+ sex workers interviewed between 2010-2019 shows that:

* Punitive models, even when implemented with the purported goal of “protecting” sex workers, violate their safety and labour rights, by limiting access to health services, safe workspaces, and access to justice. These harms disproportionately impact Indigenous and racialized sex workers and migrant sex workers (14–16), often identified as the very communities the laws are purporting to “protect” (Annex 2).
* Criminalizing any aspect of sex work under the guise of “protecting victims” results in punitive policing which displaces sex workers to isolated spaces with reduced ability to screen clients, negotiate transaction terms, or access protection (9–12), effectively creating conditions of diminished safety and protection and increasing risk of violence (Annex 3).
* Additional surveillance and punitive control of sex work hinders sex workers’ health and physical safety by limiting their access to safety strategies and resources (17,18), again diminishing sex workers’ ability to secure safety on their own terms.

***5. Who is responsible for the perpetration of violence against women and girls in prostitution?***

### Policing and criminalization as main cause of violence against sex workers, not third parties

The public health literature suggests that criminalization and policing undermine sex workers’ working conditions, restricting access to justice, and reinforcing the marginalization of already marginalized sex workers, including those who are Indigenous, those who face im/migration policy restrictions and those who work in street-based settings.

Our research finds policing and criminalization as main cause of violence against sex workers**.** Under the criminalization of sex work, sex workers report regularly experiencing harassment from police, including intimidation and abuse by police, but also through surveillance or “check-ins”. These interactions with police have been shown to reduce sex workers’ ability to utilize safety strategies, displace sex workers to isolated areas, and pose severe barriers to access to health and social supports (11,19– 22).

Most service industries rely on third party assistance systems. In sex work, third parties can be receptionists, managers/venue owners, advertisers, website providers, drivers, housekeepers, spotters, and security guards, etc. Trafficking and sex work laws make broad, unfounded assumptions about sex work third parties that rarely distinguish supportive third parties from abusive or coercive third parties (Annex 4). Based on research with sex workers and third parties, evidence from the AESHA Project shows that:

* Third party roles are often occupied by current and former sex workers and a majority of third parties are women, contrary to the exploitative male “pimp” stereotype (23).
* Sex work third parties are diverse, as in other service industries. Third parties in sex work provide services for sex workers, such as client screening and security, as well as sexual health resources which promote sex workers’ occupational health and safety (23).
* Criminalizing third parties under the semblance of protection constrains sex workers’ access to assistance from supportive third party services (i.e., security protection, admin, drivers); undermines access to safer indoor venues; increases venues’ vulnerability to violent robberies and assaults; restricts condom availability; and restricts sex workers’ access to police protections (23–26).
* More than half of im/ migrant sex workers worry about negative consequences of police interactions as well as inspections and surveillance by other authorities (e.g., immigration, municipal by-law) in their workplace, including loss of immigration status, deportation, arrest, fines, stigma, or loss of clients and income (8,21,27).

Our research shows that criminalized interactions with law enforcement and other government authorities severely impedes the ability of sex workers to contact the police for support, enabling perpetrators - including the police - to abuse sex workers with impunity, thus perpetuating high levels of violence (11,12,19,22,25,26). This is especially true for Indigenous, racialized and im/migrant sex workers, who report particularly low levels of reaching out to police for assistance, even when faced with life- endangering violence (8,12,25). Fear and mistrust of police systems is shaped by decades of police apathy, systemic racism, a culture of unresponsiveness and neglect surrounding missing women, and a lack of recourse and response to violence by police and the judicial system, particularly for Indigenous sex workers who described how racism and colonialism shape current and historical policing practices (20).

***12. What are the obstacles faced by organizations and frontline service providers?***

Our research has shown that supporting and scaling-up community-based and sex worker-led initiatives and programmes are a best practice for advancing the health and human rights of sex workers (14). Our research has demonstrated that sex worker collectivization and peer supports can enhance occupational health and safety, including reduced client condom refusal (28,29). The ongoing criminalization, stigmatization, policing, and surveillance of sex work venues and work environments, coupled by a lack of funding, often hinder the collectivization of sex workers and the expansion of sex worker-led supports and organizing. Our evidence has found that under end-demand laws, sex workers experienced significantly reduced access to critical health and sex worker and community-led services (14). Availability of funding for human rights-based approaches to sex work organizing has historically been hindered in North America and elsewhere by harmful anti-trafficking rhetoric, while prioritizing problematic “exiting” programs. Our evidence demonstrates the need for increased support and scale-up of sex worker-led and community-based services that are rights-based, trauma-informed, and culturally safe.

**15. What recommendations do you have to prevent and end violence associated with the prostitution for women and girls?**

### To prevent and end violence people who do sex work, based on peer-reviewed public health research we recommend:

* Full decriminalization of sex work
* Structural supports that reduce vulnerability, including basic income and affordable, dignified housing
* Non-carceral and non-discriminatory approaches to safety, including community based anti-violence programs developed by and for sex workers
* Investment in community initiatives run by and for people working in the sex industry that are non-directive, non-stigmatizing, rooted in human rights, and not focused on “exiting” sex work
* Meaningful consultation with diverse communities of sex workers on all future proposed legislation or policy that impacts sex work

**Annex 1: References**

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### Annex 2: Impacts of PCEPA

The majority of the peer reviewed research included in this brief is drawn from a longstanding UBC research project based at the Centre for Gender

& Sexual Health Equity, known as An Evaluation of Sex Worker Health Access (AESHA). AESHA is a longitudinal research project that began in 2010 and currently involves semi-annual questionnaires and sexual health nursing visits with over 900 cis

and trans women sex workers, as well as qualitative interviews with >100 managers/third parties, cis and trans men, Two Spirit and gender diverse sex workers, and clients (sex buyers). The community of sex workers is diverse. Among the 907 cis and trans women sex workers interviewed bi-annually as part of AESHA, 61% worked in indoor venues (e.g., massage parlours, beauty establishments, micro- brothels, bars, hotels, out-call and in-call), and 39% worked primarily in public/street-based settings.

**This brief draws from a 15-page report published by the AESHA Project** [**in 2019. Click**](https://www.cgshe.ca/app/uploads/2019/12/Harms_2019.12.16.v1.pdf)[**here to**](https://www.cgshe.ca/app/uploads/2019/12/Harms_2019.12.16.v1.pdf) **read the full report, “Harms of End-demand** [**Criminalization.**](https://www.cgshe.ca/app/uploads/2019/12/Harms_2019.12.16.v1.pdf)**”**

**What are sex workers’ experiences of safety, working conditions and human rights under PCEPA?**

of sex workers report no

**72%**

improvements in working conditions with PCEPA

of sex workers reported

**26%** negative changes in working conditions with PCEPA

* Reduced ability to screen prospective

clients

* Reduced access to safe workspaces
* Reduced access to clients (which meant longer hours for less pay or having to take riskier clients)

Machat et al. 2019.

## Did rates of reporting violence & access to justice change under PCEPA?

In analyses of access to justice over nine years, rates remained unchanged with no differences in rates of reporting violence to police in the pre- PCEPA vs post-PCEPA era. Only 26% of incidents of violence were reported to police. The majority

of sex workers had not reported violence to police. A staggering 87% of racialized im/migrant sex workers and 58% of Canadian-born sex workers reported not reporting workplace violence to police. Similarly, patterns were identified in a study across five Canadian cities, including Ottawa, Toronto, Sudbury, Montréal and Surrey (Crago et al. 2021).

**Access to Justice (2010-2018)**

**26%**

of incidents of violence were reported to police

**38%**

of sex workers reported violence to police

**87%**

of im/migrant sex workers had

unreported violence

**58%**

of Canadian-born sex workers had unreported violence

**Reasons for unreported violence:**

* Lack of trust with police & justice system
* Immigration concerns
* Concerns that sex workers do not have legal protection from violence under current laws

**No difference in rates of reporting violence pre-PCEPA (2010-2013)**

**vs PCEPA (2015-2018)**

*“I’ve needed the police’s help with bad dates and they’ve done absolutely nothing. The fact that it’s not legalized, you kinda can’t do it, you know.”*

- Cisgender woman; sex worker

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McBride et al., 2019a; 2020a.

## Did PCEPA reduce stigma and barriers to housing, harm reduction, and social and health supports for sex workers?

Previous research by AESHA and many others (see also: *Bedford Case*) have shown that prohibitive sex work laws prevent access to health and social supports and safe, secure housing due to concerns of disclosing sex work status, sexual stigma and

discrimination, and fear of arrest or loss of immigra- tion status. In longitudinal analysis, sex work stig- ma (fear of disclosure of sex work status to family, friends, home community and health providers) was the strongest barrier to accessing health care for sex workers (Lazarus et al., 2011), and intersected with cultural and language barriers and fear of losing immigration status for racialized im/migrant sex workers (Goldenberg et al., 2017). Criminalization of sex work gives broad latitude for exploitation without recourse by housing managers and building staff. This can include evictions due to sex work, and affects some of the most marginalized and street involved sex workers by not allowing them to bring clients indoors to their own rooms in single room occupancy hotels and social housing (Lazarus et al., 2014). Queer women sex workers overwhelmingly describe intersecting sexual stigmas that prevent access to safe, secure housing (Lyons, 2019).

Longitudinal analyses of pre/post end- demand law reform showed no improvements in health and social support access. In fact, there was a 41% reduction in access to health services and a 20% reduction in access to sex worker-led/community services (e.g., drop-in spaces, mobile outreach and peer support) after the implementation of PCEPA.

End-demand legislation and the ongoing impacts of policing among sex work communities since imple- mentation of the laws have also been associated with restricted access to harm reduction supplies and overdose prevention among sex workers. In research with 884 sex workers interviewed between 2010-2018, we identified persistent barriers to con- dom access, which were not ameliorated post-im- plementation of PCEPA (Goldenberg et al., 2020a). In an analysis involving 624 sex workers who use drugs between 2010-2017, we found that experienc- ing police-related barriers to harm reduction was associated with over two-fold higher odds of nonfa- tal overdose (Goldenberg et al., 2020b).

**Health & Social Support Access Post-PCEPA Implementation (2015-2018)**

*\*after adjusting for type of work, age, race/ ethnicity, career years in sex work & drug use*

* No improvements in access to health services for sex workers following PCEPA. In fact, there was a 41% reduction in access to

health services under end-demand criminalization (2015-2018) compared to pre-PCEPA (2010-2013)

* No improvements in access to support services following PCEPA. In fact, there was a 21% reducation in access to community-led support services under end-demand criminalization (2015-2018) compared to PCEPA (2010-2013)

Argento et al. 2020.

## Did PCEPA (and corresponding changes to immigration laws restricting involvement in the sex industry among foreign nationals) differentially impact safety, working conditions, labour rights and access to justice among racialized im/ migrant sex workers?

Contrary to public perceptions, the majority of new im/migrant sex workers are in Canada legally and engaged in consensual exchange of sex for money (sex work) and are not victims of sex trafficking (forced sexual labour). Most im/migrant sex workers were working in Canada on short-term, open or temporary visas, while others were in the process of applying for full citizenship. As such, under the current legal landscape, the overwhelming majority

of im/migrant sex workers fear reporting violence to authorities. Across the board, racialized im/migrant sex workers were the most likely to report harms post-PCEPA law reform (Machat et al., 2019; McBride et al., 2019; 2020).

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**Racialized im/migrant sex workers more criminalized under PCEPA**

* Most likely to have reported negative changes post-law reform
* Higher rates of unreported violence (87%)
* More likely to report workplace

inspections (by police or immigration)

* Fear of inspections directly linked to increased police harassment and reduced access to health services

Machat et al., 2019; McBride et al., 2019a.

# CRIMINALIZING CLIENTS & COMMUNICATING

## Did criminalizing clients and the new communicating provisions reproduce the same risks of violence and police intimidation for street- based sex workers?

In *Canada v Bedford*, the Supreme Court of Canada struck down the previous communicating law as unconstitutional. The new communicating law and targeting of clients under end-demand laws reproduces the same effects as the previous laws, including reduced ability to screen prospective clients and/or negotiate the terms of transactions.

AESHA research demonstrated that rates of physical and sexual violence against street-based sex workers were unchanged under end-demand enforcement efforts (24.6% vs 23.9%). Qualitative in-depth interviews and ethnographic work with

*“Harassing the clients is exactly the same as harassing the women. You harass the clients and you are in exactly the same spot you were before. I’m staying on the streets. I’m in jeopardy of getting raped, hurt.”*

- Cisgender woman; sex worker

street-involved sex workers showed that policing strategies targeting clients reproduced the same harms and risks of violence as previous criminal laws (Krüsi, 2014; My Work Should Not Cost Me My Life, SWUAV, CGSHE & Pivot, 2014).

End-demand enforcement approaches of street- based sex work reproduces the harms created by the previous criminalization of sex work, including:

* forcing rushed negotiations and foregoing critical safety strategies to screen prospective clients
* displacing sex workers to isolated and hidden spaces to avoid police persecution of clients, and reducing safety protections against violence from clients or violent predators posing as clients
* limiting access to police protections in cases of violence for fear of clients being targets of arrest

Below are the key ways that criminalization of clients and communicating laws negatively impact sex workers’ safety, health and human rights:

### Enforced displacement increased risks of violence and reduced ability to screen clients.

Research has shown that enforcement of the prohibition on communicating in public spaces for the purposes of sex work pushes some of the most marginalized sex workers to dark alleys, industrial settings and more isolated and hidden indoor and off-street spaces, where they have little protection from violence or ability to screen prospective clients and safely negotiate terms of transactions, which are critical safety strategies (Shannon et al., 2008; Shannon & Csete, 2010; Krüsi et al., 2015; Lyons et al., 2017).

In longitudinal analysis, enforced displacement has been directly and independently linked to increased risk of both physical violence and rape (Shannon

et al., 2009)and reduced ability to negotiate terms of transactions including safer sex practices with clients (Shannon et al., 2009; Deering, Rusch et al., 2014; Krüsi et al., 2015).

In qualitative research with trans women and Two Spirit sex workers, criminalization of sex work, negative interactions with police and enforced

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*“When [clients] are trying to avoid police like that - you just get into the vehicle, right.”*

- Transgender woman; sex worker

displacement have been shown to push sex workers to isolated spaces, forcing them to rush negotiating terms of transactions including gender identity disclosure, which amplifies risks of violence (Lyons et al., 2017).

### Policing and fear of arrest increase risks of violence to sex workers.

Under Canada’s previous criminal sex work laws, policing of sex work has been shown to directly and indirectly increase risks of physical violence and rape of sex workers. Policing shapes risks of

violence directly through intimidation and abuse by authorities (e.g., forced confinement or detainment without arrest, confiscation of condoms or other property without arrest, verbal intimidation and police raids) and indirectly through surveillance and enforced displacement to isolated areas(e.g., being told to move on) (Shannon et al., 2008; Shannon et al., 2009; Shannon & Csete, 2010; Lyons et al., 2017).

### Criminalization of communicating limits the ability of sex workers to safely negotiate condom use.

In work published in the *Lancet Sex Work and HIV Series* in 2015, criminalization was the primary structural driver of an increased HIV burden among sex workers (Shannon et al., 2015). When sex workers are pushed to work in isolated areas due to police and forced to rush negotiations of safer sex, they may be forced to forego client condom use to prioritize immediate safety over their sexual health (Shannon, Kerr et al., 2008; Shannon & Csete, 2010). In longitudinal analysis, court-ordered sanctions (e.g., red zone/no-go restrictions), enforced displacement, lack of access to safer indoor spaces and violence have all been directly linked to increased risk of client condom refusal and reduced ability of sex workers’ agency to negotiate safer sex work practices (Shannon, Strathdee et al., 2009; Krüsi et al., 2012; Deering et al., 2013).

Similarly, a systematic review and dynamic modelling paper in *The Lancet* demonstrated that the most effective intervention to prevent HIV infections is full decriminalization of sex work, which could reduce HIV infections by 33- 46% in sex workers across diverse settings in Canada, Kenya and India, through reducing violence and police harassment and increasing access to safer indoor workspaces (Shannon et al., 2015).

# CRIMINALIZING MATERIALLY BENEFITING FROM SEXUAL SERVICES

## How did continued criminalization of third parties under end-demand laws impact sex workers’ workplace safety and risk of violence?

### Criminalization of third parties leads to criminalization of condoms as evidence.

Criminalization of managers and business owners leads to restrictions of sex workers’ onsite access to condoms, sexual health information and outreach services due to fear that condoms will be used as evidence of sex work and fear of criminal sanctions by managers and owners of sex work establishments. This undermines sex workers’ access to workplace health and safety protections (Anderson et al., 2016). Further, where venues or managers are criminalized, sex workers are left without access to labour rights, police and regulatory bodies if managers or owners breach labour standards or workplace health and safety standards (Anderson et al., 2015).

### Criminalization of third party advertising limits sex workers’ access to critical safety protections from violence afforded by online sex work.

In qualitative research with cis and trans male sex workers as well as sex buyers, online sex work plat- forms afforded sex workers greater control over nego- tiations and screening of prospective clients, thereby reducing risks of violence. These results raise signifi- cant concerns about the criminalization of third party advertising of sexual services and points to the need to include the voices of sexual minority sex workers in policy discussions (Argento et al., 2016).

Submission to the House of Common

### Annex 3: Criminalization of clients under end demand laws

**Criminalization of clients undermines sex workers’ occupational health & safety**

Since 2014, sex work in Canada has been regulated under a legal framework known as ‘end-demand criminalization’. A central part of this framework is to **criminalize sex workers’ clients.**

Drawing on 47 in-depth interviews with sex workers and third parties (e.g. managers & phone handlers) in Metro Vancouver, **we found that client criminalization:**

1. **Frames *all* clients as violent or coercive**, despite most participants describing their clients as non- predatory, ‘average’ people.
2. **Exacerbates experiences of industry- wide stigma**e, and negatively influences client-sex worker interactions. This increases risk of occupational harms and reduces access to protective services.
3. **Increases clients’ fear of being ‘outed’** and thus reduces clients’ willingness to share personal information. This limits sex workers’ ability to screen clients and increases the risk of violence.
4. **Reduces workers’ ability to report violence or theft to police.** Lack of police protections heightens risk of violence and put indoor sex work venues at increased risk of robbery & theft.
5. **Perpetuates structural and institutional racism and xenophobia.** Racialized and im/migrant sex workers disproportionately experience negative impacts of end-demand criminalization, including increased police surveillance and barriers to health, social and protective services due to fear of discrimination, loss of immigration status or criminal charges.

*“For most people, their under standing of what a client is, is very far from what we know a client to be. […] People that do not work in sex work [see all] clients as perverted predators, horrible men.”*

 *“If clients are nervous about giving away their personal information, then it makes me not as safe because I don’t have as much about their background.”*

**Recommendations to supports sex workers’ health and safety:**

* + Fully decriminalize sex work, including the removal of laws, policies and practices that criminalize clients.
	+ Implement policy interventions that address the structural conditions that harm sex workers (e.g. occupational protections, efforts to eliminate stigma).

The AESHA Project (An Evaluation of Sex Workers’ Health Access) is a long-standing, community-based research project of the Centre for Gender and Sexual Health Equidty (CGSHE). The following fini ngs on the imp acts of client criminalization are informed by qualitative data collected from 2017-2018 with indoor sex workers and third parties.

McDermid J, Murphy A, McBride B, et al. (2022). How client criminalisation under end-demand se x work laws shapes the occupational health and safety of sex workers in Metro

Vancouver, Canada: a qualitative study. *BMJ Open*;12:e061729. doi: 10.1136/bmjopen-2022-061729

### Annex 4: Debunking Third Party Myths

**DEBUNKING HARMFUL**

**THIRD PARTY**

**Who are third parties?**

**MYTHS**

Most service industries include third party systems. In sex work, third parties can be receptionists, managers/venue owners, advertisers, website providers, drivers, housekeepers, spotters and security guards, etc. However, unlike in other industries, sex work third parties are criminalized and stigmatized.

**How do third party myths harm sex workers?**

End-demand sex work laws are informed by myths, misinformation and the conflation of sex work with sex trafficking. This cycle of criminalization and stigmatization amplifies dangers for sex workers and hinder sex workers’ access to occupational health and safety.

**Myths: The evidence:**

Third parties in sex work are exploitative and abusive male “pimp” figures.

Third party roles are of en occupied by current and former sex workers and a majority of third parties are women, contrary to the exploitative male “pimp” stereotype. Sex work third parties are diverse, like in other service industries. Third parties in sex work provide client screening, security and sexual health resources for sex workers which promote sex workers’ occupational health and safety.1

Workplace raids by police or migration officials help protect migrant sex workers from third party exploitation or trafficking.

Decriminalizing third parties will create greater opportunity for exploitation.

Workplace raids do not protect sex workers, but disrupt occupational health and safety practices such as condom availability onsite.2 The fear of condoms being used as evidence of sex work by authorities, forces sex workers and third parties to worry about being further criminalized for practicing safe sex. In AESHA, more than half of indoor sex workers feared workplace inspections that could result in arrest and immigration status revocation and deportation.3

Decriminalization of all aspects of sex work will allow sex workers to organize and root out exploitation and confer access to labour rights and occupational health and safety standards, in line with workers in other industries.1

The AESHA Project (An Evaluation of Sex Workers’ Health Access) is a long-standing, community- based research project of the Centre for Gender and Sexual Health Equity (CGSHE) in Vancouver, BC. The following findings on the impacts of third party criminalization are informed by quantitative data from over 900 sex workers across diverse work environments and qualitative data collected from indoor sex workers and third parties

1. McBride B, Shannon K, Murphy A, Wu S, Erickson M, Goldenber g, SM & Krüsi A (2020). Harms of third party criminalisation under end-demand legislation: undermining sex workers’ safety and rights, *Culture, Health & Sexuality*
2. Goldenberg SM, Krüsi A, Zhang E, Chettiar J, Shannon K. Structural Determinants of Health among Im/Migrants in the Indoor Sex Industry: Experiences of Workers and Managers/Owners in Metropolitan Vancouver.
3. McBride, B, Shannon, K, Duff, P. *et al.* Harms of Workplace Inspections for Im/ Migrant Sex Workers in In-Call Establishments: Enhanced Barriers to Health Access in a Canadian Setting