

Sex Work in Canada

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Introduction

The purpose of this section of our website is to tackle the incomplete and inaccurate information that exists about sex workers in Canada. This is because the stereotyping of sex workers that goes on in the popular media and among people with little firsthand experience of sex work can have a profound impact on the health, safety, and security of sex workers, as well as their friends and families, those who pay for their services, and those who play a managerial role in the sex industry. Our study seeks to gain a comprehensive understanding of the sex industry across Canada, so as to help improve the social, cultural, and legal environments that shape the health and well-being of the people associated with the sex industry. While the information currently contained on our website goes some way toward this end, many knowledge gaps still exist. As such, our website will be updated with new information as the results of our national project become available.

Who Are Sex Workers?

Throughout this website, we use the term “sex worker” to refer to adults (19 years and older) who exchange sexual services for money which necessarily, but not exclusively, includes direct physical sexual contact with clients. Thus, sex workers are adults who earn at least part of their income through the sale of direct sexual contact. Included in this term are those who engage in outdoor street-level sex work, as well as those who work indoors in their homes, clients’ homes, or in commercial venues. The latter includes escorts, erotic masseurs, exotic dancers, BDSM practitioners – this term is an acronym that stands for bondage and discipline, dominance and submission, and sadomasochism or sadism and masochism. It refers to a continuum of practices and expressions, both erotic and non-erotic, involving restraint, sensory stimulation, role-playing, and a variety of interpersonal dynamics – and the like^{10,96}.

You might wonder why we are using the term “sex worker” rather than “prostitute”. For many sex workers, as well as advocacy groups working on their behalf, prostitute is a stigmatizing term because it has specific legal associations/implications. Conversely, the term *sex worker* emphasizes the work relations of the individuals involved. As such, they should be entitled to the same rights and responsibility as all other workers in Canada, including fair and equal treatment by managers and clients, health and safety at work, employment benefits, and legal protections²⁴. The term sex worker also encourages us to envision individuals engaged in this kind of economic activity as complex people whose worker status is just one aspect of their self-identity. Having said this, not everyone in the industry identifies with this term, and some may prefer to call themselves something else⁶¹.

Some of what we know about sex workers:

1. The people involved in the sex industry in Canada and most other high-income countries come from diverse backgrounds encompassing a range of ages, sexual orientations, gender expressions, education and income levels, as well as racial and ethnic backgrounds^{24,61,67}.
2. There are no accurate estimates of the gender breakdown of sex workers. Most research indicates the sex industry is highly gendered, with the overwhelming

majority of sex workers identifying as women (including both cisgendered and trans women). However, men and trans men also work in the industry^{14,18,58}.

3. Although people often assume sex workers work predominantly on the street, recent studies suggest that in Canada, Australia, and the UK the majority of sex work takes place in private venues, including escort agencies, massage parlours, hotels and motels, clients' residences, and sex workers' homes. Though the information available is limited, some research suggests that certain sectors of the sex industry in Canada are highly racialized, with the First Nations, Métis and Inuit people of Canada (hereafter referred to as Indigenous people) disproportionately represented in street-level sex work^{9,56,83}.
4. Some of the reasons why racial/ethnic minorities are over-represented in the Canadian sex industry are because of our colonial history. For example, part of the ongoing reality of colonization in Canada is that many Indigenous people have been socially and economically marginalized. These circumstances, coupled with prevalent racist images of Indigenous people as inherently violable, work to limit the economic options of all Indigenous people (but especially women). This can sometimes leave street-level survival sex work as the only option. A number of studies show that in certain regions across Canada, Indigenous women are vastly overrepresented in street sex work. According to one estimate, "50 percent of adult sex workers in Winnipeg are of Aboriginal descent. These estimates are staggering, given that Aboriginal peoples only make up approximately 10 percent of the Winnipeg population"⁸³.
5. People enter the sex industry for a wide array of reasons. Although periods of financial need or outright poverty are often key drivers, these are not the only ones. Many choose this work for the autonomy and flexibility it affords – that is, the ability to choose when and where to work, who they work with, and how much money they earn each week^{61,81}. Still others see the sex industry as an opportunity to explore their sexuality, to validate their desirability, and to be a part of something that defies social-sexual norms and values^{5,61,71,81}.

Where many stereotypes originate

Many of the assumptions about sex workers originate in media portrayals of sex workers, street-level sex workers in particular. Some of the more common myths are that all sex workers are victims, all sex workers are drug addicts, all sex workers are survivors of sexual abuse, and sex work is inherently violent. The problem with these kinds of assumptions is that: 1) they do not recognize the diversity of the sex worker population; 2) while street-level workers tend to be comparatively disadvantaged, some prefer the "flexibility, autonomy, and unstructured nature of this sector" of the industry; and 3) while street-level work is the most visible aspect of the sex industry, research suggests the majority of workers do not work on the street⁶¹.

Having said all this, some sex workers, especially those in street based environments, experience great disadvantage in their lives, leading to poor health and lack of safety. They tend to be disadvantaged for the following reasons:

1. Sex workers who solicit on the street are more visible to the police, which can result in their being charged with breaking prostitution laws, holding a criminal record and/or spending time in jail. The stigma and disadvantage associated with having

these kinds of interactions with the Canadian legal system can make it difficult to earn enough money in sex work for food and accommodation, or find alternative sources of income.

2. Working on the street can also carry serious health and safety concerns for some sex workers, especially those who work on “strolls,” that is stretches of road where sex workers regularly solicit clients, which are located in impoverished areas of cities or towns. These areas often lack access to clean water and sanitary toilets, well-lit areas that can protect workers from assault, areas where workers can find warm and dry shelter, and access to outreach services such as health clinics, shelters, and needle exchanges^{20,49,73}.
3. Many people who work on the street do not have stable housing or safe places to conduct transactions with clients.

Because of these less than ideal conditions, it is not surprising then that the people most likely to work outdoors and on the streets are individuals who are already stigmatized and marginalized for other reasons. As already discussed above, this includes:

- Visible minorities;
- Indigenous women;
- Trans people;
- The extremely poor;
- Those with serious mental or physical health concerns;
- Those with substance use problems⁹¹.

While there are a great many problems associated with street-level sex work, it is important to note that similar to everyone else working in the sex industry, street-level workers have diverse personal histories and reasons for selling sex^{61,95}. What’s more, similar to other kinds of service provision, there is considerable mobility within the sex industry. People move in and out of it, and move to different venues within it, to suit particular circumstances^{10,24,96,98}.

People Who Pay for Sexual Services

While little is known about people who pay for sexual services – defined as any person who has paid, on at least one occasion during their lifetime, money (as opposed to other goods and services) for direct contact sexual services – we are learning more thanks to a number of recent studies conducted in North America and Europe beginning in the mid-1990s. Although some of the information coming out of these studies has been contradictory, the research being conducted in Canada is providing a picture of who is purchasing sex in this country.

Who is purchasing sex in Canada?

- The overwhelming majority of people who pay for sexual services are believed to be men. Though this claim may be imprecise as no systematic efforts have been undertaken to investigate female, transgender, transsexual, or couples consumption of sexual services or to interrogate the gendered differences in the meaning of sexual consumption^{4,49,89};
- The sexual preferences of males who purchase sexual services appear to mirror that of males in the general population which is to say that most self-identify as heterosexual;
- Most samples of people who have paid for sex identify as Caucasian⁴⁹;
- The average person purchasing sex is in his late 30s or early 40s^{4,49};
- Just under half of men report being either married, living common-law, divorced or widowed^{4,49}. This is supported by a UK study which found that single men were the least likely to buy sex while the most likely group were widowed, divorced or separated men⁶⁷;
- The majority of people paying for sex are employed full-time and earn an average personal income of more than \$60,000 per year⁴. See <http://www.johnsvoice.ca/> for more information;
- Sanders⁶⁷ indicates that “paying for sex “increase[s] with socio-economic status and age”. However these observations may be a product of the sample as most samples of people who pay for sex are gathered from off-street populations not street-based;
- People purchase sex for a range of reasons including: adventure, loneliness, sexual insecurity, companionship, and sex/gender exploration⁵⁹.

Why do people purchase sex in Canada?

Similar to the way sex workers move in and out of the sex industry as the circumstances of their lives change, purchasing sex is not a permanent or consistent feature of most men’s lives. What’s more, they too are stigmatized by their association with the sex industry and often labeled as either immoral, sexually perverted, or as women-haters⁶⁷. The reality is that many men who purchase sex are likely none of these things. Rather, there are complex sociological, cultural, and psychological “push” and “pull” factors that lead men to purchase sex.

Push Factors

Factors that “push” some men to purchase sex according to Sanders⁶⁷:

- Not having their emotional needs met:

- Men report being lonely and in need of intimacy, either because they are unable to find an intimate partner, are widowed, or find that intimacy is no longer present in their long-term relationship;
- Age:
 - Some younger men are finding it increasingly difficult to find girlfriends and wives in today's society because there are fewer social opportunities to meet women due to an increasing emphasis on on-line social interaction;
 - Some older men find that conventional relationships are unable to satisfy all their sexual and emotional needs and that it is a "myth" that "marriage is a means of personal fulfillment"⁶⁷;
- Unsatisfactory sexual relationships:
 - Sex industry allows men to choose sexual partners with certain physical characteristics and who will perform specific sexual acts;
- Unease with conventional dating etiquette
 - Some men find traditional "courting rituals" – where men ask a woman out on a date, take her out for dinner or spend money on her in some other way, and hope the date will end in sex – exhausting when sometimes what they are looking for is sex that is uncommitted, convenient, and at times, anonymous;
 - Purchasing sex is therefore more straightforward, and some have argued, a more "honest" way to find someone to have casual sex with. This might be an especially attractive option for those who are socially awkward and/or too shy to approach women for casual sex.

Sex workers report similar reasons for why some men purchase sex. Some indoor sex workers report that one of the most difficult aspects of their work is managing the emotions of the people purchasing sex from them. Oftentimes men who purchase sex want someone who will listen to their problems. In many ways they are looking for someone who can fulfill a confidant, or counseling role in their lives^{23,80}.

Other sex workers report that people purchasing sex are searching for romantic as well as sexual relationships. This could mean that they are looking for someone to be their actual girlfriend or spouse or at the very least, offer a "girlfriend experience". The later is a term used by sex workers to refer to those who want the intimacy associated with a girlfriend. This includes everything from mouth-to-mouth kissing and unprotected oral sex to behaving in a loving and caring manner. These kinds of requests are often the most difficult for workers to fulfill because these behaviors are often reserved for their intimate relationships. Trying to maintain the division between a professional and personal intimate life can be emotionally taxing and stressful for some workers²³. Yet others see this as a rewarding aspect of their work, not only financially, but because it highlights how sex work might be seen as a "helping profession".

Pull Factors

Again according to Sanders⁶⁷ the factors "pulling" most men into purchasing sex are as follows:

- Marketing: “the sex industry is increasingly being marketed to the general population as a form of entertainment, a means of escape and even luxury, that is very appealing to some men”⁶⁷;
- Illicitness: some men find the taboo nature of the sex industry thrilling and is a core motivation for purchasing sex;
- Opportunity: to purchase sex acts that are not available to men in their “real” lives either because they do not have a regular sexual partner, or because their partners are unwilling to engage in the kinds of sex acts that appeal to them.

Despite the widespread belief that men who purchase sex are immoral, many men who have been interviewed about their involvement in the sex industry believe that their decisions about who to purchase sex from are morally-informed⁶⁷. For example, some men report that they would not pay women involved in the street-based industry, or would not do so a second time, because they believe these women are more vulnerable. These men do not want to feel as though they are coercing potentially sexually exploited youth, trafficked and/or drug-addicted people into having sex. It is important for many men that the sex they are paying for is, at least superficially, “consensual”.

Despite the intimate knowledge of the sex industry that many people who pay for sex have, many hold the same stigmatizing views toward sex workers as the general public. In particular, people who pay for sexual services speak about street-level sex workers as an undifferentiated “high-risk” group that are believed to be: under age, drug and alcohol dependent, likely to have STI’s, inclined to rob or steal, and working for dangerous “pimps” or having some other link to criminal activity⁶⁷.

It should be noted that while the majority of people purchasing sex appear to be heterosexual men, there are still gaps in our knowledge. Little is known, for example, about the women or transgendered/transsexual people who purchase sex, and their reasons for doing so. Similarly we need to learn more about those people who do not identify as heterosexual who purchase sex. Our current research attempts to fill these gaps by focusing on how gender, sex, and sexuality interact to influence the buying and selling of sex in Canada.

Introduction

When thinking about people who work as managers in the sex industry, many people may initially recall “pimps.” The figure of the pimp as a coercive, violent male has been distributed through films, literature, and the media for decades. Recent research suggests, however, is that most sex workers in all areas of sex work are independent of pimps and likely have never interacted with them (POWER, 2012). Although “pimps” are not as commonplace as some believe, there are third-parties involved in the sex industry, including managers, agency owners, security personnel, drivers, phone girls, booking agents, website operators, and other sex workers who perform third-party roles. While some misconceptions about sex work have been widely discussed in public forums, the role of management in the sex industry is still shrouded in myths that are often tied to stereotypes about gender, race, and sexuality. We have little existing systematic evidence about management in the sex industry. The lack of research, policy, or public conversation about management in the sex industry has made it an invisible and poorly understood subject (Weitzer, 2005).

Who are managers in the sex industry?

There is a range of labour arrangements in sex work. Some sex workers report few options and freedoms related to their work, while others report considerable freedoms and decision-making power. Some sex workers operate independently without management, while the work of others is managed in various ways. Little is known about the characteristics of managers in the sex industry and the situational and legal contexts that impact their interactions with sex workers and clients. Even less information exists on the skills they utilize in the performance of their work, their perceptions of their work, and the strategies they use to manage their own health and the health and safety of workers and clients. What we do know is that regardless of whether a person works at the street level or indoors, managers can play a pivotal role in the health, safety, and security of a sex workers’ workplace. As is the case in other worksites, managers can be sources of potential protection and support, or conversely, may be non-supportive and even exploitative (Sanders, 2005).

What do recent studies tell us about managers?

- Persons working in management roles in indoor and out-call establishments are often female.
- Persons working in management roles often have previous experience as sex workers or in other parts of the sex industry.
- Managers often place a high degree of value on issues of health and professionalism in the workplace. In her study of the organization of the sex industry in Britain, Teela Sanders found that massage parlour and sauna owners ran their businesses according to strict moral codes. According to Sanders, “complying with police gave sauna owners an opportunity to illustrate their own moral codes and values and to move away from the stigma and sleaze attached to running a sex business” (2005, p. 112).

- Managers influence the practices and norms of sex work environments, which in turn influences health and safety for workers and clients.
- Managers are often involved in the day-to-day operations and can influence the lives of those they supervise through screening the people purchasing sex, setting service norms and fees, maintaining the worksite, and instating security measures such as drivers, alarm systems, and protocols for communication.
- Like sex workers and clients, managers in the sex industry are often viewed by the public in a negative light, as the stigma of the sex industry transmits to various parties – a process referred to as stigma by association.

What we want to learn about managers:

- While owners and managers of sex work establishments deal with the same challenges and organizational issues present in other small-scale service businesses, additional strains may be posed by the stigma and legal sanctions which surround sex work. We want to understand the workplace from management perspectives.
- Who are managers and what are their workplace roles, responsibilities, and experiences?
- What factors influence relationships and interactions between managers, clients, and workers?
- What techniques do managers use to prevent and address violence? Are there resources to address violence that would be useful to sex work managers but are unavailable for some reason?
- How do managers perceive the legal context of their work, and what are their experiences and opinions regarding law enforcement, immigration, municipal officials, and other regulators.

Why does this study matter?

- Due to their positions of authority and control, managers are strategically located in the sex industry to play a role in preventing victimization of sex workers (and clients). We aim to shed light on the operations of managers in order to strengthen the safety of sex workers, clients, and others involved in the sex industry?
- Research that examines the complexity of manager, sex worker, and client relationships, and how these are shaped by legal environments will help us understand how to promote health and safety in the sex industry.

Emerging Knowledge on Managers in the Sex Industry*:

In the first study of its kind in Canada, in 2011-2012 researchers from the University of Ottawa, UQAM and University of New Brunswick researched third parties in the sex industry in Ontario, Quebec, and the Maritimes to gather insight into management practices in the sex industry. This SSHRC-funded research project includes 47 interviews with sex workers who work/worked for third parties. Seventy-five face-to-face in-depth interviews with third parties were also conducted; third parties in the study represented various work contexts, including the street, strip clubs, escort agencies,

massage parlours, and brothels. Forty-six of the third parties (61%) were women, and over half of the third parties were current (28) or former (12) sex workers.

The researchers found a range of relationships between third parties and sex workers – some third parties hire workers (agency model), some work with sex workers (associate model), and others are hired by sex workers (contractor model). A report titled “Mapping Third Parties in the In and Out call Sex Industry,” based on the findings of a subsample of this research, will be available in early 2013. The report will make a much needed contribution to our understanding of the management of the Canadian sex industry. For more information, please contact Chris Bruckert at bruckert@uottawa.ca.

* Thank you to Christine Bruckert at the University of Ottawa for sharing this update.

Violence and Sex Work

Violence is a concern for some, although certainly not all sex workers. Many sex workers reject the notion that sex work is inherently violent and attribute the disproportionately high level of violence associated with the sex industry to its stigmatization and criminalization. For the sake of clarity, we define violence, and specifically gender-based violence, alongside the United Nations as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. In practical terms, this definition highlights that violence can include everything from verbal abuse to sexual assault, emotional trauma, robbery, confinement, and murder⁶⁴.

There are two important assumptions that need to be dispelled in regards to sex work and violence. The first is that “while sex work is acknowledged to be dangerous, it is not inherently violent, and the majority of sexual transactions go without incident”^{2,13,34,50}. Some researchers indicate that “much of the violence [against sex workers] appears to be empirically overestimated and theoretically underspecified”⁵⁰. This is not to suggest that violence is not an important concern, but rather that more research needs to be done to better understand which sex workers are particularly vulnerable to violence, and to find out what are the contextual factors that leave some workers vulnerable (e.g., work location, race, or gender), and who is committing these violent acts. All these are important aspects of our national study of sex work. We are collecting this information in hopes of positively influencing those laws and policies that can have an impact on the health and safety of sex workers. Importantly, whether or not a sex worker has experienced victimization, the threat of violence is a reality in the lives of many sex workers⁵⁸. Many experience the constant vigilance necessary to ensure their on-going safety as “enormously emotionally and physically taxing”^{24,34}.

The second common assumption is that sex workers (particularly street-level workers) somehow “deserve,” or should be blamed for, the violence they experience because they place themselves in harm’s way. This “blame the victim” approach ignores the structural factors – i.e. the broader social, economic, and political conditions which shape individual behavior, but are generally not subject to individual control. For example, global economic policies which encourage the outsourcing, downsizing, and specialization of jobs or the erosion of important support systems such as universal health care and employment insurance in the interest of corporate and governmental profit shape individual behaviour and leave some people vulnerable to being victimized. Criminal laws, and the enforcement of those laws, for example, place many sex workers in unsafe circumstances, regardless of their personal choices and behaviours⁶¹. In addition, the lack of adequate opportunities and services, including affordable housing, well-paying jobs, drug and alcohol rehabilitation programs, and child support, compels some people (although more often women) to sell sexual services⁹⁵. What this means, is that working in the sex industry becomes a rational option with identifiable benefits for those who do not have the money, education, privilege, or social support systems in place to support themselves otherwise⁸¹.

What do we know about which sex workers are most affected by violence?

Violence does not impact all sex workers the same way. The general consensus among researchers is that street-level sex work is overwhelmingly more violent than indoor work, a notion that is supported by the preliminary data emerging from our national study^{20,34,52,63,64,70}. Others suggest it may be that the *kind* of violence a sex worker encounters changes depending on work location. Specifically, while street-level workers may be more vulnerable to physical and verbal violence, indoor workers may experience greater sexual violence²⁴. What preliminary findings such as these point to are the need for more research which can support or refute such claims, a primary goal of our national study.

Additionally, though there are no statistics that look specifically at the incidence of violence experienced by First Nations, Métis, or Inuit women working in the sex industry, we may extrapolate that they experience greater risk of violence than other sex workers. This is translatable from the rates of violence against these women in the general population, where they are three times more likely to be the victims of violent assault than non-First Nations, Métis, or Inuit women in the general population⁸⁸. This violence is rooted in colonial history and is inseparable from the present-day experiences of some of these women working in the sex industry, as Andrea Smith delineates, “because Indian bodies are “dirty,” they are considered sexually violable and “rapable,” and the rape of bodies that are considered inherently impure or dirty simply does not count. In general, sex workers have historically often not been believed by police and service providers when they say they have been raped because mainstream society considers the bodies of sex workers undeserving of integrity and violable at all times.”⁸⁴

In the case of street-level workers:

- Because sex work is so deeply stigmatized, sex workers are usually unwelcome in residential neighbourhoods and busy commercial districts and are therefore pushed into industrial parks or other marginalized areas of cities or towns. These are spaces which, as mentioned elsewhere, are unsafe for sex workers because they are 1) not regularly patrolled by police; 2) can lack adequate lighting and sanitation; and 3) are often removed from important social services, including shelters and needle exchanges, and make it difficult for workers to maintain informal safety structures^{75,76}. For all these reasons, violent criminals may find some sex workers easy targets.
- While it is often presumed that women are especially likely to be targets of violent attack, some research indicates that women are not statistically more likely than men or transgender or transsexual people working in the sex industry to experience beatings and robbery on the job. However, women may be more likely to be raped⁹⁵. While these findings need to be validated with more research, there is a clear relationship between sex work, violence, and gender.
- The “absolute homelessness” and substance use problems of some street-level workers is closely associated with violence, as both leave some workers vulnerable to engaging in high-risk activities out of desperation (e.g. going with clients they would normally avoid because of a need for money, shelter, or drugs)^{75,76}. Specifically, “the observed relationship between living on the street and the enhanced likelihood of both

rape and physical violence highlights the need for structural level responses that focus on poverty and housing, including innovative models of supportive housing that have a harm reduction perspective”^{75,76}.

- Prostitution laws in Canada and elsewhere (specifically communicating laws) have meant that street-level workers have had little opportunity to set the terms of the sex transaction (what services the person is willing to provide, how much they will charge), and unsatisfied clients may be more likely to react violently if disappointed. These same laws give the worker on the street less opportunity to assess the client, and to draw on their intuition to determine the potential threat the client poses⁶⁸.
- Sex workers, especially street-level workers, commonly report violence at the hands of police who were, up until recently, charged with maintaining communicating, procuring, and bawdy house laws. For example, it is widely reported by sex workers globally that police engage in “excessive use of physical force, forced removal and subsequent abandonment [to] outlying areas, and coerced sex to police in exchange for freedom from detainment, fine, or arrest”^{15,66,74}.
- Alternatively, many sex workers do not report violent incidences to the police because of their belief that the police will not do anything about it^{2,10}. Unfortunately this means that violent offenders often go unpunished and continue to commit violent acts, especially against street-level workers who are heavily stigmatized.
- Due to embedded racism in Canadian society toward First Nations, Métis, and Inuit women, they are disproportionately represented in the sex industry, and in particular, street-level sex work^{7,58}. Furthermore, First Nations, Métis, and Inuit women in the street-trade are more likely to be injured, go missing, or be murdered in places like Vancouver’s Downtown Eastside, or on what has become known as the “Highway of Tears” (Highway 16 located in Northern British Columbia near Prince Rupert) than are white women^{16,86,92}.
- Just as racism plays into the violence experienced by some sex workers, so does sexist or gender-based discrimination. Preliminary data from our national study, for example, indicates that people identifying as women are more likely to experience violence than people identifying as men. Additionally, some studies have shown that trans people, and trans women in particular, are at greater risk of violence compared to cisgendered workers – that is, those whose biological sex and gender identity are the same. This is because working in the sex industry can compound the stigma and discrimination that many trans people already experience within Canadian society⁶¹. For example, one study has suggested that sex buyers who do not intentionally want to purchase sexual services from a trans person may feel “duped” if and when they realize. Some of these sex buyers may respond aggressively and/or violently⁹⁵. This appears to more commonly be the case for trans women working in the sex industry – biological males who identify as women. These workers are therefore more likely to seek out trans friendly bars or work out of their own homes to avoid such discrimination. However, much more research needs to be done to tease out the health and safety concerns of trans sex workers within and across different communities.

In the case of indoor workers:

- Canadian and international research has shown repeatedly that indoor workers are much less likely to experience violence than outdoor workers. While it depends

greatly upon their specific work setting (e.g. home-based, massage parlour, strip club, or escort agency), studies report that anywhere from 60-80% of indoor workers report never experiencing any work-related violence^{55,34,36,51,70}.

- Some research suggests that indoor workers may be more prone to rape or attempted rape because the work occurs behind closed doors where there are fewer witnesses to violence²⁰. However, research done in “brothels” in the United States emphasizes the minimal violence that occurs in regulated sex work environments, given the emphasis placed on safety and security in these establishments (e.g. clients are screened, STI tests are regularly conducted, and security devices like panic buttons are installed)³⁴.
- Indoor workers, especially those working in strip clubs, encounter the same kinds of verbal abuse that those working outdoor report (despite their perceived higher status within the sex industry)⁶.
- Some indoor workers report that because they have less direct contact with police they can implement important safety strategies that are less available to street-level workers. These include:
 - Taking money upfront and hiding it;
 - Having friends, roommates, bodyguards, or managers on-site who can help ensure their safety and security;
 - Opportunity to negotiate the terms of the transaction over the phone before the encounter to mediate any potential disputes;
 - Greater opportunity to assess the clients character, either on-line, over the phone or at the door, or through a manager;
 - Greater accountability if a client pays by credit card^{55,68}.
- Managed workers or those who work under a person who is hired to provide direction and coordination, including training, hiring, monitoring, disciplining, and setting workplace standards for sex workers, may be the most safe, especially in a decriminalized environment because, according to Abel and Fitzgerald¹, escort agency and massage parlour workers feel there are policies and laws in place to protect them, they are more confident that the police will respond to their complaints, and there is added security in the form of co-workers and cameras to ensure clients behave appropriately³⁴.

Who is committing violence against sex workers?

In the interest of dispelling myths and misconceptions, it is important to recognize that not all violence against sex workers is committed by sex buyers, the majority of whom identify as male. Of those male clients that are committing violence, it is likely that a relatively small number of men posing as clients are repeat offenders, committing a large number of the violent crimes against sex workers^{4,50}. The recently well-publicized conviction of Robert Pickton in British Columbia in 2007 is evidence for this. However, other people responsible for violence against sex workers include romantic partners, managers or ‘pimps’, acquaintances, drug dealers, opportunistic criminals (thieves), police, and sometimes other sex workers^{15,21,39}. Our current national research project seeks to shed further light on this issue by determining those most likely to act violently toward sex workers, and for what reasons.

Sex Work and the Legal Environment:

There is considerable misinformation and confusion regarding the legality of sex work in Canada. Therefore, an overview of the various legal environments concerning sex work around the world is provided below^{43,51,78}. The differences are critical because the legal environment affects the health and safety of sex workers in significant ways.

Overview of Legal Environments Regarding Sex Work:

There are four different legal environments concerning sex work around the world.

1. **Criminalization** (can be separated into two types):
 - a. *Prohibition*: where the laws are designed to prohibit all forms of sex work including the buying and selling of sexual services. The United States practices prohibition in most states (except for Nevada) as do more than 30 nations in Africa, more than 25 in Asia and at least 20 in Europe.
 - b. *Toleration*: where the buying and selling of sexual services is legal but there are laws prohibiting a variety of activities related to sex work that are judged to be harmful. *Canada provides an example of this system.*
2. **Partial criminalization**: is when it is legal to sell sexual services but illegal to buy them. Legislation also criminalizes procurement, working indoors, working with others, advertising, and profiting from the sexual labour of others. Sweden practices partial criminalization as do Iceland, Norway and Finland. As such this approach is often referred to as the “Nordic Model”.
3. **Legalization**: is when sex work is regulated – most often through criminal law –and strict requirements are placed on sex workers if they are to work legally. These may include regular screening for sexually transmitted infections (STIs), background checks by police, and drug tests. This is the situation in Germany, Austria, Switzerland, and in the state of Nevada in the USA.
4. **Decriminalization**: is where neither sex work nor activities related to it are subject to criminal law. Instead, Occupational Health and Safety guidelines that recognize labour rights and responsibilities are in place to regulate the sex industry. New Zealand is currently the only country that is decriminalized at the national level, and has been so since 2003. Abel, Fitzgerald, Healy, and Taylor (2010)² provide an overview of how decriminalization was achieved, as well as how it has affected sex workers and New Zealand society as a whole.

In Canada:

The buying and selling of sexual services is legal in Canada. However, the *Canadian Criminal Code* makes almost every other activity related to sex work illegal. Four sections of the *Criminal Code* deal with these activities.

1. Section 210 outlaws “common bawdy houses”. This is any place that someone keeps or occupies for the purposes of prostitution (or for the practice of acts of indecency).

2. Section 211 makes it illegal to take or direct a person to a bawdy house.
3. Section 212 prohibits “procuring” prostitution or “living on the avails” of prostitution. This refers to third party involvement in the buying or selling of sex, and means that someone cannot live off the money a sex worker makes or set up a date between a sex worker and client.
4. Section 213 outlaws “communicating for the purposes of prostitution”. This means that you cannot buy or sell sex in public places (e.g., cars, bars, phone booths).

In addition some sex work related activities and forms of sex work (e.g., exotic dancing, street-based prostitution) leave workers open to changes of obscenity (s.163), engaging in immoral theatrical performance (s.167), performing an indecent act in public (s.173) and public nudity (s.174).

What are the implications of these laws in terms of sex workers ability to work safely and securely?

There have been several recent challenges to the Canadian Criminal Code in relation to these federal prostitution laws. Many sex workers and sex work advocacy groups argue that current laws make it difficult for workers to work safely and securely because the strategies they adopt tend to violate sections of the criminal code. For example:

1. Screening clients over the telephone and negotiating the price/nature of the services beforehand contravenes the communicating law;
2. Maintaining a fixed work location or sharing a work location so as to have security in numbers contravenes bawdy house laws;
3. Sharing/referring clients or working under a manager/employer enhances security and ensures workers get paid but contravenes procuring laws.

Furthermore, working within a quasi-criminal environment tends to stigmatize and further marginalize sex workers^{28,46,48}. It also has a wide ranging impact on their lives and work⁸³ in that it can:

1. Limit access to health services, as workers might not want to disclose that they participate in sex work;
2. Foster economic exploitation at the hands of manager while simultaneously limiting access to labour rights and protections;
3. Jeopardize economic security because “proceeds of crime” legislation hinders the capacity to save or invest;
4. Undermine liberty and freedom of association in that many bail and sentencing conditions prohibit workers from interacting with friends, colleagues in the business, and impedes the ability to travel and cross borders;
5. Reinforce the exploitation of sex workers in that they may feel unwilling to report work-related violence, sexual assault, theft, or property damage for fear of being charged under some section of the criminal code, creating an adversarial relationship between police and sex workers;
6. Make sex workers feel responsible for their own victimization.

Even though prostitution in Canada is not illegal, sex workers are treated like criminals. Criminalisation tends to result in: violence, police harassment, increased HIV and STI risk, reduced access to social services, psychological trauma and poor self-esteem, drug use, loss of family and friends, restrictions on travel, employment, housing, and parenting, and even work-related mortality. Thus, researchers and sex work advocates^{47,62,76,78} among others, indicate that the first step for improving the welfare of sex workers – including street-based sex workers – is to decriminalize sex work. While some argue that sex work constitutes violence against women and that decriminalization will only condone the violence, this position fails to acknowledge the diverse experiences of people working within the sex industry, or the inevitability and legitimacy of sex work³⁰. Others argue that decriminalizing sex work will promote the trafficking of women, or create an increase in drug misuse, organized crime, and STIs, yet there is no research that suggests that sex work causes or exacerbates these issues. Research from New Zealand in fact provides evidence that the above issues do not result from decriminalization of sex work².

In recognition that current federal laws are unconstitutional, Ontario Superior Court Justice Susan Himel struck down three provisions of the criminal code mentioned above (sections 210; 212(1)(j) and 213(i)(c)) in September 2010. Himel found these laws prevented sex workers from taking steps to enhance their safety and reduce the risk of violence. A stay of effect – whereby current laws are suspended – was put in place pending appeal. While sex workers and sex worker advocates have applauded this progressive ruling, the Conservative government appealed to the Ontario Court of Appeal.

The Court of Appeal for Ontario (a panel of five judges, made up of three women and two men) released its decision on March 26, 2012. All five upheld the earlier decision that the Bawdy house provision (s. 210) was unconstitutional but suspended the declaration of invalidity for 12 months.

Section 212 (living on the avails of prostitution) was not struck down but amended. All five agreed to reword the section to say “prohibition applies only to those who live on the avails of prostitution in *circumstances of exploitation*.” The amended living on the avails section of the law takes place 30 days from the release of the decision.

The majority of the court (three judges) determined that section 213 (the prohibition against communicating for the purpose of prostitution) was consistent with the principles of fundamental justice. The dissenting minority agreed with the lower court that the ban was unconstitutional. The communicating provision remains in full force.

Parties have 60 days to appeal and on October 25, 2012, The Supreme Court of Canada announced that it will hear the appeals.

Other considerations:

An important but overlooked part of legal regulation of sex work is municipal licensing and by-laws. Little is known about municipal licensing and by-laws in relation to sex work in Canada, and we aim to explore these issues in our project.

In addition, little is known about how the legal environment's impact varies by the gender of sex workers and their clients. Our project investigates these issues further.

Sex Work and Health

In this section, we are going to cover some of the misconceptions surrounding sex workers health, what sex workers consider to be their most pressing health concerns, and what barriers they encounter when seeking health care. Because this topic is so broad, we have divided this section into three categories: sexual health, physical health, and mental and emotional health. This is not to suggest that these are distinct issues, but rather that we have created these categories to make it easier to navigate through the information.

Sexual Health

While sexual health is an important issue for many sex workers, it is not always their primary health concern⁶⁸. This is important to note because of the intense preoccupation with the sexual health of sex workers among researchers and the general public. This narrow focus tends to overlook some of the other, potentially more serious health problems sex workers can have; it also deepens the stigma many sex workers experience. This is because a singular focus on sex and sexual health promotes the misguided belief that sex workers are somehow “vectors of disease”^{2,19}. According to recent research, however, there is no **direct** correlation between sex work and sexually transmitted infections (STIs)⁸⁵. Instead, some sex workers are at an increased risk of contracting STI’s due to certain mitigating factors^{25,64}. These factors are closely associated with street-level sex work – those who primarily advertise for clients and/or deliver their services outdoors (e.g., parks or alley ways) or in cars – and helps explain why this group of sex workers may be especially vulnerable to STIs. These factors includes:

1. Intravenous drug use and/or a drug dependency^{73,85};
 - a. People who inject drugs, regardless of whether or not they are engaged in sex work, are at an increased risk of contracting STI’s because injection drug users are more likely to share needles and/or have unprotected sex while under the influence of drugs^{64,66,85};
 - b. Street level sex workers who inject drugs and work in an outlying or industrial area of a city or town and are more likely to share needles (because there is nowhere to purchase or exchange for clean needles) and/or are pressured to have unprotected sex. Together these factors put these streetlevel workers at a greater risk of contracting STIs^{66,73};
2. Engaging in unprotected sex with their intimate partners;
 - a. Research shows that condom use between sex workers and the people who pay for their services is high^{1,9,50,85}. Most sex workers pride themselves on their safe sex practices and their role as safe sex educators to the people who pay for their services^{17,61};
 - b. However, sex workers, along with the rest of the population, are much less likely to practice safe sex with their intimate/romantic partners^{73,85,94}. This is because, emotionally, one way that some sex workers maintain the division between their work and personal lives is to use condoms with clients but not with their intimate partners²⁴. This practice had been correlated with a threefold increase in HIV infection among some groups of sex workers^{74,85};
3. Identifying as either a visible minority or as a First Nations, Métis, or Inuit person in Canada^{21,73,85};

- a. As mentioned elsewhere, “ethnicity” – or a group’s shared cultural heritage based on some combination of ancestry, language, customs, religious and spiritual beliefs, music, food, etc.¹¹ – and “race” – a socially constructed identity category that categorizes people based on biologically shared traits such as skin colour, facial features, hair texture, and body shape¹¹ – can place some sex workers in a position of “cumulative disadvantage,” which means they are more likely to contract an STI (and have poorer health outcomes generally) because they have fewer personal and social resources at their disposal¹¹. For example, given structural violence, which are the social, economic, and historical factors that influence the way that specific populations of people are treated, First Nations, Métis, and Inuit women in Canada are more likely to work in the sex industry than other women in Canada. They are especially likely to work as streetlevel sex workers⁷. As discussed above and below, this places these individuals at heightened risk of contracting STIs and having diminished health outcomes overall;
 - b. First Nations, Métis, or Inuit women are overrepresented in the sex industry in Canada. A recent survey conducted in Vancouver by P.A.C.E. (Prostitution Alternatives Counseling and Education Society), for example, indicates that 30% of the 183 sex workers they interviewed identified as First Nations, Métis, or Inuit . This is despite the fact that these people make up less than two percent of the city’s population. This is coupled with the high rates of HIV seroconversion, which refers to a change in a serologic test from negative to positive as antibodies develop in reaction to an infection or vaccine, among First Nations, Métis, or Inuit women. As Dara Culhane reports, “Aboriginal women are seroconverting at higher rates than any other designated population in Canada in general, and in Vancouver in particular”^{23,56}. Though specific data about rates of seroconversion among these groups of women are unavailable, the intersection between these two facts may indicate that these women are at an elevated risk for HIV.
4. Being coerced into having unprotected sex and/or being the victim of sexual violence^{21,73};
 - a. A high number of clients report offering more money for unprotected sex, placing both themselves and the sex worker at an increased risk of contracting an STI⁷³. While it might be argued that sex workers have the choice to refuse this extra cash, those in extreme poverty or those who have an addictive drug habit, may feel they have no choice but to accept the money⁷³. This issue goes hand-in-hand with the lack of social services, such as low-income housing and drug and alcohol treatment programs, which would reduce the need for accepting the additional money associated with unprotected sex;
 - b. When someone is the victim of physical and sexual assault they have little opportunity to negotiate safe sexual practices⁶⁶;
 5. A high number of sexual partners within a limited time period is associated with vaginal or anal tearing. This kind of physical trauma has been associated with a greater vulnerability to STIs such as hepatitis, chlamydia, gonorrhea, and HIV/AIDS⁶⁴. Of course, the more dependent a person is on sex work for money, drugs, or shelter, the more sexual acts and partners they are likely to have;

6. While not usually focused on by researchers, there are other sexual health problems associated with sex work. Specifically, Day and Ward²⁵ looking at the long-term health impacts of working in the sex industry found that there are a large number of gynecological problems, including pelvic inflammatory disease, precancerous growths on the cervix, and ectopic pregnancies common among some sex workers⁶⁴. These health concerns, along with some STIs, can lead to infertility and/or cervical cancer over the long-term.

Physical Health

There is little research that looks at the physical health problems common among sex workers apart from those linked to sexual and mental health as mentioned above and below. However, sex workers, like others working in personal service and manual jobs (e.g., hair stylists or roofers) can suffer from chronic body pain⁸². Musculoskeletal problems, for example, can be a real concern for sex workers (Day and Ward, 2008). Karen Messing⁵³ asked sex workers to “map” the body pain they experienced from working in the sex industry, and found a clear pattern of muscle and joint pain; many reported chronic pain in their upper backs and shoulders, feet and ankles, jaws, as well as vaginal pain. While such problems may appear insignificant, especially in contrast to STIs and illnesses such as HIV/AIDS, musculoskeletal problems can have a profound negative impact on the lives of affected sex workers. This is especially true when you consider that these workers do not have the same access to employee health and wellness benefits as many other workers⁸². While many sex workers would like to access alternative health care such as registered massage therapists, chiropractors, or naturopaths, few have access to the extended health benefits that help offset the costs of such services (although some do through their partners) or can afford the out-of-pocket costs to pay for such services^{3,82}.

Some of the physical health concerns that go along with long-term substance use and addiction must also be considered, including depressed immune systems, unhealthy weight loss or weight gain, liver, respiratory, and heart disease, seizures, and the like, as well as many mental health problems including depression and anxiety, psychosis, paranoia, cognitive impairment, and memory loss.

Other physical health problems, such as arthritis, fibromyalgia, and gastrointestinal illnesses appear to be common among women working in the sex industry⁸¹. One way to interpret the preponderance of chronic health conditions among any vulnerable group, but especially sex workers, is as the embodiment –experiencing all aspects of our life (mental, emotional, social) through our bodies – of “social suffering”^{81,82}. Social suffering refers to the pain and distress that can result from what is done to and by people through their involvement with processes of political, economic and institutional power. As many medical anthropologists and sociologists have noted, vulnerable individuals who lack the power to communicate about their distress through direct means may experience things like stigma and discrimination as physical pain and illness^{40,41,42,46,72}.

Emotional and Mental Health

Despite the sexual health risks and violence associated with sex work, as well as the physical health concerns mentioned above, many sex workers consider their mental and

emotional health to be the most important and the hardest to maintain^{25,68}. Post-traumatic stress disorder, depression, anxiety, psychosis, and eating disorders have been reported by sex workers involved in street level and off-street work^{25,68}. The reason why these health problems are especially troublesome is because while the fear of physical harm stops once a person leaves their place of work, many mental and emotional risks have to be constantly managed outside of the workplace. Furthermore, while STIs can be prevented with safe sex practices, and violence can be minimized through safety precaution, sex workers have less control over the factors that affect their mental and emotional health⁶⁸. This may be why a recent European study found that despite variability among sex workers based on work setting and nationality, rates of depression, mood and anxiety disorders were “very high” among sex workers compared to the general population⁶⁷. The main mental and emotional stressors are linked to the following:

1. Stigma

- a. Because of the intense stigma associated with selling sex, the majority of sex workers keep their occupation a secret. The anxiety and fear of being discovered as a sex worker can be emotionally taxing. This is especially true when one considers that the vigilance required to keep one’s occupation a secret is constant, often enduring for years after a person has exited the sex industry^{43,68};
- b. Leading a “double life” can lead to social isolation and fewer social supports. Social isolation from friends, family, and the community can lead to loneliness and depression. The barriers to disclosing ones occupation may negatively impact the health and other social services a sex worker receives⁴³;
- c. This intense stigma associated with sex work has been linked with “less socially acceptable” drugs like cocaine and/or heroin among sex workers, a finding that emerged from comparing sex work and other kinds of front-line service work (e.g., food and beverage industry workers)^{8,66,85};
- d. While the stigma many sex workers encounter can make it challenging to maintain a healthy sense of self-worth, others take considerable pride in being found desirable and/or financially compensated for their sexual services⁶¹;

2. Emotional Labour

- a. Similar to other kinds of jobs where workers are required to “manage” their emotions when working with the general public^{32,81}, sex workers can experience high rates of “burn-out”. The result is often emotional and physical exhaustion and depersonalization^{1,54}. However, burn-out is most prevalent among sex workers who experience significant stigma (negative reactions from the family, friends, and the general public), and have “stigma-related experiences (such as role conflict, experiences with violence, and lack of a worker-supportive organizational context)”⁹⁹. On the other hand, sex workers with a “professional attitude, who started sex work at a relatively older age, and who were well supported by colleagues and management” fared better in regards to the negative effects of burn-out⁹⁹;
- b. On the flip side, working with the general public can be a source of job satisfaction and good mental health, in part because there is considerable skill that goes into managing one’s emotions, and consequently, those of the

clients⁷⁷. Research shows that many sex workers view the emotional labour they perform as being similar to what a counselor does; sex work is understood in these instances as providing an emotional and psychological benefit for clients⁶¹;

- c. Strong negative emotions can result when a worker fails to keep their work and personal lives separate. For example, if a worker forms a personal attachment to a client, or finds that they enjoy sex while at work, the dissonance for the worker can lead to such things as substance misuse and low self-esteem⁶⁸.

It should be stressed that while the above are some of the sexual, physical, and mental and emotional health concerns that can be found within sex work communities, many sex workers consider themselves in excellent health. Just like the general population, the incidence of these health problems varies considerably and is determined by genetic inheritance, life style, as well as the “social determinants of health”. These “are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole. Social determinants of health also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment (a broader definition of health). Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members (Raphael 2004:2).”

Stigma and Sex Work

Tackling the stigma associated with the sex industry is one of the major objectives of our national research study. Tackling stigma is of fundamental importance because it impacts all aspects of the sex industry, from what laws are created to regulate the industry, to how those laws are enforced by police, to the reason why some sex workers have poorer health than the general population. Stigma impacts the types of interactions sex workers have with the people who can have a profound effect on their general well-being, including police officers, doctors, nurses, outreach workers, welfare agents, landlords, people purchasing sex, family, friends, romantic partners, and managers. Yet most people only have a vague sense of what stigma is, and how it directly and indirectly shapes the lives of stigmatized individuals and groups.

What is Stigma?

Stigma is a complex concept, closely linked to the idea of prejudice – that is, how people in positions of relative power and influence treat those who hold less power and influence⁹⁰. Goffman³⁰, the Canadian sociologist who is perhaps best known for his work on stigma, defines it as a “deeply discrediting” attribute that reduces an individual “from a whole and usual person to a tainted, discounted one.” Stigma arises in the “language of relationships,” in the sense that people tend to judge, condemn, stereotype, and fault others for having certain attributes (e.g., skin colour, weight, physical disability) or engaging in behaviours (e.g., illicit drug use, smoking, sex work) that are considered socially and/or culturally disreputable. Stigma involves “blaming, shaming and status loss for the stigmatised person or group”^{26,8}, and are often related to social anxieties and fears and a related need to maintain social control and order.

This definition is made clearer by Link and Phelan⁴⁵ who have identified the five interrelated phases through which a person goes through in the process of becoming stigmatized:

- 1) A person or group is identified or labeled as “different,” based on a single, or combined set of characteristics. For example:
 - a. Appearance: skin colour, height (too short, too tall), weight (too thin, too fat), a remarkable feature (birthmark), or some physical disability;
 - b. Cultural values or beliefs: religious views or cultural customs;
 - c. Social identity or behaviour: citizenship, sexual orientation, or occupation.
- 2) Dominant social norms and values link “being different” with “being undesirable,” and this leads to negative stereotypes. For example, there are taboos in many societies against mixing money and sex; because sex workers get paid to perform sexual acts, they are seen as deviant, and consequently, labeled immoral, unclean, dangerous, and/or diseased¹.
- 3) People who are negatively stereotyped tend to be identified primarily in terms of a single characteristic that becomes their sole defining characteristic. For example, while sex workers might be many things, they are reduced to a single thing, their occupation. This kind of labeling or pigeon-holing allows others to place sex

- workers and other marginalized groups into distinct social categories (e.g., “prostitute,” “drug addict,” “schizophrenic”).
- 4) Labeled persons experience a loss of status within their communities, are often unjustly blamed for social problems, and become the subjects of discrimination.
 - 5) Labeling and discrimination influence a person’s access to important social resources such as money, power, prestige, and social networks/institutions (e.g., jobs, education, and healthcare) which in turn determines their ability to resist stigma labels.

Understanding the difference between “felt” stigma and “enacted” stigma

While the above describes how a person becomes stigmatized, it is important to also understand how this process might translate into a disadvantage for stigmatized persons. One way is through what is called “perceived” stigma. This is the process in which persons who fear others will discriminate against them begin to consciously or unconsciously change how they think and how they act³⁰. Thus, some sex workers will avoid certain social interactions out of fear that people will treat them differently if they find out they work in the sex industry (most commonly family members or people in positions of authority). On a practical level, this means they might not seek out the kind of care and support they may need. Alternatively they might turn to substance use to help cope with the societal shame they feel directed toward them⁸. Some sex workers may not disclose pertinent health information about themselves, or seek any health care, because they anticipate negative treatment from doctors and/or nurses⁵⁸.

Another way that stigma can affect individuals or groups is through what is called “enacted stigma” or discrimination, which is when persons or groups are actively treated poorly because of negative societal beliefs held about them. Thus, sex workers may seek out police protection or health services, but find they do not always receive appropriate care. An example of enacted stigma that has received considerable media attention, after the fact, is in the context of the Robert Pickton investigation in British Columbia. Social critics suggested that if the victims had not been sex workers, and if the majority had not been Indigenous women, an investigation would have been launched earlier, and many deaths may have been prevented.

Why is stigma so prevalent in the sex industry?

Some researchers^{33,64} state that sex workers are easy targets for discrimination because they are blamed for such things as the breakdown of the traditional family, sexually transmitted infections (but especially HIV/AIDS), escalating crime in urban areas (especially crimes related to drugs), and the subversion of youth. While the origins of sex work stigmas may relate to deeply held beliefs regarding appropriate sexuality, the sex industry has become entangled with other stigmas, partly because many people working in the sex industry are stigmatized for other reasons as well. Specifically, the sex industry is disproportionately made up of groups of people who have been historically scapegoated for social problems³³, including women, Aboriginals, visible minorities, immigrants, those with sexually transmitted illnesses, illicit drug users, disabled persons,

single parents, as well as, lesbian, gay, bisexual, transgendered, and/or transsexual individuals. Those who face multiple stigmas by virtue of their occupation, gender, sexual orientation, race, ethnicity, or socioeconomic background are less able to access key resources, and as a result, are less able to buffer themselves against the damaging impact of interacting stigmas⁹³.

Resisting stigma

Stigma does not impact everyone in the same way. There are differences in its impact, both within and between targeted groups. These differences can be explained by the fact that stigma is resource- and context-specific, which means that the people who become stigmatized vary according to their access to key resources (e.g., money, education, prestige, and power), as well as to the time period, geographic location, political climate, and social values^{33,38}. Thus, while one's ethnicity or sexual orientation might make them the target of stigmatization at a certain time and in a particular cultural and geographical environment, this may not consistently be the case.

At the same time, some individuals simply appear better able to resist stigma. Research shows, for example, that instead of internalizing stigma, many sex workers, especially those with access to different kinds of social supports, view stereotypes and discrimination about the sex industry as ignorance on the part of the general public. Rather than internalizing shame, many sex workers feel they play an important role in society, either as legitimate artistic performers⁵ or emotional and/or sexual health counsellors⁸¹, or by providing an important service for disabled persons and by deflecting violence away from women in the general public^{1,65}.

The legal environment can also aid some in resisting stigma. For example, when prostitution was decriminalized in New Zealand in 2003, many sex workers reported experiencing felt stigma differently. While they still could do little about how others discriminated against them, they were less likely to internalize shame, and instead reported feeling angry at the perceived injustice and contravention of their human rights by social and legal policies¹. Regardless, even those who can actively resist stigma are likely to conceal the fact that they work in the sex industry from certain family members, service providers, and people in the general public¹.

Not just sex workers

Stigmas not only affect sex workers, but many of the people they interact with on a day-to-day basis. This is called "stigma by association" or "courtesy stigma"³⁰. A smaller body of research suggests stigma may affect all sorts of groups who have contact with targeted individuals. Family members, friends, and health and social service providers may all be negatively affected by the stigma that surrounds the sex industry. Research with people who provide social services to sex workers shows that they report less social recognition and support for their work from community members, family, and friends⁵⁹. Other research on family members and members of the care and support networks of people with HIV/AIDS suggests that courtesy stigma is a source of stress and discrimination, and reduces support opportunities. People who have other roles in the sex

industry or work in sex industry related establishments - managers, booking agents, drivers - are also likely affected by stigma by association. Taking into account those who experience stigma and those who are exposed to courtesy stigma, it would appear that stigma is a significant public health consideration affecting many groups, their families, and their support networks. As such, one important facet of our national study is to consider this relatively unstudied subject of stigma by association.

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References:

1. Abel, G., and Fitzgerald, L. 2010a. Decriminalization and Stigma. In *Taking the Crime out of Sex Work: New Zealand Sex Workers' Fight for Decriminalization*, Abel, G., et al eds., pp. 239-259. Great Britain: Policy Press.
2. Abel, G., Fitzgerald, L., Healy, C., and Taylor, A. 2010b. *Taking the Crime out of Sex Work: New Zealand Sex Workers' Fight for Decriminalization*. Great Britain: Policy Press.
3. Armstrong, P., & Armstrong, H. (2003). *Wasting Away: The Undermining of Canadian Health Care*. Toronto: Oxford University Press.
4. Atchison, C. 2010. Report of the Preliminary Findings of John's Voice: A Study of Adult Canadian Sex Buyers, funded by CIHR and BCMSF.
5. Barton, B. 2002. Dancing on the Möbius Strip: Challenging the Sex War Paradigm. *Gender and Society*, 16(5): 585-601.
6. Barton, B. 2007. Managing the Toll of Stripping: Boundary Setting among Exotic Dancers. *Journal of Contemporary Ethnography*, 36(5):571-596.
7. Benoit, C., Carroll, D., & Chaudhry, M. 2003. In search of a healing place: Aboriginal women in Vancouver's Downtown Eastside. *Social Science and Medicine*, 56, 821-833.
8. Benoit, C., McCarthy, B., and Jansson, M. Forthcoming. Stigma, Service Work, and Substance Use: A Two-City, Two-Country, Comparative Analysis. *Social Problems*.
9. Benoit, C. and Millar, A. 2001. Dispelling Myths and Understanding Realities: Working Conditions, Health Status, and Exiting Experiences of Sex Workers. Sponsored by Prostitutes Empowerment, Education and Resource Society (PEERS). Funded by BC Health Research Foundation, Capital Health District and BC Centre of Excellence on Women's Health.
10. Benoit, C., and Shaver, F. 2006. Critical issues and new directions in sex work research. *CRSA*, 43: 243-252.
11. Benoit, C., & Shumka, L. 2008. Gendering the health determinants framework: Why girls' and women's health matters. A primer on women's health. Women's Health Research Network, Vancouver, BC. Retrieved from: <http://www.whrn.ca/why-girls-and-womens-health-matters-download>.
12. Brents, B., and Hausbeck. 2005. Violence and Legalized Brothel Prostitution in Nevada: Examining Safety, Risk, and Prostitution Policy. *Journal of Interpersonal Violence*, 20(3): 270-95.
13. Brewis, J., and Linstead, S. 2000. 'The Worst Thing is the Screwing' (2): Context and Career in Sex Work. *Gender, Work, and Organization*, 7(3):168-180.

14. Brock, D. 1998. *Making Work, Making Trouble: Prostitution as a Social Problem*. Toronto: University of Toronto Press.
15. Brooks-Gordon, B. 2008. State violence towards sex workers: Police power should be reduced and sex workers' autonomy and status raised, *BMJ*, 337:a908
16. Brownridge, D. 2008. Understanding the elevated risk of partner violence against Aboriginal women: A comparison of two nationally representative surveys of Canada. *Journal of Family Violence*, 23(5), 353-367. Carter & Walton, 2000
17. Bungay, V., Halpin, M., Atchison, C., and Johnston, C. 2011. Structure and Agency: Reflections from an Exploratory Study of Vancouver Indoor Sex Workers. *Cult Health Sex*, 13(1):15-29.
18. Carter, C. and M. Walton. 2000. *Is Anyone Listening? A Gender Analysis of Sex Trade Work*. Victoria, BC: PEERS.
19. Chan, K.Y., and Reidpath, D.D. 2003. "Typhoid Mary" and "HIV Jane": Responsibility, Agency and Disease Prevention. *Reproductive Health Matters* 11(22):40-50.
20. Church S., Henderson M., Barnard, M., and Hart, G. 2001. Violence by clients towards female prostitutes in different work settings. *BMJ*, 322: 524-25.
21. Cohan, D., Lutnick, A., Davidson, P., Cloniger, C., Herlyn, A., Breyer, J., Coughlin, C., Wilson, D., and Klausner, J. 2006. Sex worker health: San Francisco style. *Sex Transm Infect.*, 82(5): 418-422.
22. Csordas, T. 1990 Embodiment as a Paradigm for Anthropology. *Ethos* 18(1): 5-47.
23. Culhane, D. 2004. Their Spirits Live Within Us: Aboriginal women in downtown eastside Vancouver emerging into visibility. *The American Indian Quarterly*, 27(3):593-606.
24. Day, S. 2007. *On the Game: Women and Sex Work*. London: Pluto Press.
25. Day, S.E., and Ward, H. 2007. British policy makes sex workers vulnerable. *BMJ* 334:187-187.
26. Deacon, H., 2006. Towards a Sustainable Theory of Health-Related Stigma: lessons from the HIV/AIDS Literature. *J of Comm. and App. Soc. Psych.*, 16(6): 418-425.
27. Department of Justice, Canada. 2010. Accessed on December 23, 2010 at: <http://www.justice.gc.ca>.
28. Du Mont J., McGregor M. J. 2004. Sexual assault in the lives of urban sex workers: A descriptive and comparative analysis. *Women & Health*, 39: 79-96.

29. Gemme, R. and N. Payment. 1992. 'Criminalization of Adult Street Prostitution in Montréal Canada: Evaluation of the Law in 1987 and 1991'. *Canadian Journal of Human Sexuality* 1(4): 217-220.
30. Goffman, I. 1990 [1963]. *Stigma: Notes on the Management of Spoiled Identity*. London: Penguin Books.
31. Goodyear, M.D.E., and Cusick, L. 2007. Protection of sex workers. Decriminalisation could restore public health priorities and human rights, *BMJ*, 334:52-3.
32. Hochschild, A.R. 1983. *The Managed Heart: Commercialization of Human Feelings*. Berkeley and Los Angeles: The University of California Press.
33. Hallgrimsdottir, H., Phillips, R., and Benoit, C. 2006. Fallen Women and Rescued Girls: Social Stigma and Media narratives of the Sex Industry in Victoria, B.C., from 1980 to 2005. *CRSA/RCSA*, 43(3):265-80.
34. Hausbeck, K., and Brents, B.G. 2000. Inside Nevada's Brothel Industry. In *Sex for Sale*, R. Wetzer, ed, Pp. 217-238. New York: Routledge.
35. Howarth, C. 2006. Race as Stigma: Positioning the Stigmatized as Agents, Not Objects. *Journal of Community & Applied Social Psychology*, 16, 442-451.
36. Jeal, N., and Salisbury, C., 2007. Health needs and service use of parlour-based prostitutes compared with street-based prostitutes: a cross-sectional survey. *BJOG*: 875-881.
37. Justice Institute of British Columbia. 2006. Violence in the Lives of Sexually Exploited Youth and Adult Sex Workers in BC, Provincial Research Final Report prepared by Sarah Hunt.
38. Keusch, G.T., Wilentz, J., & Kleinman, A. 2006. Stigma and Global health: Developing a Research Agenda. *Lancet*, 367, 525-27.
39. Kinnell, H. 2006. Demonizing Clients: How Not to Promote Sex Workers' Safety. In *Sex Work Now*, M. O'Neill and R. Campbell, eds. Cullumpton: Willan.
40. Kleinman, A. and Kleinman, J. 1991. Suffering and its Professional Transformation: Toward an Ethnography of Interpersonal Experience, Culture, *Medicine and Psychiatry* 15(3): 275-301.
41. Kleinman, A. and Kleinman, J. 1997. The Appeal of Experience; The Dismay of Images: Cultural Appropriation of Suffering in Our Times. In *Social Suffering*, edited by Arthur Kleinman, Veena Das and Margaret Lock, Pp.1-24. Berkeley: University of California Press.
42. Kleinman, Arthur, Das, Veena and Margaret Lock. 1997. Introduction. In *Social Suffering*, edited by Arthur Kleinman, Veena Das and Margaret Lock, Pp. ix-xxvii. Berkeley: University of California Press.

43. Koken, J. 2012. Independent Female Escort's Strategies for Coping with Sex Work Related Stigma. *Sexuality and Culture*, 16: 209-229.
44. Laing, M. 2012. 'Regulating adult work in Canada: the role of criminal and municipal code'. Pp.166-184 in P. Johnson and D. Dalton (eds.) *Policing Sex*. London: Routledge,
45. Link, B.G., & Phelan, J. 2006. Stigma and its Public Health Implications. *Lancet*, 367, 528-29
46. Lock, M. and Wakewich-Dunk, P. 1990. Nerves and Nostalgia: Expression of Loss Among Greek Immigrants in Montreal, *Canadian Family Physician*, 36:253-258.
47. Lowman, J. 1990. 'Notions of Formal Equality Before the Law: The Experience of Street Prostitutes and their Customers'. *Journal of Human Justice* 1(1): 55-76.
48. Lowman, J. 1998. 'Prostitution law reform in Canada'. In T. Shiibashi (ed.), *Toward comparative law in the 21st century* (pp. 919-946). Tokyo: Chuo University Press.
49. Lowman, J. 2000. Violence and the Outlaw Status of (Street) Prostitution in Canada. *Violence against Women*, 6(9):987-1011.
50. Lowman, J., and Atchison, C. 2006. Men Who Buy Sex: A Survey in the Greater Vancouver Regional District. *Canadian Review of Sociology and Anthropology*, 43(3):281-296.
51. Lowman, J., and Fraser, L. 1996. Violence against persons who prostitute: The experience in British Columbia. Technical Report TR1996-14e. Ottawa: Department of Justice Canada.
52. McCarthy, B., C. Benoit, M. Jansson, and K. Kolar. 2012. 'Regulating Sex Work: Heterogeneity in Legal Strategies'. *Annual Review of Law and Social Science* 8: 255-271.
53. Messing, K. 2002. Analyse du travail des travailleuses du sexe oeuvrant dans la rue: Investigations préliminaires. In *Work, Restructuring, Health and Policy Implications: The Sex Trade Environment*. Sponsored by the National Network of Environments and Women's Health. Toronto: York University (no page numbers).
54. Morris, J.A., and Feldman, D.C. 1996. The Dimensions, Antecedents, and Consequences of Emotional Labor, *The Academy of Management Review* 21(4):986-1010.
55. O'Doherty, T. 2011. Criminalization and Off-Street Sex Work in Canada. *Can. J. Criminology*, 53(2):217-45.
56. PACE Society. 2000. *Violence against women in Vancouver's street level sex trade and the police response*. Vancouver: PACE Society.

57. Pearce, M.E., Christian, W.M., Patterson, K., Spittal, P.M. 2008. The Cedar Project: Historical trauma, Sexual abuse and HIV risk among Aboriginal young people who use injection and non injection drugs in two Canadian cities. *Social Science & Medicine* 66: 2185-2194
58. Phillips, Rachel and Cecilia Benoit. 2005. Social Determinants of Health Care Access among Sex Industry Workers in Canada, *Sociology of Health Care* 23: 79-104.
59. Phillips, R, Benoit, C, Hallgrimsdottir, H, and Vallance, K. 2012. Courtesy Stigma: A Hidden Health Concern Among Frontline Service Providers to Sex Workers. *Sociology of Health and Illness*, 34(5): 681-696.
60. Plumridge, L., and Abel, G. 2001. A “segmented” Sex Industry in New Zealand: Sexual and Personal Safety of Female Sex Workers. *Australian and New Zealand Journal of Public Health*, 25(1):78-83.
61. POWER. 2012. *The Toolbox: What Works for Sex Workers*. Frederique Chabot (ed), Prostitutes of Ottawa/Gatineau Work, Educate and Resist.
62. Raphael, D., ed. 2004. *Social determinants of health: Canadian perspectives*. Toronto: Canadian Scholars’ Press.
63. Raphael, D., and Shapiro, D.L. 2004. Violence in Indoor and Outdoor Prostitution Venues. *Violence Against Women*, 10(2): 126-39.
64. Rekart, M.L. 2005. Sex-work harm reduction. *Lancet*, 366: 2123-34.
65. Riessman, C. 2000. Stigma and Everyday Resistance Practices: Childless Women in South India. *Gender and Society*, 14(1):111-35.
66. Rhodes, T., Simic, M., Baros, S., Platt, L., Zikic, Z., 2008. Police violence and sexual risk among female and transvestite sex workers in Serbia: Qualitative Study. *BMJ*, 337:a811
67. Rössler, W., Koch, U., Lauber, C., Hass, A-K., Altwegg, M., and Ajdacic-Gross, V. 2010. The mental health of female sex workers. *Acta Psychiatr Scand*, 122: 143–152
68. Sanders, T. 2004. A continuum of risk? The management of health, physical and emotional risks by female sex workers. *Sociology of Health & Illness*, 26(5):557–574.
69. Sanders, T. 2008. *Paying for Pleasure: Men Who Buy Sex*. Portland, OR: Willan Publishing.
70. Sanders, T., and Campbell, R., 2007. Designing out Vulnerability, Building in Respect: Violence, Safety and Sex Work Policy. *British Journal of Sociology*, 58(1):1-20.

71. Savitz, L., and Rosen, L. 1988. The Sexuality of Prostitution: Sexual Enjoyment by Street-walkers. *J. Sex Res.* 24: 200-208.
72. Scheper-Hughes, N., 1994. Embodied Knowledge: Thinking with the Body in Critical Medical Anthropology. In *Assessing Cultural Anthropology*, edited by Robert Borofsky, Pp. 229-239. New York: McGraw Hill.
73. Shannon, K., Bright, V., Gibson, K., and Tyndall, M.W. 2007. Sexual and Drug-related Vulnerabilities for HIV Infection Among Women Engaged in Survival Sex Work in Vancouver, Canada. *CJPH*, 98(6):465-469.
74. Shannon, K., Kerr, T., et al. 2008. Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Social Science & Medicine* 2008; 50: 911-921.
75. Shannon, K., Kerr, T., Strathdee, A., Shoveller, J., Montaner, J.S., Tyndall, M.W. 2009a. Prevalence and structural correlates of gender based violence among a prospective cohort of female sex workers, *BMJ*, 339:b2939.
76. Shannon, K., Strathdee, S.A., Shoveller, J., Rusch, M., Kerr, T., and Tyndall, M.W. 2009b Structural and Environmental Barriers to Condom Use Negotiation With Clients Among Female Sex Workers: Implications for HIV-Prevention Strategies and Policy. *American Journal of Public Health*, 99(4):659-665.
77. Sharma, U., and Black, P. 2001. Look Good, Feel Better: Beauty Therapy as Emotional Labour, *Sociology* 35(4):913-931.
78. Shaver, F.M. 1985. 'Prostitution: A Critical Analysis of Three Policy Approaches.' *Canadian Public Policy* XI (3): 493-503.
79. Shaver, F. 1994. The Regulation of Prostitution: avoiding the morality traps', *Canadian Journal of Law and Society*, 9(1):123-45.
80. Shaver, F.M. 2012. 'Sex Work and the Law: A Critical Analysis of Four Policy Approaches to Adult Prostitution'. Pp.190-216 in Kelly Gorkoff and Richard Jochelson (eds.) *Thinking about Justice*. Fernwood Publishing.
81. Shumka, L. 2006. *Working through the body: Women, pain and the embodiment of work*. Master's Thesis, University of Victoria, Victoria.
82. Shumka, L., & Benoit, C. 2008. Social suffering and the identification of gaps in primary health care for vulnerable women. *Research in the Sociology of Health Care*, 25, 255-278.
83. Sikka, A. 2009. *Trafficking of Aboriginal women and girls in Canada*. [Aboriginal Policy Research Series]. Ottawa, Canada: Institute On Governance.
84. Smith, A. 1966 [2005]. *Conquest: Sexual violence and American Indian genocide*. Cambridge, MA: South End Press.

85. Spittal, P.M., Bruneau, J., Craib, K.J., Miller, C., Lamothe, F., Weber, A. E., Li, K., Tyndall, M.W., O'Shaughnessy, M. V., and Schechter, M. T. 2003. Surviving the sex trade: A comparison of HIV risk behaviours among street-involved women in two Canadian cities who inject drugs. *AIDS Care*, 15(2):187-95.
86. Spiwak R, and Brownridge, D.A. 2005. Separated Women's Risk for Violence: An Analysis of the Canadian Situation. *Journal of Divorce & Remarriage*, 43(3/4):105-117.
87. STAR. 2006. *Safety, Security and the Well-Being of Sex Workers*. A report submitted to the House of Commons Subcommittee on Solicitation Laws (SSLR). Available on line at www.uwindsor.ca/star.
88. Statistics Canada. 2009. Retrieved from: <http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.htm>.
89. Stevenson, W. 1999. Colonialism and First Nations Women in Canada. In Enakshi Dua and Angela Robertson (eds.), *Scratching the Surface: Canadian Anti-racist Feminist Thought* (pp.49-82).Toronto, ON: Women's Press.
90. Stuber, J., and Meyer, I. 2008. Stigma, Prejudice, Discrimination and Health. *Social Science & Medicine*, 67:351-357
91. Surratt H. L., Inciardi J. A., et. al. 2004. Sex work and Drug Use in a Subculture of Violence. *Crime & Delinquency*, 50: 43-59.
92. Trainor, C., & Mihorean, K. 2001. *Family violence in Canada: A Statistical Profile 2001*. Ottawa: Ministry of Industry.
93. Wailoo, K. 2006. Stigma, Race, and Disease in 20th Century America. *Lancet*, 367: 531-33.
94. Ward, H., Day, S., and Weber, J. 1999. Risky Business: Health and Safety in the Sex Industry over a 9 Year Period. *Sex. Trans. Infect.*, 75:340-43.
95. Weinberg, M. S., Shaver, F. M., et. al. 1999. Gendered Sex Work in the San Francisco Tenderloin. *Archives of Sexual Behavior*, 28(6): 503-521.
96. Weitzer, R. 2009. Sociology of Sex Work. *Annual Review Sociology*, 35: 213-234.
97. World Health Organization. 1986. Ottawa charter for health promotion. Retrieved 25 June 2008 from http://www.euro.who.int/AboutWHO/Policy/20010827_2
98. Vanwesenbeeck, I. 2001. Another Decade of Social Scientific Work on Sex Work. *Annual Review of Sex Research*, 12: 242-289.
99. Vanwesenbeeck, I. 2005. Burnout Among Female Indoor Sex Workers. *Archives of Sexual Behavior*, 34(6):627-639.

