



COVID-19, Stigma, and the Ongoing Marginalization of Sex Workers and their Support Organizations

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Abstract

Primary or first-hand stigma, associated with sex work, sometimes disparagingly referred to as "prostitution" or "whore" stigma, was a fundamental cause of social inequities for sex workers before the COVID-19 pandemic. In addition, courtesy stigma, or stigma by association linked with involvement with a stigmatized group, has long limited the ability of sex worker organizations to secure adequate funds to meet the needs of sex workers in their communities. In reaction to the pandemic, sex worker organizations quickly responded and in a variety of ways have been helping to ease the impact of the pandemic on sex workers in their communities. In November 2020, we interviewed 10 members of sex worker organizations from seven different communities across Canada about how they have been dealing with the immediate and longer-term impacts of the COVID-19 pandemic in their communities. Three strategic actions stood out in the interviews: (1) challenging stigma to help sex workers access government emergency funding; (2) reorganizing and adapting services to provide outreach to sex workers in their communities; and (3) advocating for continuous organizational funding. The findings show that primary stigma and courtesy stigma have further marginalized sex worker organizations and their clients during the pandemic. We conclude with participants' recommendations to address avoidable harms of COVID-19 among sex workers and to better support sex worker organizations in Canada.

Keywords COVID-19 pandemic · Sex workers · Primary stigma · Courtesy stigma · Sex worker organizations

Introduction

The 2020–2021 COVID-19 global pandemic has caused widespread negative economic, social, and health harms. For people who sell sexual services, the impacts have been severe—worsening their already precarious working conditions and access to health and social services (Benoit, 2020).

Commercial sex work involves several hierarchies of exclusion, the most prominent of which are: childhood and adult economic vulnerability, gender, race, sexuality, and legal contexts (Benoit et al., 2020b; Hardy & Saunders, 2015; Platt et al., 2020; Rosen & Venkatesh, 2008). Compared to other Canadian workers, sex workers are younger, more likely to identify as women, Indigenous, and non-heterosexual, while also being less likely to have finished high school, own their own home, or to be currently married or

living with common-law partners (Benoit et al., 2017). Sex workers report poorer physical and mental health, higher unmet health needs, and are more likely to have a long-term disability (Benoit et al., 2016a; Shannon et al., 2009). They also report a high degree of food insecurity and other forms of material hardship (Rosen & Venkatesh, 2008). In a recent study, two-thirds said in the last 12 months, they received free food or meals, half of the respondents disclosed that they borrowed money from friends or family to help meet bill payments and one-third said they had not paid the full amount of their rent or mortgage, or the full amount for utilities (Benoit et al., 2020b). Finally, marginalization of sex workers as a group is evident by their high rates of assault and victimization compared to the general population (Bungay & Guta, 2018; Comack & Seshia, 2010; Deering et al., 2014; O'Doherty & Waters, 2019).

Before the pandemic hit, many sex workers navigated the formal economy for employment opportunities within their reach, usually in "gig" economy work—i.e., independent contracts and on-call part-time temporary jobs in personal services, including retail, restaurant, and hospitality work (Hardy & Saunders, 2015; Campbell & Price, 2016;

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Sallaz, 2017). The main challenge of sex work compared to other jobs within the reach of sex workers is primary stigma (Benoit et al., 2020b; Rosen & Venkatesh, 2008; Scambler, 2007). Sometimes disparagingly referred to as "prostitution" or "whore" stigma (Pheterson, 1990), it renders sex workers as deviant "others," to silence them and deny them standard social rights enjoyed by other citizens (Benoit et al., 2018; Jiao & Bungay, 2018). Relatedly, courtesy stigma or stigma by association (Phillips & Benoit, 2013; Corrigan & Miller, 2004; Goffman, 1963) hampers sex worker organizations from securing adequate funds to meet the diverse health and social needs of sex workers in their communities and advocate for their human rights.

Using data from qualitative interviews conducted in November 2020 with ten members of sex worker organizations from seven diverse communities across Canada, the purpose of this research is to examine how this "web of stigmatization" (Wailoo, 2006) has been affecting sex workers and sex worker organizations during the COVID-19 pandemic from the perspective of organizational staff. Before doing so, we examine how primary and courtesy stigmas play out in the sex industry.

Theorizing Stigma

Building on the ground breaking work of Goffman (1963) who defined primary or first-hand stigma as a social attribute or "mark" dividing individuals from others based on socially given judgments, Link and Phelan (2006) operationalize primary stigma as the co-occurrence of labeling, stereotyping, separating, status loss, and discrimination. The consequences of stigmatization are far-reaching, including association with quality-of-life measures, such as social isolation, employment, and income (Phillips & Benoit, 2013; Link & Phelan, 2001), physical and mental health problems (Green et al., 2005), and a reluctance to use health services (Pescosolido et al., 2008; Stuber et al., 2008). Primary stigma operates in society as a fundamental determinant of social inequity, on par with other deep-seated factors—including class, gender, race, and education (Hatzenbuehler et al., 2013; Link & Hatzenbuehler, 2016). Primary stigma, then, is more than an individual psychological process; a complex conceptualization of stigma understands it as a set of internal and external social processes, affecting "multiple domains of people's lives" (Link & Phelan, 2001, p. 363).

While the bulk of studies have concentrated on the situation of those who experience stigma directly, Goffman (1963) maintained that stigmas also affect those who are closely associated with them—"the problems faced by stigmatized persons spread out in waves of diminishing intensity among those they come in contact with" (p. 30). Corrigan and Miller (2004) note that narratives of blame, shame, and contamination give rise to stigma by association or courtesy

stigma or what Pryor et al. (2012) refer to as "the infection of bad company" (p. 224). Narratives of blame suggest that the associates of stigmatized persons are responsible for the negative social implications of the stigma, while narratives of contamination suggest that the associates of stigmatized persons are likely to have similar values, attributes, or behaviors (Kulik et al., 2008).

Sex Work Stigma

Primary stigma linked to sex work has a long historical reach (Nussbaum, 1999) and is pervasive in most countries today (Benoit et al., 2018; Foley, 2017; Weitzer, 2010). It is an example of what Goffman (1963) referred to as "conduct stigma" caused by behaviors that violate perceived and established standards, leaving the individual discredited due to their tainted behavior, in this case, breaking cultural norms about human sexuality (Benoit et al., 2020a).

Sex workers are commonly constructed as deviant others, excluded from conversations about sex work, and routinely denied social rights enjoyed by other citizens (Scambler, 2007). Derogatory labels—such as prostitute, whore, and hooker (Pheterson, 1990)—are systematically used to describe them in laws, social policies, the media, everyday interactions, and even in the research literature, showing the common nature and prevalence of these marks of disgrace (Benoit et al., 2018). Whore stigma, "colors all sex work" (Weitzer, 2010, p. 30), infiltrates government policy discussions and is ingrained in public discourse and general knowledge (Benoit et al., 2020b; Bungay et al., 2011). As a result, sex workers often face inappropriate, ineffective, or outright harmful policy choices based on stigmatizing notions that negatively influence their working conditions, experiences, and overall well-being (Shannon et al., 2009). Whore stigma also plays a central role in police abuses of power toward sex workers (Deering et al., 2014; Sawicki et al., 2019) that range from unwarranted targeting (Blankenship & Koester, 2002) to harassment and exploitation (Novich, 2015). Consequently, sex workers are much more likely than the general public to state that the police treat them unfairly (Benoit et al., 2016b), resulting in the unfortunate outcome that they rarely call 911 when in danger (Crago et al., 2021). Whore stigma may additionally be layered with homophobic and transphobic stigmas, leaving marginalized sex workers economically and socially sidelined, and further exposed to mistreatment (Lyons et al., 2020; Roche & Keith, 2014; Sanders, 2018).

We know little about how courtesy stigma affects organizational staff who provide health and social services to sex workers. One study of the organizational experiences of a sample of staff in a sex worker organization in western Canada found that courtesy stigma played a role in workplace health. Courtesy stigma negatively affected both the workplace environment, including the range of resources made

available to staff from government and charitable sources, as well as staff perceptions of others' support and limitations on these resources (Phillips et al., 2012). Unstable funding was a major ongoing stressor for the organization, which staff inexorably linked to the whore stigma imposed on their clientele. The staff described that there were inadequate resources to support human resource needs and program development, as well as a lack of sector-wide allied resources which to refer clients for complementary support, outcomes they linked to the operation of courtesy stigma at the organizational level (Phillips & Benoit, 2013).

This funding challenge faced by personnel of sex worker organizations has worsened in Canada in the recent decade. Conservative politicians and radical feminist scholars have interlinked sex work, migration, and human trafficking, tagging it as sex trafficking, and placing the spotlight on the victimhood of "prostituted women" (Coy, 2008). They have advocated for the criminalization of adult sex purchase, along with a suite of other restrictions (Farley, 2015). Canada's current prostitution law, Bill C-36, the Protection of Communities and Exploited Persons Act (PCEPA), bans purchasing sexual services, receiving material benefits from prostitution, and procuring services (Department of Justice Canada, 2014). It also makes it illegal for newspaper and magazine publishers, website administrators, and web-hosting services to publish advertisements for any sexual services and prohibits communicating for the sale and purchase of sexual services in a public place next to a school ground, playground, or day-care center. The federal government also forbids foreign nationals from working in environments offering striptease, erotic dance, escort services, or erotic massages (Department of Justice Canada, 2014).

Linking sex work, migration, and trafficking has resulted in sex worker organizations across Canada and globally contending for funding for their programs against anti-trafficking groups (Global Network of Sex Work Projects, 2020). Large sums of money are allotted to groups calling for the abolition of sex trafficking, while meager funds are available for rights-based groups providing sex workers access to nonjudgmental harm reduction, preventive services, and empowerment opportunities (Anasti, 2017; Hoefinger et al., 2019; Majic, 2011). One example is the Canadian federal government's National Strategy to Combat Human Trafficking (Government of Canada, 2019). This initiative is supported by an investment of \$75CAD million over six years and includes a 2018 investment of \$14.51CAD million for the new Canadian Human Trafficking Hotline. The fund provides support to "trafficked victims and survivors," as well as to organizations working on anti-human trafficking efforts, but nothing for active sex workers and sex worker organizations providing support services, outreach, and empowerment programs.

This does not mean that personnel at sex worker organizations, most with sex work experience, have remained silent

about their marginalization caused by courtesy stigma. There is ample evidence of an awareness of disrespect or "stigma consciousness" (Pinel & Paulin, 2005) among staff at these organizations, as demonstrated by the coalition of peer-driven sex worker organizations and allied agencies from across Canada formed in 2012 (Canadian Alliance for Sex Work Law Reform, 2017). Similar to sex worker organizations in other countries and international human rights' groups (Global Network of Sex Work Projects, 2011), the Canadian Alliance has emerged as a vocal front for sex workers and advocate for criminal law and policy reform (Amnesty International, 2016; Anasti, 2017; Arnott & Crago, 2009; Benoit et al., 2017; Majic, 2014; Platt et al., 2018). The Canadian Alliance, alongside their allied agencies and academic researchers, spoke out against the PCEPA (Benoit & Unsworth, 2021; Canadian Alliance for Sex Work Law Reform, 2017; Parent et al., 2013) and recently launched a constitutional challenge to these sex work prohibitions.

In this article, we present results from interviews with personnel from seven organizations belonging to the Canadian Alliance regarding their ongoing efforts during the COVID-19 pandemic to carry out what they see as their dual role: filling service gaps and responding to the needs of sex workers in their communities, and advocating for their broader occupational and social rights.

Methods

The Study

Qualitative data were collected from in-person interviews conducted in November 2020 with ten staff (henceforth referred to as "interviewees") from seven sex worker organizations located in different communities across Canada, ranging from large to small-sized cities. The sex worker organizations are community partners in the authors' ongoing participatory research project focused on mobilizing sex workers around their occupational and social rights (Benoit & Unsworth, 2021).

Most of the organizations are peer-driven, providing support, advocacy, and education by, for, and, with sex workers currently and formerly working in the sex industry to improve their life chances and achieve their personal goals. The organizations differ in other respects. Some only cater to women-identified (cis and Trans) sex workers, whereas others open their doors to all genders. The organizations also vary in their emphasis on service provision versus advocacy. Programs range from primary health care, street outreach and delivery of safe sex and drug use supplies, peer drop-in, weekly community meals, occupational health and safety, and violence prevention workshops, as well as public education and research. Some of these organizations have been

in existence for decades and have been incorporated as non-profits with a valid charity number from the Canada Revenue Agency (CRA). Others do not have charitable status and do not qualify as legitimate recipients of government funds. A few of the organizations have stable multiyear funding; most do not, requiring staff to apply on an ongoing basis for grants to fund programs. The grants that are available tend to be targeted toward gender-based violence supports and services for cis women, HIV, drug overdose, harm reduction and prevention, and, to a lesser extent, housing.

Despite these differences, all the organizations have adopted the official stance that "sex work is work," the occupation should be decriminalized and regulated, and sex workers' social and economic rights should be expanded. All belong to the Canadian Alliance. Seven of the ten interviewees have lived and living sex work experience; all have extensive experience working on the frontline of service delivery to sex workers and advocating for their human rights. Interviewees' job descriptions include executive director, operations manager, violence prevention coordinator, team leader for prevention and support, program coordinator, advocacy coordinator, and coordinator of communications and mobilization. Three interviewees were from one organization, two interviewees from another organization, and five interviewees from each of the other five sex worker organizations. See Appendix 1 for a list of interviewee pseudonyms to ensure their names and organizations remain confidential. Ethics approval was obtained from University of Victoria Canada. Verbal informed consent was obtained from all interviewees, and permission was granted for the use of audio and Zoom recording during the interview. Interviewees were assured of their ability to end the interview at any time and the confidentiality of the data they shared with researchers.

Interview Procedure

The interview schedule consisted of 12 open-ended questions, co-developed with interviewees. During email discussions about the pandemic, the interviewees described their efforts to help sex workers in their communities to gain access to emergency funds and meet their basic needs. The first and second authors created an initial draft of the interview questions, and the interviewees reviewed the questions and gave feedback via email. Interviewees also made recommendations to add new questions to ensure pertinent information was captured about the pandemic and its impact on sex workers in their communities, as well as their organization's capacity to provide emergency relief and ongoing programs. The first author added these new questions and re-shared the revised interview schedule, which was given final approval by each interviewee.

The first author conducted interviews, ranging in length from 50 to 75 minutes. To acknowledge interviewees time,

knowledge, and expertise, interviewees received an honorarium of \$100 (CAD), which some said they would donate to their organization. All audio/Zoom recordings were transcribed, and identifying details were redacted. The transcribed interviews were sent to interviewees to check for accuracy. A few of them requested removal of a few words from the text that were potentially identifying for their organizations.

Thematic Analysis

Below, we present our thematic analysis of interviewees' answers to a subset of questions that highlight the efforts of organizational staff to deal with the immediate and longer-term impact of the COVID-19 pandemic on their clients: (1) What have been the effects, if any, of the COVID-19 pandemic on sex workers in your community? (Probes for isolation, depression, violence, substance use, childcare burden, and other impacts); (2) Have some groups of sex workers been more impacted by COVID-19 than others? (3) Have you been unable to offer some of your core services/programs since the pandemic began in March 2020? (4) Has your organization introduced new services and new service delivery models because of the pandemic?

The transcribed answers were coded thematically according to Braun and Clarke's (2006) six principles for thematic analysis, beginning with familiarization with the data by closely reading the interview transcripts. The authors independently coded each answer to reach consensus about the thematic interpretation of the data, which were then organized into master themes by the second author. The data were reviewed using line-by-line coding and an iterative, constant comparative process to identify more nuanced themes relative to the master codes, interview transcripts, and revised research aims. To enhance reliability, the authors met to discuss the coded themes. Discrepancies were discussed and agreement was reached on the final coding scheme, which the second author applied to the transcripts (Bradshaw & Stratford, 2010). Finally, throughout the project, both authors had opportunities to respond to the content of the interviews, coding, analysis, and elucidation of the results.

Results

Given sex workers' social and economic disadvantage, structural barriers, and pervasive stigma blocking their inclusion in Canadian society—it is not surprising that many have sought out sex worker organizations to help meet their basic needs, find health care, and receive social support since the COVID-19 pandemic hit. As we show below, these organizations quickly responded to the pandemic, and in a variety of ways have been helping to ease the impact of the pandemic

on sex workers in their communities. Three strategic actions by sex worker organizations stand out in the interviews: (1) challenging stigma to help sex workers access government emergency funding; (2) reorganizing and adapting services to provide outreach to sex workers in their communities; and (3) advocating for continuous organizational funding.

Challenging Stigma to Help Sex Workers Access Emergency Funding

Similar to other jobs deemed non-essential, when the pandemic first hit in early March 2020, sex work establishments such as strip clubs, massage parlors, and escort agencies were forced to close across most Canadian cities, and independent escorts were constrained from offering sexual services in their work studios or their own homes. As Hazel put it, “Yeah, I would say initially, um, in some ways the sex workers that worked in like indoor, like agency-based environments, or as independents probably experienced a more drastic loss of income.” The most advantaged sex workers were able to fall back on savings or strike a deal with clients through accommodating circumstances. According to Sidney, some workers were “paid their wage by a sugar daddy from now until the end of the pandemic, because their sugar daddy has immunosuppressive stuff.” Others increased their online sex work, as Kerry explained, “Yes, that was definitely a big pick up, especially when studios closed and parlors closed.” Another interviewee, Casey stated: “We learned really quickly how having tech and the capacity to be involved in the technical world is a privilege that many, many we support don’t have.” Cheryl sums up the situation this way: “I think with all vulnerable sectors, the pandemic has definitely had the greatest impact on the most vulnerable people in society, and vulnerable sex workers follow suit with that.”

Given the economic hardship caused by COVID-19, it was imperative that sex workers, especially the most economically at risk, were able to access government income protection schemes available to other Canadians. However, due to the stigmatization of sex work and its criminalization, interviewees noted that few of their clients have accessed the main federal emergency program in 2020, the Canada Emergency Relief Benefit (CERB), which provided \$2,000 CAD for a 4-week period (Government of Canada, 2020a). To get approved, CERB applicants needed to have an income of at least \$5000 in 2019 or within the previous year before applying, applied to their net income, or gross income minus expenses, for self-employed individuals. As Quinn explained: “COVID has really demonstrated or shown a flashlight really on some of the ways that sex workers are currently, um, just oppressed in general. One of the most stark... sort of displays of this, was the fact that sex workers ... have been unable, to access the, ah, the CERB.” Others expressed this same awareness of disrespect for their clients, as Dom shared, “There’s,

like, been a definite sense of rage, but also hurt that, like they, just like visually people see a lot of different services and aid services happening, or CERB, but sex workers are being left out of the conversation.” Sidney noted:

The sort of supports that were built to help the average person survive the pandemic did not apply to a lot of sex workers. And so, being cut out of the support has meant that people are facing evictions, or are dealing with staying with an abusive partner because they can’t afford rent on their own.

Interviewees noted the reasons their clients were not able to access the emergency relief benefits like other Canadians varied. Some of their clients did not have a required Social Insurance Number and were reluctant to apply for one. Others were paid in cash for their sex work and thus were not able to show they made the minimum annual income to qualify. Some had not filed taxes in the previous year, fearing unwanted exposure from the CRA. As Jamie explained:

If they’re only working in sex work, they’re reluctant to file taxes related to the sex industry, because they don’t want the potential scrutiny that CRA can bring if they want to look in to your business and see how it works. Because it has very far-reaching power when it wants to.

Ultimately, equitable access to CERB and other government benefits, such as Employment Insurance, which has replaced CERB in September 2020, is hindered by the criminalization and stigmatization of sex work. Dom makes this point by stating:

Sex workers have definitely been left behind for aid programs. And I think that’s because of the moral component that welfaring kind of has. Ah, especially for sex workers working in a quasi-criminalized position. Like where the community, like isn’t considered, like, the deserving core. Often sex workers like who end up in need, or poverty, or homeless are treated as if, “Well, what did you expect?” Like it’s treated as if that’s just par for the course.

Kennedy concurred: “I think it just represents what is already been happening for a really long time, is sex workers are not valued, [...] sex workers are not meaningfully engaged by our, by decision makers in provincial and federal politics.” Relatedly, Hazel put it like this:

Sex work is still not a legitimated, like it’s not a legitimate form of labor. There’s still all this stuff about controlling women’s bodies, you know, rescue, all this kind of stuff that’s associated with it. Um, the um, the pathology, the pathologizing— sex work as something that’s a sickness that needs to be cured, all this shit. All

of this makes us not deserving, or ah, or [not] able to access these extra funds.

Casey explained that their non-status migrant clients have not received benefits for the reasons outlined above, but also because they “are afraid that they will expose their identity and income [and because of their] language barrier many of them is not able to know actually how to do this process. Many people have precarious immigration or non-status, they’re not able to get... any kind of like, um, support.”

Through their national voice—the Canadian Alliance—and, individually, through their organizations, interviewees put pressure on government authorities to adjust CERB, so sex workers could access the emergency relief benefit or a similar income emergency funds without strings attached. Their efforts went unanswered. Quinn stated that:

We worked really hard, for a straight four months, to get... some sort of income supports from governments. But they were unwilling. Completely unwilling to get money back into the hands of sex workers... So, COVID has made it really difficult, in all, in the terms of all those sort of structural factors.

Interviewees also expressed worry about the minority of sex workers who did receive CERB who were on disability benefits when the pandemic hit. Cheryl stated “As a service provider, and someone who works with vulnerable people, I’m really concerned about next year, and some of the ramifications around those who got CERB and weren’t eligible for it.” Quinn expanded: “The tricky thing about the CERB, is that people who are on disability [are having] money being subtracted from their disability checks until they make up the difference between CERB and the disability. Which is such bullshit!”

Interviewees noted that some monetary support has been available to their organizations and allied groups providing mutual aid to sex workers through the government’s Community Emergency Response Fund to support charities and nonprofit organizations serving vulnerable populations as they manage the impacts of COVID-19, as well as funding from the Ministry of Women and Gender Equality, and some municipal and provincial departments. Interviewees related that their own organizations raised additional funds to provide economic and other supports for local sex workers. Timber described how their clients were grateful for this mutual aid and the recognition it gave: “I know that the people that I was helping were just incredibly grateful. So I think there was that [...] positive that came out of it. Just feeling that someone cared and was willing to do something to help.”

As Sidney put it:

So, creating and dispersing the money in the relief fund was a whole bunch of work. Um, and then we created the meal delivery program and part of that used funds

from the city... to hire, um, [community outreach organization] to do food delivery. We’ve kind of been able to put a little bit more income back into the community that way.

However, the demand was great, and many client needs have gone unmet. Quinn stated:

So we had a hundred dollar gift cards to give to sex workers, and we did that on two occasions. So people received two hundred dollars. And that’s not a service that Indigenous women on the street who are living in abject poverty would have necessarily had before. So, yay, but, at the same time, the resources for people living on the street and working on the street are diminished significantly because of COVID. So it’s not that, you know, it’s not extra!

Sex workers facing the greatest economic fallout continued to meet clients clandestinely throughout the pandemic, heightening exposure to COVID-19 for both parties, and placing the workers at greater risks in terms of their health and safety. Interviewees said their hands were tied as they did not have adequate resources available to help their most marginalized clients from returning to work. As Casey stated:

That’s why some people still work. At the same time the level of stress is higher because they are afraid they will be, um, infected, right? Sex workers are concerned about getting COVID-19, spreading it, and afraid they will be investigated and fined by the police if they continue to work.”

Reorganizing and Adapting Services to Provide Outreach to Sex Workers in their Communities

Prior to COVID-19, sex workers relied on sex work organizational staff for a wide variety of services, including health and social services, daily nutrition, advocacy and for a sense of community. Interviewees revealed that their regular programs have been greatly affected by the pandemic. Hazel talked about the shock to their services: “Well, ours have been greatly impacted. Because we were really about getting together, and we were getting together sometimes weekly, depending on what type of things we were working on. And now we’re not getting together *at all* as a group. So in that way we’ve been hugely impacted.” Similarly, Sidney explained the challenges they faced: “Um, so, we had to stop all in-person groups immediately. And we still, like we’ve shut our drop-in space. Um, so that has really shifted things. Because we can’t have members in our space, and we’ve always been a drop-in.” Jamie agreed: “The groups have probably been the most affected, and definitely the community—the sort of like, the community spirit that we tried to have in all of our services is gone because we can’t connect in the same way.”

For Quinn, the closing of their in-person health clinic was an additional jolt:

The one thing that was canceled completely, and still is because we don't have any control over it, is the, because we do it in partnership with the local health authority here, is our medical clinic. So, we have a medical clinic where sex workers can come and see a nurse and get prescriptions, and do different things. We have a pap table for gynecological exams and stuff, but that was canceled completely. We had massage services as well, someone offering free massage that was cancelled. So, anything touch or in-person was—that kind of thing—was cancelled.

Interviewees also described the resiliency and resourcefulness among their staff as they continued to provide services to sex workers in the community, while at the same time abiding by pandemic regulations and keeping themselves safe. As Jamie said:

We could have focused on how are we going to shut down our services to cope with the pandemic and COVID. Instead, we focused on how are we going to shift our services, and how are we going to expand them. So, in, in a way I think that speaks to the resilience of the organization.

Sex worker organizations quickly adapted their services to respond to the immediate needs of sex workers through food delivery, virtual support, monetary assistance for basic needs, safe sex and harm reduction necessities and COVID supplies of personal protective equipment, cleaning and disinfectant products for those who continued to deliver sexual services. Cheryl expressed how they have maintained their programming:

We've been really fortunate that we have been able to continue many, many of the services that we offer. Ah, when it comes to all of our basic need support, say for sex supplies, harm reduction supplies, we were able to continue distributing those... So, we're able to continue with virtual support, remote delivery, community engagement, and some in-house stuff as well. So, I think we're just able to broaden the scope of how we serve and support the community.

Sidney explained how their organization has adapted to pandemic regulations and delivered workshops outdoors: "Feel like it's the most gratifying thing that we've done all year, is host those workshops. People are super interested. And they've, like, the attendance has been great, and, we just have to try and figure out how we're going to do it when it's raining."

Kerry described their pandemic food efforts:

We quickly became a food support program. Where we had huge stocks of food in our space, which would previously be used for programming. Where we would put together food hampers and deliver them weekly, if not more than once a week to participants. Um, so that was a *huge* shift for us. I think in some ways it was really successful, because it's responding to the needs of people in our community as they identify them in real time.

While health clinics where sex workers could come and see a nurse, have a gynecological examination, and get prescriptions were cancelled completely, outreach services and Zoom appointments were set up and help lines continued to operate. Interviewees described that their fund-raising efforts helped to provide free phones or iPads to their clients, and they supported sex workers through phone calls and group meetings. While appreciative of access to such donated resources for their clients, interviewees noted that the structural challenges sex workers face resulted in continuing gaps in the services and advocacy they were able to offer sex workers, especially for those who are the most disadvantaged. Kennedy explained what this meant for her community:

Anything that was going to be about a workshop, um, ah, peer support group, um, an awareness vigil or event we had to end. Um, and we know some other organizations have been able to do a lot of those kinds of things online. Where we are, our community was not interested, and didn't have the resources to get online. People didn't have stable internet. People didn't have a phone. People didn't have Wi-Fi. Um, so, no matter how many time[s] we've, we've thought about what we can do online. It really just isn't something that fits with our community.

Advocating for Continuous Organizational Funding

Another major challenge for sex worker organizations is sustaining ongoing funding as the pandemic continues into 2021. Most interviewees remarked how raising money to subsidize their programs is an ongoing struggle, and for some, this has been more challenging during the pandemic. Many described piecemeal funding that comes from grants here and there, but no long-term consistent funding. Jamie elaborated: "Most of our funding comes from project based funding... A lot of it's one year duration. So, yeah. I would say, normally we're looking at the potential for our organization to shrink by 30–40% each year. But this year we're looking at the potential for the organization's revenue to shrink by 75–80%."

Interviewees expressed bewilderment as to why sex worker organizations are not funded more consistently, as Kerry explained:

“We’ve been advocating for multiyear funding for programing for a long time... Every year you’re spending all sorts of time and resources and staffing hours on telling the government what, why you deserve more core funding to keep operating. Which could better be used doing other things!”

Others linked their ongoing funding predicament to the primary stigma sex workers face in society, as Jamie shared:

I find this a little bit perplexing to [be] honest. Because, um, on the one hand, the government and the public is very interested in sex workers, because you know, they’re the ones who are victims of violence, vectors of disease, like there’s no shortage of talk about sex workers. But when it comes to help for sex workers it’s actually pretty thin at a public, government funding level... So, and I, I, I think that, you know, its partly stigma, and it partly being like a, like a narrow service population maybe in [comparison] to other populations in the country. And um, I think also providing services to sex workers maybe legitimizes sex work and then, also, it acknowledges that responsibility government has towards sex workers.

Hazel put it this way: “Sex work is still [...] not a legitimate form of labor. And the pathologizing sex workers as something that’s a sickness that needs to be cured, all this shit. All of this makes us not deserving, or ah, or able to access these extra funds.”

Sex worker organizations are in many ways trapped: interviewees said they have to be careful not to turn potential funders away, while at the same time they want to stay true to their dual mission of providing nonjudgmental services to sex workers and advocate for their rights.

Jamie explained:

I do think it turns some people away, that we have a somewhat of an activist or political voice in relation to the sex industry. For sure that turns people away. That turns some funders away, and it turns some donors away. It also makes, I think, government bodies cautious about engaging with you.

Kerry put it like this: “Often our advocacy isn’t popular and is often critical of governing bodies and institutions that are, in many ways, gate keepers to funding, or are responsible for operations of power in a provincial level.”

Interviewees also noted that human trafficking organizations appear to have the ear of governments right now when it comes to channeling funds. Quinn shared:

I think recently there was another thirty-eight billion... given by the federal government to human trafficking campaigns. I don’t think that’s related specific to COVID, though. It’s just a continued barrage of money, endless flows of money, again and again and again at the federal level and the provincial level.

Kennedy summed up the reason why such funding inequities continue:

We continue to see *really* significant money go towards anti-trafficking efforts, go towards exiting, go towards prohibitionist leaning programs and organizations... We know this in Canada; it’s been long documented. Every sex worker advocacy group will talk about the dilemma of all of this anti-trafficking money, and how we don’t get access to it. But also that we won’t sign on to it, because of the insidious kind of narrative you have to buy into to get that money.

Discussion

Early life circumstances, social marginalization, and a criminalized work environment create elevated health risks for sex workers in Canada and are exacerbated by reduced access to health promotion and prevention services compared to the general population (Argento, et al., 2020; Platt, et al., 2018; Benoit et al., 2016b, 2017, 2020a). Sex workers who are the most disadvantaged—i.e., those who identify as Indigenous, men, Trans, frequently use drugs or alcohol, and/or meet their clients outdoors, have poorer health and greater unmet healthcare needs than others in the sex industry, and less access to health and protective services due to increased stigmatization (Deering, et al., 2013; Bungay, et al., 2013; Jackson, et al., 2009; Shannon, et al., 2008; Benoit et al., 2018, 2020a; Benoit & Unsworth, 2021).

Our results, based on interviews with ten personnel from seven sex worker organizations from across Canada, show that sex workers and the organizations that advocate for them have been further marginalized during the COVID-19 pandemic, which our interviewees linked to the primary and courtesy stigmas that are discernible features of their own everyday realities and those of their clients (Phillips & Benoit, 2013; Goffman, 1963). The web of stigmatization (Wailoo, 2006) entrapping sex workers and restraining their outreach organizations continues to limit economic relief efforts and is negatively affecting program funding going forward. Despite the assurance by the Canadian government that "no one will be left behind" in the allocation of its emergency funding relief plans (Government of Canada, 2020b), sex workers have not received the same benefits as other Canadians and their support organizations face similar

marginalization at the organizational level, largely driven by stigma and discrimination processes in place before the pandemic hit.

These findings support other studies showing that primary stigma attached to sex workers' occupation was a major obstacle to achieving economic security and their human rights prior to the COVID-19 pandemic (Benoit, Jansson, Smith & Flagg, 2018; Foley, 2017; Nussbaum, 1999; Pheterson, 1990; Scambler, 2007; Weitzer, 2010). Prostitution stigma, entrenched at structural levels, has played out in national and subnational laws, regulations, and social policies (Link & Hatzenbuehler, 2016) and kept sex workers suppressed, hidden, and excluded (Link & Phelan, 2014) from legal discussions. Our earlier research showed that the current punitive legislative framework governing sex work in Canada that directly criminalizes sex workers and bans most activities linked to the sex industry has a disproportionate impact on sex workers who face greater poverty and intersecting stigmas, including Indigenous and transgender workers, non-status migrants, and those who use substances (Benoit et al., 2018, 2020a, 2020b; Benoit & Unsworth, 2021). Destigmatization and culturally competent mental and social care can help empower this marginalized population (Sawicki, et al., 2019).

During the early months of the pandemic, sex worker organizations, human rights' groups, and academics around the globe warned that the economic hardships sex workers were facing in their communities would lead to heightened health risks, more severe poverty, and homelessness (Döring, 2020; Kimani et al., 2020; Kluge et al., 2020; Singer et al., 2020). Scholars and activists in Canada uttered similar warnings (Jozaghi & Bird, 2020; Lam, 2020; Migrant Rights' Network, 2020; Scholey, 2020). Collectively, these voices called on national governments to prioritize allocation of pandemic funds so sex workers would not be left behind, and to ensure nonjudgmental health and social services and other supports were in place, in line with the values of social justice and human rights (Global Network of Sex Work Projects (NSWP) & Joint United Nations Programme on HIV/AIDS, 2020). Specific to Canada, Amnesty International (2020) called on the government in an open letter to protect the rights of domestic and migrant sex workers during the COVID-19 pandemic by advocating for adequate emergency income relief to weather the pandemic. UNAIDS (2020) made an urgent request that the health and rights of sex workers during the COVID-19 pandemic must be upheld and that sex worker organizations should be invited to the table to decide on emergency public health planning and delivery of appropriate services.

It would be shortsighted to assume, however, that sex workers and staff in supporting organizations are mere victims of these structural forces. People respond to stigma not only by developing personal management strategies, but also collectively within their occupational and social networks,

as well as at the organizational level (Benoit et al., 2018; Weitzer, 2018). For the staff at the sex worker organizations interviewed for this article, this has involved the development of stigma consciousness or awareness of disrespect about how sex workers are unfairly treated (Pinel & Paulin, 2005), and their ongoing collective action. Organizational staff spoke back to stigmatizers and challenged government bodies for conflating sex work with human trafficking and subsequently channeling large amounts of tax payer's funds to rescue agencies, while sex worker organizations are left resource-poor (Anasti, 2017; Arnott & Crago, 2009; Hoefinger et al., 2019; Majic, 2011).

Our study had several limitations. Not all of those interviewed had sex work experience. For those who did not, their interpretations of sex workers' experiences could be incorrect or colored by an outsider lens. There is also a possibility of bias and subsequent error given the first author oversaw the study resources, enlisted the participating sex worker organizations, carried out the qualitative interviews, and co-analyzed the results with the second author. We hope our participatory research approach already established before the interviews were conducted for this article (Benoit & Unsworth, 2021) helped reduce researcher bias. In addition, only a small number of qualitative interviews were completed with staff from seven sex worker organizations, limiting the generalizability of the findings to other communities in Canada and beyond.

Conclusion

Similar to what Hatzenbuehler and Link (2014) have observed in their far-reaching analysis of stigma experienced by marginalized groups—we conclude that sex work stigma is a fundamental cause of economic and social inequity for people in sex work in Canada. Further, courtesy stigma leads to the ongoing marginalization and exclusion of resources dedicated to sex work organizations. The federal government should ensure that sex workers are supported by issuing a moratorium on the use of the criminal code laws against domestic sex workers and not deporting non-status migrants can address these avoidable consequences. Additionally, the government should allow for access to emergency monetary aid without strings attached during these difficult times. This would improve sex workers' precarious work environments, which have been made additionally challenging in the face of COVID-19 and the measures put in place to try to curb the pandemic. Another line of attack would be to channel sufficient long-term monetary resources to sex work organizations and allied groups with a proven record of providing mutual aid and nonjudgmental services to sex workers in their communities. A ground-up empowerment approach (Benoit et al., 2017) that recognizes these predominantly women-run (and thus often undervalued) "underground" organizations (Anasti, 2017) as crucial societal assets would help ensure

sex workers have the necessary funds to meet their essential needs and will not be forced to work in dangerous conditions just to survive (Wenham et al., 2020). In the longer term, sex workers and other marginalized groups need guaranteed access to a universal basic income or a similar national social equity scheme. This structural intervention would be a promising start in solving the real "prostitution problem" today—sex workers inequitable access to key resources in neoliberal capitalist societies (Benoit et al., 2019).

A mandatory five-year review of the Criminal Code section of the PCEPA that criminalizes sex workers was due in December 2019, but so far, the government has not met its obligation in this respect. As noted above, the Canadian Alliance has recently launched a constitutional challenge to these sex work prohibitions. Now is an opportune time for the justice minister to decriminalize adult sex work. The result would be greater safety for sex workers, increased occupational options, and a decrease in the debilitating stigma that presently keeps sex workers misunderstood, marginalized, and largely left out of COVID-19 emergency benefits and other social programs.

Appendix 1: Sex Work Support Organization Interviewees

Interviewees	Pseudonyms
1	Hazel
2	Jamie
3	Sidney
4	Kerry
5	Casey
6	Cheryl
7	Timber
8	Dom
9	Kennedy
10	Quinn

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval Approval was obtained from the ethics committee of the University of Victoria.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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