



Centering Sex Workers' Voices in Law and Social Policy

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Abstract

Introduction Research shows criminal code laws negatively affect the health and safety of sex workers and hinders their ability to access protective and other services. Less is known about sex workers' views on how to improve their occupational and broader social rights. This paper aims to help fill in this knowledge gap.

Methods In 2017, a cross-section of active sex workers ($N=60$) from Victoria, Canada, were interviewed about their personal and work lives under Canada's 2014 criminal code law, Bill C-36, the Protection of Communities and Exploited Persons Act (PCEPA). Thematic analysis was carried out using the participants' ($n=57$) who answered these two open-ended questions: What changes are needed to improve health, safety and rights for sex workers? What would be your dream list of services sex workers need right now?

Results Participants recommended elimination of Canada's criminal code law governing consensual sex work, and policy change in two main areas: (1) occupational health and safety and (2) access to non-judgmental protective, health, and other community services.

Conclusion Sex workers are an important source of insight regarding the unintended consequences of the PCEPA and its stated commitment to improve their safety and ensure the protection of their occupational and social rights.

Policy Implications Consensual adult sexual commerce should be decriminalized and governed by health and social welfare policies, just as other service jobs.

Keywords Sex work · Harm reduction · Decriminalization · Occupational rights · Non-judgmental services

Introduction

Sex worker-led organizations and a growing majority of academics studying the labor and social rights of sex workers argue that consensual adult sexual commerce should be decriminalized (Benoit et al., 2017; Brooks-Gordon et al., 2020; Global Network of Sex Work Projects, 2013). In a systematic review of the literature, Platt et al. (2018) found that criminal laws affecting the sale, purchase, and organization of sex work cause far-reaching harms to sex workers

that decrease safety, peer support, and services and increase police harassment. Decriminalizing all areas of sex work (Abel et al., 2010) reduces harms and improves the health and safety of sex workers by allowing them to organize their work without running afoul of the law, and seek protective services when victimized with less fear of harassment or discrimination, although stigma still remains a significant issue under decriminalization (Aantjes et al., 2021; Abel, 2014; Abel & Ludeke, 2021; Argento et al., 2020; Armstrong & Abel, 2020b; Armstrong & Fraser, 2020; Crago et al., 2021; Easterbrook-Smith, 2020; Jackson & Heineman, 2018; Levy-Oronovic et al., 2020; Platt et al., 2018; Sanders et al., 2020). Global social rights agencies, such as Amnesty International (2016), advocate decriminalization as a harm reduction approach, making it a human right for individuals, who voluntarily decide to do sex work, to have access to similar employment and civil rights as other service workers, and be unfettered by stigma and discrimination. Most recently, Kate Gilmore, United Nations Deputy High Commissioner for Human Rights, notes that “[b]y eroding rather

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than protecting physical and mental integrity specifically in the contexts of sexuality, reproduction and gender identity, misuse of criminal law seeks a wrongful “regulation” of the body of women in particular, with devastating consequences for women’s and girls’ autonomy, health and well being” (Global Commission on HIV and the Law and the International Commission of Jurists, 2018, p. 1). In regard to laws governing sex work *per se*, Gilmore states, “What does science tell us, criminalisation does not deter prostitution, it does not help minimise the bad consequences of commercial sex work like STIs. On the contrary if you decriminalise you can regulate and keep people safe” (Ramachandran, 2016).

Connected to this call for decriminalization has been a growing recognition that sex workers and the “underground organizations” supporting them—i.e., “organizations that provide nonsanctioned human services or services to a population that is engaged in illicit activity” (Anasti, 2017, p. 416) are holders of important experiential knowledge about sex work and have valuable information to share about what changes are most likely to improve sex workers’ occupational and social rights (Benoit & Unsworth, 2020; Foley, 2019; Wagenaar, 2017). However, sex workers and sex worker-led organizations offering collegial support and advocacy on their behalf are seldom invited to policy tables (Anasti, 2017; Hoefinger et al., 2019). Van der Meulen (2011) points out, “sex workers are simultaneously the most overlooked and the most important people in the policy equation; sex workers’ expert opinions, testimonies, and narratives should be the primary sources of data considered when developing new policy” (p. 352). Aroney and Crofts (2019) concur, arguing we need to listen “to sex workers’ critiques and recommended legal and regulatory approaches and includes them in policy formation” (p. 52).

With the exclusion of New Zealand, rarely have policy-makers shown interest in hearing the voices of sex workers and leaders of sex work-led organizations when drafting sex work policies (Armstrong & Abel, 2020a; Levy-Oronovic et al., 2020; van der Meulen, 2011). Canada is no exception in this regard. Its criminal justice approach to dealing with adult sex commerce until 2010 was non-consultative (for a review see: McIvor, 2020). An exception occurred in 2010 when three sex workers challenged existing prostitution laws in the Ontario Supreme Court on the basis that these laws were unconstitutional because they diminished sex workers’ rights to safety. Following a review of evidence from a variety of sources, including legal and academic research, individual submissions from active sex workers and others who had left sex work, sex worker-led organizations and anti-prostitution groups, Ontario Supreme Court Justice Susan Himel struck down the three sections, stating they deprived sex workers of their ‘security of the person,’ ‘liberty interests,’ and increased their risk to be victimized. After a series

of appeals, the case was eventually upheld by the Supreme Court of Canada (SCC), which unanimously ruled in favor of the plaintiffs, stating the three challenged sections of the Criminal Code violated Sect. 7 of the Charter (indexed as *Canada v. Bedford*, 2013). Crucially, these judges took seriously the variety of evidence provided by sex workers and their support organizations, and confirmed by social science evidence, creating a unique ‘opportunity structure’ for the sex work movement and their academic supports (Hallgrimsdottir & Benoit, 2007). According to McIvor (2020), the sex worker applicants in the Bedford case “were ultimately successful in their claim, demonstrating the possible success of utilizing social science evidence strategically” (p. 71).

The SCC provided the Government of Canada one year to write new laws and/or develop regulations that would be compliant with the country’s Charter of Rights and Freedoms. As was the case in Bedford, a wide range of evidence, including from individuals holding different perspectives on sex work and its regulation, was provided to the Department of Justice Canada (Department of Justice Canada, 2014a). Conservative policymakers charged with the task of developing the new laws and regulations were persuaded by arguments put forth by anti-prostitution constituents and evidence from academic researchers and community groups advocating for the ‘Swedish model,’ banning the purchase of sexual services for pay in an effort to ‘end demand’ for sex work services (Östergren & Dodillet, 2011). Bill C-36, the Protection of Communities and Exploited Persons Act (PCEPA), implemented in 2014 to replace the struck-down laws addressing prostitution-related offenses, is the result of this policymaking.

Under the PCEPA, sex workers in Canada are not criminalized for providing sexual services indoors. Nor are they criminalized for advertising their own sexual services or paying third parties for related services (e.g., accounting, security), so long as the payment is commensurate with the services rendered. However, the PCEPA outlaws the purchasing of sexual services, receiving material benefits from another person’s prostitution, and procuring clients for sex workers; it also makes it illegal for newspaper/magazine publishers, website administrators and web-hosting services to publish advertisements for sex work (Department of Justice Canada, 2014b). Additionally, the PCEPA makes it illegal for workers to communicate their services in a public place close to a school, playground, or daycare center, worsening circumstances especially for the most disadvantaged sex workers, including Indigenous and transgender sex workers, those working in street-based settings, non-status migrants, and substance users (Benoit, 2020; Canadian Public Health Association, 2014; Kunimoto, 2018; Lyons et al., 2017).

With the introduction of the PCEPA, the government also announced a \$20 million (CAD) fund to help people exit

sex work by offering essential services such as temporary housing, crisis counselling, addiction recovery services, healthcare, transportation, and other services. These funds were allocated exclusively for programs and organizations that provide services only to individuals aiming to leave sex work. It is important to note that there was no funding under this program to support sex worker-led organizations seeking to provide outreach and other services aimed at improving working conditions for active sex workers, expand their access to non-judgmental health and social services, and mobilize around their legal and social rights.

In reality, the PCEPA leaves sex workers in a precarious situation where they are simultaneously positioned as victims and criminals (Majic, 2014). The Canadian Alliance for Sex Work Law Reform (2017), a national consultation with 25 sex workers rights groups in 15 cities across Canada, has argued that the criminal code laws have done little to prevent victimization of sex workers, and these laws continue to perpetuate sex work stigma and discrimination. A recent Metro Vancouver study of mainly street-based sex workers investigating how the PCEPA law influenced their working conditions found safety had not improved following the enactment of the law. The majority of participants said there was no change in their working conditions, while one quarter reported negative impacts (Machat et al., 2019). These findings are reinforced by Argento et al.'s (2020) study with sex workers in Metro Vancouver comparing pre- and post-PCEPA access to health, safety and community services. Despite one of the aims of the PCEPA to increase sex worker access to health and community resources, the authors' show that service access has decreased in the urban region since the PCEPA was implemented. Similarly, McBride et al.'s (2020) Canada-wide study found that individuals holding third-party positions in the sex industry (i.e., managers, security, venue owners) report that the PCEPA's criminalization of clients of sex workers continues to compromise sex workers' access to health and safety measures, including police services, and also hampers the ability of clients to report instances of unsafe working conditions and victimization of sex workers. Most recently, Crago et al. (2021) studied sex workers' access to emergency police protection (i.e., the willingness to call 911) in five Canadian cities and found that the current criminalization framework, in particular fear of the police related to their sex work or that of their co-workers or sex work business owners, thwarted participants from reaching out for help when in situations of danger or confinement.

While these studies show the ongoing issues with the PCEPA for sex workers' health and safety, they do not provide firsthand knowledge from sex workers about what policies they would recommend to improve their occupational and wider social rights. A mandatory 5-year review of the PCEPA was due in December 2019, but is still pending. In

this paper, we aim to contribute social science evidence that can inform the review in this "policy window," as it may be one of those "typically rare and brief opportunities for reform" (Béland, 2016, p. 234).

The study (2017–2019) involved interviews with sex workers ($N=60$) in Victoria, BC. It was a follow-up to a larger study conducted by the authors in 2012–2013 that involved interviews with sex workers ($N=218$) from six Canadian census metropolitan areas (Victoria, BC, Montreal, Que., St John's, Nfld., Kitchener-Waterloo-Cambridge, Ont., and Calgary and Fort McMurray, Alta). More than 30 community organizations in five provinces (British Columbia, Alberta, Ontario, Quebec, and Newfoundland) were involved in the study design, data collection, analysis, and interpretation of the findings. This included people with sex work experience, representatives from sex worker-led organizations, outreach agencies and public health or human rights groups, in addition to academics. This community participatory approach was indispensable to attaining diverse samples about gender, Indigeneity, sexuality, age, etc., and gaining sex workers' trust to participate in these studies (Benoit & Unsworth, 2020).

Participants' structural location in the current study was similar to the 2012–2013 multi-city study—reporting economic and social inequities as a general condition of life. As shown in Table 1, participants in both studies were more likely to identify as women and Indigenous, and were younger than other people in Canada. They were also less likely to have finished high school, to own their own home, and more likely to be single and to have unmet health-care needs.

Participants in the current study were similar to the 2012–2013 multi-city study concerning the diversity of locations where they advertised, negotiated, and delivered services. Most participants across both studies reported trying out different work locations/sex markets concurrently and over time. The average length of time working in the sex industry was 15 years for the current sample and 12 for the multi-city sample. Finally, the majority of participants (82%) in the current study were involved in sex work prior to the implementation of the PCEPA, so they had worked under two criminal code regimes.

In summary, the sex workers participating in the cross-city study conducted before the 2014 PCEPA and the Victoria sequel study conducted after its enactment are similar along key dimensions of structural disadvantage that persisted, despite changing prostitution laws, lending legitimacy to our qualitative results. Below, we focus on participants' answers to an open-ended question asking them for their thoughts on what changes should be made to improve the safety, health and human rights of sex workers in Canada, and their recommendations on needed resources for sex workers more generally.

Table 1 Sex workers' characteristics compared to all people in Canada

	Victoria sample-study 2 (n=60)	Victoria subsample-study1 (n=42)	Cross-city sample-study 1 (n=218)	Canada (N=29,312,160)*	
Gender					
	Women	80%	90%	76%	51%
	Men	13%	10%	17%	49%
	Trans**	7%	0%	7%	-
Age (mean)		39 years	37 years	34 years	41 years***
Ethnicity					
	Visible Minority	7%	10%	12%	22%
	Indigenous	25%	19%	19%	5%
	White	68%	71%	69%	73%
Education					
	High school	68%	64%	52%	82%
Married/common law		27%	14%	30%	58%
Own Home		12%	12%	11%	67%
Unmet healthcare needs		63%	41%	40%	15%****
Annual personal income (median)		\$31,500	\$30,000	\$39,500	\$34,420

*Canadian Population data based on the 2016 Canadian Census of Canadian's 15 and older (Statistics Canada, 2020a, 2020b).

**Trans was used to include participants who identified as "trans-man," "trans-woman," "transitioning," "fluid gender," "intersexed," "gender queer," "androgynous," and "other"; 2016 census reports binary sex categories of "Male" and "Female".

***2016 Canadian Census: Total Canadian Population.

****Canadian Community Health Survey: 2.1

Methods

Data Collection

For this study, research participants were adults, aged 19 and over, conforming to the age definition of adults across Canada, and were legally able to work in Canada to allow for comparisons to other domestic workers. The final inclusion criteria required participants to have received money in exchange for in-person sexual services on at least 15 different occasions in the 12 months preceding the interview. We chose these criteria to focus on the circumstances of sex workers who provided in-person sexual services to clients on a reoccurring and routine basis. Recruitment strategies included contacting workers through their online presence, newspaper and online advertisements, posters in social and health agencies, presentations at the beginning of collaborator programs, and participant peer recruitment. The final sample consisted of a cross-section of sex workers from the Victoria census metropolitan area regarding age, sex, Indigenous status, ethnicity, and diversity of work locations/sex markets where sex work was advertised and services delivered. Only three of the participants in this study had been interviewed for the previous 2012–2013 multi-city study. The Human Research Ethics Board at the first University of Victoria approved the project.

The interviews ranged in length from 1 h 15 min to 1 h 45 min and included both a questionnaire component and a small number of open-ended questions asked to better understand the impacts of sex work on participants' work and private lives. Benoit and Jansson conducted the majority of interviews for both studies, with the remainder conducted by their research assistants. The interviews took place in a variety of locations, including participants' homes, coffee shops, and other public spaces. Verbal informed consent was obtained from all participants, and permission was granted for the use of audio-recording equipment during the interview. Participants were assured of their ability to end the interview at any time and of the confidentiality of the data shared with researchers. All audio recordings were transcribed and any recognizing information redacted. The participants quoted below were given pseudonyms.

Previous publications from the 2012–2013 multi-city sample have addressed topics ranging from unmet healthcare needs (Benoit et al., 2016a), confidence in the police (Benoit et al., 2016), decision to initially enter sex work (Benoit et al., 2017), self-esteem (Benoit et al., 2018), impact of sex work stigma at work and in personal life (Benoit et al., 2018), responses to sex work stigma (Benoit et al., 2019a) and, pertinent to this article, views on Canada's prostitution laws (Benoit et al., 2017a), where we found the majority of

sex workers supported removing consensual adult sex work from the Criminal Code.

The qualitative data analyzed below were taken from open-ended questions asked in the sequel Victoria study post-PCEPA that was not asked in the multi-city study: *What changes are needed to improve health, safety and rights for sex workers? What would be your dream list of services sex workers need right now?* Interviewers probed for sex workers' views on a living wage, job training, safe and secure housing, non-judgmental services, legal changes, and sex positivity. Although interviews were completed with 60 participants, information was missing from three transcripts: two participants ended the interview before answering this question and the third participant could not think of anything to add. Therefore, the qualitative analysis is based on 57 responses. The study has some other limitations. The data were self-reported, which introduces the possibility of social desirability and reporting biases. As events occurred in the past, they may be affected by recall bias. Our convenience sample is not representative or generalizable of sex workers in their local community, nor other regions of Canada. Sex workers who did not wish to discuss their work with us, were worried about their confidentiality, or were barred from taking part; either by someone else or due to other concerns, were not interviewed.

Data Analysis

Our thematic analysis focused on how people identify the social structures that determine their life chances. This approach helps us to detect and analyze themes (Braun & Clarke, 2006). Our data analysis procedures are similar to the Framework Method for thematically analysing qualitative data, which requires comparing and contrasting data by themes across cases, while situating each viewpoint in social context (Gale et al., 2013).

Three authors Unsworth, Healey, and Smith, reviewed all transcripts to become familiar with the data and independently identified broad codes. Subsequently, all of the authors independently reviewed a random subset of ten transcripts to identify a preliminary coding scheme. The authors then compared their coding schemes and, through several steps of re-visiting the data and comparing coding strategies, achieved consensus on a final coding structure (Bradshaw & Stratford, 2010). Two of the authors then applied the coding structure to the entire set of transcripts. The analysis consisted of collaborative, iterative cycles of coding, considering themes, charting themes, reviewing the relevant literature, auditing coding, re-considering themes and re-coding until consensus was achieved on final codes. These verification techniques help to increase rigor in the qualitative analysis and interpretation (Morse, 2015).

Findings

Thematic Analysis

Our thematic analysis focuses on participants' answers to questions related to what changes are needed to improve the health, safety, and rights of sex workers in their local community post-PCEPA and their recommendations on needed resources. Participants recommended elimination of Canada's criminal code law governing consensual sex work and policy change in two main areas: (1) occupational safety and rights and, (2) access to non-judgmental protective, health, and specialized community services.

Recommendations to Improve Occupational Safety and Rights

Decriminalize Sex Work The vast majority of participants said the current criminal approach to sex work in Canada has a negative impact on sex workers' occupational rights. Work safety concerns resulting from the law were paramount. Rachel noted that legislators assumed:

[...] making it illegal to buy services was not going to affect sex workers. But, they were wrong about that. Um, making it illegal to buy the services means that you can't ask clients for information about themselves prior to meeting. I mean they're just spooked.

Bailey elaborated that the PCEPA "makes clients very hesitant about sharing details about themselves to sex workers, and thus making it unsafe for us." North elaborated, "Well, the new laws make it illegal for a man to purchase sex services. So that's just going to send the decent guys running. And we're going to be left with the not decent guys." Other Canadian research gathered with sex workers post-PCEPA reflects similar concerns regarding a lack of safety and a reduced ability to screen clients, due to fear of police scrutiny (Crago et al., 2021; Landsberg et al., 2017; Machat et al., 2019).

Relatedly, participants remarked how current criminal laws create difficulties with enforcing service standards with their clientele because of the limited ability to obtain contact information. As Bailey stated, "You know, getting short changed or, um not being able to take deposits for longer bookings. Not being able to ask for cancellation fees. You know, not having our time taken seriously by clients, just because we're not a real business."

Participants also noted current laws leave them without a secure place to work in close proximity to colleagues. Sage

explained that she wishes there could be indoor spaces where “there’s people. And these girls don’t have to worry. I think it would definitely help.” Jillian wished for “some sort of safe place for people like myself who don’t have a place of our own to be able to host our clients more safely. That would be really great.” Blair spoke about what a managed workplace might look like: “I don’t want to call it a brothel—but, open up somewhere where if girls wanted to work, they had a safe indoor place to work.” Dom elaborated, “It’s semi-public but it’s safe-ish. You know, you know there’s somebody probably right next door. Um... yah, like that would cut down so much on sex work and street violence.” Christine saw benefits for both workers and clients: “It would be safer because you would have... health, health care there for the girls and for the clients. So you know, that’s safe.”

Occupational Rights Participants also expressed the need for wider occupational rights. Anna expressed frustration with current laws that do not recognize sex work as a legitimate job and deprive her from benefits enjoyed by other Canadian workers, such as a “savings fund [and] dental plan... Budgeting and money management and accounting. Banks and proof of paper, registration, ah, retirement fund, taxes.” Dom also wanted occupational legality:

Like more resources for, people to do stuff properly. Like, legalities, like paying your taxes [...] [I]t’s hard to go to H&R Block [tax preparation company] and say, “I’m an escort. Here’s what I made, what do I owe you?”

Participants pointed out how this lack of recognition of sex work as a rightful job affected their ability to access government employment insurance funds that make income support available to Canadian’s who are temporarily unemployed because of job loss, upgrading their education or because life circumstances.

As Reese noted,

With EI [Employment Insurance] you have a certain amount of hours. It’s not like I can go down there and say hey, I put in 12 h with this girl [...] Where do I, where do I put my hours down? Well, they’re like, those are [not] legitimate jobs.

Talia wished the laws could be changed so she could get a business license for her sex work, similar to other self-employed people:

I’d love to be able to just go get an ordinary business license... So then you would change the laws, I guess, if, if you can completely go and get a business license. Cause then that would legitimize buying [...] having

it more public, publicly sort of known that it is a business.

Participants mentioned the lack of training for new recruits entering sex work as an additional concern. Jamie explained there is a need for “[m]ore education about um, educating these young girls coming into the business on practicing safe sex. And the boundary lines of what should and should not be offered to a client.” Tegan agreed, “[T] here could be supervision and training, you know, how to be a sex worker. How to take care of yourself as a sex worker.”

Recommendations to Improve Access to Protective, Health, and Specialized Community Services

Protective Services Criminalization of most activities related to adult sex commerce also stood in the way of participants’ accessing nonjudgmental protective services in their local community. Fatima described the existing situation: “It’s too bad that the police presence out there that the girls have such a negative impact. It should be a positive when they see the police.” Tatum concurred, “[A]s long as it’s illegal and something goes wrong, [we] don’t expect any help.” Anna observed regarding sexual harms: “it’s a problem reporting sexual assaults and stuff...people aren’t going to report things if they think that they are going to get arrested.” Research highlights that sex workers cannot depend on protective services the way other Canadians do—this relationship is marked by profound distrust and a lack of confidence in the police (Benoit, Smith, et al., 2016; Crago et al., 2021; McBride et al., 2020).

Participants said decriminalization of sex work would improve access to protective services. According to River, “Current legislation prevents sex workers from accessing the laws—whereas, decriminalization would allow more access to legal services, if violence does occur.” Tyler agreed, “I kind of feel like decriminalization would cover most things, honestly. It would allow people to like go to police when they need it. It would prevent people from, like clients from hurting sex workers if they knew that they could get in trouble for it.” Fatima reflected on how the safety of sex workers would be enhanced and their relationship with police improved: “Just a lot more safety out there. Get these bad guys off the street. Like the police and the sex workers working together instead of against one another... Just a little bit of harmony out there. Cause we need it.” At a broader level, participants described the need for police to have a greater understanding of sex workers’ lived experiences and respect for them as people. As Blake expressed, “Respect the girls a little more. I guess... More compassion to them. Cause sometimes they go through a lot of head trauma. And, you

know, the cops don't know what they're going through. Be more sensitive... Treat them like human beings, right?"

Health Services Sex workers have higher unmet health care needs in comparison to the general population (Benoit, Ouellet, et al., 2016; Canadian Public Health Association, 2014). When they do access care, criminalization of sex work negatively shaped health encounters for some sex workers. When attending walk-in clinics or doctors' offices, many of the participants encountered stigmatization because of their occupation. Sawyer described one such encounter at a hospital:

I had a doctor literally grab my arm and start looking up and down my arms for track marks, assuming that I was a, a... you know, intravenous user... It totally bogged me. [...] How come these, the nurses and staff are often really wonderful? They will go do the training, but these doctors, because they're not paid for it, they won't go to these meetings about it [sex work], um, about, you know, being more open-minded and not having stigma.

Sandra described experiences of being judged and discriminated against when accessing health services:

Because of what they [sex workers] *do*, the doctors will figure out what they *do*, they just treat them badly. And they don't really care about what medications they're on, because they seem like they're spazzy. And the girls can't discuss with the psychiatrist what they're doing, um, without feeling like, okay, now they don't want to take me anymore.

Literature highlights that sex workers sometimes choose to withhold what they do for a living to avoid judgement (Armstrong & Fraser, 2020; Benoit et al., 2015). Similar to our research prior to the PCEPA study (Benoit et al., 2019a), those who revealed their occupational status in this study experienced costs that included judgment, stigma, and insufficient health care. Participants said improved access to non-judgmental health services would be welcomed by sex workers. Pat described, "Easier like, health access, particularly sexual health, in a non-stigmatized environment." Participants were thankful that there was access to one such service in the local community. As North said, "I love that we have the sexual health centre. [...] Um, they're very helpful and wonderful and very kind, and I've never had anything but a wonderful reception." Ryley said, "Advertise them 'cause they do really good work the staff there are amazing. And like, they make you feel comfortable whatever. Yah, I would say it's really non-judgmental." Kelly spoke about the benefits of having such a health service resource for sex work clients: "There's a real positive identity for the [sexual health centre]. My clients have gone there, cause they know they

can be anonymous there... They don't want this reported back to their insurance agent. And I get that! But I want to know they are STI free."

A number of participants mentioned the need for other nonjudgmental health supports, including mental health-care. Jordan stated, "I definitely think mental health services would be a huge, huge factor. Um, just with anything, whether or not it's with workers." Lee described a need for "more rehab beds, more detox facilities, more addictions counseling." Salma called for "Like free counseling."

Specialized Community Services Some of the mental health, housing and other needed services were being offered at the sex worker-led organization operating in the local community. Local sex worker-led organizations have a proven record of providing bias-free and non-judgmental services to sex workers in their community (Anasti, 2017). Mel spoke about how the organization had provided crucial aid when it was urgently needed: "I often get told I'm one of [the agency's] success stories. Because I've achieved housing, I've maintained housing, I've addressed my addictions issues." Theresa discussed her own experience with the local sex worker-led organization: "There's so much help to do with housing. They'll help you with food [...] And you know, you're not judged there at all. That's the place that I feel the best in town here, is that agency."

Participants were aware that funding for this community resource for sex workers was in short supply, limiting the amount and types of programs and supports they could offer. A lack of funding continues to be a major impediment in Canada and globally to sex worker community empowerment, social cohesion and collectivization (Argento, et al., 2020; Benoit & Unsworth, 2020; Csete & Cohen, 2010). Mel explained that they should have long term funding: "That would be *amazing!* If...if they didn't have to, you know, fight tooth and nail for funding annually. You know. If, if the government said, you know, 'Okay you know what? We're going to, we're going to fund you for five years, so that your program doesn't have to worry.'" Kennedy wished the agency had enough "money that would be there for the rent for that place, and programs... If they get more funding, they'd do more things." Kerry elaborated on this vision: "I think that, ah, ideally if sex workers themselves, especially those who have experienced a lot of trauma, have been able to access services to heal and address that trauma."

Connected to this recommendation, participants envisioned a world where sex work was decriminalized and autonomous spaces would exist where sex workers could work and receive services without discrimination. Aidan explained, "Well, for starters, we have to, we have to legalize it all. So that there is no stigma." Participants spoke about the need for a one-stop multi-purpose center providing a safe

workplace and wrap around services. Sawyer spoke, “My dream would be to have... one big building that within it was counseling, healthcare, and sex work, and safety.” Amara elaborated, “I would get a building [and] it would have everything that they needed... A place to work out of, um, it would have the health clinic, a spa, whatever [...] anything to meet the physical, emotional, spiritual and mental health.” Christine envisioned a community site “where you could go in and rent your own room, your own space, you have a doctor on-call, a nurse on-call, staff all the time.” Kerry added, “Everybody gets tested before they come in. [...] so access to health services that you get. And um, normalizing it. And clients being tested as well.”

Some participants also called for greater economic equality through wider social policy reform that would increase other employment income. Lee explained, “living wage! Like, I assume that most of the sex workers that I know, save for a few, would not be doing sex work if, like I work 40 h a week and like I still have to do sex work to meet the bills you know.” Relatedly, Hazel discussed, “Yah, that’s a huge one isn’t it. The living wage. It’s just disgusting to me that corporations pay no taxes and then you know get away with paying workers below the poverty line.” Sex workers described the impacts of low wages from employment, as well the lack of funds from disability and social welfare benefits, which are not enough to “make ends meet” and pay for housing and living expenses.

Discussion

Building on the evidence of harms caused by criminalization of consensual adult sex work, which has been documented in a number of studies from both Canada and abroad (Abel, 2014; Armstrong, 2020; Brooks-Gordon et al., 2020; Global Network of Sex Work Projects, 2013; Lutnick & Cohan, 2009), including our own publications on the topic (Benoit et al., 2019b; Benoit et al., 2017), this paper has sought to bring active sex workers’ suggestions for other policy changes to the forefront. The views of sex workers are largely absent in sex work law reform (Aantjes et al., 2021; Armstrong & Abel, 2020a; Aroney & Crofts, 2019; O’Doherty, 2011; Levy-Oronovic et al., 2020; van der Meulen, 2011). This knowledge gap has arguably resulted in policy formation that does not address the concerns of active sex workers, or support their occupational health, safety and human rights (Brooks-Gordon et al., 2020; Platt et al., 2018; Sanders et al., 2020). Canada’s prostitution policy history fits this general pattern, most recently with the enactment of the PCEPA (Benoit & Unsworth, 2020).

The topic of decriminalization was often mentioned by the participants in our study, chiefly when referencing what aspects of the PCEPA made it difficult for them to

work safely. Their concerns echo those reported in other post-PCEPA studies of sex workers’ working conditions in Canada, where screening practices have become more difficult due to client hesitancy in providing personal information, and more hurried negotiations of services due to fear of police detection (Landsberg et al., 2017; Machat et al., 2019). The result has been a reluctance among sex workers to seek protective services when victimized or confined against their will, including calling 911 (Crago et al., 2021).

Our participants also made a number of occupational policy recommendations that they believed would have a realistic impact on improving their health and safety at work. These included recognizing sex work as a allowable form of employment, whether through improved access to business licenses that would provide legitimacy similar to other businesses and independent contractors in the service industry, and improving sex workers’ access to income and other supports, including employment insurance and savings plans. Some participants also recommended an expansion of the welfare state to include a basic living wage, a broad strategy approach taken in some other countries, such as Portugal when it decriminalized drug use (Domosławski, 2011; Stevens, 2012).

Participants additionally identified the need for non-judgmental protective, health, and social services to better support their well-being at work and in their personal lives. Participants noted that they had positive encounters with non-judgmental community health organizations and sex worker-specific resources that were available in the community. However, when accessing police, health and social services available to the public at large, many participants’ recounted experiences of felt stigma and discrimination, which some attributed to service providers lacking education about the lived experiences of sex workers. Our earlier multi-city study on sex workers’ experiences when accessing protective, health and social services prior to the PCEPA reported similar experiences of shame and intimidation in non-targeted service systems, with many sex workers choosing to withhold important information related to their safety and health from service providers due to fear of judgment because of their chosen line of work (Benoit et al., 2005, 2019a). Other research supports these findings, including a 2012 Canadian study that found a high prevalence of occupational stigma among street-based sex workers ($N=252$), with close to half reporting major barriers to accessing non-judgmental services (Lazarus et al., 2012). A more recent Vancouver study ($N=900$) conducted after the implementation of the PCEPA found similar problems when accessing services in the urban region (Argento, et al., 2020).

The lack of attention to sex workers’ views and the nullification of those voices when expressed can be situated in a larger discourse, where sex workers are seen as victims who lack agency or are unable or should not be permitted to

make informed decisions on their own behalf (Brooks-Gordon et al., 2020; Maloney, 2006; van der Meulen, 2011). Our participants recommended the involvement of sex workers in policy reform and their integration through what Wagenaar (2017) describes as “collaborative governance,” where sex workers and those advocating for their rights have a voice in the creation of more realistic and effective legislation. Participants wanted meaningful engagement, agency and involvement of active sex workers in local resource and service planning. They envisioned the creation of autonomous spaces where sex workers could work safely and have decision-making power about how to organize and deliver sexual services. Some participants also called for sufficient long-term funding for their local sex worker-led organization, which had a proven record of providing mutual aid and bias-free services to sex workers in their community (Anasti, 2017). Presently, a lack of funding to support sex worker-led organizations and their empowerment initiatives is a major impediment in Canada and globally (Argento, et al., 2020; Benoit & Unsworth, 2020; Kerrigan, et al., 2015).

In summary, the intertwined barriers sex workers face in accessing fundamental occupational rights and protections, and human rights more generally, cannot be addressed by decriminalization alone, as has been shown by research from other regions, such as New Zealand and some States in Australia, where sex work stigma lingers even with the recognition of sex work as legitimate work and improved occupational rights (Abel et al., 2009, 2012; Abel & Fitzgerald, 2010; Armstrong & Abel, 2020b; Armstrong & Fraser, 2020; Begum et al., 2013; Easterbrook-Smith, 2020; Jeffrey & Sullivan, 2009). Evidence from middle- and lower-income countries shows that harm reduction and bottom-up interventions aimed at promoting social cohesion and community empowerment among sex workers have resulted in genuine improvements in sex workers’ health and safety, and at the same time increased their integration in the local community (Bekker et al., 2015; Blanchard et al., 2013; Kerrigan, et al., 2015; Swendeman et al., 2009).

Conclusion

Our results contribute to the academic literature by bringing to the foreground the voices of a cross-section of active sex workers from the Victoria census metropolitan area regarding age, sex, Indigenous status, ethnicity, and diversity of work locations/sex markets where sex work was advertised and services delivered to the foreground. By doing so, we have provided an example of evidence-informed policy consultation with individuals who are directly affected by the laws governing their fate. The Canadian government was required to conduct a formal evaluation of the PCEPA in 2019, but it is delayed. It remains to be seen if evaluators

will take seriously the results of this study and others that attempt to place sex workers’ voices at center stage regarding punitive laws that affect their safety, health, and human rights.

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Declarations

Conflicts of Interest The authors declare no conflict of interest.

References

- Aantjes, C. J., Munguambe, K., Muchanga, V., Capurchande, R. & Poku, N. K. (2021). Why Doesn’t the decriminalisation of same-sex sexuality and sex work ensure rights? The legality and social acceptance of transgressive sexualities in urban Mozambique. *Sexuality Research and Social Policy*. <https://doi.org/10.1007/s13178-021-00554-1>
- Abel, G., Fitzgerald, L., & Healy, C. (2010). *Taking the crime out of sex work: New Zealand sex workers’ fight for decriminalization*. Policy Press.
- Abel, G., & Fitzgerald, L. (2010). Decriminalisation and stigma. In G. Abel, L. Fitzgerald, C. Healy, & A. Taylor (Eds.), *Taking the crime out of sex work: New Zealand sex workers’ fight for decriminalization*. (pp. 239–258). Bristol, United Kingdom. Policy Press.
- Abel, G. M., Fitzgerald, L., & J., . (2012). “The street’s got its advantages”: Movement between sectors of the sex industry in a decriminalised environment. *Health, Risk and Society*, 14, 17–23
- Abel, G. (2014). A decade of decriminalization: Sex work ‘down under’ but not underground. *Criminology & Criminal Justice*, 14(5), 580–592. <https://doi.org/10.1177/1748895814523024>
- Abel, G. M., Fitzgerald, L. J., & Brunton, C. (2009). The impact of decriminalisation on the number of sex workers in New Zealand. *Journal of Social Policy*, 38, 515–531
- Abel, G., & Ludeke, M. (2021). Brothels as sites of third-party exploitation? Decriminalisation and sex workers’ employment rights. *Social Sciences*, 10(3), 1–15. <https://doi.org/10.3390/socsci10010003>
- Amnesty International. (2016). *Decision on state obligations to respect, protect, and fulfil the human rights of sex workers*. Retrieved from: <https://www.Amnesty.Org/En/Policy-On-State-Obligations-To-RespectProtect-and-Fulfil-the-Human-Rights-of-Sex-Workers>
- Anasti, T. (2017). Radical professionals? Sex worker rights activists and collaboration with human service nonprofits. *Human Service Organizations: Management, Leadership and Governance*, 4(41), 416–437. <https://doi.org/10.1080/23303131.2016.1270243>

- Argento, E., Goldenberg, S., Braschel, M., Machat, S., Strathdee, S. A., & Shannon, K. (2020). The impact of end-demand legislation on sex workers' access to health and sex worker-led services: A community-based prospective cohort study in Canada. *PLoS ONE*, *15*(4), 1–10. <https://doi.org/10.1371/journal.pone.0225783>
- Armstrong, L. (2020). Decriminalisation of sex work in the post-truth era? Strategic storytelling in neo-abolitionist accounts of the New Zealand model. *Criminology & Criminal Justice*. <https://doi.org/10.1177/1748895820918898>
- Armstrong, L., & Abel, G. (Eds.). (2020b). *Sex work and the New Zealand model: Decriminalisation and social change*. Bristol University Press.
- Armstrong, L., & Abel, G. (2020a). Introduction. In L. Armstrong, & G. Abel. (Eds.). *Sex work and the New Zealand model: Decriminalisation and social change* (pp. 1–14). Bristol University Press.
- Armstrong, L., & Fraser, C. (2020). The disclosure dilemma: Stigma and talking about sex work in the decriminalized context. In L. Armstrong, & G. Abel (Eds.). *Sex work and the New Zealand model: Decriminalisation and social change* (pp. 177–198). Bristol University Press.
- Aroney, E., & Crofts, P. (2019). How sex worker activism influenced the decriminalization of sex work in NSW, Australia. *International Journal for Crime, Justice and Social Democracy*, *8*(2), 50–67. <https://doi.org/10.5204/ijcjsd.v8i2.955>
- Benoit, C. (2020). COVID-19 benefits exclude sex workers in Canada. *Options Politiques/Policy Options*. <https://policyoptions.irpp.org/magazines/october-2020/covid-19-benefits-exclude-sex-workers-in-canada/>
- Benoit, C., Belle-Isle, L., Smith, M., Phillips, R., Shumka, S., Atchison, C., Jansson, M., Loppie, C., & Flagg, J. (2017). Sex workers as peer health advocates: community empowerment and transformative learning through a Canadian pilot program. *International Journal for Equity in Health*, *16*(160), 1–16. <https://doi.org/10.1186/s12939-017-0655-2>
- Benoit, C., Jansson, M., Millar, A., & Phillips, R. (2005). Community-academic research on hard-to-reach populations: Benefits and challenges. *Qualitative Health Research*, *15*(2), 263–282
- Benoit, C., Jansson, M., Smith, M., Flagg, J. (2017a) "Well, it should be changed for one, because it's our bodies": Workers' views on Canada's punitive approach towards sex work. *Social Sciences. Special Issue "Sex Workers' Rights: Looking toward the Future"*, *6*(52), 1–17. <https://doi.org/10.3390/socsci6020052>
- Benoit, C., Jansson, M., Smith, M., Flagg, J. (2018b). Prostitution stigma and its effect on the working conditions, personal lives and health of sex workers. Special issue: Annual Review of Sex Research. *Journal of Sex Research*, *55*(4–5) 1–15. <http://dx.doi.org/https://doi.org/10.1080/00224499.2017.1393652>
- Benoit, C., Ouellet, N., & Jansson, M. (2016a). Unmet health care needs among sex workers in five census metropolitan areas of Canada. *Canadian Journal of Public Health*, *107*(3), e266–e271. <https://doi.org/10.17269/cjph.107.5178>
- Benoit, C., Smith, M., Jansson, M., Healey, P., Magnuson, D. (2019b). 'The prostitution problem': Claims, evidence, and policy outcomes. *Archives of Sexual Behavior* *48*(7), 1905–1923. <https://doi.org/10.1007/s10508-018-1276-6>
- Benoit, C., Smith, M., Jansson, M., Magnus, S., Flagg, J., & Maurice, R. (2018). Sex work and three dimensions of self-esteem: Self-worth, authenticity, and self-efficacy. *Culture, Health & Sexuality*, *20*(1), 69–83. <https://doi.org/10.1080/13691058.2017.1328075>
- Benoit, C., Smith, M., Jansson, M., Magnus, S., Maurice, R., Flagg, J., & Reist, D. (2019). Canadian sex workers weigh the costs and benefits of disclosing their occupational status to health providers. *Sexuality Research and Social Policy*, *16*(3), 329–341. <https://doi.org/10.1007/s13178-018-0339-8>
- Benoit, C., Smith, M., Jansson, M., Magnus, S., Ouellet, N., Atchison, C., Casey, L., Phillips, R., Reimer, B., Reist, D., & Shaver, F. (2016). Lack of confidence in police creates a 'blue' ceiling for sex workers' safety. *Canadian Public Policy/Analyse de politiques*, *42*(4), 456–468. <https://doi.org/10.3138/cpp.2016-006>
- Benoit, C., & Unsworth, R. (2020). Early assessment of integrated knowledge translation efforts to mobilize sex workers in their communities. *Archives of Sexual Behavior*. <https://doi.org/10.1007/s10508-020-01778-9>
- Benoit, C., McCarthy, B., & Jansson, M. (2015). Occupational stigma and mental health: Discrimination and depression among front-line service workers. *Canadian Public Policy*. *41*(Issue Supplement 2), S61–S69.
- Begum, S., Hocking, J., Groves, J., Fairley, C., & Keogh, L. (2013). Sex workers talk about sex work: six contradictory characteristics of legalised sex work in Melbourne, Australia. *Culture, Health & Sexuality*, *15*(1), 85–100. <https://doi.org/10.1080/13691058.2012.743187>
- Bekker, L., Johnson, L., Cowan, F., Overs, C., Besada, D., Hillier, S., & Cates, W. (2015). Combination HIV prevention for female sex workers: What is the evidence? *Lancet*, *385*(9962), 72–87. [https://doi.org/10.1016/S0140-6736\(14\)60974-0](https://doi.org/10.1016/S0140-6736(14)60974-0)
- Béland, D. (2016). Kingdon reconsidered: ideas, interests and institutions in comparative policy analysis. *Journal of Comparative Policy Analysis*, *18*(3), 228–242. <https://doi.org/10.1080/13876988.2015.1029770>
- Blanchard, A. K., Mohan, H. L., Shahmanesh, M., Prakash, R., Isac, S., Ramesh, B. M. Blanchard, J. F. (2013). Community mobilization, empowerment and HIV prevention among female sex workers in south India. *BMC Public Health*, *13*(234), 1–14. <http://www.biomedcentral.com/1471-2458/13/234>
- Bradshaw, M., & Stratford, E. (2010). Qualitative research design and rigour. In I. Hay (Ed.), *Qualitative Research Methods in Human Geography*. (pp. 67–76). Oxford University Press.
- Brooks-Gordon, B., Wijers, M., & Jobe, A. (2020). Justice and civil liberties on sex work in contemporary international human rights law. *Social Sciences*, *9*(1), 1–4. <https://doi.org/10.3390/socsci9010004>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Canada vs. Bedford. (2013). R.S. C. 2013, SCC 72.
- Canadian Alliance for Sex Work Law Reform. (2017). *Safety, dignity, equality: recommendations for sex work law reform in Canada*. Retrieved from: <http://sexworklawreform.com/>
- Canadian Public Health Association. (2014). *Sex work in Canada: The public health perspective*. Retrieved from: www.cpha.ca/uploads/policy/sex-work_e.pdf
- Crago, A., Bruckert, C., Braschel, M., & Shannon, K. (2021). Sex workers' access to police assistance in safety emergencies and means of escape from situations of violence and confinement under an "end demand" criminalization model: A five city study in Canada. *Social Sciences*, *10*(1), 1–13. <https://doi.org/10.3390/socsci10010013>
- Csete, J., & Cohen, J. (2010). Health benefits of legal services for criminalized populations: the case of people who use drugs, sex workers and sexual and gender minorities. *The Journal of Law, Medicine & Ethics*, *38*(4), 816–831
- Department of Justice Canada. (2014a). *Prostitution Criminal Law Reform: Bill C-36, the Protection of Communities and Exploited Persons Act*. Retrieved from: https://www.justice.gc.ca/eng/rp-pr/other-autre/c36fs_fi/c36fs_fi_eng.pdf
- Department of Justice Canada. (2014b). *Online public consultation on prostitution-related offences in Canada—Final Results*. Retrieved from: https://www.justice.gc.ca/eng/rp-pr/other-autre/rr14_09/index.html
- Domosławski, A. (2011) 'Drug Policy in Portugal: The Benefits of Decriminalizing Drug Use', *Open Society Foundations Global Drug Policy*

- Program. Retrieved from: <https://www.opensocietyfoundations.org/publications/drug-policy-portugal-benefits-decriminalizing-drug-use>
- Easterbrook-Smith, G. (2020). "Genuinely keen to work": Sex work, emotional labour, and the news media. In L. Armstrong, & G. Abel (Eds.). *Sex work and the New Zealand model: Decriminalisation and social change* (pp. 157–176). Bristol University Press.
- Foley, E. E. (2019). "The prostitution problem": insights from Senegal. *Archives of Sexual Behavior*, 48, 1937–1940. <https://doi.org/10.1007/s10508-018-1368-3>
- Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13(117), 1–8
- The Global Commission on HIV and the Law and the International Commission of Jurists. (2018). *Leading jurists address misuse and abuse of the criminal law and its detrimental impact on health, equality and human rights*. Retrieved from: <https://www.icj.org/leading-jurists-address-misuse-and-abuse-of-the-criminal-law-and-its-detrimental-impact-on-health-equality-and-human-rights/>
- Global Network of Sex Work Projects. (2013). *Global consensus statement on sex work, human rights, and the law*. Retrieved from: <https://www.nswp.org/resource/nswp-consensus-statement-sex-work-human-rights-and-the-law>
- Hallgrimsdottir, H., & Benoit, C. (2007). From wage slaves to wage workers: cultural opportunity structures and the evolution of the wage demands of the Knights of Labor and the American Federation of Labor, 1880–1900. *Social Forces*, 85(3), 1393–1412
- Hoefinger, H., Musto, J., Maciotti, P. G., Fehrenbacher, A., Mai, N., Bennachie, C., & Giametta, C. (2019). Community-based responses to negative health impacts of sexual humanitarian anti-trafficking policies and the criminalization of sex work and migration in the US. *Social Sciences*, 9(1), 1–30. <https://doi.org/10.3390/socsci9010001>
- Jackson, C. A., & Heineman, J. (2018). Repeal FOSTA and decriminalize sex work. *Contexts*, 17(3), 74–75. <https://doi.org/10.1177/1536504218792534>
- Jeffrey, L. A., & Sullivan, B. (2009). Canadian sex work policy for the 21st century: Enhancing rights and safety, lessons from Australia. *Canadian Political Science Review*, 3, 57–76
- Kerrigan, D., Kennedy, C. E., Morgan-Thomas, R., Reza-Paul, S., Mwangi, P., Win, K. T., & Butler. (2015). A community empowerment approach to the HIV response among sex workers: Effectiveness, challenges, and considerations for implementation and scale-up. *Lancet*, 385, 172–185. [https://doi.org/10.1016/S0140-6736\(14\)60973-9](https://doi.org/10.1016/S0140-6736(14)60973-9)
- Kunimoto, E. (2018). A critical analysis of Canada's sex work legislation: Exploring gendered and racialized consequences. *Stream: Inspiring Critical Thought*, 10(2), 27–36.
- Landsberg, A., Shannon, K., Krüsi, A., DeBeck, K., Milloy, M. J., Nosova, E., Kerr, T., & Hayashi, K. (2017). Criminalizing sex work clients and rushed negotiations among sex workers who use drugs in a Canadian setting. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 94(4), 563–571. <https://doi.org/10.1007/s11524-017-0155-0>
- Levy-Aronovic, S., Lahav-Raz, Y., & Raz, A. (2020). Who takes part in the political game? The sex work governance debate in Israel. *Sexuality Research and Social Policy*. <https://doi.org/10.1007/s13178-020-00476-4>
- Lazarus, L., Deering, K. N., Nabess, R., Gibson, K., Tyndall, M. W., & Shannon, K. (2012). Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. *Culture, health & sexuality*, 14(2), 139–150. <https://doi.org/10.1080/13691058.2011.628411>
- Lutnick, A., & Cohan, D. (2009). Criminalization, legalization or decriminalization of sex work: what female sex workers say in San Francisco, USA. *Reproductive Health Matters*, 17(34), 38–46. [https://doi.org/10.1016/S0968-8080\(09\)34469-9](https://doi.org/10.1016/S0968-8080(09)34469-9)
- Lyons, T., Krüsi, A., Pierre, L., Kerr, T., Small, W., & Shannon, K. (2017). Negotiating violence in the context of transphobia and criminalization: The experiences of trans sex workers in Vancouver. *Canada. Qualitative Health Research*, 27(2), 109–182
- Machat, S., Shannon, K., Braschel, M., Moreheart, S., & Goldenberg, S. (2019). Sex workers' experiences and occupational conditions post-implementation of end-demand criminalization in Metro Vancouver, Canada. *Canadian Journal of Public Health*, 110, 575–583. <https://doi.org/10.17269/s41997-019-00226-z>
- Maloney, J. (2006). *The challenge of change: A study of Canada's criminal prostitution laws*. Ottawa: Communication Canada Publishing. Retrieved from: <https://www.nswp.org>
- Majic, S. (2014). Beyond "victim-criminals": Sex workers, nonprofit organizations and gender ideologies. *Gender and Society*, 28(3), 463–485. <https://doi.org/10.1177/0891243214524623>
- McBride, B., Shannon, K., Murphy, A., Wu, S., Erickson, M., Goldenberg, S., & Krüsi, A. (2020). Harms of third party criminalisation under end-demand legislation: undermining sex workers' safety and rights. *Culture, Health & Sexuality*. <https://doi.org/10.1080/13691058.2020.1767305>
- McIvor, S. (2020). Social science evidence in poverty-related charter claims: An example in Bedford v Canada. *Appeal*, 25, 61–71. CanLII Docs 1669. Retrieved from: <https://canlii.ca/t/svdp>
- Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25(9), 1212–1222. <https://doi.org/10.1177/1049732315588501>
- O'Doherty, T. (2011). Criminalization of off-street sex work in Canada. *Canadian Journal of Criminology and Criminal Justice*, 53(2), 217–245. <https://doi.org/10.3138/cjccj.53.2.217>
- Östergren, P., & Dodillet, S. (2011). *The Swedish Sex Purchase Act: Claimed Success and Documented Effect*. Retrieved from: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.694.9804&rep=rep1&type=pdf>
- Platt, L., Grenfell, P., Meiksin, R., Elmes, J., Sherman, S., Sanders, T., Mwangi, P., & Crago, A. (2018). Associations between sex work laws and sex worker's health: A systematic review and meta-analysis of quantitative and qualitative studies. *PLoS Medicine*, 15(12), 1–54. <https://doi.org/10.1371/journal.pmed.1002680>
- Ramachandran, S., L., (2016). "If someone has died of sterilisation, something grave has gone wrong. *The Hindu*. Retrieved from: <https://www.thehindu.com>
- Sanders, T., Vajzovic, D., Brooks-Gordon, B., & Mulvihill, N. (2020). Policing vulnerability in sex work: the harm reduction compass model. *Policing and Society*. <https://doi.org/10.1080/10439463.2020.1837825>
- Statistics Canada (2020). Individuals by total income level, by province and territory (Canada). Retrieved from: <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/famil105a-eng.htm>
- Statistics Canada (2020). Census profile, 2016 Census. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=PR&Code1=01&Geo2=&Code2=&SearchText=Canada&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0>
- Stevens, A. (2012). 'Portuguese drug policy shows that decriminalisation can work, but only alongside improvements in health and social policies', *LSE European Politics and Policy*.
- Swendeman, D., Basu, I., Das, S., Jana, S., & Rotheram-Borus, M. (2009). Empowering sex workers in India to reduce vulnerability to HIV and sexually transmitted diseases. *Social Science & Medicine*, 69(8), 1157–1166. <https://doi.org/10.1016/j.socscimed.2009.07.035>
- van der Meulen, E. (2011). Sex work and Canadian policy: recommendations for labor legitimacy and social change. *Sexuality*

Research and Social Policy, 8, 348–358. <https://doi.org/10.1007/s13178-011-0069-7>

Wagenaar, H. (2017). Why prostitution policy (usually) fails and what to do about it. *Social Sciences*, 6(2), 13–58. <https://doi.org/10.3390/socsci6020043>

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