



BY US, FOR US:

A NEEDS AND RISKS ASSESSMENT OF SEX WORKERS IN THE LOWER MAINLAND AND SOUTHERN VANCOUVER ISLAND



Transitions Metro Vancouver Consortium | 2023

*By Us, For Us: A needs and risks assessment of sex workers
in the Lower Mainland and Southern Vancouver Island.*

Published 2023

Developed and written on behalf of
Transitions Metro Vancouver Consortium.

Research team:

Anonymous x 3, Chloe Noir, Echo João, K8kyt, Tess, Tyler Cuddahy

Lead Evaluator & report writer:

Sylvia Machat

Funded by:

City of Vancouver, the Emergency Community Support Fund

Contents

Land Acknowledgement	1
Dedication	1
Glossary	2
Executive Summary	5
Background	7
Criminalization of Sex Work in Canada	7
Truth and Reconciliation	9
Murdered and Missing Indigenous Women and Girls (MMIWG)	9
British Columbia’s Opioid Overdose Crisis	9
COVID-19 Rapid Needs & Risks Assessment (Spring 2020)	10
Needs & Risks Assessment Participating Organizations	11
Methods	12
Survey	12
Focus Groups	13
Data Analysis via Knowledge Translation	13
Themes	14
Living with Disabilities	14
The Overdose Crisis	14
Race: Black, Indigenous, and People of Colour	14
Gender Diversity	15
Access to Mental Health Supports & Services	15
Violence, Potential Violence and Lack of Police Support	16
Peer Work: Desire to Design and Lead Solutions	16
Recommendations	18
Sex Worker Support Organizations	18
Future sex workers’ needs and risks assessments	22
Government of Canada	23
Government of British Columbia	24
Municipalities	26

Appendix A: Survey Results	27
Who: Participant Demographics	28
Identities.....	28
Housing.....	29
Income	29
What: Sex Work	30
COVID-19 Sex Work Experiences	30
Indoor/Online Sex Workers.....	31
How: Health, Security, and Safety	32
Daily Living During COVID-19	32
Washroom Access During COVID-19 and Beyond.....	33
The Overdose Crisis.....	33
Two-Spirit, Trans, Non-Binary and Cisgender Men Sex Workers	34
Policing and Justice.....	34
Future: Ideal Workplace	38
Work Environment.....	38
Declining Clients in an Ideal Work Environment.....	39
Ideal Work Supports from Sex Workers.....	40
Ideal Work Supports from Non-Sex Workers.....	40
Appendix B: Intersections—Focus Groups	41
Indigenous	42
Hiding: Indigenous Parenting, Sex Work, & Sisterhood	42
Occupational Health: Healthcare for Indigenous Sex Workers	42
Racism, Monitoring, Support Services, and Indigenous Sex Workers	42
Black People / People of Colour	43
Racism and Rage: “People Say Canada is Great, but it’s Not, the Racism is Different”	43
Supporting Safety at Work	43
People with Disabilities	44
Sex Work with Disabilities	44
Disability, Poverty and Belonging	44
Gender Diversity in Sex Work (Two-Spirit, Trans, Non-Binary, and Cisgender Men)	44
“We’re Sitting Here Seeing Each Other’s Faces, So There’s Immediate Empathy”	44
Talking About Sex Work	45
Compassionate Care Before New Healthcare Programs	45
Safety at Work Without Police	45



Art by Jojo

Land Acknowledgement

The research team would like to acknowledge that work for this report primarily took place on unceded traditional Coast Salish territories of the x^wməθk^wəy^əm (Musqueam), Skwxwú7mesh (Skohomish), Tsleil-Waututh (Slay-wa-tooth), kwik^wəł^əm (Kwikwetlem), q^wɑ:n 'ł^əən (Kwantlen), ɪ́cəy (Katzie), Qayqayt [Keh-kite], and se'mya'me (Semiahmoo) First Nations.

Additional work was done on the traditional territories of the W̱SÁNEĆ and lək^wəŋən (Le-kwung-en), including Songhees and Esquimalt.

We recognize the ongoing violence and harm towards Indigenous Peoples, in particular women, girls, and 2SLGBTQQIA people. The impacts of multigenerational and intergenerational marginalization on Indigenous women, girls, and 2SLGBTQQIA people were documented in detail in the final report of the National Inquiry into Murdered and Missing Indigenous Women and Girls (MMIWG).

Dedication

The research team would like to dedicate this report to:

All the participants of the survey and focus groups

Murdered and missing Indigenous women, girls, and 2SLGBTQQIA people across Canada

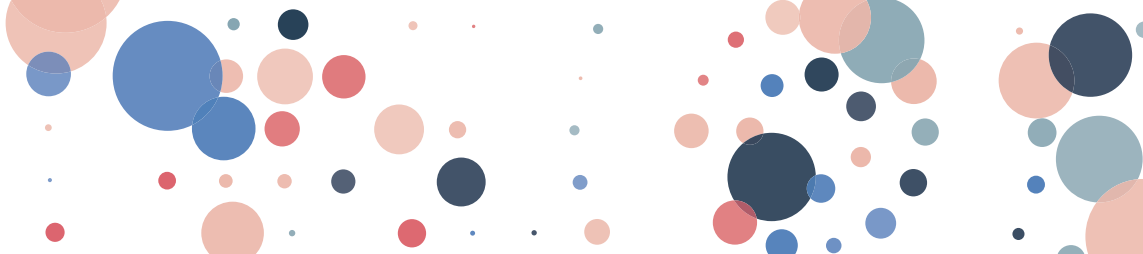
Sex workers lost to overdose

Sex workers lost to violence

All current and former sex workers, everywhere

Glossary

Bad date	An experience with a client where a sex worker was harmed.
Bad date list	A reporting system with details about violent perpetrators who have harmed sex workers; reports are distributed regularly by sex worker support organizations to sex workers so they can be aware of potential predators before or while working.
BDSM	Bondage & Discipline; Domination & Submission; and Sadism & Masochism; refers to fetish- or kink-based sexual or sexually-adjacent activities.
Blacklist	Sex worker-run reporting systems, generally online, where sex workers report violent perpetrators of harm to a shared resource available for workers to check when screening clients.
Decriminalization	When laws are modified to make certain activities no longer a crime, including removing criminal penalties for activities to those acts. In Canada, sex work is not decriminalized because certain activities related to sex work still have criminal penalties attached (e.g., purchasing sexual services, advertising, providing assistance such as security or reception for sex workers).
Disability	For this assessment, sex workers were able to self-identify as living with a disability. Disabilities experienced by participants in this assessment included physical disabilities, such as various mobility issues or chronic pain, as well as mental disabilities that affected participants' abilities to carry out activities for daily living, such as neurodiversity (e.g., autism, ADHD), memory issues, or brain injuries.
Gender-diverse	For our assessment, this is people who are gender minorities or cisgender men; "gender-diverse in sex work."
Gender minorities	For our assessment, this is someone who chose any gender option other than "man" or "woman." Examples include Two-Spirit, transgender, or non-binary. Participants who didn't provide a gender were excluded from gender-based analyses.
Im/migration	For our assessment, we talk about im/migration—with the slash—to incorporate people in a variety of non-citizenship situations. This includes being a refugee, a landed immigrant, on a temporary visa (e.g., work permit, student), or in any other precariously-documented position. This also includes permanent residents who face actual or perceived risk of deportation by the Government of Canada if caught doing sex work.



Incall	A workplace for sex work that is indoors and hosted by the sex worker, often the worker's home or hotel.
Indoor worker	Someone soliciting/advertising in private spaces, including online advertising sites and apps. All participants who were currently using or had only ever used public or non-structured solicitation (e.g., street, bars/pubs, randoms, word of mouth) and those who were only seeing regulars (i.e., unclear original solicitation location) were excluded, in order to better assess specific experiences of those who worked indoors.
Iterative approach	A research approach where content and/or methods adapt over time.
Kitestring	A sex worker's safety check-in buddy; best practice for having a kitestring is for the sex worker to tell them where they are going, with whom, for how long, and what to do if the kitestring doesn't get an "I'm safe" check-in at the designated time.
Knowledge translation	The process or materials that "translate" data, statistics, or other research findings into information an average person understands.
Massage parlour	A licensed business (e.g., "therapeutic massage," "spa," "beauty parlour") where sex work takes place and authorities are generally aware of it.
Micro-brothel	An informal indoor space (often at a residential address) used as a workplace by multiple sex workers.
Outcall	A workplace for sex work that is indoors and hosted by the client, often the client's home or hotel.
Participant(s)	Anyone who contributed research data, including the survey and focus groups. Research team members could contribute as participants in the survey and in relevant focus groups they were not facilitating. The Lead Evaluator (Sylvia Machat) did not contribute as a participant.
Party and play (PNP)	Sex work sessions that include substance use, often illicit drugs.
Pimp	A person, usually a man, who controls a sex worker's services and arranges clients for them, taking some or all of their earnings in return. No participants disclosed involvement with pimps during this assessment.
Subsistence sex work	Sex work done for a minimum level of survival.



Executive Summary

In a context of the global COVID-19 pandemic and criminalized sex work, and with results from a rapid needs and risks assessment done in March 2020, we set out to assess detailed needs and risks of sex workers in British Columbia's Lower Mainland and southern Vancouver Island. This assessment was set to the background of the Truth and Reconciliation Commission, an inquiry into Murdered and Missing Indigenous Women and Girls (MMIWG), and an overdose crisis. With an experientially led, highly adaptable process, we sought to find ways that needs could be met and risks could be minimized for diverse sex workers in southwestern BC.

Major themes that emerged were:

- unique needs and risks faced by sex workers with intersecting oppressions (living with disabilities, Indigenous background, gender minority identity, being Black or a person of colour); people with disabilities made up an alarmingly overwhelming majority of sex workers in this assessment;
- risks of violence managed by individuals or social networks;
- need for diverse harm-reporting and justice systems, in a context of sex workers' previous negative experiences with and general distrust of police;
- need for robust government response—like the response to COVID-19—to the overdose crisis; and,
- a strong need for mental health supports, including peer-based supports and professional counselling.

We have made recommendations for sex worker support organizations, including future sex worker needs and risks assessments, as well as recommendations for municipal, provincial and federal governments (on pages [18-26](#)).

Recommendations for organizations include:

- increasing peer programming and professional development for current and former sex workers;
- actively supporting cooperative sex worker initiatives, including shared workplaces;
- providing legal aid services;
- partnering with healthcare services to create and support health programs to meet sex workers' unique and diverse needs, including reliable, non-stigmatizing counselling, and Indigenous-specific services;
- partnering with disability advocacy organizations and im/migration advocacy organizations to work towards shared goals;
- continued reporting of harm to police and expanding reporting of harm by police;
- forming professional relationships with police to share information; and,
- continued calls for police reforms and to keep sex worker spaces free of police presence.

Due to COVID-19, sex workers witnessed a loss of momentum towards change because of closures and halted services. These closures had a negative effect on sex workers and on community capacity for change, and sex workers wish to highlight the ongoing impacts of COVID-19 on their communities.

For many sex worker support organizations, first steps will involve reaching out to stakeholders e.g., to assess whether stakeholders are interested in and ready for respectful collaborations. Stakeholders include representative groups of diverse sex workers; independent and collaborative sex worker initiatives; sex worker-friendly lawyers and healthcare services; and housing and disability organizations.

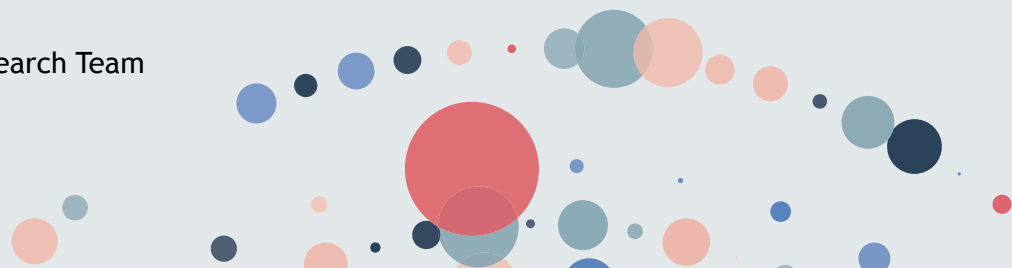
Funding and government willingness to invest in the security and safety of sex workers will almost certainly continue to be a challenge and sex work stigma may be a barrier to opening collaborations with organizations and agencies. Expanding sex workers' professional development may help combat sex work stigma. Sex workers would gain skills that allow them to work on behalf of sex worker support organizations while lending credibility to the organizations' efforts. It may help to position sex work as a labour rights issue and emphasize that exchange of sex for money is not illegal for many people in Canada.¹ Ultimately, many needs and risks faced by sex workers relate to sex work stigma and many sex workers' needs and risks would be appropriately addressed by services that protect other workers (e.g., healthcare, criminal justice system, professional associations or unions).

By providing professional development for current and former sex workers, sex worker support organizations can set themselves up for success in multiple areas. Maintaining a professional (but not friendly) relationship with police while maintaining credibility among sex workers may be easier to achieve for staff members coming from a background of active sex work. Working towards improved public services access (e.g., healthcare, policing) may be best led by sex workers with professional development in labour organizing. Finally, understanding and operationalizing how sex workers with disabilities become contributors at sex work organizations would enable information-sharing with ally organizations on how to incorporate these sex workers into their workforce or volunteer programs, which in turn would allow sex workers to develop diverse professional skills.

Many first steps towards these changes can be taken easily, while maintaining commitment to services, programs, and approaches that are likely to have a rocky road of learning and unlearning will require long-term commitment. Ultimately, what is key for sex worker support organizations to remember along this path is that the most valuable resource for change is sex workers themselves.

In solidarity,
Sylvia Machat

On behalf of the By Us, For Us Research Team
December 1, 2022



1 R. v Bedford (Supreme Court of Canada) affirmed the legality of exchanging cash for sexual services and harms posed to sex workers by criminalizing policies. This legality applies to Canadian citizens and does not extend to im/migrants to Canada.



Evan Matchett-Wong | Sweetgrass Porcelain (Hand Embroidery and Linen on Natural Linen)

Background

Criminalization of Sex Work in Canada

In 2014 the Government of Canada overturned previous sex work laws in a case known as Bedford. Within a year, the government passed new laws under the Protection of Communities and Exploited Persons Act (PCEPA), while continuing to make it illegal for visitors to Canada to work in the sex industry. PCEPA criminalized a new set of situations around sex work; these situations were: (1) purchasing sex (client criminalization); (2) working in any area where children may be around (potentially including a person’s home while their child is out of the home); (3) being a “third party” for sex workers (intended to outlaw pimps, but also criminalizing drivers, security guards, receptionists, managers, and all other support staff sex workers might need for safety), and (4) advertising someone else’s sex work (effectively censoring sex workers—and their ability to set terms and conditions for safety—across all media).

In 2020, the case of *R. v Anwar* in Ontario reaffirmed—again—that exchanging sex for money is not illegal. Sex workers’ rights to set terms and conditions around their work (e.g., rates, services offered, restrictions) and get help from support staff such as security assistance, *like any other business*, were highlighted in the final decision.



Chantelle Janvier

Chantelle Janvier | Wish it, dream it, do it
(Acrylic paint, metallic paint pencil, and lead pencil on canvas)

Truth and Reconciliation

The Truth and Reconciliation Commission of Canada (TRC) was active from 2008 to 2015 to document the history and outcomes of the Canadian residential school system in Canada (1869-1996; mandatory 1894-1948). From its opening paragraph, the TRC final report powerfully documents residential schools as a central element of “cultural genocide,” whose impacts are still painfully felt today.

Many Indigenous participants we spoke with shared that they are still feeling the impacts of residential schools today, either directly or by way of their family members who attended residential school. In focus groups, Indigenous participants were highly skeptical and even dismissive of “truth and reconciliation,” having seen no evidence of it in their lives.

Murdered and Missing Indigenous Women and Girls (MMIWG)

The Canadian National Inquiry into Murdered and Missing Indigenous Women and Girls was active from 2016 to 2019 to examine violence against Indigenous women, girls, and 2SLGBTQQIA people.² The inquiry’s final report made it clear that “state actions and inactions rooted in colonialism” drive a high level of violence; our findings reflect this repeatedly as government policies past and present drive the amount of risk sex workers face and fail to ensure sex workers needs and rights to justice, safety, and security.

As shared in that report and heard through our own efforts, Indigenous sex workers are disproportionately involved in street-level sex work, which research has shown to be more subject to violence and harm than other sex work environments (i.e., indoor work).

Indigenous participants in our assessment echoed the MMIWG’s final report in saying:

“[A]ny serious attempt to combat sexual exploitation and trafficking among Indigenous girls and youth must be met with an equally serious commitment to ensuring that adequate financial, health, and social supports exist to make other options viable.”

The MMIWG final report highlighted that poverty and insecure housing increase risk of subsistence sex work and sexual exploitation, a theme we heard repeatedly in this assessment.

British Columbia’s Opioid Overdose Crisis

Since April 2016, BC has declared a public health emergency due to the opioid overdose crisis (shortened in this report to “overdose crisis”; this also better captures the opioid poisonings that happen for non-opioid users). Significant overdoses resulting from fentanyl poisoning have been ongoing each year since the public health emergency was declared and 2021 saw record overdose deaths in BC.

2 Two Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, and asexual people.

The overdose crisis formed a highly present and inescapable background to research team activities, as many members of the research team as well as participants dealt with unexpected deaths of loved ones, counted the numbers of overdose deaths among sex worker colleagues, and coped with integrating grief for overdose deaths of loved ones into otherwise already-stressful and busy lives.

COVID-19 Rapid Needs & Risks Assessment (Spring 2020)

A rapid needs and risks assessment was conducted at the start of the COVID-19 pandemic in spring 2020. COVID-19 funding supports such as the Canada Emergency Response Benefit (CERB), were not yet available at the amounts it later reached, so a smaller needs and risks assessment was conducted to understand sex workers' rapidly changing situations. This assessment builds on the prior version, incorporating additional topics and exploring important topics and themes in depth.

Needs & Risks Assessment Participating Organizations

This assessment is by Transitions Metro Vancouver Consortium (Transitions), a collaboration between Aboriginal Front Door Society (AFDS), Health Initiative for Men (HIM), PACE Society, and WISH Drop-In Centre Society (WISH); all but AFDS were active in this project.

Project activities took place primarily at WISH Drop-In Centre, The Corner men's and gender minorities drop-in space hosted by HIM, and online. Additional project collaboration took place with Peers Victoria Resources Society, Atira Women's Resource Society, and SAFE in Collingwood.

Unfortunately, due to capacity and logistics, we were unable to partner with SWAN Vancouver, a support organization that provides culturally-specialized supports for im/migrant sex workers in multiple languages (English, Mandarin, and Cantonese). SWAN Vancouver consistently supports im/migrant sex workers, many in licensed massage parlours. As a result, these sex workers' needs and risks are under-represented in this project.

Oceana Rose | The Chaos of Trauma (Acrylic on canvas)



Methods

Sex workers' voices were prioritized at all stages of this project, from research staff to data collection and analysis to art generation and report writing. It was important that sex workers' voices be heard, including when they challenged research structure or project logistics and including voices from trauma, pain, or anger.

Experiential voices highlighted problems with this project and advocated for:

- fair wages, including reparations-focused wages;
- clearly-defined hiring agreements detailing expectations and compensation;
- accessible environments, including comfortable seating and water at all sessions; and,
- Indigenous-based practices, including integration of Indigenous Elders, and smudging, where and when possible.

Adjustments to the research process in response to experiential voices proved worth the effort. Adapting to feedback helped build trust, as sex workers could see that their voices were being heard though the changes in project processes.

Timelines were lengthened, deadlines pushed, and additional funds were secured as needed to adapt to COVID-19 impacts such as outbreaks and protocols. Willingness to collaborate and adapt helped build trust with the research team and participants, meeting sex workers' relevant, on-the-ground needs.

Specific items that used an iterative and collaborative approach were: timeline and project scope, communications processes, survey development, focus group interview guides, data analysis, art contest development, and final report writing.

Survey

Survey interviewer training took place in April 2021 over four sessions—three in-person in Vancouver's Downtown Eastside and one online for interviewers based in Victoria. The in-person training sessions included writing a collaborative community agreement to ensure people demonstrated respect and felt respected during disagreements.

Surveys were conducted April-August 2021 through Transitions participating and partner organizations. Locations included: sex worker drop-in spaces, a community-oriented office space in Vancouver's Downtown Eastside, women's supportive housing projects, and online. The online survey was limited in reach due to a lack of promotion efforts, partially due to lapses in internal project communications but also in part done intentionally to reduce the opportunity for word-of-mouth to spread beyond sex worker communities; for these reasons, this assessment has limited information on sex workers who work online.

All surveys where the participant had done any sex work and had completed more than 50% of the survey were included, unless otherwise indicated by interviewers' notes.



Jojo



Louise Boilevin | The Crazy Zoo (Collage)

Focus Groups

Research team members acting as focus group interviewers reviewed and consulted on focus group interview guides in one-on-one meetings in December 2021.

Focus groups took place December 2021 to February 2022 over six sessions—five in-person and one online. Most in-person sessions took place at an office space in Vancouver’s Downtown Eastside; one took place at a gender-diverse sex worker drop-in in Downtown Vancouver. Eligibility and themes for sex worker focus groups were: Indigenous, gender-diverse (two sessions), people of colour, people with disabilities, and indoor/online sex work.

Data Analysis via Knowledge Translation

After initial survey and focus group data analysis, results were presented to the research team and/or additional participants for feedback, analysis, and further project development. Survey data were presented to the research team across multiple sessions, in multiple formats ranging from raw numbers to visual charts to a verbal summary of the highlights; initial data were shared using handouts, posters, and slideshow presentation. Select survey results were then presented to and discussed by relevant focus groups for further insight and data. Summarized focus group data was reviewed in one-on-one meetings alongside the research team interviewers who hosted each session.

Then, the research team developed knowledge translation products to guide the art contest to collect submissions for the final report. The research team worked to create designs for screen-printed tote bags that could be distributed to raise awareness of the final report; this work was done during visual arts-based engagement sessions held at an office and a sex worker drop-in in the Downtown Eastside and at the gender-diverse sex worker drop-in in Downtown Vancouver. Sex workers were invited to participate in generating art for the final report, with cash prizes available for four winners, selected using a voting rubric used by the research team. Participants in the art contest were asked to fill out a submission form to describe themselves and their art in their own words, with publication in the final report or possible future knowledge translation products offered as optional and not mandatory. These visual arts-based engagement sessions provided an opportunity for research team members to discuss our findings and the final report with sex workers who were accessing drop-in services.

All knowledge translation and data analysis sessions were kept to a maximum of two hours, with a midpoint break and food and beverages provided.

Themes

Living with Disabilities

This assessment, conducted 2021-2022 while COVID-19 was still very active with various restrictions phasing in and out, helps get a glimpse of who is doing sex work out of necessity; participants in this assessment were generally sex workers who were still actively doing sex work during a global pandemic.

For people with disabilities who were unable to access the CERB due to already receiving disability assistance, contrasts between the CERB amount (~\$2000/month) and existing disability assistance rates (~\$1300/month) highlighted the disposability of people with disabilities by policymakers. The message to many participants at the intersection of sex work and disability was clear: *people with disabilities don't deserve to have basic needs met*. Sex workers with disabilities pointed to factors that ought to have led to CERB access and to raised disability rates; admission by the Government of Canada that the CERB is a minimum amount of income ought to be sufficient justification for increasing disability assistance rates immediately and permanently (with increases tied to inflation). Further, sex workers with disabilities pointed to numerous disability-related costs that push them into sex work they wouldn't do otherwise, for example: medications, assistive devices, replacing items due to memory issues, and specialized dietary needs.

Sex workers with disabilities consistently felt forced to engage in riskier sex work—or any sex work!—directly as a result of the devaluing of people with disabilities.

The Overdose Crisis

During focus group sessions, participants often compared the overdose crisis to COVID-19, explaining that COVID-19 was a lesser concern as compared to the number of deaths many participants had experienced in their communities due to overdose. Some participants were concerned about the overdose crisis being used as cover for sexually assaulting sex workers by intentionally “spiking” drugs with benzodiazepines to induce overdose, as documented in local media.³ Overall, participants felt the overdose crisis has not been treated with appropriate urgency and that those who are most affected have not been listened to.

Race: Black, Indigenous, and People of Colour

Racialized sex workers faced upsetting experiences of racism resulting in their entry to sex work (e.g., racism in traditional work, im/migration issues, language difficulties), as well as while engaged in sex work (e.g., from harassers, from clients, from sex worker support services). Several racialized participants described experiences with clients of haggling over rates that were perceived as “too high” for their race; this issue was most commonly experienced by Indigenous and Asian sex workers.

3 Denis, J. S. (2021, December 9). Benzos in illicit drugs are A 'nightmare scenario' for sex workers. *The Tyee*. <https://thetyee.ca/News/2021/12/09/Benzo-Dope-Illicit-Drugs-Nightmare-Scenario-Sex-Workers/>.

Gender Diversity

Gender-diverse sex workers also faced unique needs and risks. Gender minority sex workers found themselves in sex work due to limited options for other work. Due to the risk of client harassment online, gender-diverse sex workers preferred to access support services at in-person drop-in settings. While sex workers in Downtown Vancouver felt positively about existing spaces, gender-diverse sex workers in the Downtown Eastside said they felt pressured to present as “femme” in order to access sex worker support services for “women.” The requirement to identify as a “woman” to access sex worker services in this geographic area created tension that posed a barrier to accessing needed services for some sex workers.

Sex workers who were cisgender men and those who described being perceived as cisgender men felt fears of stigma and resulting losses (e.g., family connections, jobs) if they shared their experiences with others; they also shared a need for spaces where they could connect conversationally with sex workers with similar sex work experiences. For these sex workers, this stigma extended to interactions with police, where they experienced disbelief as reporters of harm during sex work. Gender-diverse participants in general did not trust police due to these experiences of being disbelieved, as well as numerous previous negative experiences interacting with police (e.g., sex work stigma, gender bias).

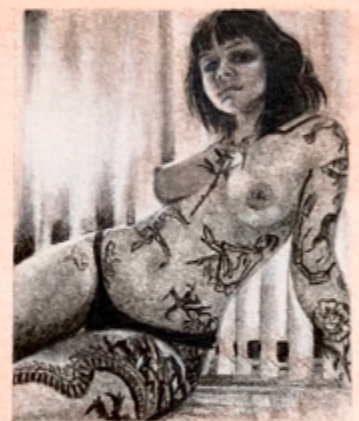
Gender-diverse participants in particular expressed needs for compassionate, non-stigmatizing sex worker-specific outreach nursing services that included mental health services, counselling, and regular HIV/STI testing.

Access to Mental Health Supports & Services

Participants repeatedly articulated a need for mental health supports and services. Some of the need was for crisis counselling and long-term counselling in response to experiences of violence. However, participants heavily emphasized the need for general counselling services in a context of inaccessible mental health care in BC. Participants described costs well out of their range on one hand and their experiences with waitlists, short-term counselling, or student counselling on the other.

There were many topics participants wanted to discuss with counselling professionals, including: hate-based violence and threats (i.e., racist, transphobic), intimate partner violence,

*Maisie Satana | Self portraits
(Graphite with watercolor and ink stamps.)*





Marcie (Acrylic on canvas)

see community-led and community-based solutions to their needs, including mental health crises and outreach supports.

addictions, impacts of residential schools and other colonialist harms, refugee experiences, and addressing root causes of mental health issues (e.g., depression, anxiety).

Participants expressed skepticism towards programs such as Vancouver Police Department’s “Car 87,” which deploys a police officer and nurse to mental health calls. Among other issues, participants noted long wait times when using this service previously. Participants also noted mental health care professionals generally do not receive training on sensitivity to sex workers’ needs and may be unequipped to assist with directly sex work-related mental health issues. Participants consistently expressed a desire to

Violence, Potential Violence and Lack of Police Support

Sex workers who participated in this assessment were acutely aware of the potential for violence in sex work, some because they had experienced it. Lack of police support, either through past experience or experiences with sex work stigma, negatively affected sex workers’ willingness to report bad dates. Men and gender minority sex workers in particular felt that their reports of harm were dismissed by police due to their gender. Out of necessity, sex workers relied on word of mouth as one possible solution to avoid or reduce violence (e.g., “bad dates”) at work.

These experiences may explain why the police reforms our participants supported most in the survey (over 50% each) were those of redirecting funds from police to community services and publicly calling out police harms. Peer-led solutions were advocated for in a number of areas, including when seeking justice and reporting harm; in one focus group, gender-diverse sex workers suggested systems of texting-based peer check-ins as a violence prevention and response measure. Sex workers we spoke to suggested that since they were already informally doing this kind of work, additional professional training (e.g., computer programs, business correspondence) could empower them to be part of the solution.

Peer Work: Desire to Design and Lead Solutions

Participants in all parts of the assessment shared enthusiasm for peer-based sex worker programs and services, including peer-based bad date reporting systems, work training, outreach work, mental health support, and safety patrols. Although there was strong, consistent support for peer-based programs, there were also critiques of current peer-based programs. Several experienced peer workers felt current peer-based programs created tiers of workers (peer vs. staff) that separated sex workers from “regular” workers and failed to develop peers’ skills and employability; some participants who had done peer work were frustrated they could exclusively do peer work and still not see pathways for advancement.

Participants who had done peer work shared frustration about pay rates when they were employed as peers doing the same work as “regular” staff, but with relevant in-depth sex work knowledge. For some peers, the value they brought to their team and peer work—supporting mental health in lieu of professional counsellors, navigating justice and healthcare systems informed by lived traumatic experience, relating to other sex workers personally—were invaluable and worth more, or at minimum equal to, compensation of “regular” staff.

Participants were encouraged to envision an ideal future and describe resources they needed that were absent. In that spirit, additional peer-run initiatives sex workers wanted to see included:

- peer-based mental health responses to sex work harms via a mental health support person who is also a recent or current sex worker;
- sex work-related training by and for current sex workers (e.g., how to screen clients, how to post ads, how to de-escalate conflict);
- facilitated discussions focused on increasing income and job satisfaction (i.e., work-life balance);
- social mixers and/or online spaces moderated by peer workers;
- skill shares facilitated by peer workers. Topic suggestions included: self-care/stress management, professional BDSM skills, and sexual health; and,
- collaborative sex work media production workshops, skill shares, or other collaborations. Some sex workers, likely mostly indoor/online workers but also some street-based workers changing or trying to change venues, wanted to improve media skills or access support from other sex workers to develop advertising (photos, video, website, etc.).



Recommendations

Sex Worker Support Organizations

1. Expand and highlight reporting harm to and about police

Across all groups, participants desired improved harm reporting to and about police. In focus groups there were mixed discussions about experiences with reporting harm through support organizations—some sex workers had positive experiences and others shared experiences in which they were discouraged from reporting harm. Focus group participants were unclear on which organizations provided assistance with reporting and/or did third-party reporting.

The urgency and impacts of reporting harm were central to many participants we spoke with and the lack of clarity on reporting avenues shows an important communication gap by sex worker support organizations for their participants. Some sex workers were unaware of reporting avenues available to them and some were dissatisfied with available options (e.g., wanted alternatives to or more involved police response). The diversity of sex workers contributed to needs for increased access to harm reporting in general; sex workers of various backgrounds and with varying experiences require customized approaches and the ability to easily choose the best approach for their specific situation, especially during times of high stress.

It is strongly recommended that sex worker support organizations work with their communications teams to ensure that avenues of reporting harm and types of harm that can be reported (i.e., both to and by police) are clearly explained in prominent communications areas (e.g., front page of website, in drop-in centres). Alongside communications efforts, sex worker support organizations must ensure staff are available to focus on reporting harm when it's needed and for as long as support is needed. Sex workers recommend that current sex workers be employed by sex worker support organizations to facilitate third-party reporting to police, as these relationships are facilitated by pre-existing trust. Further, sex worker support organizations can contribute to harm reporting by ensuring sex workers' reports are taken seriously by police; this may include providing advocates for sex workers interacting with the criminal justice system or forming professional relationships with police and then advocating for sex workers within those relationships.

2. Form professional relationships with police to share information

Participants were mostly supportive of sex worker liaison officers as an avenue for sex worker support organizations to form professional relationships with police. Inadequate availability of sex worker liaison officers may be a barrier to developing these relationships; recommendations to expand this position into teams is detailed in recommendations for municipalities on page 26. Expanding this position into a team structure would further allow more equitable access to the criminal justice system by providing each sex worker and support organization meaningful time to build relationships with liaison officers.

Staff members with a background in sex work may be perceived as more credible among sex worker communities when representing their interests to law enforcement. There may be opportunities for sex workers' professional development in this area.

3. Expand and increase peer-based programs

Structural or process changes that sex workers wanted to see in peer-based programs include:

- direct involvement with bad date reporting systems⁴;
- acknowledging “levels of lived experience” in which different sex workers have different amounts and types of lived experience in sex work;
- time-based limitations for who is considered an “experiential worker,” as some of those who hadn’t done sex work in many years gave outdated advice; and,
- separating indoor/online sex workers from emotional or mental health peer support for street-based workers—in general, street-based sex workers were resentful of indoor/online workers placed as peers and then unable to relate or respond to street-based workers’ experiences.

Peer program additions that participants suggested include:

- resume-writing workshops or resources;
- facilitated discussion or workshops about how to transfer skills from sex work to other professions, led by recent and current sex workers experienced in this area;
- training and mentorship programs to develop professional non-sex work skills and adapt to non-sex work workplace etiquette and standards (e.g., dealing with conflict, balancing time-defined work with other commitments, stress management);
- financial literacy skills beyond budgeting (e.g., banking, investing, educational grants)
- home economics skills (e.g., cooking, sewing); and,
- computer and internet literacy workshops or skill shares—these skills are relevant from posting a first sex work ad through to transitioning to and being capable in other careers; for example, even the receptionist at Insite, a staff- and peer-run harm reduction-focused service, needs to know how to use a computer.

Technology literacy skills were highly valued by sex workers in this assessment.

Suggestions from sex workers during this assessment on specific tasks, positions, or jobs that could be peer-based, potentially with additional training, included:

- being a check-in or “kitestring” (via text) to other workers while they are working;
- providing emotional support immediately after experiences of harm;
- advocacy/navigation for healthcare and criminal systems after experiences of harm, including collection of third-party reporting information;
- advocacy/navigation for alternative supports after experiences of harm (e.g., Indigenous-specific programs, community-based mental health supports);
- educating police on sex work topics;
- acting as a police liaison on behalf of sex worker communities, alongside police departments’ sex work liaisons, to represent sex workers’ interests to police; and,
- working in harm reduction sex work workplaces.

4 Indoor and online workers in the Lower Mainland and Southern Vancouver Island create and maintain bad date lists without support or external structures. This suggests that street-based sex workers, while lacking reporting infrastructure, could have the same skills.

4. Support sex workers' professional development beyond sex work

Practical steps that sex worker support organizations can take to support sex workers' professional development beyond sex work include:

- education or professional development through peer employment programs, such as computer skills and business correspondence;
- allocating specific space for professional clothing (i.e., office wear) among donated clothes; and,
- resume-writing workshops and resources, including support around transferable skills from sex work to other professions (e.g., conflict de-escalation, ability to build rapport, sales).

5. Partner with healthcare programs to provide sex worker-specific healthcare

We recommend development of a sex worker occupational health program run via a collaboration between sex worker support organizations and healthcare services. This program should have both a fixed-point location and an outreach component, with sex worker-specific sensitivity training via peer programs at sex worker support organizations. Existing locations suggested for a fixed-point sex worker occupational health program included sex worker drop-in spaces and community clinics.

Sex worker-specific healthcare must include a focus on mental health in order to meet the varied and unique needs of sex workers (e.g., mental health disabilities, experiences of harm).

6. Collaborate with disability advocacy organizations to advocate for shared goals (e.g., raising government disability assistance rates)

Many of the sex workers who participated in this assessment live with disabilities and this was repeatedly driven home through different analyses. Sex workers with disabilities were likely disproportionately among those who had to continue to do sex work in the context of a global pandemic, resulting in their prevalence in our data. In light of Canada's COVID-era CERB payment which indicated that an average Canadian needs \$2000/month to get by, sex workers and people with disabilities are in alignment on raising the government disability assistance rates to \$2000/month immediately and at minimum, to ensure their health and safety. For these participants, ensuring a livable income for people with disabilities is an essential step to reducing risk in sex work and reducing the need to engage in sex work in the first place.

7. Provide harm reduction workplaces for sex workers

Participants indicated that for sex worker support-provided workplaces, they would be most interested in an Insite-style drop-in space or a shared suite in their building. It's likely that the familiarity of Insite's services has influenced this preference, but this option also provides anonymity and confidentiality that a shared space in housing wouldn't offer. Advantages of pursuing an Insite-style drop-in are: (1) familiarity for users with how to access and use the space; (2) public acceptance of and understanding of Insite's activities and purpose, making it a relatively socially accepted harm reduction model in BC; and, (3) a model for a pathway to government endorsement, as demonstrated by Insite.

Sex workers emphasized the need for people with sex work experience to be included as staff at any harm reduction workplace and for such a space to be open 24/7 to meet the varied needs of

sex workers. Sex workers suggested that a harm reduction workplace would allow workers to build relationships with each other, strengthening community and safety as a result, and that it could be a good location for accessing support services, including specialized supports such as substance abuse treatment and mental health counselling.

8. Support cooperative sex worker initiatives

As sex worker communities continue to mobilize and collaborate, it is essential that sex worker support organizations consider how they will support sex worker-led initiatives. Organizations such as PACE and Peers, which support indoor sex workers who may be collaborating on safer workplaces and other initiatives, ought to consider what resources they can provide to bolster sex workers' efforts. For example, there may be room to assist with: service referrals, legal aid, electronic infrastructure (e.g., servers, web design), tax reporting, etc.

9. Provide legal aid

In addition to being a valuable resource for cooperative sex work initiatives (e.g., shared workplace and associated potential legal problems), sex workers continually expressed needs for legal aid. Some sex workers wanted legal aid with sex work-related issues (e.g., pursuing criminal charges, removing previous sex work-related criminal records), but there were a host of other legal issues sex workers faced which drastically impacted their lives, such as im/migration, police complaints, and gender-related paperwork (e.g., name change).

Many participants expressed desires to consult with a lawyer, even if no charges could be laid or direct aid couldn't be provided; one of the anticipated outcomes of consulting with a lawyer was peace of mind. Sex workers also expressed a need for consultation with legal experts to gain information about their legal rights as a path towards empowerment.

One model that may be useful is one used by the Catherine White Holman Wellness Centre in Vancouver, which provides brief, pro bono legal consultations on an appointment-only basis on specific days. Additionally, Pivot Legal Society has previously done work on sex workers' rights and may be an asset in designing or delivering a legal aid program tailored to sex workers.

Future sex workers' needs and risks assessments

1. Include active sex workers in developing assessment tools and analyzing data

Sex workers' experiences and voices were essential in the design and execution of this assessment. While many projects limit experiential sex workers' involvement, sex workers ensured that the survey and focus group materials used for this assessment reflected sex workers' actual needs and were sensitive, relevant, and effective. With a small amount of logistics and/or research theory mentorship, sex workers who contributed to this project were able to edit a survey, help develop focus group interviewer guides, interpret data, facilitate an art submission contest, and contribute to this report.

Sex workers are a diverse group, coming from a wide variety of backgrounds and with a wide variety of talents. Rather than viewing them as “victims” requiring a “saviour,” evaluators and researchers need to put their views and ideas up front, allowing sex workers to be leaders in their own industry. Nothing about us, without us!

2. Fair honoraria and wages

Experientially staffed projects need to consider the following factors when determining wages:

- the high level of specialization in the knowledge being shared;
- the high risk of re-traumatization when discussing topics that are often of most interest to community evaluations (e.g., risk of violence, need for appropriate services);
- absence of health benefits to cover costs of services to cope with possible re-traumatization (e.g., lost wages for time off);
- sex work experiences, including length of time in industry and diversity of experiences;
- contribution to employer, project, service, or program; and,
- reparation-based wage approaches that consider historic and ongoing workplace exclusion and poverty faced by certain groups (e.g., Indigenous women, girls, and 2SLGBTQIA people; people with disabilities).

3. Arrange an Indigenous Elder for the duration of the project

In addition to providing practical supports for running meetings and gatherings (e.g., land acknowledgement, smudging), the presence of an Indigenous Elder helped steer the project towards doing things “in a good way.” During this project, the Indigenous Elder called out disrespectful project processes and used word-of-mouth networks to make sure Indigenous people were present and heard, among many other ways she brought value.

Based on the experiences of our assessment, we recommend ensuring you have at least one—possibly multiple—Indigenous Elder(s) arranged.

4. Ask about participants' Indigenous background

During the project concerns were raised by Indigenous research team members about the lack of data collection on participants' Indigenous background; specifically, whether participants identified as First Nations, Métis, or Inuit, and specific First Nation affiliation or background, if known. At the data analysis stage, additional information participants offered without prompting showed that participants wanted to share more about their backgrounds and that this could be an additional layer of information around participants' needs and risks.

Government of Canada

1. Decriminalize sex work

In the Bedford decision and in recent cases in Ontario, the courts have been clear—sex work is work! It is past-due time that the Government of Canada fully recognizes sex work as work and allows sex workers to conduct their business without added risks that come from criminalizing activities that make sex work safer. By clearing a path to allow sex workers to conduct business in the same way as any other industry, sex workers could more easily access resources that prevent and respond to harm.

One example of how we saw this in this assessment was the near-equal desire to report harms experienced in the workplace to employers as to police; given that many respondents did not have an employer, this suggests a desire for the ability to:

- be employed as a sex worker by another person, rather than working alone;
- report harm to an employer via similar avenues as other workers in Canada (i.e., access to employment standards and occupational health and safety regulations); and,
- trust and put faith in employers as responders to harm, an avenue currently unavailable to sex workers under third-party criminalization.

2. MMIWG Call for Justice 4.3

We support and recommend follow-through on stable and long-term funding for the MMIWG Call for Justice 4.3:

“We call upon all governments to support programs and services for Indigenous women, girls, and 2SLGBTQQIA people in the sex industry to promote their safety and security. These programs must be designed and delivered in partnership with people who have lived experience in the sex industry. We call for stable and long term funding for these programs and services.”⁵



Dan Moran | *Our Lady of Lost Angles*
(Created using artist's own hair)

5 National Inquiry into Murdered and Missing Indigenous Women and Girls. (2019). Reclaiming Power and Place: The Final Report of the National Inquiry into Murdered and Missing Indigenous Women and Girls, Calls for Justice. <https://www.mmiwg-ffada.ca/final-report/>

Government of British Columbia

1. Partner with sex worker support organizations to provide occupational health programs for sex workers

We recommend development of a sex worker occupational health program run via a collaboration between sex worker support organizations and healthcare services. This program should have both a fixed-point location and an outreach component, with sex worker-specific sensitivity training via peer programs at sex worker support organizations. Locations suggested for a fixed point to run a sex worker occupational health program included sex worker drop-in spaces and community clinics.

2. Funding for, expansion of, and increased access to frontline supports to address the overdose crisis

Based on feedback from focus group participants, we recommend expansion of the following existing services to reduce harms related to the overdose crisis:

- expansion of drug testing services to make them more immediately accessible so drug users don't have to go out of their way or wait for results before using illicit substances;
- greater availability and access to fentanyl testing strips—this could be achieved by supplying fentanyl test strips for free through all pharmacies in BC, alongside existing naloxone distribution programs;
- improved access to resources—drug testing, fentanyl strips, naloxone—in geographic areas outside the Downtown Eastside;
- expanded and improved education for healthcare providers on non-stigmatizing approaches to addictions, mental health, and pain management—participants emphasized the intersections of mental health concerns and insufficient pain management strategies as reasons for using substances and for not seeking treatment due to self-medication after failing to receive adequate supports for these health issues;
- expansion of safe injection sites and campaigns to educate people who use substances on where and how to access them;
- aggressive expansion of drug treatment programs—inability to access treatment in a timely manner due to waitlists was a recurring barrier by those who wanted to end their drug use and seek medical assistance via detox and treatment; and,
- additional funding for mental health supports, including individual and group counselling. Mental health issues that contributed to substance use included diagnosable mental health issues, as well as sexual assault trauma, generational trauma resulting from residential schools, and trauma related to anti-Indigenous racism and effects of colonization (e.g., police brutality, stigmatizing healthcare interactions).

3. Urgent, compassionate approaches and responses to the overdose crisis

When asked to clarify why some participants did not see COVID-19 as a “big deal,” many participants pointed to the number of overdose deaths that occurred both before and during peak periods of the COVID-19 crisis. Given the number of deaths many participants had in their social networks from overdose crisis, compared to the relatively few from COVID-19, participants felt the overdose crisis was

simply “allowed” to happen because of the populations affected (drug users). Participants repeatedly emphasized that the government’s response to COVID-19 demonstrated potential approaches to the overdose crisis; examples included: assembly of a specialized task force, public health information and awareness campaigns, and the ability to allocate or reallocate funding quickly to address a health issue that required a large-scale response to a health crisis. Failure by various levels of government, including the Government of BC, to respond to the overdose crisis with the same sense of urgency as was given to COVID-19 resulted in feelings of alienation and lower self-esteem, which was then self-medicated by increased substance use, ultimately increasing the possibility of overdose.

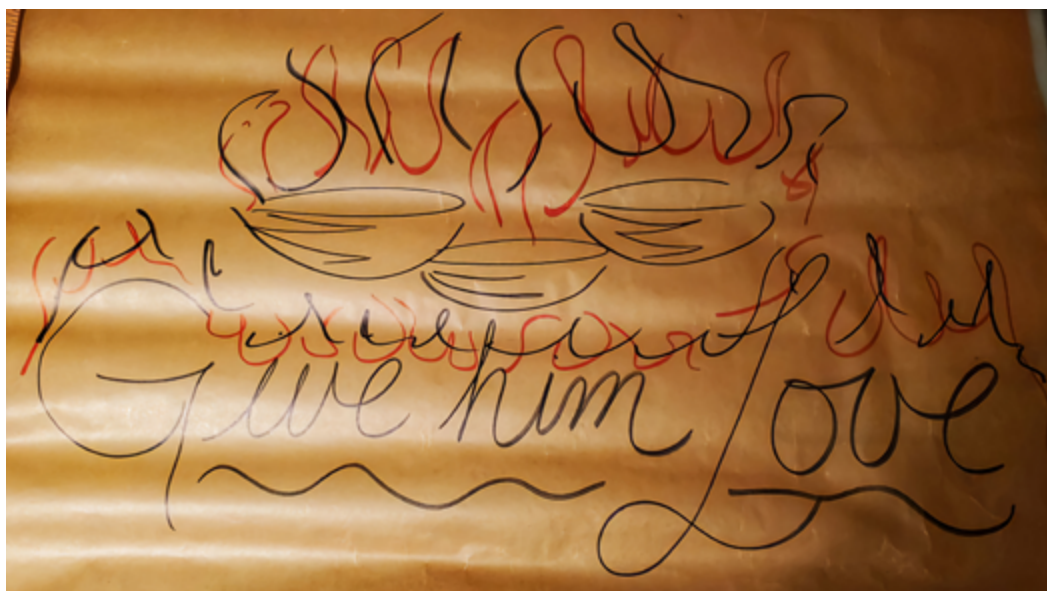
Additionally, Indigenous sex workers recommended more housing and commented on the need of people who are experiencing homelessness to use in order to sleep, stay awake, or numb their past and current experiences.

4. MMIWG Call for Justice 4.3

We support and recommend follow-through on stable and long-term funding for the MMIWG Call for Justice 4.3:

“We call upon all governments to support programs and services for Indigenous women, girls, and 2SLGBTQIA people in the sex industry to promote their safety and security. These programs must be designed and delivered in partnership with people who have lived experience in the sex industry. We call for stable and long term funding for these programs and services.”⁶

In this assessment, we found a specific desire for a mixed fixed-point and outreach healthcare program specifically for Indigenous sex workers. Focus group participants named specific experiences that led to unique healthcare needs for Indigenous sex workers, including regular involvement of the Ministry of Child and Family Development (MCFD) in Indigenous sex workers families and lives.



Louie Stew | Fire and Bell (left) | Give Him Hope (right)

6 National Inquiry into Murdered and Missing Indigenous Women and Girls. (2019). Reclaiming Power and Place: The Final Report of the National Inquiry into Murdered and Missing Indigenous Women and Girls, Calls for Justice. <https://www.mmiwg-ffada.ca/final-report/>

Municipalities

1. Funding for experiential frontline workers providing support to sex workers who had experienced harm

Bad date lists were the most popular avenue for reporting harm, with the most desired way of collecting these reports and managing this information being by sex workers themselves. Peer safety patrols and peer mental health responses were also desired, and almost half of all Indigenous sex workers desired the ability to report harm to Indigenous-specific justice services to meet their unique needs (e.g., generational trauma, racism).

Since community-led resources were seen as far more desirable for reporting harm than reporting to police, it follows that these community-led resources ought to be funded by municipalities to do this work.

2. Policing: create or restructure sex worker police liaison positions as teams

While participants had diverse views on policing and sex worker police liaison officers, participants who both liked and disliked the Vancouver Police Department's sex worker police liaison officer shared similar complaints. Complaints were largely around lack of availability and failure to provide follow-up to phone calls or reports, likely due to workload. While overall the position of sex worker police liaison officer was seen as a positive effort, sex workers often reported losing trust in this position due to an inability to get attention to their issues.

Because both critics and supporters of police liaison efforts gave lack of availability of and response from these officers due to workloads as their primary critique, we recommend creating or expanding these positions as team efforts. These teams must receive training from experiential staff at sex worker support organizations on sex work-specific issues and approach this work through a sex worker-supportive lens.

3. Increase availability, services, and facilities of public washrooms

Participants clearly communicated repeatedly through our data that there are not enough public washrooms in Vancouver. Sex workers in our focus groups named numerous reasons why they needed more access to public washrooms, including on-the-go work hygiene, safe access when caring for children, ungendered washrooms for gender-diverse people, access for people with assistive devices such as wheelchairs, and more availability to meet the needs of participants who forget to use the washroom before leaving home due to mental health disabilities. Participants particularly highlighted this as a public health issue in relation to the COVID-19 pandemic.

In addition to increasing the number of public washrooms available, sex workers identified a need for increased diversity or availability of facilities, primarily showers. Beyond hand-washing, participants identified hygiene activities as including showers, shaving, oral care (brushing/flossing), and clean places to use illicit substances. Sex workers advocated for the expansion of public washrooms for sex workers to include hygiene facilities that would meet these health needs.

Appendix A: Survey Results

In total, 239 sex worker participants completed the survey.

Our results reflect experiences and opinions of sex workers reached by Atira Women's Resource Society, HIM, PACE, PEERS, SAFE in Collingwood, and WISH.

All charts show number (n) of participants, however are referred to by percentage in text for ease of discussion.



Jessica Vazquez | WISH
(Acrylic painting)

In total, 239 sex worker participants completed the survey.

Our results reflect experiences and opinions of sex workers reached by Atira Women’s Resource Society, HIM, PACE, PEERS, SAFE in Collingwood, and WISH.

All charts show number (n) of participants, however are referred to by percentage in text for ease of discussion.

Who: Participant Demographics

Identities

Participants were able to select more than one gender. 69% were cisgender women, 23% were gender minorities, and 7% were cisgender men. 10% of participants were non-binary and 8% were trans. In focus groups, men (trans-inclusive) talked about feeling “invisible” as sex workers, especially while reporting violence to police.

Participants could pick more than one sexuality. 40% of participants identified as sexuality minorities; 60% were not a minority. The most common sexuality minority was bisexual at 30%, followed by pansexual at 14% and queer at 11%.

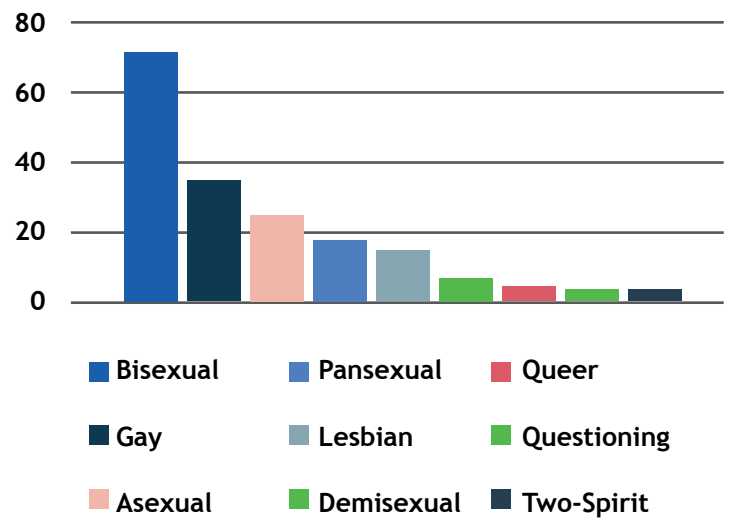
The group was quite young, with 33% of all participants aged 20-34. 26% were aged 35-44, 12% were 55-64, and a small number, 1%, were 65+. In focus groups, gender minority sex workers commented on the absence of older gender minority and sexuality minority sex workers due to historic and ongoing impacts of HIV on their communities.

Almost half, 45% of all participants, were Indigenous and 17% were people of colour. Of the 13 Indigenous participants who volunteered their status (not asked in the survey),⁷ 54% were First Nations and 46% were Métis. Although few participants identified Two-Spirit for their gender or sexuality, when asked if they were Two-Spirit after identifying as Indigenous,⁸ 27% said yes.

**73% of participants
were people with disabilities.**

**29% of participants
had dependents.**

Sexuality Minority Identities



⁷ We recommend collecting this information in future assessments.

⁸ This approach is taught by Harlan Pruden, a First Nation Cree Two-Spirit community organizer and researcher. Pruden, Harlan. (2021, March 18). Culturally Accounting for & Affirming Two-Spirit People & Communities in Surveys. CGSHE. YouTube. <https://www.youtube.com/watch?v=T10NtHB8F4M>.

Housing

Only 65% of participants were safely housed.

39% of participants lived in Vancouver’s Downtown Eastside, 19% lived on Southern Vancouver Island (Victoria/Saanich/Esquimalt), 13% lived in East Vancouver, 9% lived in Downtown Vancouver, and 8% lived in Surrey; the remainder were in other parts of Vancouver and nearby suburb municipalities.

Most participants lived in some form of subsidized housing, including SROs (19%), shelters (14%), social housing (12%), and transition houses (5%). 34% of participants were in market rental homes, while 7% were homeless and 5% were couch surfing. 29% of participants did not have privacy in their housing, while 33% brought clients to their home.

18% of participants had lived in COVID-19 housing at some point; COVID-19 housing was rented and provided by the City of Vancouver for COVID-19 prevention.

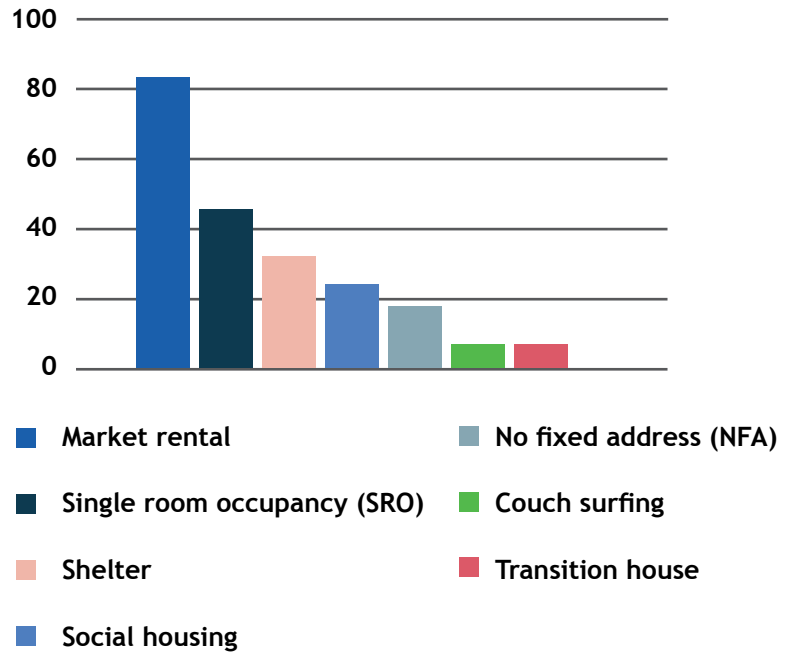
Income

56% of participants said their income had changed “a great deal” or “a lot” in the past year and 37% said sex work was their main source of income in the past year.

55% of participants received disability assistance and 45% had accessed the CERB or other government sources (not including disability or welfare). 64% of all participants applied for the CERB, 41% received the CERB, and 18% were investigated for receiving CERB payments. 23% of participants had received welfare.

Participants also engaged in other labour (25% had a part-time job, 7% had a full-time job, and 17% had worked in peer work) and relied on support networks—primarily clients (not in exchange for sex) (16%), but also family (13%) and partners (6%).

Types of Housing



What: Sex Work

92% of participants had done sex work before COVID-19 and 75% had done sex work since COVID-19.

COVID-19 Sex Work Experiences

Of the survey participants who did sex work in the past year, 40% had done street-based sex work, 33% solicited or worked online, and 28% saw regulars. Far fewer sex workers in this assessment worked via dating apps (6%), escort agencies (6%), or other avenues. Several participants selected more than one option, resulting in a total of >100%.

The most popular sex work workplaces among participants in the past year were vehicles (27%), sex workers' homes (23%), clients' homes (22%), hotels (16%), and outside (12%). Less popular were a friend's place (4%), a micro-brothel (shared workplace) (3%), and a massage parlour (3%). Several participants selected more than one option, resulting in a total of >100%.

Gender-diverse sex workers—gender minorities and cisgender men—were the only group that primarily solicited work online. In gender-diverse focus groups, participants appreciated the broad, global reach of advertising online, although some participants had barriers or challenges to online advertising, including access to resources (e.g., computer, wifi) and skills such as copywriting or photography in order to make ads appealing to clients. Still, some gender-diverse sex workers preferred to work in person to ensure face-to-face that their clients knew their gender and understood what services were offered.

42% of all participants had done any phone or online sex work in the past year, in line with the BC Center for Disease Control's (BCCDC's) *COVID 19 Guidance for Sex Workers*. As detailed below, only 26% of indoor workers reported having read this information, which suggests sex workers intuitively and pragmatically shifted to safer avenues of work, even without seeing such guidance.

44% of participants said the impacts of COVID-19 on their sex work had been negative (31% said there were no impacts or impacts were mixed).

Of the sex workers who had worked in the past year:

- 31% said there was more police surveillance.
- 63% said there was less client availability.
- 39% said clients were pushier about services.
- 49% said clients were pushier about rates.

A scenario where sex workers are under surveillance and unable to find clients, then dealing with clients being pushy about services and rates, is a recipe for risk.

Table 1: COVID-19 Impacts on Sex Work Experiences; 179 sex workers

Personal protective equipment (PPE)	
i. Clients have been aggressive/violent when I tried to use PPE (masks, sanitizer, gloves, etc.)	37%
ii. Clients tried to steal PPE (masks, sanitizer, gloves, etc.)	24%
iii. Clients did steal PPE (masks, sanitizer, gloves, etc.)	20%
Work logistics	
iv. Problems figuring out how much to charge / rates fluctuating or all over the place	55%
v. Problems finding clients	56%
vi. Problems finding somewhere to do dates	46%
vii. Not allowed to bring clients home because of guest policies in housing	54%
viii. Not allowed to bring clients home because I live with someone who didn't want guests	39%
COVID-19 perceptions	
ix. Clients believe COVID-19 isn't real / not a big deal	52%
x. I believe COVID-19 isn't real / not a big deal	23%

Gender-diverse (gender minority and cisgender men sex workers) were much more likely to think of COVID-19 as not real or not a big deal, echoing sentiments held by clients. Some of this may be due to gendered perceptions of COVID-19, although there's little research on this. In the gender-diverse focus groups, the main reasons for this perception were: (1) distrust of the government and medical systems (due to previous negative experiences with the medical system around gender-based care or mental health); and (2) COVID-19 was not a big deal specifically in comparison to the overdose crisis.

Indoor/Online Sex Workers

Due to the nature of indoor/online sex workers' work environments, services had not connected with them as frequently since COVID-19, so we included a section of the assessment specifically for indoor/online sex workers.

Definition: Indoor/Online Sex Worker

To examine indoor and/or online sex work, participants who used public or non-structured solicitation (e.g., street, bars/pubs, randoms, word of mouth) and those who were only seeing regulars (i.e., unclear original solicitation location) were excluded.

Using the above definition, 28% of participants were categorized as indoor/online sex workers, soliciting online (including dating apps), in massage parlours, and through escort agencies.

26% of indoor/online sex workers had read the BCCDC's *COVID-19: Guidance for Sex Workers*. Of those who had read the BCCDC guidance, 44% thought it was good, 17% thought it was bad, and 33% thought it was neutral or mixed.

53% of indoor/online sex workers had a workplace temporarily shut down and 22% had a workplace permanently shut down due to COVID-19. 34% of indoor/online workers had started at a new workplace and 40% had struggled to find a safe place to work since COVID-19 started.

COVID-19 impacts on changes in the workplace for indoor/online workers:

- 24% experienced more surveillance by neighbours.
- 22% experienced more stigma from neighbours.
- 37% experienced more worry or anxiety about surveillance.

How: Health, Security, and Safety

33% of participants described their physical health as **good or excellent**, while 36% described their mental health that way. In comparison, 18% said their physical health was **poor or very poor** and 23% described their mental health that way.

Daily Living During COVID-19

62% of participants were worried about COVID-19 and 25% were not worried about COVID-19.

Basic Necessities

- 23% had difficulties paying for prescriptions.
- 35% were often or always unable to access stores/services because they didn't have a mask.
- 43% had difficulties paying rent.
- 44% had difficulties paying for street/illicit drugs they depend on to stay well.
- 46% had difficulties paying for food.
- 50% had difficulties paying for "other things" (e.g., clothing).

Access to Health and Safety

- 46% saw reduced access to other healthcare (STI testing, family doctor).
- 51% saw reduced options for places to get away from violence or threats of violence.
- 54% experienced reduced access to clinics.
- 59% saw reduced access to essential services (programs, wifi, phones).
- 71% experienced shut downs of hangout spots (crucial to sex workers' safety networks).

COVID-19 brought social justice challenges as well as economic ones: 22% of gender minority participants often or always experienced more transphobia, while 24% of Black and POC participants and 37% of Indigenous participants often or always experienced more racism during COVID-19.

Washroom Access During COVID-19 and Beyond

55% of participants were often or always unable to access washrooms in the past year.

In response to COVID-19, three temporary washroom trailers were installed in the Downtown Eastside and on Kingsway to ensure access for various marginalized groups to safe and hygienic facilities.

Through the Overdose Prevention Society, RainCity Housing, and WISH, peers were hired to staff and monitor the washroom trailers to ensure safety.

Public washrooms, and washroom trailers in particular, were big topics during focus groups. Participants acknowledged washroom trailers as a “good start” to solving the problem of Vancouver’s general lack of public washrooms.⁹ The Indigenous and disabilities focus groups both suggested expanded washroom trailers for sex workers—sex workers’ needs specifically include shower facilities.

Despite complaints about the washroom trailers (e.g., cleanliness/hygiene, maintenance), the addition of the washroom trailers was very welcome, and focus group members who participated in the peer washroom trailer programs felt pride about being involved. Focus group participants shared visions for future washroom access, including universal accessibility, child-friendly public washrooms, and spaces that could be used to see clients.

The Overdose Crisis

The overdose crisis posed a larger concern to participants than COVID-19, across all groups. During focus groups, participants clarified that COVID-19, while very much a health issue, impacted their lives less personally and less often than the overdose crisis. Several focus group participants spoke of loved ones who had passed as a result of overdose; in some cases, participants could list multiple loved ones in their lives who had died of overdose in the preceding few weeks or months. For these reasons, COVID-19 felt less threatening to most participants than a deadly, unaddressed crisis that has been ongoing and present in their lives for several years.

Participants were far more likely to worry about their loved ones overdosing than themselves; 21% said they often or always worried about themselves overdosing, but 60% said they often or always worried about a loved one overdosing. Focus group participants elaborated on this, sharing that while the choice of drugs might have affected these results (we did not ask what substances participants were using), low self-esteem played a factor. Low self-esteem was exacerbated by perceptions that the government and society on a larger scale didn’t care about drug users and that their lives don’t have value, as shown by lack of action to reduce the multi-year (and escalating) overdose crisis, especially in comparison to the swift action taken to combat COVID-19.

9 Grochowski, S. (2020, September 21). *‘it is a human right’: \$1.1m committed for public washrooms in Downtown Eastside*. Vancouver Is Awesome. <https://www.vancouverisawesome.com/local-news/million-public-washrooms-dtes-vancouver-2729798>

Two-Spirit, Trans, Non-Binary and Cisgender Men Sex Workers

A section of the survey was dedicated to exploring the under-examined experiences of Two-Spirit, trans, non-binary, and cisgender men in order to provide better services and support for this group of sex workers.

These sex workers experienced sex work activity or income impacts due to closures at bars (25%), clubs (22%), queer events (22%), and bathhouses (21%).

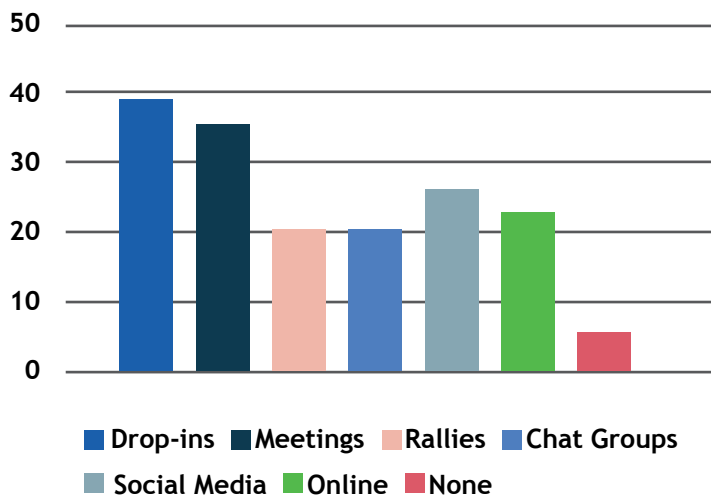
Sex workers' social safety networks (i.e., places where safety is discussed) were similarly disrupted by closures at support services (33%), queer events (31%), bars (22%), clubs (18%), and bathhouses (15%). 29% said these closures reduced access to harm reduction supplies such as condoms and lube.

Gender minority and cisgender men sex workers felt most comfortable and welcome in in-person spaces such as drop-ins and meetings, suggesting many of the participating organizations have been successful in including these sex workers.

While this is encouraging, 6% of these participants did not feel comfortable in any spaces as a gender minority or cisgender man sex worker, suggesting there is room to do additional outreach, continue to hone inclusion, or do repair for past harms.

Welcoming and inclusion become even more important in the context of 22% of these sex workers not having anyone in their life they can talk to about sex work.

Comfortable & welcoming Spaces for Gender-Diverse Sex Workers



Policing and Justice

The policing and justice section of the survey was the most skipped section of the survey. As a result, especially upsetting experiences with policing and justice are likely underreported in this assessment.

Many sex workers had experience interacting with police; 33% of sex workers had initiated contact with police and 45% had police initiate contact with them.

38% reported non-sex work-related harms to police at some point. Participants found that in these situations police were more unhelpful (40%) than helpful (32%).

22% of participants reported sex work-related harms to police at some point. Again, participants found police more unhelpful (42%) than helpful (33%). Participants also said police to which they reported sex work-related harms were somewhat more disrespectful (38%) than respectful (35%).

59% of participants did not feel safer with available police presence while doing sex work. 26% said they would not report sex work-related harms to police in the future (37% said they would; 34% said maybe).

Accessing support after being harmed at work

To access emotional or other support, 67% of participants said they would talk to a sex worker friend, 62% would talk to a sex worker support organization, and 55% would talk to a non-sex worker friend. Overall, participants wanted emotional support from support services more than from personal networks or government services (e.g., social workers, victim services, doctors). However, multiple participants noted in survey comments that they don't have access to these services, even though they would like to access them. Desired support services that weren't available as much as participants wanted included peer support workers (44%), counsellors (44%), and support workers (43%).

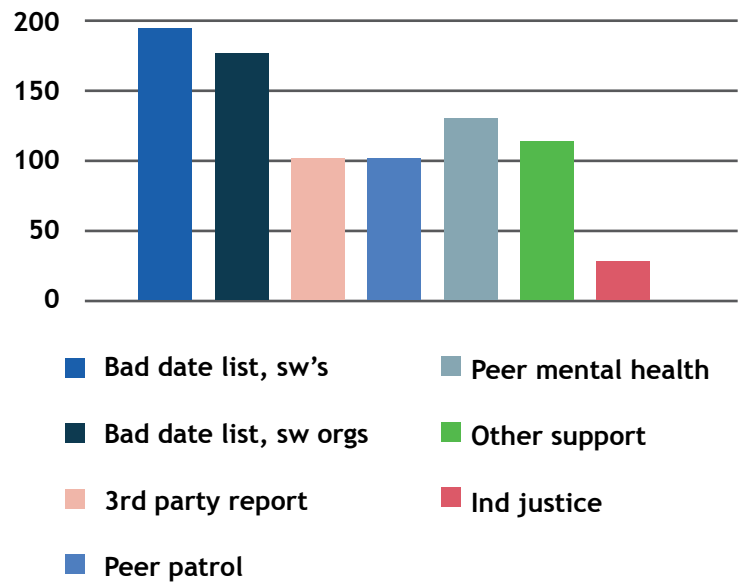
In order to seek justice, participants very clearly preferred to report harms to service organizations and sex worker community initiatives rather than government services.

By far, the most popular avenues for seeking justice were bad date lists run by sex workers themselves (75%) or by sex worker support organizations (72%). These were closely followed by third-party reporting (in which a support organization files a report with police on behalf of the sex worker) (56%). Sex worker-run initiatives that aimed to keep community safe also had support, particularly peer safety patrols (40%) and peer mental health response (33%).

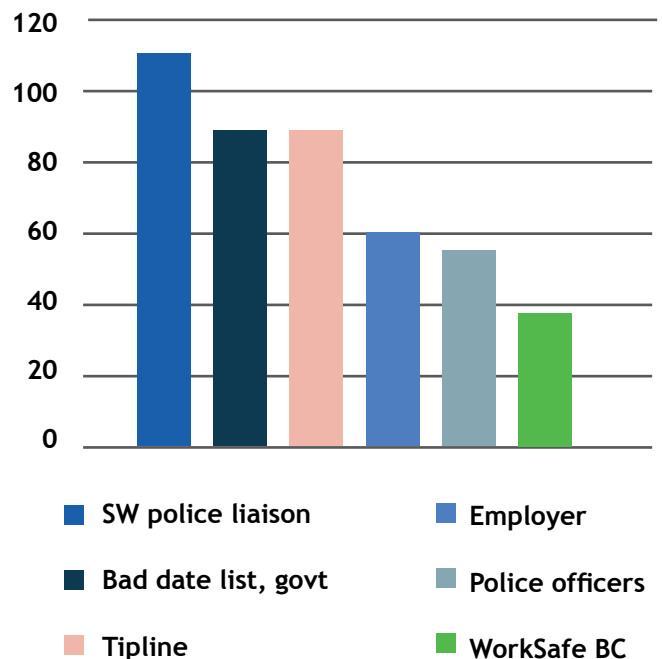
Among Indigenous sex workers, 47% wanted to be able to report sex work-related harms to Indigenous-specific justice services.

Among government-based justice avenues, participants were most interested in reporting harm and accessing justice via a sex work liaison officer (47%). A government-run bad date list had support (38%), but not as much as community-based bad date reporting systems. An anti-violence tipline also had support (37%). Interestingly, slightly more participants wanted to report harms and seek justice through an employer (25%), rather than police officers (24%). Although support for these two reporting avenues was almost equal, this helps to illustrate that sex workers are seeking access to the same occupational health and safety avenues available to other industries and that distrust of the criminal justice system runs deep enough

Preferred Justice Access, Sex Worker Communities



Preferred Justice Access, Government



to discourage reporting harm to police. Adding to this, 15% of participants wanted to seek justice for harms through WorkSafeBC, an avenue for reporting workplace harms for many BC workers.

4% of participants said they would not seek emotional support and 3% said they would not seek justice—it's unclear as to the reasons why, but these results are likely underreported. Participants could skip any questions or sections and those who had been traumatized by interactions with police were more likely to skip policing questions on the survey.

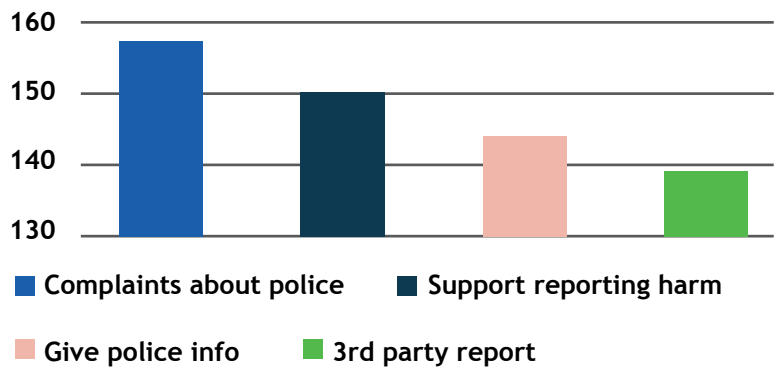
How should sex worker support organizations engage with police?

Participants were equally split as to whether they felt informed about how sex worker support organizations interact with police (31%), uninformed (29%), or were unsure whether they were informed or not (30%).

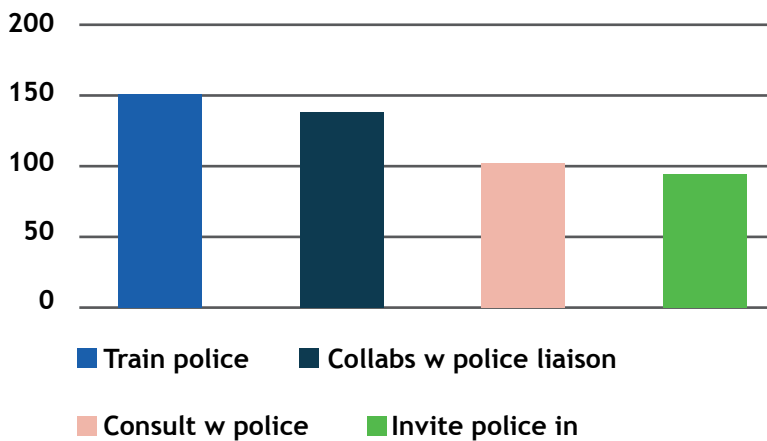
Participants had diverse views about how sex worker support organizations should engage with police, if at all. One of the top two responses to what engagement sex workers desired was help from sex worker support organizations to support sex workers with filing complaints about police, which is less about engagement and more a critique about the experiences sex workers have when they engage with police.

Participants consistently wanted sex worker support organizations to report harm to police or help with reporting harm. This included filing complaints against police (66%), supporting sex workers with reporting harm to police (63%), giving police information on potential predators or bad dates (61%), and facilitating third-party reporting of sexual assaults (59%).

Police Engagement, Reporting Harm



Police Engagement, Information Sharing



Information sharing was the next category of engagement that participants consistently supported. One of the top two overall police engagement activities, equal to filing complaints about police, was training police on sex work and harms of criminalization, enforcement, and stigma related to sex work (63%). 58% of participants supported collaborating and working with a sex work liaison officer and 42% supported consulting with police on approaches to sex worker safety and enforcement. Participants were somewhat less supportive of inviting police into workshops or drop-in

spaces to provide information to participants (40%); survey participants commented on the need for police to instead learn from sex workers and on the triggering effect uniformed police officers have on those who have been traumatized by them previously.

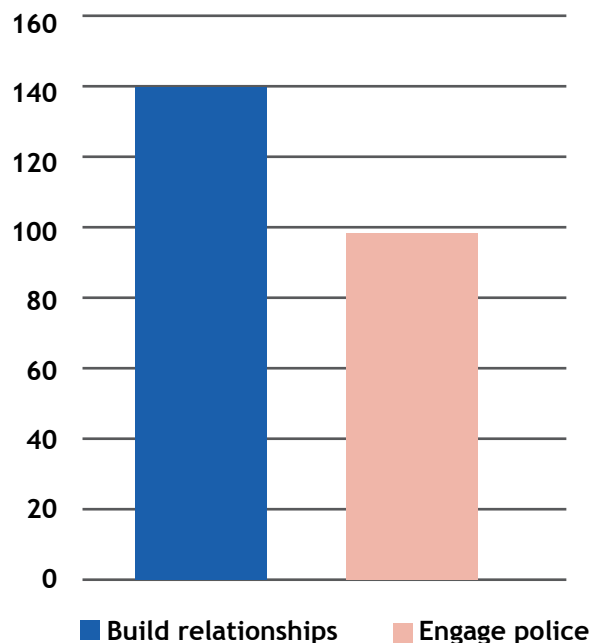
Participants were supportive of sex worker support organizations building and maintaining working relationships with police officers to facilitate support for sex workers (59%) and less supportive of organizations engaging with police at community safety events or networks (41%). The difference here may be that sex workers are supportive of organizations building professional relationships, but are wary of sex worker-serving organizations having—or appearing to have—friendly relationships with police. It’s also possible participants didn’t feel that safety events and networking events were worth organizations spending time on them.

The greatest diversity in sex workers’ opinions was on the topics of police reform or non-engagement with police. The most supported police reforms were redirecting funds from police to community services and publicly calling out police harms (each 54%).

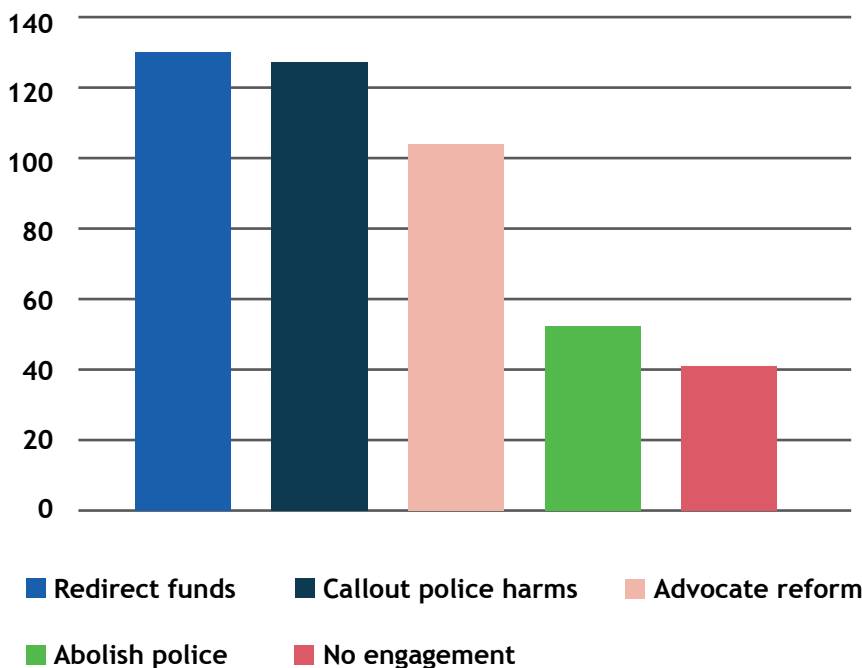
Advocating police reform had somewhat lower support (45%), and abolishing police (21%) and no police engagement (17%) were the least supported ways of engaging with police. While abolishing police and non-engagement had the least support of all approaches to engaging with police, it’s important to note that these approaches still had support among one-fifth of participants. Complicating things further, there was substantial crossover with participants selecting abolishing police or no engagement and also selecting other active engagement options; it’s possible this nuance represents ideal and pragmatic or short-term and long-term preferences.

When representing sex workers and sex worker communities during engagement with police, sex worker support organizations need to hold the nuance of a wide range of political and personal values held by sex workers, a group united by labour but not by backgrounds. Overall, organizations ought to aim to report and prevent harm, while recognizing some sex workers are entirely opposed to police engagement.

Police Engagement, Relationship Building



Police Engagement, Reform & Non-Engagement



Future: Ideal Workplace

Work Environment

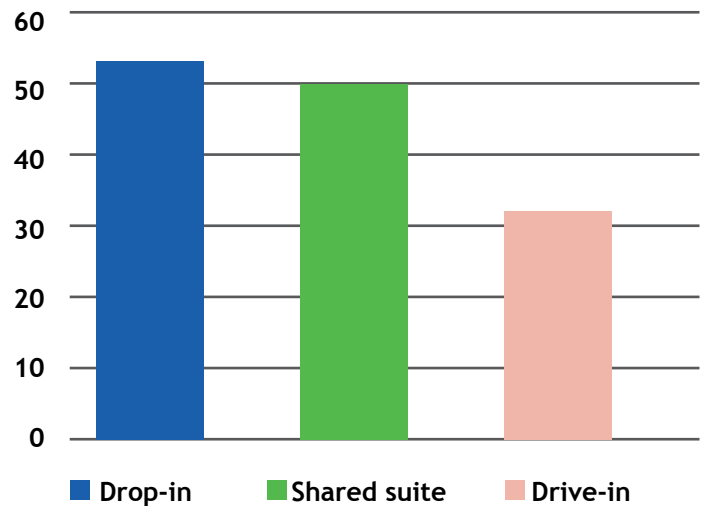
Informal indoor spaces were the most popular for ideal workplaces; participants wanted to work either at home (41%) or at clients' homes (35%). Besides homes, participants most wanted to work in sex work cooperatives (36%). This is especially important given that there are no formal programs or services at any of the participating organizations to aid sex workers in coming together to form a cooperative. This is an area where sex work organizations could help sex workers mobilize and work together.

Participants supported organizations providing workplaces, ideally a drop-in space like Insite (23%) or a shared suite in their housing (21%); drive-in spaces had less support (14%).

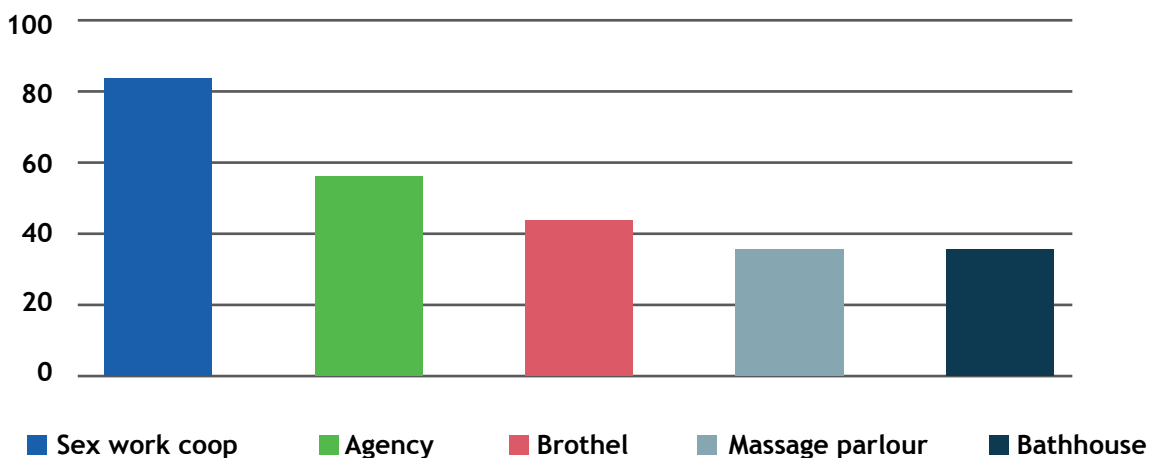
Participants were most interested in licensed workplaces where sex work was explicitly advertised, such as escort agencies (24%) or brothels (20%), rather than licensed workplaces where sex work was not advertised, such as massage parlours (15%) and bathhouses (14%). While some sex workers may prefer the privacy and anonymity of workplaces that don't explicitly advertise sexual services, this suggests more sex workers would prefer to be up front and clear about services and terms.

Other ideal workplaces were working on the street, as is (15%) and a street-based red light district (11%). Support for a red light district was surprisingly low, given how often participants during the assessment said they wanted a workplace "like they have in Amsterdam." In future assessments, when sex workers state they want Amsterdam-style workplaces, it is worth asking what that means for them and to more clearly describe their ideal situation.

Ideal workplace, Non-Profit Run



Ideal workplace, Licensed Business



Declining Clients in an Ideal Work Environment

Participants were asked for what reasons they would decline a client in an ideal work environment. At the top of this list were: refusing condom or other PPE (62%), pushiness about rates (61%), having a bad vibe about the client (60%), verbal abuse (59%), and pushiness about services offered (59%). Violations of terms and conditions or potential violations of terms and conditions, as well as violence or potential violence were the most consistent reason to decline a client in an ideal work environment.

Ideal Reasons to Decline Clients, Violence & Substance Use

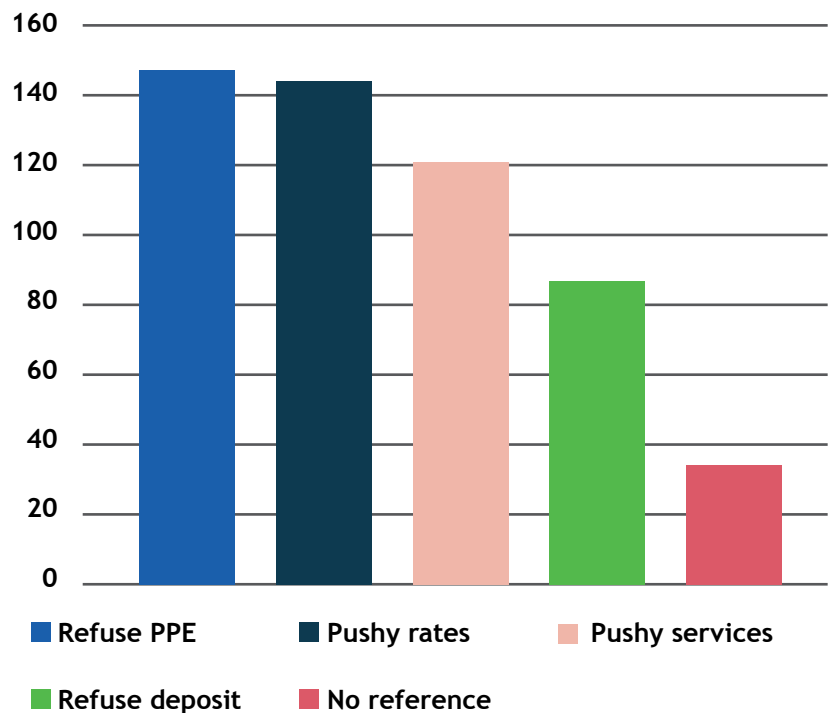


In addition to verbal abuse, participants wanted to decline clients for being on a bad date list or blacklist (57%), being too intoxicated (55%), and having a criminal record (54%). A much smaller proportion, 24%, would decline a client for requesting “party and play” (PNP) sessions.

38% of participants would ideally decline a client for refusing to pay an up-front deposit and 15% would decline clients for not having references.

At least 60% of participants would decline a client based on a bad vibe in an ideal work environment, which highlights the need for any future legislation or guidelines to allow sex workers to decline clients based on this criterion (also known as “gut instincts”). As a model, in New Zealand, decriminalized sex work is considered separate from sexual consent—sex workers have the right to decline service to any client at any time (mid-service);¹⁰ a contract to provide sexual services is separate from sexual consent. Given support for declining clients based on a bad vibe, this may be a good starting point for moving forward legislatively.

Ideal Reasons to Decline Clients, Terms & Conditions



¹⁰ “Sex workers have the absolute right to decline clients without providing a reason. In accordance with both Criminal Law and the PRA (2003), nobody – including brothel operators, receptionists, minders, or clients – can force a sex worker to have sex, even if a client has paid.” New Zealand Ministry of Justice. (2003). Prostitution Reform Act 2003, Section 17. June, 1–33. <https://www.legislation.govt.nz/act/public/2003/0028/latest/DLM197815.html> NZPC (Aotearoa New Zealand Sex Workers Collective). The New Zealand Model. Accessed December 2022. <https://www.nzpc.org.nz/The-New-Zealand-Model#:~:text=Sex%20workers%20have%20the%20absolute,if%20a%20client%20has%20paid>

Ideal Work Supports from Sex Workers

Echoing reasons to decline clients, the support that participants desired most from other sex workers while at work was violence prevention and response. All approaches to sex worker-led violence prevention and response had participants' support: support after bad dates (55%); a check-in buddy or "kitestring" while working (54%); having a sex worker-run bad date list or blacklist (54%); and sex worker-run outreach (53%).

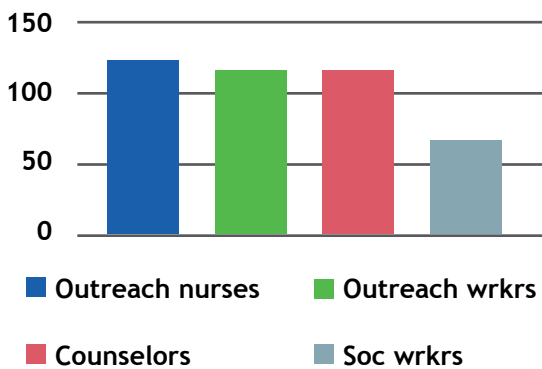
Participants also wanted to receive sex worker-led work training; while health training (51%) and specialized skills training (49%) were most desired, almost half of participants also wanted work or business advice (45%). Specialized skills referenced most frequently were BDSM skills.

46% of participants also wanted support via an online group; given the minimal risk in providing a conversational space, there is opportunity for sex worker support organizations to facilitate social connections at minimal cost.

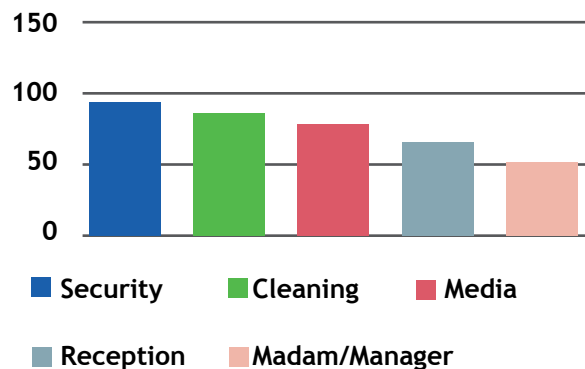
Ideal Work Supports from Non-Sex Workers

Participants were most consistently interested in social support services (e.g., health professionals) in

Ideal Supports, Social Support Services



Ideal Supports, Third Party Services



their ideal workplaces, but also showed support for third-party supports, especially security (43%).

Among social support services, there was almost equal support for outreach nurses (51%), outreach workers (50%), and counsellors (49%) to be involved in sex workers' workplaces. Participants were less interested in social workers (26%), echoing the lower interest in social workers seen in the sections on emotional support and justice, above.

In addition to security (which echoes the repeated desire to manage potential violence), participants were interested in cleaning services (40%), media support such as photos, video, or website (38%), and reception (29%). While madams/managers had the least support among third-party services, 20% of participants were interested in those services. Some participants circled either madam *or* manager on the survey, suggesting a preference for one type of role over the other. For future examinations of sex workers' desire for third-party services, or for management in particular, it would be helpful to use more descriptive language or provide a definition of what services this role provides or ask what services sex workers would like supportive roles to do.

Appendix B:

Intersections—Focus Groups

As the research team began to analyze data, trends in intersecting oppressions took shape. “Intersectionality,” a term coined by Black feminist Kimberlé Crenshaw, refers to when different types of oppressions intersect to create new, unique experiences of oppression for people living at those intersections. Intersectionality was originally framed as intersections of race and gender; it has since been expanded to include oppressions such as income, disability, im/migration status, etc. Our intersectional focus group themes were: Indigenous, Black people/people of colour, people with disabilities, and gender diverse sex workers in sex work.

Indigenous

The Indigenous focus group was held at a community meeting space in Vancouver’s Downtown Eastside. The group was well-attended, reaching the capacity limit of 12 participants, despite being the first focus group held, highlighting effectiveness of Indigenous communications methods. Participants were friendly and talkative, which led to vibrant conversations.

Hiding: Indigenous Parenting, Sex Work, & Sisterhood

Participants agreed that being Indigenous and parenting while doing sex work led to unique experiences—looking out for their families and each other to hide their sex work and prevent child apprehensions. Multiple participants discussed variations of hiding—hiding their income source, hiding their sex work from their children, having their mothers hide their sex work from them as children, hiding their friends’ children in their homes, and hiding information from the Ministry of Children and Family Development (MCFD) and the police. Although the theme of hiding was common as a response to harmful colonialist institutions, shared experience and understanding led to solidarity between Indigenous sex workers (who called each other “sisters”) who helped each other hide information to maintain child custody and provide for their children.

Occupational Health: Healthcare for Indigenous Sex Workers

Participants suggested they would like to see nurses and/or doctors at sex worker support services in order to access STI testing and to be able to ask all their sex work-related health questions openly, without judgement. While some participants accessed STI testing at clinics, even those participants commented on having sex work-related questions they didn’t feel comfortable asking. Participants also had complaints about limited hours at clinics, especially in light of many sex workers’ working hours (night). Overall, participants were more enthusiastic about nurses than doctors, but would have liked both to be available regularly at sex worker support services.

Racism, Monitoring, Support Services, and Indigenous Sex Workers

Focus group participants briefly discussed rises in racist experiences during and since COVID-19, which had become more frequent and more intense. Participants were especially worried about photos or video taken without consent. Unfortunately, participants’ experiences with racism included from sex worker support services—racism was identified not only in actions (by people in public), but by inaction (by people at sex worker support services not addressing Indigenous issues or not disrupting racism). Participants identified that better Indigenous representation among staff at sex worker support services helps reduce these experiences; participants also noted that Indigenous representation has been improving in recent years, but has been a slow process that still has far to go.

Black People / People of Colour

Black and people of colour's (BPOC) participation was low, with only a handful of attendees meeting original eligibility criteria. The BPOC group was hosted on the same evening as a holiday event at one of the participating organizations; word-of-mouth about this focus group resulted in an influx of Indigenous and white participants. We opted to troubleshoot by: (1) prioritizing Indigenous participants over white participants for group discussion safety and relevant commentary; and, (2) noting participants' self-identified racial identity (disclosed during group introductions) in notetaking as often as possible.

Unfortunately, this focus group experienced unique challenges including: (1) BPOC displacement by an influx of Indigenous and white people (one POC participant left after seeing the influx of interest); (2) reduced safety and opportunity to speak about BPOC issues due to presence of Indigenous and white participants; and, (3) a Black participant leaving the focus group mid-way for their own wellbeing.

It's important to note that BPOC sex workers were underrepresented in this project, and in this focus group specifically, for reasons beyond individual recruitment including inability to partner with im/migrant sex worker support organization SWAN Vancouver and challenges that im/migrant workers experience regularly (e.g., language barriers, disconnect from sex worker communities if/when experiencing racism in those communities).

Racism and Rage: “People Say Canada is Great, but it’s Not, the Racism is Different”

Participants agreed on a rise in the intensity of racism during and since COVID-19, particularly anti-Black and anti-Asian racism. While some racist experiences were attributed to or enabled by COVID-19 directly (e.g., priority on social distancing), some were bigger issues, such as various groups discriminating against Black people. Some discrimination was lateral violence, for example, people in poverty fighting for resources like housing. A Black participant was so upset by racism they faced on a regular basis, including regular harsh racial slurs, that this discussion became overwhelming and they had to leave; this highlighted effects of trauma from racism and how working to detangle racism places the largest burden on those most affected by racism. Participants also noted how this highlights the need for counselling services at sex worker support organizations to heal trauma from a variety of lifetime experiences.

Supporting Safety at Work

Rather than police, participants preferred to rely on social networks for safety at work and emphasized the importance of letting people know before heading to work to see clients. One participant suggested sex worker support organizations could provide rooms for sex work dates, to enable collective work safety. Several participants were frustrated that politicians and the general public do not look out for sex workers' rights and were determined to change the public discourse around sex work.

People with Disabilities

The focus group for sex workers with disabilities was held in an office space in Vancouver’s Downtown Eastside. A larger room was selected for this focus group to improve air flow quality and navigation with assistive devices; hard and soft seating options were available. This group was the shortest of all focus groups at one hour to facilitate focus. These accommodations were put in place to help improve accessibility. In retrospect, in light of how common disabilities among sex workers among the participants, these accommodations ought to have been in place for all focus groups. The group was small, but passionate, with many experiences, opinions, and ideas.

Sex Work with Disabilities

Participants discussed how their disabilities impacted their ability to make money in sex work, which itself was harm reduction for work to make income while living with disabilities. Pain flare-ups and surgery recovery, among other health issues, as well as cognitive issues such as executive dysfunction, memory, and depression, made going to work—any work—challenging for participants. Participants also commented on cost of medications and related pressures of having to work to afford meds, but needing to be well to work. This resulted in added risk-taking by reducing screening requirements and seeing more clients, an approach known to be risky. Participants also commented on the added complexity of addictions on top of disabilities and inconsistent access to safe supply (opiate/stimulant prescriptions) during COVID-19.

Disability, Poverty and Belonging

In closing comments, participants conveyed the urgent need to raise disability rates and advocate for sex workers’ working rights in supportive housing, including disability-focused housing (i.e., the right to bring clients into their home). Participants passionately discussed the need for policymakers, support services, and all Canadians to recognize that people with disabilities often have complex daily living and personal care needs that deserve to be met.

Gender Diversity in Sex Work (Two-Spirit, Trans, Non-Binary, and Cisgender Men)

Two focus groups were held for sex workers who identified as gender diverse (including cisgender men) in sex work. The focus groups met at an office location in the Downtown Eastside and at a weekly gender diverse sex worker drop-in. Both groups were well-attended, reaching the 12-person capacity, resulting in robust data. The office-based focus group took the full two hours while the drop-in-based group engaged briefly and efficiently, ending in about half the time.

“We’re Sitting Here Seeing Each Other’s Faces, So There’s Immediate Empathy”

When asked why gender-diverse sex workers felt safest at community services and not in online environments where they often work, participants pointed to this exact dynamic as the reason why they preferred in-person spaces for support services. While working online was a useful advertising and screening tool, it was also a site of potential violence and harassment from predators. Having experienced this potential for violence, gender-diverse sex workers in both focus groups preferred accessing support services face-to-face to better assess the safety of these services.

The focus group participants at the drop-in felt included, welcomed, safe, and cared for by staff and other sex workers regardless of gender identity or expression. In contrast, focus group participants in the Downtown Eastside talked about the tension of having to present as “femme” while not internally identifying that way and then accessing sex worker support services for “women”; these sex workers found support in online spaces such as Twitter.

Talking About Sex Work

Participants were open about their sex work and described being the first to open up about it to others who would then open up in return. Men participants shared experiences of or fears of being mocked for their work, while gender minorities said they were afraid of losing things in their life that they value (e.g., jobs, family relationships).

Masculine participants at the drop-in emphasized repeatedly that the focus group itself was one of the most connecting experiences they had experienced for discussing sex work and that they would like this opportunity again.

Compassionate Care Before New Healthcare Programs

Both focus groups emphasized the importance of compassionate, non-stigmatizing healthcare as essential to any new health initiatives for gender diverse people and for sex workers (and those who use substances). Stigmatizing healthcare experiences were so impactful that they became a central point of conversation for the Downtown Eastside focus group. Specific services desired in sex worker-specific outreach nursing programs were: mental health services, counselling, and regular HIV/STI testing.

Safety at Work Without Police

Both focus groups discussed harms experienced through police interactions, including impacts of police homophobia, transphobia, and anti-im/migration sentiment.

The two focus groups had different ideas on what would help them feel safer at work; the drop-in group suggested that working with someone such as a friend or colleague as a check-in person or having a trusted healthcare professional to turn to would help them feel safer at work. The drop-in group shared that they did not feel they would be taken seriously by police if they reported harm from work, specifically because of their gender (man or perceived man).

The Downtown Eastside group passionately advocated for safety support from *anyone but the police*. This group also shared that a lot of their trauma had been caused by cisgender men, making the institutional trauma of police’s unhelpfulness more upsetting.

