



# Recommendations from the Off-Street Sex Industry in Vancouver



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## Report Design

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# Glossary<sup>1</sup>

Client	refers to individuals who provide financial payment (as opposed to other goods and services) for sexual services from adult women, men, and trans sex workers.
Experiential	refers to individuals who do have direct experience paying, selling, or facilitating the exchange of money for sexual services.
Non-experiential	refers to individuals who do not have direct experience paying, selling, or facilitating the exchange of money for sexual services.
Off-street sex industry	refers to a sector of the industry that primarily operates indoors, including the recruiting or soliciting of clients. These services commonly operate out of escort agencies, micro-brothels, parlours, or private residences. Also referred to as the <i>indoor sex industry</i> .
On-street sex industry	refers to a sector of the industry that primarily operates outdoors, on the street. This includes the recruiting or soliciting of clients. Also referred to as the <i>outdoor sex industry</i> .
Sex worker	refers to an adult who provides sexual services for money or goods. Also referred to as <i>service provider</i> .
Third party	refers to any individual (intimate or not) who facilitates the exchange of sexual services between clients and workers. This includes for example, administrative assistants, drivers, managers, and bodyguards.
Trans	is an umbrella term that includes transsexual and transgender people regardless of how they express their gender (binary, non-binary, and/ or non-static). Identifying as transgender or transsexual can only be decided by the individual and for some it is not dependent on whether or not they have completed or are in the process of undergoing surgery or hormone treatment, while for others it is. These separate identities represent important distinctions of gender identity that are influenced by context, history, medical discourses, culture, age, and conventional understandings of gender.
Transgender person	is an individual whose assigned sex at birth does not express or reflect their current gender.
Transsexual person	is an individual whose assigned sex at birth does not express or reflect their current gender and they have taken steps to change their body.

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<sup>1</sup> We recognize that our definitions and conceptualizations may not be universally accepted. We apply our definitions in this report as those drawn from the literature, research participants and as congruent with our study scope, questions, and design.

# Background

The *Sex, Power, Agency, Consent, Environment and Safety* (SPACES) project began in 2012, and was funded by the *Canadian Institutes for Health Research* (CIHR). The study was built on a series of inter-related CIHR-funded research initiatives that explored issues of health, safety, and security identified and experienced by Canadian men, women, and trans people involved in sexual service for money exchanges.<sup>2</sup> The SPACES project aimed to describe off-street sex work environments, as well as the circumstances under which participants (sex workers, clients, and third parties) interacted, and made decisions regarding their health and safety. Recognizing that sex work, and its coordination and facilitation, is a legitimate form of labour, we used ecological approaches to situate the findings and to generate the recommendations detailed in this report. This approach was fitting because we recognize that if people are to have opportunities to engage in the sex industry in safe and health promoting ways, change beyond the levels of either individual behaviour and decision making or structural conditioning are required. In other words, we sought to employ a framework that allowed us to recognize the simultaneous contribution of micro/agency and macro/structure influences.

As such, to elicit change in the sex industry, we must identify and change harmful social norms, build community infrastructures, enhance skills and resources that people need to be healthy and safe, and make changes to the physical, economic, legal, political, and cultural environments in which off-street sex work occurs. [1] Therefore, this project acknowledges that harms exist (or the potential for harms exist) in a variety of social settings, but in transactional sex or sex for money exchanges, the risk of harms and exploitation are enhanced by the particular context and the way that structural conditions of discrimination, stigma, and criminalization operate within these contexts. Furthermore, the SPACES project encourages and supports empirically-driven health, social, and legal policies that aim to enhance clients' and sex industry professionals' personal and occupational well-being. The project also supports participants in achieving self-governance through peer-learning, crafting interventions to better the areas they identify as needing improvement, as well as develop and enhance community resilience against the oppressions that they face.

Since its 2012 inception, the SPACES project has published two community reports that can be found in Appendices B and C detailing early preliminary findings from this project<sup>3</sup> and academic publications.<sup>4</sup> As part of our knowledge exchange plan, in March of 2015, we published the first report titled *Report One* (Appendix B) where we presented detailed ►►

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<sup>2</sup> Previous studies include: (Atchison & Burnett, 2016; Atchison, 2010; Bungay et al., 2013; Kolar, Atchison, & Bungay, 2014; Kolar & Atchison, 2013; Remple, Johnston, Patrick, Tyndall, & Jolly, 2007). [43-48]

<sup>3</sup> These reports can be found in Appendices B and C, or on our project website: <http://www.spacesstudy.com/reports/>.

<sup>4</sup> See the *Next Steps* section for an up-to-date list of current academic publications derived from the SPACES data, and more information on 'what is to come'.

preliminary findings to sex industry members, as well as detailed descriptions of the participants. Following this publication, based on conversational interviews conducted in 2014 with 116 sex workers, clients, and third parties, project staff developed tips and strategies relating to health and safety in the Vancouver off-street sex industry. These were shared in a report titled *Discussion Document* (Appendix C). This report was published in August 2015 and identified six topics of interest: *Engagement Practices, Safety, Stigma and Mental Health, Sexual Health, Policy-Makers and Law Enforcement, and Front Line Services and Community Organizations*.

As a component of our knowledge exchange plan, we hosted a stakeholder meeting on September 11, 2015 which was titled *Making SPACES: Advancing Recommendations from the Off-street Sex Industry in Vancouver*.<sup>5</sup> The aim of the meeting was to share the tips and strategies presented in the second report, and based on those generate a series of expert-driven recommendations to inform policy, programs, and practices to protect the health and safety of people engaged in Vancouver's off-street commercial sex industry. In total, we organized six small-group table discussions. Based on their expertise, meeting participants were assigned a specific topic, a list of tips and strategies, as well as a list of discussion questions for review pre-meeting.<sup>6</sup> Each table was assigned a group facilitator who was responsible for generating and recording discussion. Following the discussion session, we asked each table facilitator to report back to the wider group a summary of key points discussed at their respective tables. This allowed us to have a feedback session and open up the discussion to the rest of the group.

Attendees included project participants, members of the sex industry, local by and for sex worker organizations, other community organizations, health practitioners, academics, legal experts, policy-makers, City of Vancouver staff, as well as other stakeholders. This report is based on the feedback, recommendations and discussions generated at the meeting, and symbolizes the final community report for the SPACES project.

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<sup>5</sup> Please see Appendix A for the meeting agenda.

<sup>6</sup> To see an overview of the discussion questions, please see the *Discussion Document* that can be found in Appendix C. It can also be located on our project website: <http://www.spacesstudy.com/reports/>.

# Recommendations

Based on the discussions held at the stakeholder meeting, we present the following evidence-informed recommendations to address the complexities of the environment and circumstances in which off-street sex work occurs. Moreover, we recognize the importance of communities within the sex industry and their substantial capacity to mobilize to address systemic problems and oppressions facing their communities. Therefore, the recommendations put forth in this document are based in the lived experiences of project participants, as well as those who attended the stakeholder meeting. This report is intended to inform advocacy efforts, guide service delivery to the Vancouver sex industry, enhance community capacity, and to promote dignity, respect, safety, health, and people’s rights to self-determination.

This report is organized around themes and areas of interests that were verbalized by the SPACES advisory team and participants. Even though the themes overlap—this is especially true for how stigma permeates in most issues related to the sex industry—for the purpose of this document we treat each as separate units.

The five themes tackled at the meeting were:

- ▶ Safety
- ▶ Stigma & Mental Health
- ▶ Sexual Health
- ▶ Community Programs, Development & Collaboration
- ▶ Regulatory & Legal Reform

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Before moving on to the recommendations, it is pivotal for us to acknowledge the decades of work already invested by sex worker rights and social justice activists, community organizations, and stakeholders towards the recognition of human and worker rights for people engaged in the sex industry. As such, the proposed recommendations should be deemed as a tool supporting current and past efforts undertaken in Vancouver rather than a critic or erasure of past actions.

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# Safety

The first theme explored at the stakeholder meeting was *Safety*. Our definition of this concept included both physical and emotional safety. Participants strongly felt that sex work could be conducted safely and in a respectful manner. But they noted that safety was dependent on the social and legal contexts in which sex work is practiced. Considering the recent change in Canadian sex work laws, participants considered issues around safety to be of great importance and concern. People engaging in the sex industry all agreed that the prevention of harm should be prioritized, and when violence occurs, access to the judicial system and community supports were paramount.

 *Participants strongly felt that sex work could be conducted safely and in a respectful manner. But they noted that safety was dependent on the social and legal contexts in which sex work is practiced.* 

When discussing safety, harmful issues raised included the current Canadian socio-legal context, the persisting misconceptions surrounding the sex industry and the people engaged in it, as well as the language and discourses<sup>7</sup> used when discussing issues relating to the exchange of sex and money. More specifically, stigmatizing discourses<sup>8</sup> were identified as barriers to accessing non-judgemental services, accessing judicial protection, and in being able to work safely. In particular, the conflation between sex work and trafficking was critiqued, as well as the assumption that all forms of sex work are inherently violent or harmful. Participants made it clear that the sex industry includes people from all facets of life, and that their experiences reflect this

diversity. Therefore, to treat them as a homogeneous group overlooks the variations amongst members, committing a disservice to their right to work safely. Participants at the meeting also pointed to the lack of public outrage or reaction to crimes committed against sex workers. Fueled by the discourse of disposal, [2] a lack of support contributes to the injustices faced by sex workers by making them more vulnerable to serial killers such as Robert Pickton. As a meeting participant expressed during the feedback session, “we’re not pig food, but yet the photos of predators are still not shared with the public”. Considering that people engaged in the sex industry remain wary of police help, public disdain could encourage or propel assistance and support to the sex industry in remaining safe. Furthermore, participants identified a major gap in the type of services available for sex workers in Vancouver. Currently there is little in relation to what options sex workers have if and when assaulted while at work. This lack of protocols may be symbolic of how common-law countries have historically assumed that due to their work sex workers were unrapeable. [3]

Similar to what other sex industry scholars observed, [4-9] the prevalence of the ‘whore stigma’,<sup>9</sup> stigmatizing discourses, [2,10,11] and criminalization [7,8,12]—in full or in part—were affirmed as strong predictors of the level of safety observed in the Vancouver sex industry by our findings.

As a consequence, we developed the following nine recommendations to promote and support sex workers', clients', and third parties' safety under a criminalized framework. ►►

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- <sup>7</sup> Discourse is a concept popularized by Michel Foucault during the 1970s. According to Foucault, discourse is a system of representation which is different from language itself. In other words, discourse is a set of statements that provide the language to talk about a specific topic. Consequently, discourses govern the way a topic is meaningfully discussed and reasoned about. It also influences perceived solutions. [49,50]
- <sup>8</sup> When it comes to sex work, stigmatizing discourses are sets of statements that rely on stigmatizing language and understandings of sex work, sex workers and the sex industry. These types of discourses are known to be harmful towards sex workers well-being. [2,10,11]
- <sup>9</sup> In the West, sexual labour and sex outside of committed relationships challenges concepts of female sexuality. This means that sex workers are deemed as sexually immoral, and lacking in decency. In turn, society utilizes the ‘whore stigma’ as a tool of social control to outline appropriate female sexual behavior. [15]

# Safety



## RECOMMENDATIONS

- 1 Stakeholders recommended that community-based service delivery designed to promote health and safety for people engaging in the sex industry adopt harm reduction approaches.<sup>10</sup> This was also the case for programs delivering services to people transitioning out of the sex industry.<sup>11</sup>
- 2 Off-street sex workers called for confidential online avenues to share information among people in the sex industry and to reduce isolation.
- 3 Off-street sex workers, clients, and third parties requested the creation of confidential reporting systems for suspected cases of exploitation or underage prostitution.<sup>12</sup>
- 4 Stakeholders were adamant on the need to implement mandatory protocols and training for community organization staff on how to provide informed services for past and acute incidents of sexual assault experienced by sex workers.
- 5 Stakeholders advocated for a more comprehensive definition of violence for community agencies.<sup>13</sup> This definition should acknowledge multiple forms of violence and how it perpetuates in particular sex industry sectors. [13]
- 6 Stakeholders requested that community organizations, police, and others stop blaming sex workers and clients for the violence experienced.
- 7 Off-street sex workers advocated for community agencies and others to implement staff training on how to listen and engage with sex workers and clients in a non- discriminatory and non-judgmental way.
- 8 Off-street sex workers, clients, and managers insisted on their inclusion in all discussions and decision-making regarding safety supports and services.
- 9 Stakeholders called for greater support with the prevention of violence against people in the sex industry by people outside of the sex industry.<sup>14</sup>

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- 10 Harm reduction can be defined as a set of strategies and principles aimed at reducing the negative consequences associated with selling sex, all the while built on the belief in, and respect for, the rights of people who sell sex. [22,51] Examples of Vancouver organizations adopting harm reduction approaches are [WISH Drop-in Centre Society](#), [the Mobile Access Project \(MAP\) Van](#), [PACE Society](#), [SWAN Vancouver](#), and [HUSTLE](#).
  - 11 A sex worker-led exiting program (PEERS) did exist in Vancouver, but due to governmental budget cuts it was closed down in 2012. [36]
  - 12 This could occur through a sex worker organization, such as [WISH Drop-in Centre Society](#) or [SWAN Vancouver](#), who already take violence and bad client reports for sex workers. However, one of the potential problems with confidential reporting systems is that competing indoor sex work environments may use it to make false allegations to disrupt services at other sex work establishments. Therefore, implementation of preventative measures against false allegations should be considered.
  - 13 The *World Health Organization's* (WHO) definition is an example of a more holistic approach to violence. [13] This definition acknowledges that violence cannot be attributed to a single factor, and that societal and communal contexts plays a role. Therefore, programs that aim to prevent violence must tackle it at different levels and at the same time. Levels suggested are individual, familial, communal, and societal.
  - 14 This can be as simple as people outside of the sex industry refraining from using stigmatizing language, and misconceptions surrounding sex workers and the industry when describing or discussing sex work related issues. Trust-building campaigns can also aid in bridging the gap between these groups. Good examples are of a series of Vancouver-based events organized by sex workers and allies called [Community Conversations with Sex Workers](#) and [Hooker Monologues](#).

# Stigma & Mental Health

The second theme discussed by meeting participants was *Stigma and Mental Health*. Stigma was a key issue for people engaging in the sex industry. Repeatedly, meeting participants emphasized the relationship between stigma and (poor) mental health and how it permeates all aspects of their lives. Greater isolation, secrecy, shame, fear of reaching out, difficulty in accessing services were all said to be exacerbated by negative societal reactions, and the cause of much of the mental angst surrounding the work.<sup>15</sup> The internalization of the stigma—which is when someone begins to see themselves as others see them, in this case negatively [14]—was also said to be the source of bad coping mechanisms, mental illness, a sense of unworthiness, and a feeling that they were somehow deserving of harm.

 *Meeting participants emphasized the relationship between stigma and (poor) mental health and how it permeates all aspects of their lives.* 

Meeting participants made it clear that stigma—along with the mental strain that commonly comes with it—were exacerbated by the current Canadian socio-legal context. Based on the erroneous assumptions that people in the sex industry are deviant, in need of controlling and managing, undeserving of civil and human rights, and pose a risk to family values, other community members and to themselves, people engaging in the sex industry are commonly classified as second-class citizens. [15,16] As such, meeting participants felt silenced by government officials and from people outside of the sex industry. When seeking help for mental health issues, they also identified a knowledge gap among health care providers about the complexities of the sex industry and the diversity of experiences and needs of people involved in it. Taken together, this was said to contribute towards a sense of hopelessness and disempowerment. Our findings were similar to what was observed by other sex industry

scholars. Stigma against people involved in the sex industry negatively impacts all aspects of their lives, [15] including access to health services, [17,18] their mental and physical health, [19] and opportunities to exit the trade. [20] As a consequence, treatment by others and themselves become infused with negative sentiments and disdain, both from people inside and outside of the sex industry. [14,20,21]

Based on the outcome of the stakeholder community meeting, we generated four recommendations.

## Stigma & Mental Health RECOMMENDATIONS

- 1 Stakeholders discouraged the use of stigmatizing language and discourse. Rather than relying on stigmatizing terms such as prostituted women, prostitution, pimps, and Johns, terms such as sex work, sex worker, service provider, client, managers, and third parties were recommended.
- 2 Off-street sex workers called for greater support to practice their work with dignity by society as a whole, including by people within and outside of the sex industry, the public, and mental health service providers.
- 3 Stakeholders called for greater education campaigns for practitioners and mental health services on the diversity present in the sex industry.
- 4 Stakeholders advocated for a harm reduction and holistic approach to mental health services—one that went beyond aspects of ‘sex work’. [22] Interventions should recognize the intersectionality of oppressions, and address issues beyond sex work such as housing, age, class, gender, race, addictions, sexuality, and identity-formation.

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<sup>15</sup> These can be actual negative societal reactions, the fear of negative societal reactions, or past experiences of negative societal reactions.

# Sexual Health



The third theme explored at the meeting was *Sexual Health*. Despite common misperceptions surrounding the sex industry, people engaging in the sex industry actively and regularly implement safer-sex practices. [8,23] Nonetheless, the desire to maintain sexual health comes with challenges and is dependent on social, legal, and economic contexts. More specifically, participants at the meeting noted how stigma, discrimination, and criminalization had a direct impact on their access to services and resources, negotiating condom-use, and availability of safer-sex materials in sex establishments.

 *People engaging in the sex industry actively and regularly implement safer-sex practices.*

When it came to available sexual health resources, meeting participants identified a gap between the available resources/literature and the lived experiences of people engaging in sex work. They also identified a lack of non-judgmental service delivery and a lack of low-barrier resources outside of the Vancouver Downtown Eastside. To make matters worse, due to recent government health care budget cuts, managers have also observed a decline in nurses visiting their establishments further jeopardizing sex workers' sexual health.

The legal context was also described as inhibiting entry of safer-sex materials and outreach services in sex establishments, and in accessing health services by sex workers. Due to the current Canadian sex work laws, managers, clients, and sex workers are reluctant to carry

or distribute safer-sex materials, including condoms, out of fear of arrest. Within a criminalized environment, condom-use is discouraged contributing to the barriers experienced by people in the sex industry when wanting to implement positive sexual health practices.

 *Managers have also observed a decline in nurses visiting their establishments further jeopardizing sex workers' sexual health.* 

Our findings are similar to what other sex industry scholars observed. Similar to off-street sex workers in Vancouver, access to health services by Australian sex workers were thwarted and minimal in states where the sex industry remained criminalized. [24] The same was found for accessing sex establishments by community organizations—when within a criminalized framework, access was minimal to absent. Condom-use negotiation was also found to be restricted within criminalized frameworks. [8] The opposite also holds true; the decriminalization of the sex industry facilitates safer sexual practices and access to sexual health services. [24-26] Research also shows that decriminalization allows the supplying by third parties and the presence of safer-sex equipment and sexual health education materials in sex establishments—a stark difference to the current lived experiences of people engaging in the Vancouver off-street sex industry.

Based on the discussions generated at the community stakeholder meeting, we propose the following seven recommendations. ►►

# Sexual Health

## RECOMMENDATIONS

- 1** Off-street sex workers called for additional low to no-barrier health services in and outside of the Vancouver Downtown Eastside.
- 2** Stakeholders emphasized the need for sexual health education materials that reflected the experiences of sex workers and their clients.<sup>16</sup>
- 3** Stakeholders advocated for the provision of sexual health education materials and safer sex equipment in sex establishments, without fear of repercussions from law enforcement.
- 4** Stakeholders insisted on being informed of and having access to sexual health clinics that offer anonymous and confidential services.<sup>17</sup>
- 5** Stakeholders advocated for a definition of sexual health that included physical, emotional, and social well-being—not merely the absence of sexual infections or diseases—and thus sexual health services were encouraged to be more holistic rather than infection control focused.
- 6** Stakeholders urgently called for greater government funding for sexual health outreach services to sex establishments and off-street sex workers.
- 7** Stakeholders called for greater cultural and gender sensitive health services, specifically, but not limited to trans and Asian sex workers.<sup>18</sup>

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**16** As can be seen in [SWAN Vancouver's SWANzine Newsletter](http://swanvancouver.ca/wp-content/uploads/2014/01/SWANzine-Spring-20141.pdf) published in the Spring of 2014. The newsletter can be located here: <http://swanvancouver.ca/wp-content/uploads/2014/01/SWANzine-Spring-20141.pdf>.

**17** The [Bute Street Clinic](#) located within the [QMUNITY](#) building was described by stakeholders as a good Vancouver-based example of a low-barrier and anonymous sexual health clinic.

**18** As is currently being done by [SWAN Vancouver](#) for non-English speaking Asian sex workers, and [HUSTLE](#) for self-identified men and trans sex workers.

# Community Programs, Development & Collaboration

The fourth theme tackled at the stakeholder meeting was *Community Programs, Development and Collaboration*. According to the United Nations, *community development* is “a process where community members come together to take collective action and generate solutions to common problems”.<sup>19</sup> The ability for communities to mobilize, take action, and generate solutions is paramount when we discuss access to justice [27] and self-determination. [28] Considering that people engaging in the sex industry continually face social, economic, and legal injustices, community development and collaboration are needed to improve their occupational and personal well-being. As such, community mobilization and access to community services are of great importance to meeting participants; however, stigma, criminalization, and discrimination are barriers to achieving these goals.

 *Community mobilization and access to community services are of great importance to meeting participants.* 

Participants agreed that negative societal reactions had a detrimental impact on community development and collaboration among people engaging in the sex industry. Stigma and misconceptions about sex work were said to contribute rather than aid their fight for better working conditions by encouraging isolation, negative work sentiments, and a perception of deserving harm amongst sex workers. There was also consensus that the sex work community should have the right and the resources to self-represent, rather than having other groups do it on their behalf—as documented by Agustín [29,30] and by Doezeema [31,32] in the United States anti-trafficking campaigns. Silencing or misrepresentation of the sex industry population places the capacity to mobilize and create solutions outside of their members, and into the hands of non-experiential people, who perhaps well-intentioned, have been known

to misrepresent sex work issues, causing more harm than good. Therefore, rather than advocating for victim-based discourses, participants called for strength-based discourses that promote self-empowerment, and for the use of non-stigmatizing terminology. They also emphasized the need for terminology to be defined by the people in the industry rather than by non-experiential people.

Stigma from within the sex industry was also identified as a barrier to community development and collaboration among people engaging in the sex industry. In general, compared to people involved in the street-based sex industry, the off-street sex industry and its members were described by community organizations as a hard-to-reach population. Within the sex industry, participants also identified disconnects between sex workers working in different sectors, as well as between English-speaking and non-English speaking sex workers. In order to reduce stigma within the sex industry, attendees called for greater collaboration and sensitivity among people engaging in the industry. Greater collaboration and diversification of programs among community organizations that target sex workers were also areas still in need of improvement.

Community development and collaboration were said to be thwarted by institutions outside of the sex industry. The City of Vancouver and law enforcement have worked closely with sex workers to develop sex work guidelines [33,34]; however, remnants of negative sentiments remain for some sex industry members. This has a direct impact on their level of confidence in accessing police protection and the judicial system. Fear of persecution and police surveillance also pushes the industry underground, which in turn forges divides between sex industry groups. This diminishes their capacity to collaborate and act as a collective. Therefore, trust in law enforcement and the judicial system needs to be strengthened. ►►

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19 “[Community development](#)”. *UNTERM*. Retrieved May 17<sup>th</sup>, 2016.

Access to financial resources was also said by meeting participants to be a source of strain when wanting to fight oppressions. In recent years, community organizations that have adopted a harm reduction approach to sex work have witnessed a steady decline in funds, as was observed and documented in Victoria, British Columbia, [35] and Vancouver. [36] To make matters worse, along with the recent change in law, in 2014, the Conservative government allocated 20 million dollars towards sex work issues, however, allocation of funds are restricted to programs that are victim-based, and that advocate for the abolishment of the industry, excluding harm-reduction programs. A climate of lean

resources makes it difficult for community organizations to offer services to members of the sex industry that are judgement-free and inclusive. Overall, it was made clear that effective and impactful community development depended on people being able to overcome differences and collectively fight against injustices. As such, all barriers against doing so must be removed.

Based on our findings and feedback from our community stakeholder meeting, we generated eight recommendations on how to encourage, and support community development and collaboration within the sex industry.

## Community Programs, Development & Collaboration

### RECOMMENDATIONS

- 1 Stakeholders demanded that the Canadian government offer financial support for organizations that adopt harm-reduction approaches to service delivery.
- 2 Stakeholders advocated for the implementation and development of trust-building campaigns between community organizations and the sex industry, as well as between people in and outside of the sex industry.<sup>20</sup>
- 3 Off-street sex workers called for the use of discourses that are strength-based and de-stigmatized rather than rescue or victim-based. Not all sex workers wanted to exit or felt that they were coerced into the sex industry.
- 4 Off-street sex workers, clients, and third parties advocated for their collective and individual right to self-represent and the need for greater governmental support and resources to do so.
- 5 Stakeholders urged community organizations to create and share tools to avoid duplication of resources amongst groups.
- 6 Stakeholders called for community organizations to adapt strategies and services for specific targeted sex work populations.
- 7 Off-street sex workers called for the development and implementation of campaigns that acknowledge the diversity that exists in the sex industry both by people in and outside of the sex industry.
- 8 Stakeholders called for the implementation of culturally-sensitive service delivery such as translating resources for non-English speaking sex industry members.<sup>21</sup>

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20 Peer-driven outreach programs illustrate how community organizations can minimize the gap between services and their members. Mobilization and community-capacity projects such as [Community Conversations with Sex Workers](#) and [Hooker Monologues](#) also encourage dialogue among sex industry members, and between people outside and inside of the sex industry.

21 As is done by [SWAN Vancouver](#), an organization that supports the health, safety and well-being of newcomers, migrant and immigrant women engaged in off-street sex work.



# Regulatory & Legal Reform

The final, and fifth theme is *Regulatory and Legal Reform*. With the 2014 changes in the socio-legal context, participants felt troubled over the new direction taken by the Canadian government and its impact on their mental, physical, and emotional well-being. Rather than a victim-based approach to sex work—which is the current legal model in Canada— participants advocated for a harm reduction/labor rights framework. Participants also made it clear that they wanted their right to self-determine and analyze their oppression to be recognized by the government, the media, public service professionals, and other societal groups. To be more specific, they insisted that reforms had to be based in an anti-colonial and inclusive feminist legal framework, which recognizes the prevalence of wider gendered and colonial inequalities, while acknowledging sex workers’ capacity to resist, mobilize, work with dignity, and self-determine. [28,37,38]

 *They criticized policy-makers who developed laws based on unfounded claims, and praised the reliance on empirical evidence when drafting policy.* 

Furthermore, participants at the meeting insisted on being included in all policy-related discussions, as well as policy reform. In order to prevent the enactment of policies that further marginalize people who engage in the off-street sex industry, they emphasized the importance of including the people most affected by the Canadian sex work socio-legal context. In addition, they criticized policy-makers who developed laws based on unfounded claims, and praised the reliance on empirical evidence when drafting policy. They also discussed the use of regulatory mechanisms that were outside of the Criminal Code. Professional associations or groups were suggested as alternate and more equitable regulatory institutions.

Our findings are similar to what was documented by other sex industry researchers. [2,6,9,12,28,39-41] When working within a criminalized context—in full or in part— sex workers, clients, and third parties have little to no recourse when faced with assault or exploitative work

conditions, which exacerbates potential harms faced by people who engage in the sex industry. [6,17,39] When they do access the judicial system, they have commonly been faced with victim-blaming or negative societal reactions. [3,42] This creates an environment in which people in the sex industry are expected to guard against harms without the recognition and support of the legal system, obliging them to take responsibility for their own safety and occupational well-being. This systematically contributes to inequities in accessing resources and services afforded to other Canadian citizens. Therefore, we concluded that the current laws are insufficient in addressing the issues faced by sex workers, and others engaging in the sex industry, including the colonial and gendered relations of power, stigma, and discrimination that shape the everyday conditions observed in the off-street sex industry in Vancouver.

Based on our research findings, and consultation at our community stakeholder meeting, we developed eight recommendations for regulatory and legal reform. ►►



## Regulatory & Legal Reform

### RECOMMENDATIONS

- ▶▶ **1 Off-street sex workers, clients, and third parties advocated for the repeal of the *Protection of Communities and Exploited Persons Act* enacted by the previous Conservative government on June 4th, 2014.**
- 2** Stakeholders called for regulatory and legal reforms that acknowledge the diversity in the sex industry and the prevalence of positive and mutually beneficial relationships between sex workers, clients, and third parties.
- 3** Stakeholders advocated for reforms that were strength-based, enhanced sex worker communities' building capacity, and supported the right of sex workers to work in dignity and to self-determine their own oppressions, as well as lives.
- 4** Stakeholders insisted on the need to include, be present, and consult sex workers, clients, and third parties when drafting policies and regulations—a responsibility ignored by the previous Conservative government.
- 5** Stakeholders advocated for the regulation of the sex industry to be organized outside of the Criminal Code or municipal by-laws, as is currently the case in Canada and other places where criminalization prevails. Rather, professional associations or groups were suggested as alternate and more equitable regulatory institutions.
- 6** Stakeholders called for the implementation of trust-building campaigns in order to address some of the barriers faced by members of the sex industry when accessing police protection and the judicial system.
- 7** Off-street sex workers, clients, and third parties advocated for clarity and transparency of the laws and its enforcement.
- 8** Third parties advocated for equal treatment to other businesses when it came to licensing.<sup>22</sup>

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<sup>22</sup> Participants at the meeting spoke of Vancouver's differential licensing schemes propelled by the type of business operated. Compared to other business licenses, it is common for governments to charge greater licensing fees for brothels. Taxing undesirable activities at a higher rate than other activities is a method used to curtail it. This tactic is commonly referred to as a 'sin tax'. [52]

## Conclusion

To conclude, this report reflects concerns expressed by people engaged in the Vancouver off-street sex industry, in particular clients, sex workers, and third parties. Based on the above discussion, it is evident that their personal and occupational well-being is challenged by the presence of stigma, discrimination, criminalization, and misconceptions regarding sex workers, the industry, and sex work. Committed to community-based research—research that is driven by people who experience marginalization—and with the help of key stakeholders and members of the local off-street sex industry, we derived the aforementioned recommendations. We hope that the above expert-driven recommendations can serve as a tool for sex industry members, community organizations, policy-makers, and non-sex industry members to address the barriers faced in accessing health-related services, the judicial system, community-based services, and occupational well-being. Ultimately, we hope that these recommendations can be used by people wanting to create a safer sex industry. It is clear that the quality of life of people who engage in the sex industry is affected by the conditions and context in which sex work is practiced, and therefore is dependent on high stake conversations inclusive of all parties that make-up the off-street sex industry.

# Next Steps

Our team remains committed to ensuring that the knowledge and evidence gleaned from the SPACES project is shared publicly with diverse stakeholder groups. In order to disseminate the findings, we plan on sending the report to our respective networks inside and outside of academia, as well as to the stakeholder meeting participants. To support access by sex industry members, the report will be published on open access and accessible on our project website. We will also advertise the findings on social media sites such as Twitter and Facebook, and send the report to the *Canadian Alliance for Sex Work Law Reform* which represents 29 groups across Canada, as well as to Vancouver-based organizations that may be interested in the findings.

We are currently engaged in data analysis and the preparation of an array of papers and presentations. We will also be inviting various advisors and stakeholders to participate in these projects throughout the next year. Some of our key topics include:

- ▶ The interrelationships between information and communications technologies, sex work, health, and safety.
- ▶ The interrelationships between gender, violence, and payment processes.
- ▶ The complexities of the girlfriend and boyfriend experience and their relationship to health and safety.
- ▶ The interrelationships between gender, sex work, health, and safety.
- ▶ The role of third parties in shaping working conditions and the exchange between sex workers and their clients.

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**To date we have published the following academic papers from our project:**

- 1 Bungay, V., Oliffe, J., & Atchison, C. (2016). Addressing underrepresentation in sex work research: Reflections on designing a purposeful sampling strategy. *Qualitative Health Research*, 26(7), 966-978.
- 2 Bowen, R., & Bungay, V. (2016). Taint: an examination of the lived experiences of stigma and its lingering effects for eight sex industry experts. *Culture, Health & Sexuality*, 18(2), 184-197.

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# Appendices





# Appendix A : Agenda

## Making SPACES

ADVANCING RECOMMENDATIONS FROM THE OFF-STREET SEX INDUSTRY IN VANCOUVER

SEPTEMBER 11<sup>TH</sup> 2015 1-5PM

### AGENDA

- 
- 
- 1:00 pm**     **Meet and Greet**
- 1:10 pm**     **Opening of the Territory**
- 1:20 pm**     **Welcome and Overview**
- 1:35 pm**     **Discussion Document:** Background Presentation
- 1:45 pm**     **Performer:** Nicky Nine Doors!!
- 1:55 pm**     **Breakout Session:** Table Discussions
- 2:45 pm**     **Report Back:** Insights from Stakeholders
- 3:20 pm**     **Open Dialogue:** Group Discussion of Overarching Themes and Mapping of Interventions & Strategies
- 4:00 pm**     **Break (15 Minutes)**
- 4:15 pm**     **Community Updates:** Sharing of Current Activities and Upcoming Events
- 4:30 pm**     **Acknowledgements**
- 4:40 pm**     **Performer:** Synder Starr!!
- 4:50 pm**     **Closing Remarks**

VANCOUVER PUBLIC LIBRARY 350 W. GEORGIA STREET  
LOWER LEVEL: ALMA VANDUSEN & PETER KAYE ROOMS

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[spaces.study@ubc.ca](mailto:spaces.study@ubc.ca)



# Appendix B

## Report One



## Project Members

**Principal Investigator** Dr. Vicky Bungay

**Co-Investigators** Chris Atchison, Dr. John Oliffe and Dr. Kate Shannon

**Project Advisors** Trina Ricketts, Kerry Porth, Susan Davis, Alka Murphy, Velvet Steele, and three others who would like to remain nameless

**Project Manager** Raven R. Bowen

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### Acknowledgements

*We acknowledge the incredible contributions of many people and organizations that assisted in the SPACES project. Our deepest gratitude is extended to the participants who took the time to share their experiences and expertise and helped to improve our understanding of the forces within the environments and spaces within which sex industry participants (sex workers, buyers, managers and coordinators) make decisions about their health and safety.*

*We thank all eight project advisors and Co-Investigators for their wisdom and support of this project. A special thank-you goes to [Sue Davis](#), renowned sex work activist and owner/operator of [Calabria Meat Market](#) whose insights and relationships with diverse populations within Vancouver's sex industry made this project successful. We thank Trina Ricketts, founder of [www.nakedtruth.ca](http://www.nakedtruth.ca) and [www.digitalactivistmedia.com](http://www.digitalactivistmedia.com) who provided support to participants post-interview and whose talents continue to help shape this project.*

*We thank Tamara O'Doherty who offered her expertise relating to the off-street sex industry in the early stages of the research project. We thank Jean Shoveller for her contributions and guidance in the development of SPACES. We thank Janine Althorp, a former project staff member, who contributed her energies to ensuring this project started on a strong footing. We extend our gratitude to the partnered community organizations, including [Heath Initiative for Men \(HIM\)](#), [WISH Drop-in Centre Society](#), the [Mobile Access Project \(MAP\) Van](#), [PACE Society](#), [SWAN Vancouver](#), [HUSTLE](#), [SAFE in Collingwood](#) for their continued support.*

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## I. Introduction

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This report formally shares information about the SPACES (Sex, Power, Agency, Consent, Environment and Safety) study with project participants, allies, partners, and the community at large. SPACES is a Canadian Institute for Health Research (CIHR) funded study describing off-street sex work environments and forces within which sex industry participants (sex workers, clients, and third parties) interacted and made decisions about their health and safety. We formally recognize sex work, and its coordination and facilitation thereof as work. Potential harms exist in all forms of labour; however, the risk of harm and exploitation in sex work is increased by discrimination, criminalization and social stigma. In addition to being a source of empirical evidence to improve the health, safety and well-being of sex workers, the SPACES project aims to support sex industry professionals in achieving self-governance through learning from each other's strategies, creating interventions to ameliorate the elements that they identify as harmful, and developing and enhancing resiliencies against the oppressions that they face.

*I say that sex work is a profession, you know? But when the government makes it illegal, and you put barriers against us, it makes it more dangerous.*

**Transgender Provider,  
30s**

For the purposes of this report, those who provide sexual services in exchange for money or goods in off-street locations are referred to as “service providers”; those who purchase sexual services are “clients”; and individuals or groups who facilitate the exchange of sexual services (security guards, drivers, managers, etc), are “third parties.” These terms reflect how the project participants referred to themselves in some cases and we draw upon terminology developed by others (Atchison, 2010; Benoit, Atchison, Casey, Jansson et al, 2014; Bruckert & Law, 2013).

This report includes a Background (section II) which follows this introduction where we share what inspired this research project, the health priorities, the scope of the project and its aims. In Methods (section III) we discuss our data collection strategies. In Participants (section IV) we describe who we interviewed and highlight some characteristics of our sample. In the Highlights (section V) we share some points of interest in relation to research topics such as health, safety, the physical context of off-street sex work and law. Finally, in Next Steps (section VI) we describe our project activities expected in the coming year.

## II. Project Background

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The SPACES project builds on previous collaborative projects that emphasized the health, safety and security of women working in off-street sex work settings in Vancouver<sup>1</sup>. SPACES in particular, arose from a community-based research project that occurred in 2006-2010 and included a partnership with the Asian Society for the Intervention Against AIDS (ASIA). That project led to an expanded understanding of the massage parlour industry in Metro Vancouver, and the perspectives and practices of men who purchase sexual services afforded us the opportunity to develop a community outreach program aimed at sexual health promotion among women service providers in these settings. Key findings helped us to better understand barriers to health care and our engagement with the participants contributed to highlighting future research. The participants who gave their time and expertise illustrated that it is essential for research to be inclusive of the diverse locales and groups of people engaging in sex work. We expanded our community collaborations and partnerships to include men, transgender and transsexual service providers, as well as their clients, and people who coordinated sex workers' activities in our study. A benefit of including a greater pool of people is that we can develop a more nuanced understanding of the organizational and operational features of the local off-street sex industry as influential for health and safety. Without this, our ability to provide information for policy and health system reform would be seriously undermined. Our aim was to move beyond a research focus on individual behaviors and instead understand how organizational and operational features of the industry played out for people's lives and how people strategized to coordinate their activities and promote and protect themselves and others.

*What we really need is to end the criminalization of sex work so that we can move into a more open discussion about how to make it safer. With everyone involved, people in the work, clients, the community, health people, the police, you know?*

**Male Provider, Client and Third Party, 40s**

### Study Aims

The primary goal of this study was to undertake an examination of the interrelationships between off-street sex work environments, and the workers' health, safety and well-being. More specifically, to compare the male and female off-street work environments to demonstrate how the structure of workplaces, people and policies affected their vulnerability to health conditions, including HIV infection. We also had goals to examine the health and safety strategies implemented by service providers, clients and third parties as experts in their own right. Since off-street networks of service providers, clients and managers tend to work in isolation and at times in direct competition with one another, gathering insights, tips

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<sup>1</sup> Previous studies include: Remple V, Johnston C, Patrick D, Tyndall M, Jolly A.(2007); Bungay, V., Kolar, K., Thindal, S., Remple, V., Johnston, C., & Ogilvie, G. (2013); and Kolar, K., Atchison, C., & Bungay, V. (2014).

and strategies from these stakeholders to increase knowledge and health and safety information sharing among project participants and the larger sex working community to ensure that they have access to and benefit from their own collective wisdom.

This three-year project was launched in summer 2012 and occurred in three overlapping phases, which are detailed below. Phase I involved document analysis of relevant policies affecting sex workers' health and safety. Phase II included interviews with 116 participants. Phase III, our current phase, includes data analysis and the generation of recommendations to promote and protect the health and safety of those engaged in the off-street sex industry.

The project included an advisory group of eight sex industry experts who were invited to help guide the project beginning in the fall of 2013. These individuals have a combined total of over 40 years' experience engaging in community development and research, rights advocacy and direct health and social service delivery to service providers in Western Canada.

### III. Methods

---

This project received approval from the University of British Columbia Behavioral Research Ethics Board in May 2012. Data collection and analysis (still underway) occurred in several overlapping phases.



**Phase I:** In our first phase we collected 17 provincial and federal policies that influence sex workers' occupational health and safety in Vancouver. We reviewed these statutes with the intent of determining sex workers' legal protections and responsibilities within a labour context. We first examined and coded the purpose of the statute, the individual who was either punished or protected by the statute and the types of behaviours (e.g., record keeping) that were being regulated by the policy. We then examined the extent to which these laws may be sufficient in scope to address the current working conditions and inherent problems that have been well described within the Canadian sex industry context. We are still undertaking analysis of these policies and will be sharing our outcomes in later documents. We are also using these policies as part of our larger analysis to situate our understanding of how regulatory policies might influence the participants' experiences and to identify areas of policy reform.

**In Phase II:** In this phase we set out to determine an appropriate and inclusive sample of women, men, transgender and transsexual sex workers; clients and third party personnel to participate in the study. In order to do this we had to (a) generate more detailed information about the population diversity and the settings where sex for money exchanges occurred; (b)



set geographical boundaries within distinct municipal regulatory structures; and (c) draw on the outcomes of the earlier activities to determine effective and respectful recruitment strategies and community collaborations to ensure that diverse voices and experiences were represented in the study. We initially set the geographical boundaries within the City of Vancouver as each City within Metro Vancouver has unique business bylaws, licensing fees and regulations. We analysed the City of Vancouver business licensing database (2013), web advertising sites, and some social networking mediums to determine settings that were licenced within the City of Vancouver and those that were not. The results of these activities were a starting place to help us develop a purposeful sampling strategy to try and capture the breadth and depth of people engaged in the off-street industry. Conversational interviews were our primary source of data collection in this phase.

**Phase III:** Phase three is underway and involves data analysis and our knowledge exchange and transfer activities in communities to examine our findings and generate some recommendations to inform policies and practices aimed at improving the health, safety and security of sex workers.

### **Phase II Data Collection**

In order to recruit participants, we built upon relationships with sex working communities, support organizations and online venues through formal and informal partnerships to interview a purposive sample of 116 project participants. Interviews lasted from 45 minutes to just under seven hours each. We engaged our eight sex industry experts in this phase to guide project activities through an advisory committee.

Interview guides were informed by advisory committee members and community collaborators. Interviews were conversationally oriented to learn about people's experiences of providing, buying or coordinating sexual services, their insights into what was needed to improve working conditions, and their strategies and expertise in maintaining health and safety. All participants were offered \$25 (CAD) in cash or gift card as a thank you for their time.

Interviews were digitally recorded, transcribed verbatim and checked for accuracy by project staff. Data were uploaded into NVivo10™, a software program for organizing qualitative data. Labelled with a unique identifier, project staff collectively reviewed transcripts to ensure reliability and accuracy and then to determine dominant themes.

During our interview phase, from July 2013 to May 2014, Canada underwent many changes to their sex work-related laws. Prior to December 20, 2013, the Criminal Code of Canada prohibited communicating for the purpose of prostitution in a public space (e.g., soliciting sex for money exchanges), living off the avails of prostitution (e.g., being paid to provide security or advertising for the purpose of prostitution) and keeping or being found in a common bawdy house defined as a place kept or occupied, or resorted to by one or more persons for the purpose of prostitution (e.g., brothel). Although the provision of sexual services for remuneration was not illegal in Canada, these restrictive laws made it difficult to implement safety measures and to practice the work without fear of arrest.

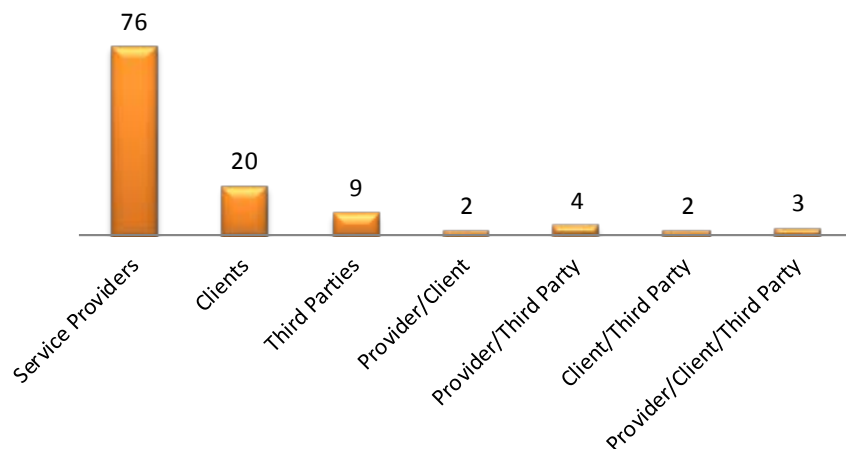
Noting the adverse effects this legal framework had on the safety of sex workers, these contradictory laws were successfully challenged in the landmark December 20, 2013 Supreme Court of Canada decision. The decision also included a suspension of the “declaration of invalidity” for one year during which time the federal government could consider new laws that complied with the Charter of Rights and Freedoms (Pivot Legal Society 2013). It is within this context that the interviews were conducted. We had the opportunity to capture early thoughts and inclinations, mainly from clients and service providers, about their impending criminalization.

## IV. The Participants

### Roles

**Fig 1.0 Roles in Off-Street Sex Industry**

We conducted 118 in-depth interviews with 116 individuals. Participants comprised of women (including transsexual and transgender women) and men who were off-street service providers (n=76); clients (n=20); third parties (n=9); and individuals with dual



or plural roles (n=11). The majority of participants (n=105) identified as having a singular role or one way of participating in the sex industry, (e.g., clients, service providers or third parties). The remaining 11 engaged in the sex industry in multiple ways, describing themselves as people who bought, managed and sold sexual services, thus identifying simultaneously as clients, providers and third parties (n=3); others identified as both clients of other sex workers and as service providers (n=2); as both clients and third parties (n=2); and finally as both third parties and service providers (n=4). This latter category included those who were owner/operators of licensed or unlicensed venues, who regularly hired and coordinated the work of other service providers. These individuals we describe as those with dual and plural roles in the off-street sex industry are grouped as a separate category in the presentation of relevant frequencies.

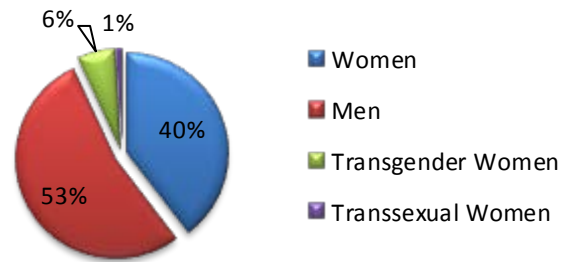
## Gender Identity <sup>2</sup>

Figure 2.0 below displays the gender identities of our entire sample (n=116), 54 (62%) people identified as women. This includes 40% cis-gender women (n=46); 6% transgender women (n=7) and 1% transsexual women (n=1). Fifty-four percent of participants identified as men (n=62).

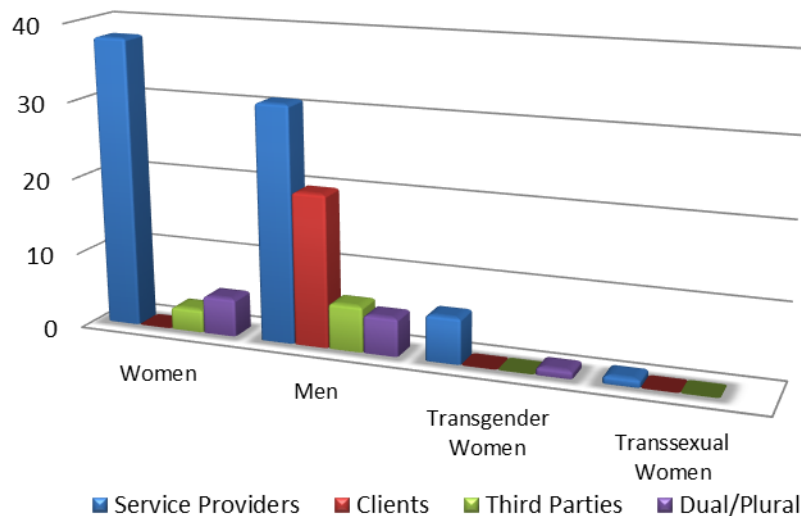
As illustrated below in Figure 2.1, by role, the 76 service providers included 38 cis-gender women, one transsexual woman, six transgender women and 31 men. All clients interviewed identified as men with the exception of two women who held dual and plural roles in the industry. Third parties consisted of three women and six men.

Among those participating in dual/plural roles there were five women, five men and one transgender woman.

**Fig 2.0 Gender Identity**



**Fig 2.1 Gender Identities by Participant Role**

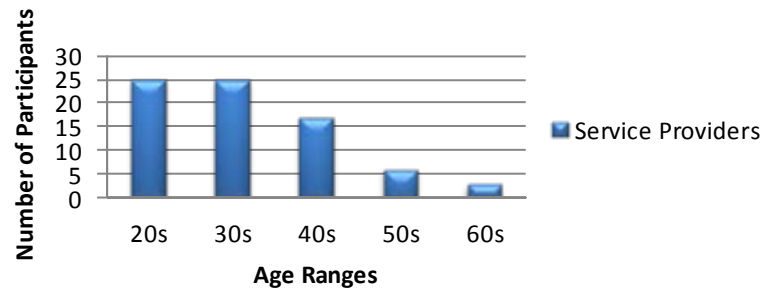


<sup>2</sup> The term cisgender was coined by Carl Buijs in 1995 to refer to those who conform and or agree with the gender assigned to them by society, matching their sex at birth. Transsexual and transgender people are individuals who were assigned a sex at birth but wish to experience their gender differently. Transgender people do not necessarily undergo sex reassignment surgery, whereas, transsexual people usually have completed or are in the process of undergoing sex reassignment or corrective surgery (Theron and Collier 2013).

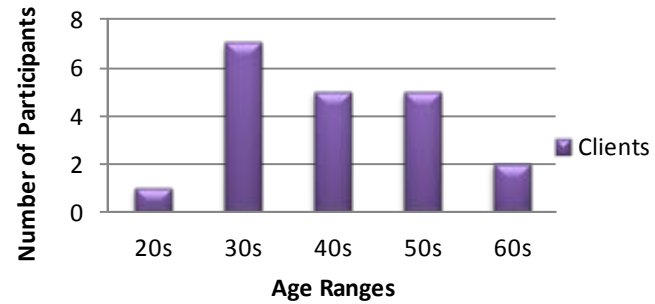
## Age Ranges

The 116 participants were between 20 and 69 years of age. As illustrated in [Figure 3.0-3.3](#) below, the majority of service providers were in their 20s and 30s. The majority of the other participants: clients, third parties and dual/plural were between 30-39 years of age.

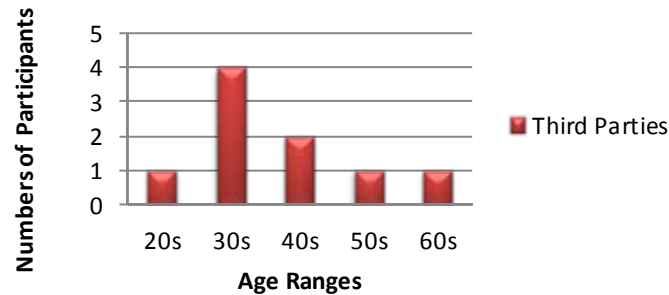
**Fig 3.0 Age Ranges: Service Providers**



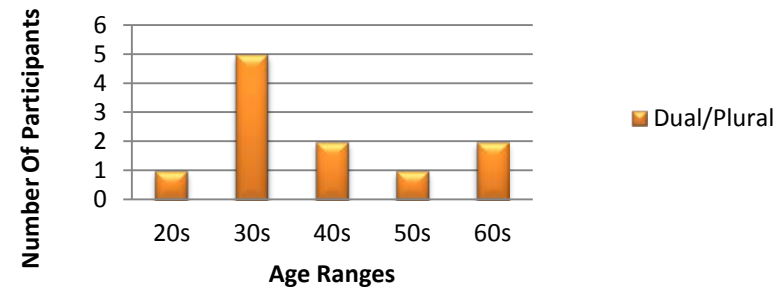
**Fig 3.1 Age Ranges: Clients**



**Fig 3.2 Age Ranges: Third Parties**



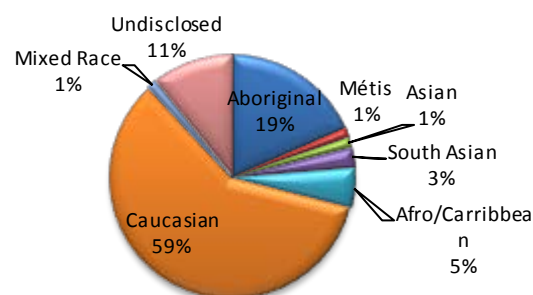
**Fig 3.3 Age Ranges: Dual/Plural**



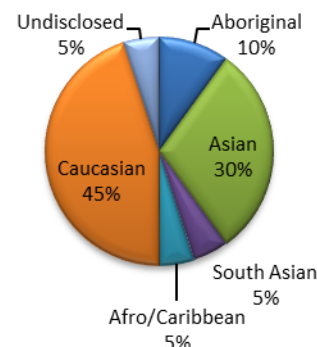
## Racial Background

Project participants identified across seven racial backgrounds: 16 participants identified as Indigenous; nine were of Asian descent; five were of Afro or Caribbean; three were South Asian; two were Mixed Races; two were Métis; the majority, 69 (59.5%) were Caucasian. Ten people did not disclose. Figure 4.0, 4.1, 4.2, 4.3 displays the racial makeup of our sample with respect to the ways they participated in the sex industry. Among the 76 service providers interviewed there were 45 Caucasians, 14 Indigenous Peoples, four were of Afro or Caribbean descent, one was Métis, two were South Asian, one was Mixed Race, one was Asian, and eight people did not disclose. Of the 20 clients interviewed, nine were Caucasian, six were Asian, two were Indigenous, one was of Afro or Caribbean descent, one was South Asian and one person did not disclose. Of the nine third parties, two identified as Asian and seven as Caucasian.

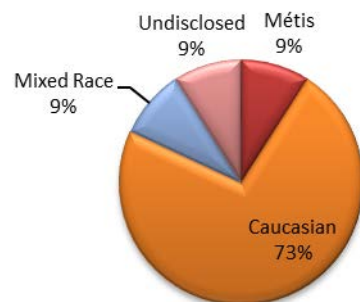
**Fig 4.0 Racial Identity: Service Providers**



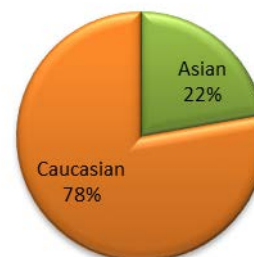
**Fig 4.1 Racial Identity: Clients**



**Fig 4.2 Racial Identity: Third Parties**



**Fig 4.3 Racial Identity: Dual/Plural Roles**



### Sex at Work

Participants shared the gender identities of those they either provided services to, purchased services from or facilitated and coordinated. Our sample confirms that the sex work community is diverse in terms of gender and sexual preferences; however, we did note some general trends. As for the clients interviewed, most identified as heterosexual men and 17 purchased sexual services from women providers, with two purchasing exclusively from men, and one from both women and men providers.

Table 1 illustrates that of the 76 service provider participants, 69 sold their services to men. This was the case for men, women, transgender and transsexual women workers. Variability was noted in the type of sexual services sold, with some exclusively selling to same sex or differently sexed people; while other providers, though fewer in numbers, sold services to all genders and all variations of couples, and expressed feeling comfortable partaking in a range of sexual acts. One male service provider exclusively sold services to women.

**Table 1.0: Gender Preferences in Servicing, Purchasing & Facilitating**

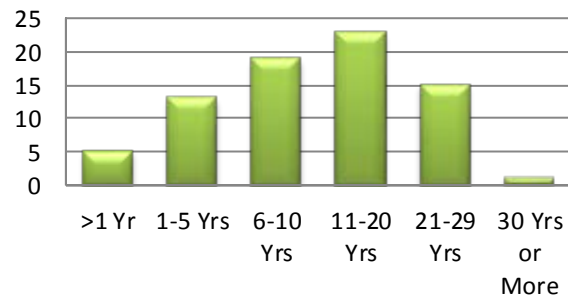
	<b>Gender of Clients of Service Providers</b>	<b>Gender of Service Providers preferred by Clients</b>	<b>Gender of Clients that Third Parties Facilitated</b>	<b>Gender of those engaging with participants in Dual/Plural Roles</b>
<b>Men</b>	69	2	7	4
<b>Women</b>	1	17	1	3
<b>Both Men &amp; Women</b>	4	1	0	1
<b>Couples &amp; Singles</b>	1	0	0	2
<b>All Genders and Types</b>	1	0	1	1

The overrepresentation of male clients and service providers who cater to a male clientele base is mirrored in how most third parties limited the services facilitated to hetero-sex rather than arranging a broader range of possible sexual acts such as sex with men, or transgender and transsexual workers. Of the nine third parties interviewed, seven primarily managed women sex workers who serviced male clients. Of the other two, one facilitated woman to woman exchanges, and one catered to all genders, including transgender and transsexual workers and clients. Our very small subsample of those who held dual or plural roles (n=11) in the off-street sex industry provided services to people of all genders and couples of all types.

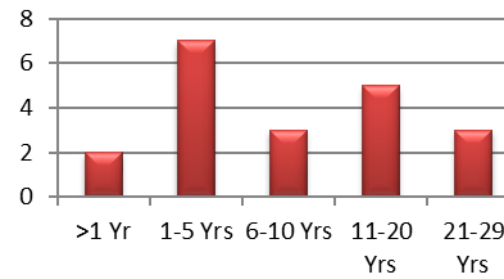
### Years Servicing, Purchasing or Facilitating

In Figures 5.0-5.3 below we summarize the years participants reported providing services, purchasing and facilitating others in sex work. Of the 76 service providers, almost half (n=39) had more than 10 years' experience in the sex industry. The highest proportion of clients (n=7) were relatively new to buying and had 1-5 years' experience.

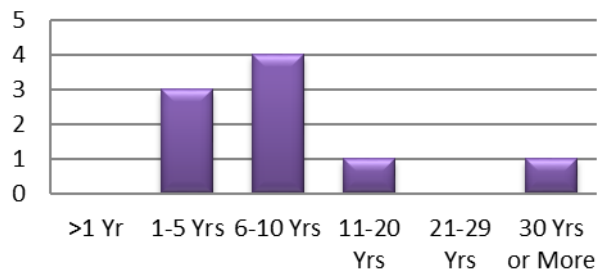
**Fig 5.0 Years Providing Services: Service Providers**



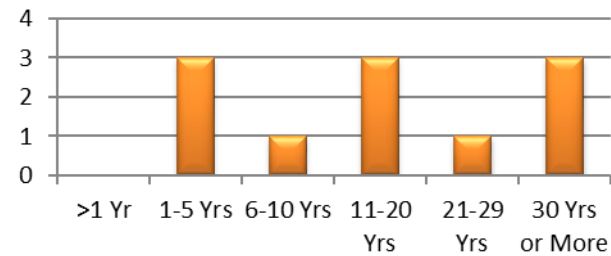
**Fig 5.1 Years Purchasing: Clients**



**Fig 5.2 Years Facilitating: Third Parties**



**Fig 5.3 Years Engaged Dual/Plural Roles**



## V. Highlights

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In this section we highlight some of our key areas of analysis that are currently underway, particularly some general points of interest from service providers, clients and third parties about health, safety, location of work and socio-legal issues.

### Health

Participants spoke about many aspects of their and others' health, particularly in relation to sexual health, health care service delivery, mental health, substance use, and general well-being. The following highlights some examples from our different sub-groups of participants

### Covered and Uncovered Services

#### Service Providers (n=76)

Service providers discussed safer sex practices and physical health protection in great detail in our interviews. Many described that in their opinion, on-street workers who were living with addiction issues were more at risk in terms of compromising their health because of the settings and conditions that their exchange occurs within. Off-street workers talked about the market demands and clients requesting services to be provided without protection. We had a lot of discussion about the girlfriend and boyfriend experiences (GFE/BFE) which they described as a type of service that includes intimate acts in which the exchange of bodily fluids was very likely to occur. Participants shared their varying levels of comfort with deep French kissing, bareback blowjobs (BBB)<sup>3</sup>, biting, and cunnilingus and even hugging and cuddling. Some providers were happy to offer BBBJs but other services had to be covered. Workers who did not provide the GFE/BFE, opting for full service and other covered services discussed the loss of income inherent in their choice to prioritize their health. There was also much discussion about negotiating condom use with clients who wanted bareback services and informing them of their susceptibility to sexually transmitted infections through engaging in higher risk sexual activities.

*Some guys just don't want to use a condom. And then you have to get really firm with them...I had a lot of guys ask to give them bareback. I just say to them, "you know what, do you have any idea how many guys I'm with every week? If I fucked everyone without a condom, that wouldn't be safe for you"*

**Female Provider, 20s**

Providers overall expressed that they felt safe in their sexual health practices and their ability to negotiate terms of service. They advocated proper condom use, which meant using lubrication; having customers wear the appropriate sized condoms; ensuring that the outside of the condom had not come into contact with genitals; using condoms when dental dams are not available; and holding fast to expectations that clients regularly attend sexual health

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<sup>3</sup> BBBJ services may or may not accompany add-ons such as cum in mouth (CIM), cum in face (CIF) and cum on body (COB).



appointments. Service Providers stated that they expect clients to attend appointments with them showered and clean. Providers also discussed the “whore stigma”<sup>4</sup> and their disdain with misinformation about their health practices that assumed providers were unsafe.

#### *Clients (n=20)*

Clients purchased a wide range of services. Some massage only, some full and covered services and others wanted more intimacy and favored GFE/BFE. Some of those who desired protected sexual services were open to BBBJ. Clients discussed uncovered and covered services at length in terms of what kind of workers (age, race, venue, pricing) would provide what type of services.

#### *Third Parties (n=9)*

Third party participants spoke to the issue of covered and uncovered services and the changing marketplace of GFE/BFE services. They often discussed their role in encouraging providers to undergo regular health check-ups; a situation they described in relation to the increasing request by clients for uncovered services. Many third parties stated that they agree with a condom-only policy. They further stated however, that they have observed that “younger generations” are more diligent about condom-use than the older generations of providers, because the younger providers grew up with condoms as a mandatory safe sex practice. They stated that ones’ earning potential is reduced if they refuse to provide GFE/BFE services. They recognized that service practices also contributed to risk, for instance noting that certain sexual positions (e.g., “doggy-style”) puts the providers’ health at risk from clients who insist on taking off condoms without the providers permission or knowledge.

*Sometimes I enjoy like BJs but without the condom, which is fine with me. I understand there is like a very, very small risk in it.*

**Male Client, 30s**

*You can't decide the dangers; you can only decide what you're risking it for. That's a quote from the Walking Dead by the way.*

**Male Client, 30s**

### **Mental Health**

#### *Service Providers (n=76)*

Services providers stated that being accepting and comfortable with their sex work is key to mental health. They discussed how working in some venues exposed them to “mean girls” who would bully them about their appearance, size and other aspects of their presentation and ways of working. They discussed review boards and the personal attacks that came from clients and how this can lead to drinking and drug use and even death for some of their associates. Some providers also shared that

*I think sex work is similar to a lot of fields. Like with social work, it can be very intense and stressful and you need your downtime. So, I practice yoga (...) a big part of it is you have to make sure your body is your own. There's this idea that we sell our bodies, that's shit. We sell an experience and we share our bodies, but so do a lot of people in other fields.*

**Female Provider, 30s**

<sup>4</sup> “Whore Stigma” is the specific form of discrimination that sex workers experience when they are deemed to be indiscriminate in their choices about individuals to have sex with and perceived by some to be willing to exchange honor for base gain. Sex workers in our study described this experience. See Pheterson, G. (1993) “The Whore Stigma: Female dishonor and male unworthiness.” *Social Text*, No. 37, pp 39-64. Available at <http://www.jstor.org/stable/466259>

keeping secrets about their sex work was a big mental health stressor.

Providers were aware of the work/life balance and would do things like turn off their phones, go on trips, take down their adverts, unplug from social media, reduce working hours and days to stave off burnout; but stated that these things were important and difficult to do.

#### *Clients (n=20)*

With respect to mental health, clients believed that engaging in purchase was a way to reduce their stress. Some, however, talked about buying sexual services as addictive. When asked about recommendations to other clients about protecting their health, they suggested that clients should avoid getting addicted to buying. Their primary concern was the financial expense associated with this form of “addiction.” Some clients also provided insights and recommendations for service providers’ mental health, suggesting that it was important that providers not be overworked as this could cause stress and lead to health problems.

#### *Third Parties (n=9)*

Similar to providers, third parties were bothered by public perceptions about them as being pimps or exploiters and dealing with allegations like this caused them mental strain. They discussed their role in actively creating work spaces that are safer than other alternatives and that enhance rather than negatively affect the well-being of service providers. They also discussed the challenges they have with managing providers with depression, mental health issues and drug dependencies and assert that if sex work was legal they would be able to create environments where these kinds of workers would be more supported.

*Let's face it, massage parlour  
and spa owners and  
Micro-owners are not  
equipped to deal with people  
that have serious drug issues.  
They can't!*

**Male Third Party, 40s**

#### **Safety**

Safety was a key area of discussion within our interviews. Participants shared information about strategies to support safety and issues that posed serious threats to safety. We will be expanding on our discussion of safety substantially in the near future. For this report we have highlighted some details of how people experienced and navigated what they described as threats to their safety and that of others.

#### *Service Providers (n=76)*

Service providers felt threatened when managers did not screen clients properly or when they were not permitted to screen for themselves when they worked for or with third parties. They would essentially have to trust third parties to represent their interests. Providers talked about how little trust they have in police response to their calls for help in locations outside of Vancouver proper.

Service providers succinctly described the harms derived from the presence of social stigma. From their perspective it encouraged abuse and neglect from law enforcement. Providers

stated that criminalization made it impossible to work safely—even from their own home (referring to s.210 of the Canadian Criminal Code). They believed that unfair treatment towards clients such as bait and switch and robberies increased their risk of negative repercussions.

#### Clients (n=20)

Clients discussed the elements that threaten their engagement in off-street sexual exchange which included when others are present at venues they visit. Some talked about robberies that happened to them or that they heard about when clients attend a location to see a worker and then were ‘ambushed’ and robbed. Clients described that going to rough neighborhoods was something that threatened their safety and they were also at risk if the provider they were going to see is and active drug user.

Overall, clients felt that risk is a part of buying and if they had to, they could overpower women service providers and get away if they were being threatened.

*I don't really feel threatened.  
I think it is a risk and it is part of what makes it a thrill.*

**Male Client, 40s**

*No, I'm not too scared like, you know, but if I show up to a place and it's like a shady area or something like that, I won't go.*

**Male Client, 30s**

#### Third Parties (n=9)

The things that threatened third parties included having to drive different service providers around the cities late at night and having to deal with clients who were drunk or high in their establishments. They discussed being a target of abuses of power by state officials visiting their locations and using services without paying. Some believed that the more organized and corporate they became the more of a target they were to law enforcement who are seeking the ‘big bust.’

#### Location

Participants shared with us details of the places where they worked, paid for sexual services or/and facilitated some aspect of the sex industry. Service providers, clients and third party participants all talked about how the selling and buying of sexual services was organized, including some of the rules and regulations that govern their practices and the physical locales where sex for money exchanges occurred. Below are highlights of some of the elements participants shared about locations and operations.

#### Service Providers (n=76)

Many service providers described themselves as independents (working off of ads and/or privately recruiting clients). They were not attached to any licensed or unlicensed venues or working in locations managed by others. Many of those working as independents described starting out at licensed and unlicensed venues and then moving on to work on their own once they had gained knowledge about the business. Providers spoke about the benefits of working with an agency. For instance, agencies often provided support with advertising, fielded calls

and booked appointments. Service providers explained that the downside of agency work was lost opportunities to screen clients, which contributed to situations where they were left to negotiate their way out of unwanted situations when transaction details were unclear.

Off-street providers worked in a variety of venues, including in-call at city licensed locations, sharing unlicensed in-call locations, and using personal residences. Independent workers who did in-calls looked for specific layouts and amenities that enabled clients to access their locations discreetly and with limited obstacles which supported the peaceful operation of their home-based businesses. Some independent providers who worked out of apartments and high-rises had landlords who were aware that they were seeing clients in their residences but so long as there were no complaints and the rent was on time, they were left alone to work without penalty.

It appears that work locations are stratified along gender lines. Compared to trans and cisgender men providers, cisgender

women and some men who provide services to other men, have greater access to a variety of indoor work venues.

Cisgender women are able to work independently as well as alongside third parties; however, due to a lack of venues that seek and accept trans and cisgender men providers are more likely to work independently or on the streets.

Providers who engaged in out-call services went to client's homes, hotels, office spaces, bathhouses, spas and vacation destinations. Some independent providers had friends check on them during in and out-call appointments. They discussed using a buddy-system via text and phone calls as a safety strategy.

#### *Clients (n=20)*

Clients purchased services in locations all over the world. They ranged from those who were more comfortable purchasing services from in-call escort agencies and massage parlours, those who would rather see an independent workers on an out-call basis, and those who did not feel that there was a difference in services across venues.

Clients travelled to in-call services at the homes of providers and locations where more than one worker was sharing, in addition to licensed escort agencies and massage parlours. Clients discussed their dissatisfaction with what they described as 'mechanical' sex from less expensive massage parlours and their experiences with 'bait and switch' services where they would request and pay for a particular worker based on what was advertised only to arrive and be offered services from someone else. Some clients discussed only seeing more exclusive

*Bawdy houses are illegal, so that also makes it unsafe because if you can't have a regular place to work from then you can only do outcalls. And when you're doing stuff on other people's turf, then that's where it can get dangerous.*

**Female Provider, 30s**

*When Craigslist took down the erotic section, I lost all my income (...) so I had to go out and work the streets because there was no other site to advertise on.*

**Transgender Provider, 30s**

and higher priced service providers who lived in areas densely populated by other providers. They believed that service providers in these highly competitive environments would provide better customer service as their reputations are perceived to be more at stake.

Some clients expressed concerns about attending the homes of workers as they could not be sure who else may be present, although most were in support of workers having security available to them at their venues. Those who preferred in-call services spoke about the level of cleanliness in some massage parlours that was worrisome to them but they believed the workers were there by choice. Some clients would choose one venue and become a regular of that location as long as they felt safe. They believed these established venues offered them security as well.

Those who disliked attending in-call services and massage parlours stated that this was due in part to having to go through reception processes as well as being located in commercial spaces. Some clients were not sure if the workers in in-call services were there by choice and they viewed the lack of English language proficiency as a sign of possible trafficking or forced labour and consequently they avoided those venues. This perception of language

proficiency as being linked to environments of forced labour was reinforced in the minds of clients when some venues would offer below market rates for sexual services. Also, these venues represented risk for clients as they were thought to attract police attention. It wasn't entirely clear in these situations if staying away was as much about not supporting labour exploitation as it was self-preservation.

*Get 'em in, get 'em up, get  
'em off and get 'em out!  
That's the rule (laughter)!*

**Male Provider, 40s**

There were clients who preferred that service providers came to their homes. Among those who had this preference, some identified that they had to reassure service providers that they were safe at their residences. Some clients commented about being robbed or their risks of robbery when engaging in out-call services. For example, one client shared that he called a service, a provider attended and accepted payment, and then went outside to pay her driver and she never came back. Other clients were clear that they would never invite a provider to their homes as they feared that someone would come back in the future uninvited. As an alternative, some clients rented mid to high priced hotel rooms to meet service providers at those locations for appointments.

A very small number of clients in our sample bought from street-level workers. Although we targeted those who participated in off-street commercial sex, we recognized that on-street providers still provided services in off-street locations, with the exception of those who provided services in public locations such as parks. These clients discussed how they provided the location for the sexual exchange, for example, cars, renting motel rooms and bringing providers back to their homes. Many stated that this was safer for them than attending the service providers' homes.

### Third Parties (n=9)

Third parties participated in administration services, coordinating the work of one or more providers, driving, security and photography. Administration duties such as screening and booking clients varied among third parties. Some coordinated the work of service providers who did primarily out-call services. They would dispatch service providers on a roster to client locations after obtaining at minimum, contact details and information about services desired. Other third parties maintained in-call services where providers attended only when booked clients were expected.

We are classifying participants who were friends and associates of service providers, who provided administration support, security or allowed providers to use their homes to see customers for a fee as ‘third parties’ because they were part of a large informal network and were instrumental in facilitating off-street sexual exchange. For example one participant engaged in the industry as a client and a provider, and also rented out space at a venue for \$25 for ½ hour and \$50 for an hour to other providers.

Some third parties described themselves as emotional supporters, conduits to facilitating providers in accessing resources, budgeting, and general debriefing and moral support for the service providers who worked with them.

Third parties included those who coordinated one or more venues—some venues were more specialized in terms of services offered, type(s) of providers and type(s) of clientele. Some venues were purely for in-call services and some third parties lived at their venues.

Of the nine participants with sole third party roles and the eight participants who held dual and plural roles that included coordination of service providers’ work, very few held municipal licenses. Those who were licensed provided a range of in-call and out-call services. Those who were not took the position that licenses ‘puts them on the radar’ and makes them susceptible to arbitrary enforcement actions, extortion, and that there were no material benefits to holding licenses. They preferred to run discreet unlicensed owner/operator establishments out of non-commercial locations.

Finally, third parties discussed the competition from other licensed and unlicensed venues at length, detailing issues such as marketing, pricing, operating practices, staff recruitment strategies, the rotation of service providers within and between venues, trafficking and work visas. Race and cultural differences in relation to operating practices of venues was a significant theme among third parties in our sample and we will be doing further analysis to account for this more fully.

*Basically, what I do is I mentor, manage, promote, protect, uh, eyes and ears for professional service providers in [City]. I provide a place for them to work. I provide all the tools that they need to be independent.*

**Male Provider, Client, and Third Party, 30s**



## Law

Participants discussed structural factors that included their perceptions about the extent to which economic, legal, political and social forces affected their decisions and everyday lives. We have included some of the legal highlights to reflect these perspectives.

### *Service Providers (n=76)*

Service providers talked at great length about how the legal system prevented them from communicating with others about the work they did, especially because of their fear that it could be used against them. Some spoke about this fear in relation to how this could affect their ability to travel abroad. Many shared a perspective that a decriminalized environment could support providers to set their own rates and standards and determine how to organize their work according to their preferences. Service providers expressed that the oppressive legal regime practically eliminates their ability to appropriately screen clients or obtain information about clients from other sex workers because of the ways in which information can be policed. They identified that they want to screen their clients without putting either party at risk. Providers further noted their need to have the option of working with other sex workers and third parties in order to manage their work and to work safely and that criminalization of all or parts of the industry prevents them from creating the networks and supports they need.

### *Clients (n=20)*

Some clients wanted the industry to be legalized or decriminalized in order for all involved to be safe. They explained that criminalization (of clients or providers) encourages harm to service providers and limits their access to enforcement and the judicial system—something clients did not want.

### *Third Parties (n=9)*

Prior to the enactment of the Protecting Communities and Exploited Persons Act<sup>5</sup> some third parties stated that police would only attend their venues if they thought someone was being exploited. Others stated that criminalization encouraged partnerships with criminal factions and forced them to cut corners to make a buck faster rather than taking the time and attention they would have liked to in arranging clients and having venues and practices more conducive to the well-being of sex workers. Third parties stated criminalization prevented them from opening dialogue about how they can work with other venues, community organizations and BC labour law to create a safer industry. Instead, third parties felt that police used their power of entry

*What I don't like about this industry is how the police came after me because I was easy and had [lots of] sites. It was convenient for them to get – hey, this guy's got [lots of] units, so let's get him. And what I really hate is I see the same guys running the girls from, let's say, 10 years back... and they're very small operations so the police don't arrest them. Arrest those guys.*

**Male Third Party, 30s**

<sup>5</sup> See Parliament of Canada, Second Session, Forty-first Parliament, 62-63 Elizabeth II, 2013-2014, "Statutes of Canada Chapter 25" <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=6767128>








discriminatorily, subjecting some establishments to increased monitoring while overlooking others—this coupled with the fact that sex work venue owners paid more than any other business for municipal licenses. All of this led third parties to conclude that they were being treated unfairly.

### Summary

In this section we presented some of the thoughts and opinions of service providers, clients and third parties. Our information at this stage in our analysis is preliminary; however, project participants were extremely candid about their activities and shared insights based on their roles in the off-street industry. We expect that with further analysis, future reports will bring more depth to the concepts and ideas presented here.

## VI. Next Steps<sup>6</sup>

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- |   |  |
|---|--|
|  <b>Press Release and Launch of SPACES website: <a href="http://www.spacesstudy.com">www.spacesstudy.com</a> (March 2015)</b>  |  <b>Finalize Development of Recommendations Discussion Document. (August 2015)</b>  |
|  <b>Analysis and drafting of Recommendations Discussion Document. (Jan-June 2015)</b>  |  <b>World Café Event hosted by project staff and advisors among participants, community stakeholders, policy makers and allies. (Sept 2015)</b>                     |
|  <b>Feedback from project participants and their respective communities through focus groups, online commenting and one-on-one meetings, and feedback from project advisors and co-investigators. (June-July 2015)</b> |  <b>Final Recommendations Report with accompanying materials for broad-based dissemination. (Oct 2015)</b>  |
|  <b>Development of health and safety hot sheets and other materials based on tips and strategies from providers, third parties and clients. (June-Aug 2015)</b>  |  <b>Dissemination among Advisors, participants and stakeholders for support and uptake of recommendations and strategies collectively developed. (Oct-Dec 2015)</b> |

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<sup>6</sup> This section reflects our Knowledge Translation plan. Dates may change without notice so please check our project blog on the SPACES website for updates [www.spacesstudy.com](http://www.spacesstudy.com)



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# Appendix C

## Making SPACES: Advancing Recommendations from the Off-Street Sex Industry in Vancouver

DISCUSSION DOCUMENT

SEPTEMBER 1<sup>ST</sup>, 2015

FOR STAKEHOLDER MEETING

SEPTEMBER 11<sup>TH</sup>, 2015

## Project Members

<b>Principal Investigator</b>	Dr. Vicky Bungay
<b>Co-Investigators</b>	Chris Atchison and Dr. John Oliffe
<b>Project Advisors</b>	Trina Ricketts, Kerry Porth, Susan Davis, Alka Murphy, Velvet Steele, and others who would like to remain anonymous.
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## I. About This Document

This discussion document is ‘living’ in the sense that it provides the basis for conversations about topics important to sex workers, third parties and clients participating in the *Making SPACES: Advancing Recommendations from the Off-street Sex Industry in Vancouver* meeting. We are ‘making spaces’ for sex industry professionals, their clients, and community and government stakeholders to open a dialogue on issues that the off-street community has prioritized. We are also sharing knowledge about off-street sex work, its organization and consumption.

In this document we discuss the off-street sex industry which includes sex workers who find their clients through advertisements and ‘word of mouth’, and who work in licensed or unlicensed venues such as massage parlours, escort agencies, homes and apartments, and independent businesses (Benoit, Atchison, Casey, Jansson et al, 2014; O’Doherty, 2011, Bruckert & Law, 2013; Shaver, Lewis & Maticka-Tyndale, 2011). We use language and acronyms that are common among our participants. Labels like ‘sex worker’, ‘service providers’ and ‘providers’ are used interchangeably to reflect how those who provide sexual services referred to themselves. In some cases and we drew upon terminology developed by others (Atchison, 2010; Benoit, Atchison, Casey, Jansson et al, 2014; Bruckert & Law, 2013; Büschi, 2014). Similarly, those who bought sex are referred to as ‘clients’ and less frequently as ‘buyers’. Those who facilitated or managed the buying and selling of sexual services, who are not a ‘principal’ in the transaction (Bruckert & Law, 2013), who include drivers, administration, security, management and owners are ‘third parties’. In relation to off-street venues, they include in and outcall services where providers either entertained clients at their own locations or those managed by third parties, or travelled to locations of client’s choosing to provide services (Benoit, Atchison, Casey, Jansson et al, 2014; O’Doherty, 2011, Bruckert & Law, 2013; Shaver, Lewis & Maticka-Tyndale, 2011). Likewise, providers defined their work in relation to in and outcall services, many provided both. The majority of providers interviewed were independent workers, who may subcontract admin and security but did not rely on agencies for work, and ‘dependent contractors’ who would not otherwise have had clients or a place to work (Bruckert & Law, 2013).

We note that the tips and strategies are the opinions of project participants. We interviewed a wide range of individuals whose comments were sometimes disparate and contradictory. We use (\*\*\*) to denote controversial or contradictory statements. We respect that people are entitled to their own opinions and as such, some comments herein can be deemed more or less ‘accurate’ in relation to the experiences of others, facts with respect to the law and other established policies.

## How This Documents Works

Each section of this document corresponds to a table at the *Making SPACES* meeting. The sections represent six topics that were dominant themes in this study: *Engagement Practices, Safety, Stigma and Mental Health, Sexual Health, Recommendations for Policy Makers and Law Enforcement, and Recommendations for Front line Services and Community Organizations*. Each section opens with a few paragraphs to provide some background information about the topic, then there are either listed tips and strategies or a description of the insights from all three participant groups. This is followed by a section that includes highlights and discussion questions to inspire conversations. These insights contain what each of the three participant groups had to say both within and between groups, as well as comments to the larger community. For example, third parties have tips for other third parties, and advice for sex workers, clients, policy makers, etc. These insights are excerpts from larger documents that contain the full breadth of recommendations from research participants. We expect to work with research participants and community organizations in the creation of materials that share this information in ways that benefit off-street communities, outreach, education and

policy development. After the *Making SPACES* meeting of stakeholders (September 11<sup>th</sup> 2015) a final document that communicates recommendations from the off-street sex industry and ideas for interventions will be produced and disseminated.

## II. Terms

There are a wide range of terms used in the off-street industry to describe various services. [Table one](#) is a quick list of terms gathered from a number of formal and informal sources, including those defined by participants we interviewed, in advertising sites and review board forums:

*Table.1 Definitions*

<b>Term</b>	<b>Definition<sup>1</sup></b>
<b>BBBJ</b>	Bareback Blow Job: Fellatio without a condom
<b>CIM</b>	Cum in Mouth
<b>COB</b>	Cum on Body
<b>COF</b>	Cum on Face
<b>COVERED SERVICES</b>	Sexual services using condoms, dental dams and other barriers
<b>DATY</b>	Dining at the Y: Cunnilingus
<b>DFK</b>	Deep French Kissing
<b>GFE/BFE</b>	Girlfriend Experience/Boyfriend Experience: intimate services that may include the exchange of bodily fluids and activities such as kissing— traditionally not on a sex worker's list of services offered.
<b>UNCOVERED SERVICES</b>	Sexual services that are done without using condoms or other barriers i.e. bareback
<b>Greek</b>	Anal Sex
<b>Looky-Loo</b>	A potential client who comes into in-call venues just to look and then leave, or people who contact providers virtually to ask questions, browse and then have no further contact. Some providers may describe these potential clients as 'time-wasters' because they forever window-shop. Street-based workers call these individuals 'circle-jerks.'

<sup>1</sup> These terms were those used by participants in the project and may not represent the definitions or understandings of others.

### III. Introduction

This discussion document is the second report from the SPACES (Sex, Power, Agency, Consent, Environment and Safety) research project. In our first report,<sup>2</sup> distributed in March 2015, 116 off-street workers, clients and third parties provided some preliminary information about their practices in relation to health and safety. SPACES is informed by other sex worker safety projects<sup>3</sup> that Dr. Vicky Bungay has been involved with in partnership with the Asian Society for the Intervention Against Aids (ASIA) and those related to sex workers' health in off-street sex work venues. The goal of SPACES is to examine the interrelationships between off-street sex work environments and workers' health, safety and well-being. Additionally, a component of SPACES compares the gendered nature of work places and how sex workers in particular negotiate their health and safety. Further, individuals within off-street networks of service providers, clients and third parties may work in isolation and at times in direct competition with one another. Gathering their insights, tips and strategies will increase the collective wisdom about the sex industry and, in partnership with community and state officials, sex industry professionals will be supported to talk openly and lead interventions about the issues that affect their lives.

The ***Making SPACES: Advancing Recommendations from the Off-Street Sex Industry in Vancouver*** event scheduled for September 11<sup>th</sup> 2015 is part of a knowledge translation (KT) phase where research staff support sex industry professionals, their clients and third parties in sharing their insights with a broad range of state and community stakeholders. This KT activity has goals towards the co-production of interventions and strategies that increase collaboration among diverse groups on issues prioritized by off-street sex work communities. The purpose of this document is to share the tips and strategies from participants as they relate to engagement practices, safety, stigma and mental health, and sexual health, as well as recommendations to policy makers and law enforcement, and front line services and community organizations. These recommendations are inextricably linked to policy and law, wherein most participants spoke about their work conditions as they related to concurrent socio-structural contexts. These tips and strategies are intended to facilitate dialogue at this meeting. Ultimately, we seek to improve working conditions for off-street sex workers and third parties as well as developing health and safety strategies for those who are criminalized under the *Protection of Communities and Exploited Persons Act* (PCEPA).

In 2007, three Ontario sex workers: Terry Jean Bedford, Valerie Scott and Amy Lebovitch began a charter challenge to strike down legislation that they argued violated their constitutional rights and made working as sex workers unsafe (Pivot Legal Society, 2013). During our data collection phase, July 2013-May 2014, Canadian prostitution law were being reconstructed. On December 20<sup>th</sup> 2013, the Supreme Court of Canada unanimously found that s.210 Keeping a Common Bawdy House, s.212(1)(j) Living off of the Avails of Prostitution, and s.231(1)(c) Communicating for the Purposes of Prostitution in a public place all violated the constitutional rights of sex workers.<sup>4</sup> All three pieces of legislation affected sex workers and limited the spatial location of their work, controlled who can receive funds from them, and impeded the negotiation of sexual services in a public place. Ignoring the Supreme Court decision in May 2014, the Conservative government enacted PCEPA on December

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<sup>2</sup> SPACES Report One is available on our website at [spacesstudy.com](http://spacesstudy.com) under 'Reports and Publications'

<sup>3</sup> Previous studies include: Remple V, Johnston C, Patrick D, Tyndall M, Jolly A.(2007); Bungay, V., Kolar, K., Thindal, S., Remple, V., Johnston, C., & Ogilvie, G. (2013); and Kolar, K., Atchison, C., & Bungay, V. (2014).

<sup>4</sup> See the Supreme Court of Canada Decision <http://scc-csc.lexum.com/scc-csc/scc-csc/en/item/13389/index.do>



6<sup>th</sup> 2014<sup>5</sup>—a strategy that the government purports will end demand for sex and protect sex workers from violence. Legal experts predict that PCEPA will:

- increase the risk of violence to sex workers (Lowman, 2013; Krüsi 2014) as it criminalizes their clients;
- put third parties who provide administration services at risk of violating the law;
- subvert the ways sex workers advertise services;
- and criminalize communication for sexual services for everyone in public places.

Some participants we interviewed had the opportunity to speak directly to the legal context when we included questions about the law in our interview guides on January 2014. They shared their anticipated changes in buying, selling and management behaviors.

Historically, in Canada, much of the research in the area of sex work and health has emphasized individual behaviours (e.g., condom use) particularly among sex workers who identified as women, who engaged in street-level sex work. Other research has emphasized the interrelationships between sex work and violence against women. Men and gender variant people engaged in sex work have been notably absent in research except in work that prioritized HIV (Bimbi, 2007). Although some of this work has been informative for developing programming and practices for health promotion, there are concerns that some research has perpetuated stereotypes of sex workers as only women who are victimized by violence engaged in street based marketplaces (Shaver, 2005). Sex workers have also been positioned as ‘vectors of disease’ despite growing evidence that their vulnerability for HIV and sexually transmitted infections in North America are more often associated with poverty, violence, racism, sexism, and other systemic forms of discrimination (Pruss-Ustun, Wolf, Driscoll, et al., 2013). For example, in previous research with women in indoor locations in Vancouver, sex workers showed rates of sexually transmitted infections that were well below the national averages, had zero incidence of HIV, and were knowledgeable and proactive in health promotion (Handlovsky, Bungay & Kolar, 2012).

In the SPACES project our aim was to build upon the growing body of health research that emphasized health as a process situated in the personal, social, historical, political, and economic contexts of people’s everyday lives, and explored from the perspectives of those engaged in the industry, their priority health concerns and the factors that shaped these issues. We were especially interested in the effects of stigma and discrimination as well as learning from sex workers, clients and third parties their strengths and expertise in promoting health for themselves and others.

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<sup>5</sup> See Protecting Communities and Exploited Persons Act <http://news.gc.ca/web/article-en.do?nid=853729>

## Overview of Project Phases, Methods and Participants<sup>6</sup>

The project comprises three phases:



### Phase One

This phase included the collection of Federal and Provincial policies that could impact the health and safety of sex workers in Vancouver. We reviewed policies to ascertain the protections they offered sex workers, clients and third parties in relation to their participation in off-street sex work. We analysed the business licensing database (2013), web advertising sites, and some social networking mediums to determine settings that were licensed within the City of Vancouver. We explored the extent to which these laws and policies relate to the current working conditions in off-street environments in Vancouver. This information was used to develop understandings about the licensed versus unlicensed context of Vancouver's off-street industry and shaped the next phase that involved sampling strategies to capture diversity and describe patterns. The policy data will also contribute to the ongoing data analysis that includes examination of the relationships between policies, practices, and people's health and safety.

### Phase Two

This phase of the project involved developing a comprehensive sampling strategy and connecting with sex industry experts (who later became project advisors), sex workers, online venues, and support organizations to purposefully sample and interview off-street sex workers, clients and third parties. Four research assistants recruited members of the off-street sex work community through personal networks, referrals from advisors and advertisements placed on industry websites. Interviewers posed open-ended questions to participants based on guides that contained themes related to health, safety and working environments in order to gain details and insights about their work experiences.

### Phase Three

This current and final stage of the project includes data analysis, writing up findings and knowledge translation activities generate recommendations for improving the health and safety of the off-street sex work community. After analyzing the data, project staff developed documents containing tips and strategies for a series of one-on-one meetings and focus groups with members of each participant cohort to review, comment on and approve content ahead of its inclusion in this report. In all, we obtained feedback from 40 sex workers and eight venue managers and clients to inform this document. The remainder of Phase Three will involve further data analysis and the generation of a final report as the outcome of the *Making SPACES* community meeting.

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<sup>6</sup> SPACES Report One for more details at [spacesstudy.com](http://spacesstudy.com) under '[Reports and Publications](#)'

# Methods

The SPACES Project received ethics approval from the University of British Columbia Research Ethics Board in May 2012. With respect to Phase Two, research staff built upon community partnerships to interview 116 sex workers, clients and third parties. Our eight advisors were involved at this point to guide project activities.

Interview guides were informed by advisory committee members and community collaborators. Interviews were conversationally oriented to learn about people’s experiences of providing, buying or coordinating sexual services. We captured their insights into what was needed to improve working conditions, and their strategies and expertise in maintaining health and safety. All participants were offered \$25 (CAD) in cash or gift card as a thank you for their time.

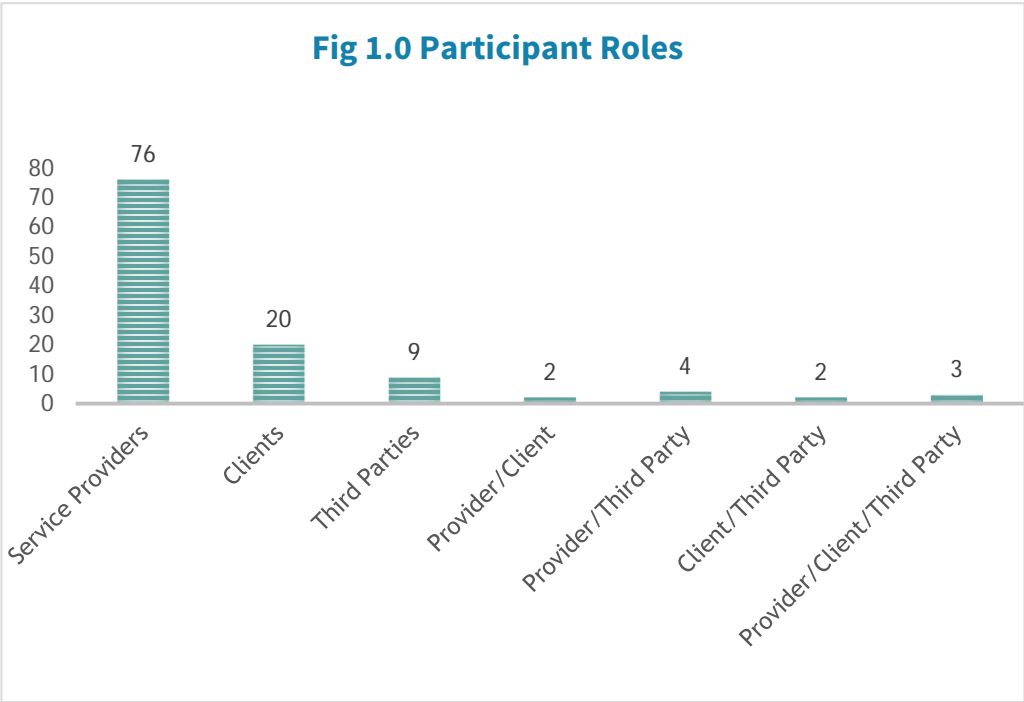
Interviews were digitally recorded, transcribed verbatim and checked for accuracy by research staff. Data were uploaded into NVivo10™, a software program for organizing qualitative data. Labelled with a unique identifier, research staff collectively reviewed transcripts to ensure reliability and accuracy, and then to determine dominant themes.

# Participants

We conducted 118 in-depth interviews with 116 individuals as two participants had second interviews.

Participants comprised of women (including transsexual and transgender women) and men who were off-street providers (n=76); clients (n=20); third parties (n=9); and individuals with dual or plural roles (n=11). Eleven participants engaged in the

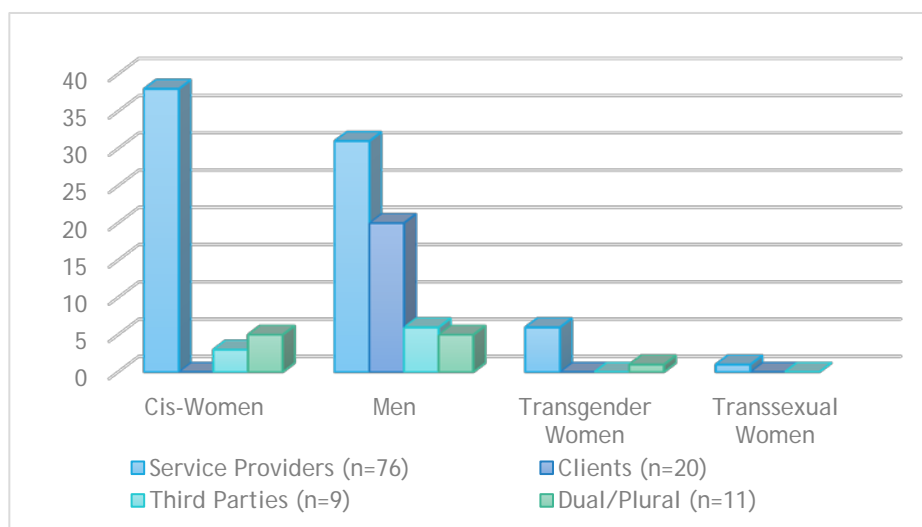
sex industry in multiple ways, describing themselves as people who bought, managed and sold sexual services, thus identifying simultaneously as clients, providers and third parties (n=3); others identified as both clients of other sex workers and as providers (n=2); as both clients and third parties (n=2); and finally as both third parties and providers (n=4). This latter category included those who were owner/operators of licensed or unlicensed venues, who regularly hired and coordinated the work of other service providers.



## Sex Identity

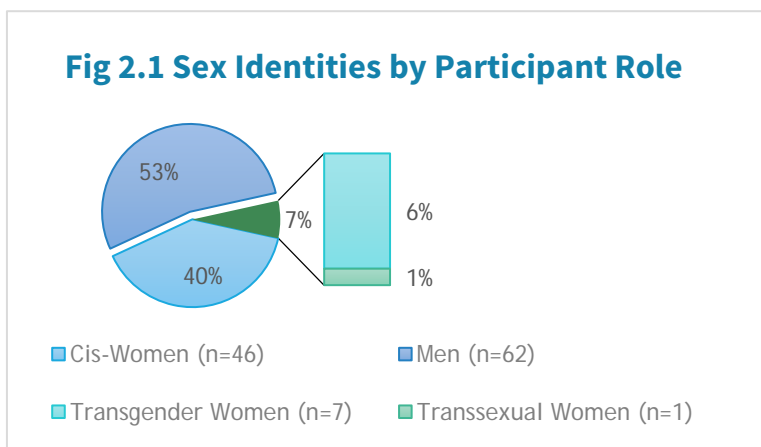
**Fig 2.0 Sex Identity**

Figure 2.0 show the sample's sex identities with 54 (47%) people identifying as women. Of these 54, 46 were cis-gender<sup>7</sup> women, 7 were transgender women and one was a transsexual woman. Fifty-three percent of participants identified as men (n=62). As illustrated in Figure 2.1, the roles held in the sex industry by sex identity show



that of the 76 service providers, 38 were cis-gender women, one was a transsexual woman, six were transgender women, and 31 were men. All clients interviewed identified as men with the exception of two women who held dual and plural roles in the industry. Third parties consisted of three women and six men. Among those participating in dual/plural roles were five women, five men and one transgender woman.

With respect to age, the 116 participants were between 20 and 69 years of age. The majority of service providers were in their 20s and 30s. Clients, third parties and those with dual/plural roles were between 30-39 years of age. Project participants identified across seven racial backgrounds: 16 participants identified as Indigenous; nine were of Asian descent; five were of African or Caribbean; three were South




Asian; two were Mixed Races; two were Métis; the majority, 69 (59.5%) were Caucasian. Ten people did not disclose a racial identity. Among the 76 service providers interviewed there were 45 Caucasians, 14 Indigenous Peoples, four of African or Caribbean descent, one was Métis, two were South Asian, one was of Mixed Races, one was Asian, and eight people did not disclose. Of the 20 clients interviewed, nine were Caucasian, six were Asian, two were Indigenous, one was of African or Caribbean descent, one was South Asian and one person did not disclose. Of the nine third parties, two identified as Asian and seven as Caucasian.

<sup>7</sup> The term cisgender was coined by Carl Buijs in 1995 to refer to those who conform and or agree with the gender assigned to them by society, matching their sex at birth. Transsexual and transgender people are individuals who were assigned a sex at birth but wish to experience their gender differently. Transgender people do not necessarily undergo sex reassignment surgery, whereas, transsexual people usually have completed or are in the process of undergoing sex reassignment or corrective surgery (Theron and Collier 2013).

Sex workers offered a wide range of services from rejuvenation and relaxation (massage, clitoral stroking, cuddling, energy work and therapeutic touch) to intimate services such as covered (with condom) and uncovered (without condom) oral sex, intercourse, anal, and domination, fetish and discipline experiences. Sex workers in our sample were varied in their skillsets and experiences in the industry and as such had strategies customized to the ways they worked and to the clients they saw. Clients were equally diverse with respect to age, ethnicity and their preferences. They varied in terms of who they bought services from and the locations they accessed for service existed both physically and virtually. Third parties managed and supported the sex work of mostly women who provided services to men.

Participants reported on the length of time they had been participating on off-street commercial sex. Their activities included providing services, purchasing and facilitating others in sex work or combinations of all three. Of the 76 service providers, more than half (n=39) had more than 10 years' experience in the sex industry. Most clients (n=7) were relatively new to buying and had 1-5 years' experience, and the majority of third parties had between six and 10 years' experience in organizing sex work.

## IV. TABLE ONE: Engagement Practices



There's that idea that we sell our bodies. That's shit! We sell an experience. We share our bodies, but so do a lot of people. Your body is always yours.

Provider, Woman, 20s

### Background and Context

For the purpose of the SPACES study, we defined engagement practices as the everyday activities that people carry out in the selling, buying, exchanging of services and/or coordinating face-to-face interactions between sex workers and clients. The study of engagement practices is important for several reasons. First, there are a number of ways commercial sexual exchange can be organized and play out in the everyday lives of those who buy, sell and facilitate services. Not all providers offer the same services, work in the same locations, or have the same organizational features that shape their practices and work activities (van der Meulen, Durisin, & Love, 2013). As other research has demonstrated, providers offer a wide variety of services ranging from therapeutic sex and touch, relaxation with massage, clitoral and penile stimulation, cuddles, energy work, intimate services such as covered and uncovered oral sex and penetrative anal and vaginal sex, domination and discipline, fetish service provisions such as shoe fetishism to recreational sexual experiences (Bungay, Oliffe, & Atchison; forthcoming; O'Doherty, 2011). Some of our providers worked in commercially-run sex establishments such as brothels, strip clubs, massage parlours and escort agencies that either offer in-call or out-call services or both. Others work independently with or without support staff, either work from home or from rented apartments, and choose to either offer one or both, in-call or out-call services. Based on how they organize their work, providers face different daily-work related tasks and challenges, and accordingly employ different strategies to address these differences. Moreover, some clients seek the same services and locales and other prefer diversity. Engagement practices are important beyond the level of describing the everyday interactions as they can also provide important information about what promotes a positive or negative transaction. The importance of engagement practices in relation to conflict and violence between providers and clients for instance, has been well documented (Benoit, Atchison, Casey, Jansson et al, 2014; O'Doherty, 2011, Bruckert & Law, 2013; Handlovsky et al., 2012; Lowman, 2010; Shaver, Lewis & Maticka-Tyndale, 2011). Without adequate pre-booking communication, the risk of violence faced by providers is heightened as a result of disagreements with prospective<sup>8</sup> clients in regards to pricing and services for example (Lowman, 2010).

One of the goals of this study was to understand the ways that all parties involved (providers, clients, and third parties) participated in and practiced the commercial exchange of sexual services for money. Furthermore, we sought to learn more about how peoples' practices were influenced by individual, interpersonal and social/structural factors.

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<sup>8</sup> Atchison highlights that there must be a distinction made between clients and prospective clients so not to conflate the attitudes and behaviors of those who paid for services and those who have not. (Personal correspondence August 17<sup>th</sup>, 2015).

## Findings

One of the key areas of understanding engagement practices was the importance of acknowledging that each provider has established sexual boundaries while at work that needed to be respected and recognized by clients and third parties. Furthermore, the influence of the shifting legal context of sex work, purchase and facilitation in Canada needs to be acknowledged and discussed with regards to the damaging effects for those engaged in the sex industry. As noted in our earlier discussion of PCEPA, people participating in the sex industry face new challenges and external restrictions in regards to the implementation of strategies that ensure integrity and respect. Rather than facilitate a positive interactions, the change in law creates conditions whereby the likelihood of conflict is increased.

The need to avoid police detection shaped engagement practices in distinct ways. Some providers and clients for example, discussed services with the use of acronyms. This communication was important to ensure a respectful and enjoyable booking. Communication between parties, pre-booking, allowed for all parties involved to express their wants, needs and expectations in a clear and concise way; however, confusion and different meanings attributed to acronyms was a source of concern and was sometimes described as creating conflict or unclear expectations. As one client noted, we need to “forget about political correctness” or the use of acronyms to describe the services because they too can be unclear. It was apparent that acronyms such as the GFE meant different things to different people, making it difficult for providers to know what clients are expecting (and vice-versa) when relying on acronyms. The change in laws under PCEPA, specifically the criminalization of communicating for the purpose of selling and buying sexual services, endangers providers and other parties involved.

Independent providers were responsible for recruiting and locating their clients through the use of online or print advertisements. As such, they were also responsible for the content published on the advertisements, as well as the filtering between serious and non-serious inquiries. It was common for some of the independent providers we interviewed to complain about people contacting them without any intent of purchasing services. Some of these people may have been potential clients, commonly called ‘time wasters’, and described as phone line masturbators who seek free sexual gratification. The negative effects of ‘time wasters’ contributed to loss of income and feelings of being degraded and used. Strategies employed by some of the providers interviewed were to offer clear and detailed ads. Providers believed that the more detailed their advertisements the less likely they would receive calls from these ‘time wasters’. Independent providers also spent a tremendous amount of time explaining the services. Some providers were often asked for services that they did not offer and they spent time explaining why. Providers state that because it is illegal to “explicitly” offer sexual services, providers can no longer pre-screen clients and provide detailed advertisements or avoid time wasters.

When working for a commercially-run sex establishment, third parties interviewed claimed that a clear establishment of rules and regulations was pivotal to avoid conflict between providers, between providers and clients, and between providers and third parties while at work. Both providers and third parties were in support of ethical management practices; however, the criminalization of third parties encouraged the opposite. Out of fear of being closed down, and the desire to ‘make a quick buck’, it was shared with us that it was common for some third parties to compromise provider’s well-being in the name of profit, in turn adopting unethical management practices. Providers and third parties we interviewed stated that with bad management comes bad clientele who increase providers’ vulnerability to violent and nonviolent conflicts.

The criminalization of third parties can also impede their ability to respond to abuses against providers. Even though providers consulted for this project identified a lack by third parties of an established



protocol in case of assault, were third parties willing to do so, a response could be deemed by police as admitting that sexual acts were being conducted within their premises, potentially risking criminal charges. This places third parties' interest at odds with providers'.

In light of the challenges faced within the current legal and political climate, many participants offered suggestions for improving the everyday work activities for providers. Participants, for example suggested that mentoring and sharing of knowledge between providers and third parties could make an important contribution towards the creation of a positive and supportive work environment. For sex workers interviewed, support from third parties and other providers was paramount. There are certain situations that are unique to sex work that a non-sex worker would not understand. Having had to learn-on-the-job, some of the older and more experienced providers interviewed recommended peer-support training. This was also suggested by some of the third parties; however, discussion by third parties of sexual services is admitting that such services are being sold and bought within their premises, which under the PCEPA is illegal. The inability to be frank impinges on people's capacity to implement positive engagement practices endangering providers' occupational well-being.

There are many challenges in moving forward to improve working environments and improve communications among providers, clients and third parties. Central to these challenges were the current legal regime. A supportive and frank discussion regarding unfair work conditions cannot materialize under a criminalized framework. Providers need to be able to discuss or advertise their rates and services offered in clear and concise ways to make them less vulnerable to 'time wasters' and unwanted phone masturbators. Furthermore, clients could more readily seek providers who offered the services they preferred and have clear expectations about boundaries. Without an improved legal framework it would appear that a safe and transparent sex industry is difficult to attain without risking arrest, loss of business and/or criminal conviction.

## Tips, Strategies and Insights from Project Participants (Providers, Clients & Third Parties)

### Providers (Female-Identified)<sup>9</sup> to Other Providers

#### *A. Engagement Practices Irrespective of Work Context:*

1. Only offer services you are comfortable with and respect your own boundaries, otherwise you may adopt bad coping mechanisms—such as drugs or alcohol use.
2. Be confident, always stay in control, and maintain eye contact.
3. Have a backup plan of other work in addition to sex work for lean times.
4. Ban clients from using their phones or taking pics of you while in booking. Many workers disallow electronic devices while in session.
5. Seek support from others in the community.
6. Always get paid at the beginning of the booking.<sup>10</sup>

#### *B. In-call Service Providers (own or associates' residence):*

1. Use a private number in ads and while working.
2. Clearly establish rules with clients pre-booking (services, drug use, etc.). Some workers state that this is hard now that the new law is in place.
3. Beware of time wasters and masturbators who may call you but aren't serious about booking.

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<sup>9</sup> The tips and strategies presented in this document are quotes from participants. Some quotes have been amended for clarity and grammatical purposes.

<sup>10</sup> Some male providers interviewed are more comfortable being paid last as a strategy to build trust among some clients.



4. When deciding whether or not to put your face on your ads or to send pictures to clients; the decision should not be made lightly. Weigh immediate and long term risks and benefits. Remember that once your photo out there you lose control of who has it and how it's used.
5. Try to set your rates to match current market range; do not underprice yourself or undercut other providers. This is a disservice to you and others.

*C. In-call Service Providers (licensed venues and unlicensed venues):*

1. Pictures taken by agencies are yours, do not let them tell you otherwise.

*D. Out-Call Service Providers*

1. See if you can hire someone to drive you, or to be there while working. Cab drivers are a good resource to lean on when you do not have a reliable and trustworthy driver.
2. Be wary of agency drivers, sometimes they are the ears and eyes of management.

### Providers (Male-Identified) to Other Male Providers<sup>11</sup>

*A. Out and In-call Service Providers (own, associates' residence, or bathhouses):*

1. Never use chat rooms to get clients, they are a waste of time.
2. If working from bathhouses, do not advertise it; it is against their policies.
3. Read the client's profile on the website to get to know them before accepting a booking.
4. If using drugs while working, then be aware that it may complicate and jeopardize your and the client's ability to perform sexually.
5. Some providers preferred getting paid at the start of the booking, while others were okay to see that the client has money and get paid at the end. Some suggested getting paid 50% at the start and the remaining 50% at the end.

### Providers to Clients

*A. Providers to Clients Irrespective of Sector/Work Context*

1. When working, most providers do not want you to ask them out on dates.
2. Shower pre-booking, and if requested, while at the booking.
3. Be on time which means do not be late or early!
4. Don't show up drunk or under the influence; it'll be a waste of your money.
5. Always pay us at the start of the booking without us having to ask, unless instructed otherwise.
6. While at a booking, be receptive of our instructions.
7. We appreciate cash tips as it shows gratitude towards our work.
8. Use non-degrading words when asking for services. And do not rely on pressure tactics to get services we do not offer.

*B. Providers to Clients Seeking Services from Independent Providers*

1. Don't string us along; if you agreed to a booking, go through with it.
2. Don't block your number when you call.
3. Read the ads before booking; know what's being offered.
4. Don't haggle nor should you set our rates for us.
5. Call when wanting to cancel a booking, it shows respect for our time.
6. Be discreet when visiting us; not everyone knows we are engaging in this form of work.

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<sup>11</sup> We have separated out comments from Providers who are men in instances where work contexts and experiences are unique to this gender identity.

## Clients

### *A. Clients to Other Clients*

1. Buy from established venues who care about their reputations.
2. Do your research and check out what others have said about a potential provider.
3. Take some extra cash with you in case the both of you want to do some extra services, or if you want to tip.
4. Shower before arriving at a booking, the providers will appreciate this.
5. Treat providers with respect.
6. Pricing is key, so don't go too cheap or too expensive.
7. Understand the roles and the hierarchies within the sex industry.
8. Avoid places where English is ill-spoken because it may be a sign of coercion, and exploitation; also those places are also more likely to be targeted by police. \*\*\*
9. Sincere providers will make sure to clearly outline and articulate what they do and what they are comfortable doing physically and emotionally.
10. Review boards are a good resource to access when wanting to get into contact with other clients and providers.
11. Post PCEPA: It's hard to identify/select workers and take the risk to contact them if there are no pictures in the ad. Some clients are worried of venues that are not established that could have underage workers or undercover cops present.

### *B. Clients to Providers*

1. Stereotypical and overly brief correspondence is a red flag. If either party is not willing to take the time to be clear what they are seeking, it is most definitely an indication of what they will be like during the booking.

## Third Parties

### *A. Providers to Third Parties*

1. Mentor us!
2. Provide positive work spaces with adequate supply of toilet paper, keep up with the renovations, and when needed upgrade the furniture.
3. Train us in case of police raids so that we know to remain calm, know our rights and know what to do, similar to fire alarm drill preparation.
4. Don't charge or fine us for minor infractions or ridiculous things such as chipped nail polish or for gaining weight, or for the use of cabs and your drivers.
5. Don't take our tips, you already earned your share.
6. Enforcement of rules should be consistent, not based on moods.
7. Bad management equals a worse clientele base, and unreliable workers, which results in less profit for you.
8. Clearly outline to each provider the definition and details of the services offered, and which provider are willing to do what and when.
9. Protocols should be established in case of assault.
10. Don't pressure us into it accepting clients we do not feel comfortable with, including when we do not want to offer GFE.

### *B. Third Parties to Other Third Parties*

1. Respect providers' sexual boundaries.

2. Offer some mentoring for providers. But be careful because this could be illegal. \*\*\*
3. Make sure that the rules and regulations of your venue are clearly outlined and that they are based on ethical principles of running a business.
4. Support providers who wish to exit and for them to find a balance between work and life.
5. Try to equally share the clients amongst the providers by not overstaffing, and by NOT scheduling providers that offer similar services, or adhere to similar physical features on the same shift. It causes direct competition.
6. Keep venue in good repair and clean.
7. Do not accept or expect tips from providers. This creates conflict by introducing favoritism.
8. Stop fining providers. As a consequence they will be more committed to the premises and work.
9. Don't let clients negotiate pricing.
10. Don't raise the house rates when money is slow.
11. Remember that your venue's reputation with police, the community, and residents affects other sex work businesses.
12. When picking a venue, be sure it is suited to your needs and the community's (discreet, proper licenses, liberated neighborhood, etc.).
13. Encourage providers to give you feedback about the clients (good or bad) so that you can protect workers.
14. If hiring new providers, go check on them at the end of their shift to make sure all is well.
15. Use providers real/work names instead of saying 'sweetie.' To protect the identity of the providers, their pictures should be deleted from your computers and given back to them once they've finished working for you. There's good money and then there's bad money. At the end of the day, you are the one that needs to sleep at night.


## Highlights

- Due to the legislative climate, some third parties felt that the law supported unethical management of the sex industry as operating guidelines, as well as health and safety practices are sometimes ignored in favor of making money.
- Both providers and third parties are interested in mentoring but this may have legal implications that limit the feasibility of this strategy.
- Third parties and providers are interested in creating safety protocols to implement in case of incidents that may occur in establishments.
- Documentation of 'rules and regs' of a venue where sex work takes place may be incriminating for some.
- All parties wanted to have more detailed information included in advertisements so that clients can self-select more efficiently and there would be less time wasted when expectations and services are mismatched.
- Both third parties and providers expect clients to be on time, respectful and sober.
- Some third parties urge others not to fine providers, take tips or raise their fees when business is slow.

## Discussion Questions

1. What are the top 5 laws and regulations around commercial sex that could be reshaped to support ethical management and the prioritization of sex worker and client health?
2. What strategies need to be implemented in order to reduce or eradicate the licensed and unlicensed venues that pose risks to sex workers, clients and others, due to how they are operating?
3. How can clarity in advertisements benefit all parties?
4. Around the table there are those of you who may hold positions that can reshape engagement practices within sex work venues. What ideas do you have that could increase support for managers, sex workers and clients and reduce opportunities for exploitation?
5. What type of information and training do you feel would be useful to better support sex workers?

## V. TABLE TWO: Safety



I think we would be safer if we would be accepted more. I mean, we need acceptance...we don't ruin families or marriages. We're just people like you.

Provider, Woman, 40s

### Background and Context

One focus of our research project was to understand safety issues for sex workers and other parties as they relate to the organizational and operational features of off-street commercial sex environments. Throughout our study we recognized that violence can and does sometimes occur and can take many forms. Therefore, for the purposes of this project we adopt the World Health Organization's definition of violence that includes the "intentional use of physical force or power, threaten or actual against oneself, another person, or against a group or community, that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Krug, Dahlberg, Mercy, et al., 2002:5). We also incorporate definitions that acknowledge the nature of violence as being physical, sexual, psychological, and based in neglect or deprivation and that includes but is not limited to collective, structural, sexual, and gender-based violence (Rutherford, Zwi, Grove & Butchart, 2007). We asked providers, clients and third parties how safe they felt the sex industry was based on the ways they engaged; who they felt was most at risk of violence; what their strategies were to ensure their safety; how they learned these strategies; and what they would do if they felt unsafe. The literature on working environments has demonstrated significant diversity within these environments and the degree of independence that providers have regarding services provided, clientele, and work settings (Lewis, Maticka-Tyndale, & Shaver, 2005; O'Doherty, 2007, 2011; Shaver, Lewis & Maticka-Tyndale, 2011). Venues that provide the physical space for adult consensual sexual exchange, in addition to other services that they may be licensed to offer (i.e. massage parlours, etc.) are subject to federal, provincial and municipal regulation (Lowman, 2013; Bungay & Stevenson, 2013; Handlovsky, Bungay, & Kolar, 2012; Atchison, 2010; O'Doherty, 2011), cannot be transparent about the sexual services that may take place due to legislation and stigma-related obstacles.

PCEPA is an example of how criminal law puts safety at risk. Criminalizing the purchase of sexual services poses safety concerns for sex workers because their screening processes become inadequate, as criminalized clients may not be forthcoming with the information that sex workers need to make decisions about who they will see. Criminalizing all clients to protect sex workers reinforces the 'whore stigma' (Pheterson, 1993) as it assumes that sex workers are indiscriminate with respect to client selection and thereby responsible for the violence against them. Criminalizing clients also presupposes a homogeneity, where all who buy sex are dangerous and violent. More specifically, there is no distinction made between predators (who are not clients), 'time-wasters' and paying customers for example. Lowman & Atchison (2006) state that violent predators who target sex workers, especially those who work on-street, represent a small segment of men and more work on the 'immediate context' of violence is needed to better understand it.

## Findings

The majority of sex workers interviewed had experience working for escort agencies and other licensed venues but preferred to work as independents—managing their own administration; screening and booking clients; advertisements; service provision; and arranged for their own safety and security, in addition to that of their clients. Similar to other studies of sex work venues (Bruckert & Law, 2013; Lewis et al., 2005; O'Doherty, 2007, 2011; Benoit, Atchison, Casey et al, 2014; Shaver, Lewis & Maticka-Tyndale, 2011) sex worker participants offered these services in in-call locations such as licensed and unlicensed venues which include their own homes, escort agencies and massage parlours. Some providers offered out-call services which required them to travel to meet clients at hotels/motels, boats, vehicles, vacation destinations, parks, homes and offices. Many providers worked out of the homes of friends and associates in the sex industry with whom they would rent facilities and adhere to the parameters set by those who controlled those spaces. Regardless of the setting, all of the providers interviewed had sophisticated safety practices, although they were limited in exercising their strategies fully due to legislation and stigma.

Providers implemented a diverse array of safety mechanisms. Some implemented buddy-systems to ensure each other's safety. Screening processes described included lengthy email and phone correspondences with potential clients. Some workers required that clients be referred by other providers or have profiles on PERB and other online communities. Workers used technology by way of reverse-look-ups, Google Maps™ and other technologies at their disposal to assess whether clients were safe to see as in or out-call customers. For most, whether they felt safe about seeing a client came down to their 'gut feeling' and intuition about the interactions they were having and their assessments of the level of safety from engaging with that particular client. This was commonly based on a number of cues that for safety reasons are not included in this report. Almost half (n=39) of the sex workers interviewed had more than 10 years' experience in the industry and felt they had accumulated knowledge and experience that can guide them to work safely. Some workers talked about having positive interactions with law enforcement, where they were supported to find remedies to abuses they experienced. Workers talked about the confrontation management course that was offered at PACE Society that helped them de-escalate violence and retain information about incidents that was important when reporting perpetrators. Some sex workers discussed the fact that they cannot always guard against violence. They stated that if a violent person chooses to target someone, there is little anyone could do to prevent that.

Clients described the elements of buying that made them unsafe. Safety issues included being robbed or 'ambushed' by sex workers or those posing as workers and the men they know; being victims of 'bait and switch' schemes where they would commit to seeing a particular worker only to have someone else attend the face-to-face meeting; seeing sex workers in impoverished neighborhoods that they deemed unsafe; and engaging with workers who were drug dependent as they perceived them to be unpredictable. Clients did not describe these incidents as particularly violent, but instead saw them as potentially risky. Clients are affected by legislation and bylaws because they have no recourse when they experience harm such as robbery. Not only do clients have the right to experience the sex industry free from violence, ignoring their safety concerns may make sex workers unsafe as criminalization creates the conditions for situational violence (Lowman, 2010; Lowman & Atchison, 2006). Lowman explains that situational violence is harm done by clients (who have a propensity for violence) upon sex workers and is not premeditated, but comes about as a result of disagreements related to expectations about pricing, or services not being met to the clients' satisfaction. Ultimately all parties (clients, providers, and third parties) can perpetrate and become victims of physical violence, robbery or extortion, to name a few.

Finally, criminalizing some third parties engaged in facilitating sexual exchange, although asymmetrically, poses challenges for those whose role it is to link and support clients and providers while they are together. Drivers, booking personal (who expect regular calls from sex workers in session to ensure their safety) and venue managers, are among individuals who set standards and provide administration and safety. It is a false assumption that the population of third parties operating in Vancouver and elsewhere comprise those who may have the least interest in ensuring the safety and welfare of sex workers. For those interviewed, the opposite was true. Third parties here who are licensed and unlicensed, and who prioritize health and safety stated that they earn less money than their competition—those who operate in clandestine ways (i.e. who run unlicensed micro-brothels). The latter group of third parties stay ‘off the radar’ of law enforcement and government officials. Third parties interviewed felt that a criminalized sex industry, by design gives unlicensed venue operators the advantage, as they can disregard the rights of sex workers and clients, make fast money, and vanish when necessary. Third parties also talked about oppression experienced when state officials would attend their venues and obtain services from sex workers without paying. In these instances, third parties have no way of recovering funds on behalf of sex workers and ensuring their safety. In addition to this, some third parties disclosed that dealing with intoxicated clients threatened the safety of sex workers and the security of their venues. One third party described calling the police after a client vandalized the venue and the owner received no support because officers stated that sex work businesses brought the criminal element to the neighborhood. Ultimately, legislation and bylaws challenge providers, clients and third parties with respect to acknowledging and responding to safety concerns that are unique to the ways in which each of these populations engage with the off-street sex industry.

Male providers worried less about violence from clients during one-on-one encounters. Many felt that they were skilled at reading people; that they remained vigilant during sessions; and that could de-escalate the situation if conflicts arose. Men were more concerned with being set up for hate crimes as much of society believes that male sex workers are ‘homosexual’. Male workers discussed that ‘gay-bashing’ is alive and well in our society and being a sex worker who offers homo-erotic services may put some men at risk of violent predators from within and outside of the gay community. For the most part, male workers interviewed were independents, who provided in-call services in their homes and at establishments; those providing out-calls to client’s homes and public places utilized the buddy system and felt relatively safe.

Sex industry providers, clients and third parties all discussed threats to their safety as well as their strategies to mitigate harm. They provided details about the tips and strategies used to establish and maintain safety in off-street environments. A selection of these are below.

## Tips, Strategies and Insights from Project Participants (Providers, Clients & Third Parties)<sup>12</sup>

### Providers (Female-Identified)

#### *A. General Safety Tips and Strategies*

1. Try to ask for full names, phone numbers and addresses of clients for your safety; and always keep log of the information and the outcome of the booking for future reference; irrespective of whether it was a good or bad date.
2. Take a mental description of clients in case you have to describe them later.
3. Be selective about the clients you choose to see. When possible, get references from other workers.

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<sup>12</sup> **Please note:** safety tips of Providers, Clients and Third Parties shared here will be general (common sense) strategies so not to put parties who use advanced and specialized techniques at risk of harm.



4. When possible, limit your work hours to during the day to avoid working late. This may help avoid clients likely to be intoxicated and more dangerous. \*\*\*
5. Only accept drinks, food, drugs from clients who you trust. Many providers do not accept anything other than cash, and opt to bring their own drinks, etc. to the bookings.
6. Some providers do not book same day services. This screens out particular types of clients who want immediate services and increases safety for some sex workers;
7. Be very detailed in your advertisements, so clients who want services outside of what you are offering do not contact you. \*\*\*
8. Regular clientele are deemed safest; however, some providers noted that this should not be considered a rule because in some instances they've experienced regulars unexpectedly 'flipping' on them.
9. Watch clients' body language; their breathing; sweating due to drugs or being nervous; shaking and quivering; their hands; shoes; eyes for coloring; smells; drugs; faces to detect lies, pupils for drug consumption; clamminess; signs of being erratic; unresponsive or responding with one-word answers only; etc.
10. Risky clients will likely dehumanize you by avoiding eye contact, or engaging in conversation with you. (At one focus group session with providers, this dehumanization was likened to a character in a well-known horror film: "She puts the lotion on her skin<sup>13</sup>...")
11. When possible leave the door ajar of the room you are working in.

#### *B. Out-call Service Providers*

1. Use Google Maps™ and other technologies to document your whereabouts.
2. Use the buddy-system to ensure others who you trust know where you are.
3. Take mental images of your surroundings; addresses, layout of room, etc;
4. Be aware of possible escape routes, and fire escapes.
5. Arrive at the booking a little earlier in order to familiarize yourself with the environment and the neighborhood you are working in.
6. Level of cleanliness of house is said to be an indicator of the type of clientele; however, some providers felt that clients' word-choice was a better indicator of whether or not they were safe.

#### *C. In-call Service Providers (own or associates' residence)*

1. When possible, let your roommate, neighbor or partner know you are doing sex work so that they can keep an ear out for you.
2. When doing in-calls, be aware that to bring clients to your home, also means that they will know where you live, etc.
3. Make sure clients are discreet and not disruptive in hallways and public areas.
4. Keep your purse/money or other valuable items hidden away in unusual places.

#### *D. In-call Service Providers (licensed venues and unlicensed venues)*

1. If working from a micro-brothel, be careful of robberies from others who use the space.
2. Please share bad date incidents and information to managers and providers at other venues.
3. When working alone in a parlour, it is best to lock the front door so no one else can enter while you are in session.

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<sup>13</sup> Film: "The Silence of the Lambs" (1991); Director Jonathon Demme



## Providers (Male-Identified)

### *A. Male Providers Safety Strategies Irrespective of Work Environments*

1. Stay updated on bad date lists, even though they are geared towards women. You can get these from support agencies.
2. Work in gay-friendly neighborhoods
3. Respond to emails with names only for safety
4. Ask for pictures from buyers.
5. Carry a weapon. \*\*\*
6. Keep your wallet out of sight.
7. Always look at clients in the eyes when interacting with them. Be direct and don't be shy.
8. Watch for body language, drug use, gay bashing, nervous sweats, regardless if visiting a female buyer; because of assumptions that male providers are gay.
9. Try to meet in person in a public place, or on video chat before accepting a booking.
10. Always seem confident even if you have to fake it.
11. When doing car dates, do not put your seat belt on; always check if doors have been child locked before driving off with client, and leave the window open. These things will allow you to exit the car quicker. \*\*\*
12. Try to stick with regulars; however, this does not guarantee safety.
13. Use your gut.
14. Try to take self-defense training
15. Don't use drugs while working, and if you do only take drugs that are familiar to you.
16. Avoid using chat rooms to find clients.
17. Never accept a booking from a private number.
18. Prioritize your own safety and avoid accepting bookings just for the money. Remember that your ability to work is dependent on your personal well-being.
19. If drinking, do so out of same bottle and make sure the client drinks first or smokes first.
20. Judge safety of clients by how many views they have on their online profiles, more is better.

### *B. Out-call Male Service Providers*

1. Show up at the outcall early to get a feel for the environment.
2. Avoid parks.
3. Limit your outcalls to hotels.
4. Cleanliness of a client's residence is an indicator of the level of safety. \*\*\*

### *C. In-call Male Service Providers (own or associates' residence)*

1. If you live in social housing it's more secure to accept bookings. Clients are on camera and in most cases they will have to provide ID at the front desk. <sup>14</sup>\*\*\*
2. Bathhouses are relatively safe because patrons are known.
3. Some male providers suggest not to do in-calls from your own home.

## Providers

### Tips and Strategies for Working at Street Level (Includes Providers of all Genders)

1. When possible, try to work indoors and avoid working from the streets or doing car dates.
2. Use buddy system and take down plates; or take a picture of them with camera phones.

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<sup>14</sup> Since the change in law, some sex workers who live in social housing are noticing that their Clients are unwilling to check in at the front desks and they have to find new spaces to turn dates.

3. Some workers use GPS programs and take selfies to document time and location.
4. Carry pepper spray. \*\*\*
5. Be cautious of vans, especially the ones without windows.
6. Don't get into a car with two men or more, read red light alert.
7. If you are getting a client to pick you up near other street providers, do not get dropped off at same spot, because you risk getting robbed from other providers knowing you just got paid for a job. If you are dropped off to the same place, pretend you're on the phone so other workers will be less likely to target you for robbery.

### Provider's Safety Recommendations to Clients

1. Expect lots of questions when calling; this is for our safety.
2. Don't call us with a private number, or expect to secure a booking via text-only correspondences.
3. We seek discretion; therefore refrain from talking to providers and clients about our activities.

### Provider's Safety Recommendations to Third Parties

1. Share violent perpetrator information between staff at venues.
2. Listen to us when we say that the client will be trouble, we know!
3. Always prioritize our safety, even when business is quiet!
4. Do accurate matching between clients and providers. In the end, that is a big part of your job! This includes information about sexual and gender identity. Transsexual and transgender workers insist that their gender identity be disclosed to clients before booking to lessen the risk of violence and harm.
5. We should have the right to refuse a client without reprimand.
6. Make sure you have safety strategies including safe words in case of violent clients.
7. Establish protocols about what to do in case of sexual and physical assault. Provide us with information about our options.
8. Create an environment where we feel safe to report violent incidents to staff or police.
9. Be willing to learn about how to support us appropriately.

### Clients

#### *A. General Safety Tips and Strategies*

1. Buying is trial and error, so it may be safe one minute and not the next; however, the more respectful you are, the most likely things will remain safe.
2. Online reviews are a good resource to stay updated on robberies of buyers. \*\*\*
3. Be wary of providers who look different than in their advert picture. It may mean a bait-and-switch.
4. To stay safer, it is best to stick to regulars.

#### *B. In-call (Own home/vehicle/location)*

1. Some of us feel safe inviting providers to our homes, or meeting them at hotels and places of their choice.
2. Going on out-calls is a safer way protect your home and identity.

#### *C. Out-call (travelled to see sex workers)*

1. Avoid visiting venues or motels in lower socio-economic neighborhoods; there is a greater chance of being robbed. \*\*\*
2. Some of us feel safer in parlours because of cameras, etc.

## Third Parties

### *In-call (Own home or other residential or commercial spaces)*

1. Stay informed of bad date sheets and share this information with others.
2. Implement better safety practices for your venue by asking for proof of address from clients. Use Google Earth™.
3. Turn away drunks and find strategies to get them to come back when they are sober.
4. Support providers to follow their gut in terms of safety and encourage them to work together.
5. Prioritize your own safety and that of providers before money.
6. Listen to providers when they say a client is problematic.
7. Ban clients that are dangerous, other better clients will come!
8. Match the providers with the right client to avoid problems and disappointed clients.
9. Don't accept clients from a blocked number. (Note: some third parties will take initial calls from blocked numbers because clients may be wary because of the new law, but clients are expected to share contact info in order to book sessions.)
10. Don't pressure providers to do things that they don't want to. Under those circumstances you are implicated in them being assaulted or raped. Also, remember there is always a way around it.
11. Always secure your venue with cameras.
12. When the sex worker liaison officer at the VPD visited my venue, she provided useful advice on how to increase safety.
13. If you lower the rates you will attract worse clients. \*\*\* (Note: some third parties did not correlate safety and rates of services.)
14. Third parties who have had experience in the sex industry are a good fit for management as they know tricks and strategies so as not to endanger providers.
15. If as a third party you are not always on the premises, establish safety measures to ensure all providers and clients remain safe while you are absent.
16. Respect who providers choose to see as clients and install a camera system so that they can see who is entering the venue. This will facilitate them in avoiding contact with those they do not wish to see.

### *Out-call (homes, offices, hotels etc.)*

1. Use and rely on a client blacklist (that exists on an online review site) to avoid sending providers to a client that has a history of violence.
2. When offering outcalls, limit them to hotels, not to clients homes if possible.
3. If offering outcall services, remember that this service can be extremely dangerous and implement safety measures accordingly.

### *Third Parties to Providers*

1. Tell management right away if you feel uncomfortable with a client.
2. Follow your gut!
3. Try to work with other sex workers. Use a buddy system with other providers for safety.

### *Third Parties to Clients*

1. When agencies ask for your phone number or buzzer it's to make sure the providers remain safe, so just provide the information needed.

2. If we suspect that a provider is in danger while in a booking with you, we will not shy away from 'outing' you as a client to hotel staff in order to gain access to the provider.


## Highlights

- The ways in which laws and safety strategies intersected reduced effectiveness.
  - For example, some workers recommend posting detailed ads to increase clarity and increase safety. In response to PCEPA, some ads are being censored beyond recognition by online hosts.
  - Since the change in law, getting personal information from clients has become more challenging, impeding providers from using this as a safety measure.
- Providers want to be able to review clients, cross-check their phone numbers and get references from other workers when possible.
- Often, providers conflicted in their recommendations to increase safety such as recommending where sex work should take place and if weapons should be carried.
- Male providers suggest watching body language, managing drug use during calls and to assess the safety of clients based on the number of views they had on online profiles.
- Some clients relied on online review boards as a tool to increase their safety when purchasing and to build relationships with the safest providers. Some worried about 'bait and switch' as well as being robbed.
- Third parties wanted to be able to prioritize the safety of providers and implement strategies that did not incriminate them in the process.

## Discussion Questions

1. How can we support sex workers, clients and third parties to exchange the information needed to make decisions about safety without contravening the law?
2. How can we utilize the mechanisms and infrastructure in place, such as review boards and client blacklists, to enhance safety for all involved?
3. How do we support those who are victims of exploitation and draw attention to violations of safety and rights within the sex industry without playing into sentiments that suggest that the sex industry is inherently violent?
4. What can you do in your respective communities, to assist providers, clients and managers in increasing their safety?

## VI. TABLE THREE: Stigma and Mental Health



Stigma is everywhere...Why can't [we] just be us? What's the harm? That's what I don't understand. ...That bugs me because I feel like I have to have a label.

Provider, Transgender, 30s

### Background and Context

Stigma, mental health and their interrelationship were significant themes in our study findings. Literature on sex work examines stigma as an interactional experience that has an effect on the mental health and well-being of the people who are targeted. There is little research on the effects of various stigmas on clients and who they may discuss their buying behaviors with, except for works like Atchison (1998; 2010), Pitpitan, Strathdee and Semple et al. (2013) and Sanders (2008). There exists even less research on the kinds of stigmas third parties may experience in the course of their work.

Goffman (1963) explicates nonvisible stigma as concealed attributes that are undesirable or 'discreditable.' If information about a hidden stigma is revealed, an individual becomes 'discredited.' Those who hide discrediting attributes engage in image, information and people management, all strategic processes that allow them to pass for what is acceptable in a given environment (Goffman, 1963). Goffman suggests that there is a psychological price to 'living a life that can be collapsed at any moment' (Goffman, 1963:87). Owen (2008) suggests that stigma leads to silence and silence leads to shame and those feelings of shame, unworthiness and embarrassment affect mental health. The internalization of fears of being discovered or 'outed' and judged by others are defined as 'felt stigma' (Scambler, 2008). Tomura (2009) discusses ten psychological themes related to sex work and stigma. Among them are the hiding and lying sex workers are forced to do and the accompanying stress; the 'vigilance' needed to in their interactions so not to reveal sex work activities; and the negative labelling that comes about when sex work has been discovered (Tomura, 2009). Individuals who engage in the sex industry (providers, clients and third parties) are not necessarily those who consider their participation as worthy of social rejection; however, some people work in the off-street sex industry as a way to mitigate stigma and increase privacy (O'Doherty, 2011). Furthermore, many hide their involvement because of 'whore stigma' (Pheterson, 1993) that are assumptions about sex workers that perpetuate myths about their characters and work practices. Some of these include the idea that sex workers sell their honor for base or monetary gain (Pheterson, 1993). Project participants add that religious and cultural beliefs as well as family values held by relatives are also reasons for non-disclosure. Sex workers have also noted the range of issues that affected their mental health including the stress and depression related to hiding their sex work involvement, a practice documented in literature (Tomura, 2009; Bowen, 2013; Lazarus et al., 2011; Benoit & Millar, 2001; Bowen & Bungay, 2015 forthcoming; Shaver, Lewis & Maticka-Tyndale, 2011; Lazarus et al., 2012; McIntyre, 2002; Millar, 2002; O'Doherty, 2011; Ross, 2009).

### Findings

Providers in our study expressed they had to hide their involvement in sex work because of their other roles for instance, as fathers, mothers, and students. Additionally, many participated in 'duality' (Bowen,

2013) by being simultaneously involved in sex work and square work. Concealing discrediting information was essential to participating in both kinds of work and to being seen as successful and competent across roles.

Clients interviewed were not ashamed of their buying practices as they saw sex as a natural human need. They did not however, openly discuss buying because they did not want to embarrass friends and family. This finding is consistent with Atchison (2010) who surveyed 1305 clients. Of the 469 respondents who were in serious intimate relationships, almost half worried that friends, family and co-workers would find out that they were customers. Clients in the present study discussed managing information about their buying practices but a full investigation into stigma among purchasers was not conducted.

Third parties who are involved in gangs and organized crime did not participate in our study. For the most part, we interviewed individuals who wanted to find ways to continue prioritizing the health and safety of sex workers within our current socio-legal context, but had challenges doing so because of the ways they were treated when interacting with others in society. Third parties, such as managers, drivers and administration staff concealed information about the work they did because they were often vilified and labeled as exploiters of sex workers. Additionally, they perceived that some members of the public believed that third parties were those who worked their way up from doing sex work to administrative roles or ownership. This may be true in some cases but not always. Many who held administrative roles were discredited and experienced what Goffman (1963) calls a 'courtesy stigma' due to their association with people who were stigmatized. Similarly, Phillips (2010) discusses this 'courtesy stigma' experienced by front line workers who provide services to sex workers which affected their health and longevity in their jobs. One manager stated that she had to constantly convince friends and family that she entered the sex industry in as an administrator and had no previous involvement as a sex worker. All three participant groups were forced into silence to avoid negativity, embarrassment or a loss of employment or status because of their engagement in the sex industry.

Sex workers here discussed experiencing stress and depression related to hiding their sex work involvement. Due to 'whore stigma', they had the added humiliation of being seen as among those who indiscriminately and recklessly spread sexually transmitted infections (STI's), but in reality, sex workers in our study were experts in terms of safer sexual health practices and their concerns extended to other providers, clients, client's partners and to the community at large. Providers also talked about the strain of living in a world where they are misunderstood and at times easier to conceal their true identities to avoid stress.

Johnson, Bottorff, Browne, et al. (2004) highlight that the act of 'othering' reinforces systems of domination and subordination. Some sex workers discussed the strains of sex work and post-traumatic stress disorder among some who have been victimized, but emphasized that they did not experience sex work as particularly stressful outside of experiences of stigma. The sources of stigma included state officials, health professionals, landlords and the general public. Sallmann (2010) adds that stigma perpetuates and normalizes many forms of violence against sex workers such that it becomes embedded in systems such as the courts, social welfare, etc. In order to counter the effects of this domination, participants have adopted strategies to cope with systemic oppression including becoming activists on sex workers' rights issues and participating in research as well as working to build capacity and resistance within themselves and among their community members. Additionally, providers talked about maintaining physical wellness and good exercise routines, balancing lives in and outside of sex work with other jobs and activities, taking breaks from sex work, and how talking about their experiences with those they trusted were all good strategies.

Clients discussed engaging in purchasing sex as an activity that aided in their mental health and overall wellness. Clients saw sex as a stress reliever. They talked about how people spent money on a range of professionals to alleviate stress and buying sex was one of a number of avenues to remain balanced and healthy. Some described their purchasing as something that was fun and entertaining. Many enjoyed searching through ads and reading profiles to select providers who suited their desires. A couple of clients discussed buying sex on their birthdays and other celebratory occasions. Clients talked about the act of purchasing as being a more efficient use of funds as dating is an expensive process and does not always lead to intimacy. Some clients discussed buying as something that could be addictive and they warned others about the financial and emotional toll this could have on their lives.

Third parties stated that they supported good mental health among sex workers by maintaining healthy work environments and being a source of support for workers. Some third parties were former sex workers and had intimate knowledge of the job demands and believed themselves to be more compassionate. They fostered work settings where there were positive relations among sex workers and between workers and management. In some venues managers were more hands-off, believing that the sex workers they hired were more than capable of accessing any resources they needed to do their jobs. In contrast, one manager compared her job to running a daycare, stating that the workers in that venue needed a lot of guidance and support. Some third parties talked about not being equipped to support sex workers who were drug dependent and had mental health issues. In general, issues of stigma and mental health were on the radar for all three participant groups; however, less is known about how those who are gender variant are affected by both of these issues. Finally, participants noted that being targets for stigma and criminalization, and having existing criminal records, challenges their social interactions. There needs to be an exploration of how laws and policies affect the wellbeing of sex workers, clients and third parties.

## Tips, Strategies and Insights from Project Participants (Providers, Clients & Third Parties)

### Providers

#### *Providers to Other Providers*

1. Don't do cock all the time, take breaks.
2. Sex workers should get info on post-traumatic stress disorder (PTSD), and be aware of their triggers.
3. Use sex work to your advantage.
4. The more you can talk about it [sex work] in a friendly environment, the less mental strain you will experience from doing it.
5. It is better to see one good buyer than six 'dickheads' or else it still lingers post-work and this is not good for mental health.
6. Mental health is more strained when working alone, and not having anyone to debrief with.
7. Mental health issues regarding work conditions are not unique to sex work.
8. Not all of us experience mental strain from this work.
9. Eat fresh vegetables, drink water and smell the roses!
10. You should try to have a life outside of the industry, and another job.
11. Don't be afraid to get help for it i.e. depression. Be aware of your issues.
12. Don't internalize stigma! It can be hard to deal with. Remember that it is society that creates stigma, not us.



## Clients

### *Clients to Other Clients*

1. Buying is a stress reliever.
2. Some people spend a lot of money on psychologists and other services to deal with mental health. So sex work can be deemed as economical.
3. Some of us are aware of the stigma, but we do not feel guilty about buying sex.
4. Be discreet when buying sex because of the stigma sex workers' experience.
5. Even though I'm not ashamed of it, I still stay quiet about it, knowing that if some of my friends learned that I visit providers, they would perceive me differently.
6. Having safe sex for money should not be deemed as bad, but unsafe sex should be.
7. Don't not feel ashamed for visiting providers, not all were abused or raped as children.

## Third Parties

### *Third Parties to Other Third Parties*

1. Ask providers how they are coping with the mental strain.
2. Discourage providers from working when they don't feel well.
3. Prioritize the well-being of your workforce before profit. After all, it is the providers' who are risking their health, not you.
4. Don't assume that all providers have problems and are here just for the money.
5. Some providers are juggling multiple issues at once: drugs, depression and anxiety.
6. It is challenging for us to deal with providers on drugs; these types of premises are not equipped to deal with such issues.
7. When faced with a newbie, make sure that you describe the realities of sex work. Tell the whole truth to new workers, share horror stories and be brutally honest. The work is hard, but they can learn from others.

### *Third Parties to Providers*

1. Have an established alter ego while you are at work to protect your mental health.
2. Maintain a connection with the outside world in order to keep good mental health. Strike a good balance between work and life; work/life balance.
3. There can be a sense of family, love and inclusion when working at some venues that support mental health.
4. Remember that your job does good for others; some nurses have helped their clients 'get off', especially the ones that have cerebral palsy or show great sexual discomfort.
5. Some of you feel so much shame with what you do. Some do drugs because of it. It's not worth it considering that you do lots of good.
6. Even though this type of work can be quite demanding, you need to be dedicated. It can also be fun if you keep your mental health in check.
7. Do keep one foot in and one foot out of sex work at all times to help alleviate the shame you feel.



## Highlights

- Sex workers and some third parties in our study hid their sex work from most people they encountered due to the impact of whore stigma.
- Some clients shared that they would not openly talk about buying practices so not to embarrass family, friends and coworkers.
- Stigma and mental health were intertwined such that sex workers experienced increased stress and depression as a result of stigma, keeping secrets and the fear of being outed. All participants acknowledged that mental health and trauma leads to coping strategies that may involve alcohol and drug misuse.
- Some providers call for mental health services above physical health supports as they identify the former as more critical.

### Discussion Questions

1. How can we work as a community to reduce 'whore stigma' and 'courtesy stigma' in our various roles as helping professionals, first responders, researchers, industry professionals, clients of sex workers, health professionals and the like?
2. How do we work to develop skills and capacities among third parties to better recognize and refer providers and clients to relevant resources when mental health issues arise?
3. What knowledge gaps exist in sex work, stigma, and mental health research to further our understandings of these issues?

## VII. TABLE FOUR: Sexual Health

No matter what you do, whether you leave your house, whether you're having sex with someone that you like or you're having sex with someone you pay, you're always going to have a risk.

Client, Man, 30s

### Background and Context

According to the World Health Organization's definition, sexual health is "...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected" (2010:3). Historically, sex work has been positioned in sexual health discourse as a 'risk factor' associated with condom use and penetrative sex practices. Moreover, sexual health programming has focused on sexually transmitted infections especially access to condoms, testing and treatment services with little acknowledgement of the diverse factors that can influence sexual health positively or negatively (e.g., business models, clients' actions, sex workers knowledge, sex workers' skill in condom negotiation; (Handlovsky et al., 2012). More recently however, we are witnessing a shift in sexual health research and practice that takes the organizational features of the sex industry, working environments and in some instances pleasure and sexuality into consideration. For example, researchers have demonstrated that among female sex workers and male clients, client's preferences for and willingness to pay extra for uncovered services can negatively influence providers' options for safer sex exchanges (Handlovsky et al., 2012). Additionally, there is increasing recognition for sex workers' knowledge and expertise about sexual health promotion, especially in providing health education to clients (Sanders, 2005). The pivotal role that third parties might play in safeguarding the sexual health of people engaging in the sex industry has gained additional attention (Bungay et al., 2012; et al., 2012; Jana et al., 2004; Morisky et al., 2010; Stadler, 2006; Withers et al., 2007). Research shows that management support has been linked to increased access to condoms within the venue, the promotion of sexually transmitted infections (STIs) and HIV testing, and support interventions that increase sex workers agency and autonomy in negotiating condom use. Advisors on this project acknowledge that management may play a role in promoting STI and HIV testing; however, they raise concerns about mandatory testing, their confidentiality and the protection of their privacy, when engaging with health professionals. Client perspectives and knowledge about sexual health remains under investigated although preliminary research has demonstrated that clients are more likely to report lower rates of sexual health promotion activities regarding STI prevention (Kolar, Atchison, & Bungay, 2014). Despite these advancements in our understanding of sexual health and the complex interrelationships between sexual health, agency, and health service delivery, the battle to position sexual health in keeping with the World Health Organization definition continues, particularly in the programs and practices associated with sexual health service delivery.

### Findings

All groups shared strategies and insights on how to maintain good sexual health, and they all agreed that in order to do so, cooperation by all parties was needed. Among the sex workers we interviewed, sexual

health was at the top of their priority list. Their regular practices included: visual examinations of clients for bumps, odd smells, circulation, or other indicators that something was “not right”; the provision of covered or condom-only services; regular STI and HIV testing; not offering services that have a high likelihood of fluid exchange such as CIM and uncovered anal sex; being aware of STIs and the risks involved when exchanging bodily fluids including saliva; and educating clients on the importance of using condoms. Sex workers often discussed their roles as sexual health educators to client populations who may be unaware of health risks. They expressed frustration when faced with clients that brought with them paperwork indicating that they were “STI-free” to negotiate for unsafe sexual services. Sex workers encouraged clients to take proactive roles by informing themselves on STIs, and the risks involved with the exchange of bodily fluids.

Some sex workers identified challenges to the implementation of sexual health strategies. A transsexual sex worker interviewed stated that being rushed and making rash decisions based on wanting to “seal a deal” compromised health, both sexually and physically. Some of our participants felt that transsexual, transgender and gender variant workers have noted that compared to cisgender workers, they have different health needs but there is little information available to assist them with the safeguarding their sexual health.<sup>15</sup>

Other providers we interviewed also identified the lack of management support as challenging their ability to remain safe. There were different expectations amongst third parties, with some requiring sex workers to offer GFE, which includes DFK, DATY, BBBJ, and in some places anal sex. In these venues, sex workers were expected to provide these services as a condition of their ‘employment.’ Some third parties and sex workers argued that these practices are unsafe for sex workers, their clients and those outside of sex work with whom they have intimate relationships. Some third parties and providers want GFE services to be banned. One third party wanted the city to refuse licensing venues that expect sex workers to offer GFE or any unprotected services, claiming that unsafe sex adds unnecessary stress on sex workers that can lead to negative coping mechanisms such as alcohol and drug dependencies. By contrast, some sex workers were open to providing GFE services and consider some activities, specifically BBBJ, to be relatively safe. Further discussions about what activities comprise the GFE and how to manage its practice should be supported among sex industry professionals, clients and relevant stakeholders. Whether sex workers offer GFE ought not to be decided by clients and third parties, but rather by workers themselves.

Third Parties acknowledged that some sex workers enter the industry with more sexual health information than others. Some of the third parties we interviewed felt that it was their responsibility to make sure everyone was using condoms; even for oral, penetration, hand jobs and with sex toys. They also mentioned the need to have a variety of lube and condom sizes on premises to make sure that the proper equipment was used. Third parties in this study expressed that it was their responsibility to support sex workers in accessing the health care system for regular check-ups and STI testing. Some were worried about having sexual health information and supplies at their venues for fear it may incriminate them or put sex workers at risk of criminalization. Some also suggested that the City offer training with the license. Training could include how to refer people to community services and sexual assault responses. One manager suggested that this could be paid for by the City using the licensing fees.

Even though many clients emphasized the importance of safeguarding one’s sexual health and always using condoms, some identified stigma as a deterrent to seeking sexual health information from health

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<sup>15</sup> See the Lancet series published in 2014 <http://www.thelancet.com/series/hiv-and-sex-workers>

care providers. The internet was identified as a resource that can be used by clients to gain sexual health information. Review boards were also described as a way to gather more information about the sex workers they wanted to visit and to obtain safety tips and strategies from other clients. Some clients also urged other clients to be mindful of the sexual health of the sex workers they see and the intimate partners in their respective lives. Clients here suggested that other clients get regular check-ups, and if STI or HIV-positive, to stop visiting sex workers until their health issue were addressed.

Overall, those we interviewed felt confident about their sexual health practices but felt that stigma and legislation limited full disclosure of their sexual activities. As for sex itself, providers and clients discussed its benefits in terms of relieving stress and giving and receiving love and touch as part of maintaining their wellbeing.

## Tips, Strategies and Insights from Project Participants (Providers, Clients & Third Parties)

### Providers

#### *Providers to Other Providers (Female-Identified)*

1. When providing GFE, you are still risking being exposed to STIs and other bacteria/viruses that are transmitted via fluids.
2. Even if buyers say they are clean, it may not be true as they may not know otherwise.
3. There are ways to provide sexual services and fulfilment without necessarily ejaculating and thus minimizing the risk for transmission (breathing, mutual touching etc.).
4. You get HIV from having unprotected sex with an infected person, not from being a 'whore.'
5. Sex work can be challenging if you have not 'come into your own sexuality', you may then become the object of someone else's sexual growth, instead of your own.
6. Sex work can be an avenue to explore your own sexuality, however, try to separate sex and sex work, and try to keep your identity from your work.
7. Don't use Vaseline and oil-based lube, or coconut oil, it will break down the condom.
8. There are friendly community services you can use to be tested that are non-judgmental and that will not share information with other government agencies.
9. Use baby wipes to clean clients and make it a routine to always clean them because some men don't know how to clean themselves properly.
10. Have a cleaning routine, clean your hands then theirs, wash penis, etc.
11. Be aware of piercings and risks of Hepatitis.
12. If doing CIM then don't brush or floss. You can offer another service like COF or COB.
13. Be careful when disclosing information about your sex work to doctors. Workers have had experience of them sharing this info with other government agents.

#### *Providers to Other Providers (Male-Identified)*

1. Clients who don't want to wear condoms are in denial about risks related to HIV; some buyers get off going around knowing that they are HIV-positive and have sex with people without condoms, it's exciting to them.
2. Assume everyone is HIV-positive to encourage you to use precautions all the time.
3. Some say to stay away from buyers who are intravenous drug users, they are a high risk population for STIs including HIV. Others believe that this is a myth.
4. Ask buyers about STIs and the last time they were tested, and pay attention to their reactions.

#### *Providers to Other Providers (Transsexual and Transgender)*

1. Transsexual and transgender workers have stated that they have different sexual health needs and there is little information out there for workers like them.

2. Some workers suggested other providers obtain pre-exposure Prophylaxis (PrEP) for people who don't have HIV but are at risk; must take pill every day and combine with condom use; 92% effective <http://www.cdc.gov/hiv/prevention/research/prep/>
3. Workers also suggested NPEP for non-occupational post exposure. They were also unsure why it was called 'non-occupational.' <http://www.cfenet.ubc.ca/npep> see HIM <http://checkhimout.ca/prep/> also <http://smartsexresource.com/topics/pre-exposure-prophylaxis-prep>
4. If it does not feel good, do not do it! This is in regards to shape and size of penis. There are ways to change it up from an empowered position without the buyer being aware of what is going on.

#### *All Providers to Clients*

1. Don't request unsafe sexual services.
2. A certificate saying 'I am clean', does not mean 'I am clean'. Basically don't use a clean test to negotiate for bareback services.
3. Don't ask me to take an HIV rapid test, it does not mean anything.
4. Be proactive and inform yourself on STIs and on how to remain safe (i.e. dental dams, STI testing, proper sized condoms, fluid exchange and risks, etc.
5. [Sex workers] are not vectors of disease; we probably get tested more often than other people.

#### *All Providers to Third Parties who Manage In-call Venues*

1. Don't force providers to do GFE, it's too risky.
2. You should use proper cleaning supplies to make sure sheets are hygienic, toilet paper is on site and bleach.
3. Towels should be cleaned and dried to prevent the spreading of infections.
4. Create rules on how rooms should be cleaned properly after each session with clients; providers should clean the showers properly.

### Clients

#### *Clients to Other Clients*

1. When visiting a doctor, and asking questions about your sexual health, you don't have to say it has anything to do with buying sex.
2. Try to see the same providers instead of different ones every time.
3. If you get back a positive test for an STI, you should stop buying until you test negative.
4. Use the internet (Leolist or PERB) to learn about the providers to minimize risks.
5. Avoid providers that use drugs and who work in fringe areas of town, they are more likely to be infected with STI's. \*\*\*

#### *Clients to All Providers*

1. You should visually check genitals before performing BBBJ.
2. We expect you to keep your infections such as HIV or herpes in check with suppressants if working while infected.
3. Sexual health is not just about us, but also you.

### Third Parties

#### *Third Parties to Other Third Parties*

1. Keep your premises clean, with proper products-- disinfect with 70% isopropanol --or else risking health problems among providers and clients alike, damaging your reputation.

2. Have a variety of equipment in premises as some providers are sensitive to certain types of lube and condoms. (Note: Some third parties believe having supplies on site puts them at risk of criminalization).
3. Because health services are not always able to access your work premises, you should reach out to them for information and testing support.
4. Make sure that providers use gloves, condoms and that they are getting STI testing.
5. Encourage providers to get health checks. Remember that if you allow and support providers to be responsible for their own sexual health, then the stress is off of you.
6. Refuse clients that have been known to have contracted HIV or STIs.
7. Don't make providers do GFE, not all money is good money. (Some third parties require GFE services and believe that DATY, BBBJ and DFK are relatively safe but encourage covered intercourse).
8. Sees managers as educators who should also educate clients about health risks with different health practices. Also train workers to provide pleasure using condoms. Having unsafe sex adds a lot of unnecessary stress to the interaction. There is no advantage to this. One manager adds that this stress leads to alcohol and drug misuse.
9. If you hire Asian providers, make sure they are getting checked. They are the least likely to go if no nurses visit the premises, and if they are here to make money for a short period of time, and you don't bother to educate them. (Providers without papers don't go and get tested because they are scared to get outed as a provider and they don't have medical coverage). \*\*\*
10. It is your responsibility to make sure everyone is using condoms; even for oral, penetration, and with toys. At the end of the day, it is your conscience that needs to be questioned not the providers' if you make them give a BBBJ for \$40. (Not all third parties believe that this is their responsibility).
11. Remember that some providers enter the trade with more information and standards about health than others; street-based people have the least, but nonetheless, it is your responsibility to inform providers when too paranoid, or too loose with their boundaries.\*\*\*

#### *Third Parties to Providers*

1. Always make sure that the condom stays on.
2. You should get tested regularly.
3. You will need to educate clients on safe sex (i.e. general sanitation of hands, that GFE is unsafe).\*\*\*
4. Make sure clients are washing their hands every time after they touch their genitals and before they touch you.
5. Use community services. Encourage workers to get tested and get support from front line health services.

#### *Third Parties to Clients*

1. Man-scape and brush your teeth before each booking, it prevents the spreading of disease and cleanliness respects the providers.
2. Use condoms for yourself and for the safety of providers. You may be infected with STIs and not aware of it.
3. Don't bring in STI test results to us claiming that you're negative; it does not mean that you're disease-free.

### *Third Parties to the State*

1. The City should create a fund out of the licensing money to help off street sex workers get supports and counselling. One manager states that since rates are lower for licenses now, city can increase rates by \$20 each to create a fund to support workers to access counselling and other supports.
2. The GFE should be banned and no place should get a license if they advertise the GFE. The industry should regulate against this practice. It's unfair to sex workers who want to protect their health.

## Highlights


- Gender variant workers have stated that they have different sexual health needs and there is little information out there.
- Many providers customized their range of services and their practices to prioritize their sexual health and maximize pleasure for clients.
- Some sex workers as well as third parties would like venue visits from nurses who can ensure sex workers receive nonjudgmental support for STI treatment and prevention.
- The GFE is a service that may involve the exchange of bodily fluids. There is not consensus on what specific services comprise the GFE but many providers and third parties alike want to eliminate its practice.
- Some third parties suggest that a portion of their license fees should go toward a City managed fund that pays for counselling services for providers.
- Third parties would like to explore extended health benefits for them and for providers even as independent contractors.
- Clients caution others not to disclose that they buy sexual services to health providers.
- Some third parties feel that they cannot provide condoms, lube and other supplies and safer sex information to people at their venues for fear it may incriminate them. Others do it anyway.
- There was concern among some third parties that providers who are temporarily in Canada and those who work at Asian-run establishments may offer bareback services and workers may not be able to prioritize their health due to the high costs of health care for non-citizens, fear of incarceration and stigma.

## Discussion Questions

1. How do we acknowledge the ways that some sex workers and clients keep themselves in good sexual health and combat stigma, while responding to the ways that the industry can be unsafe?
2. How do we increase access to health services such as STI and gynecological support to sex workers who are temporarily in Canada without 'outing' them and putting their visas and immigration statuses at risk?
3. What strategies do members of the table have in mind for addressing sexual health issues as they pertain to the GFE/BFE?
4. Are there any ideas on how we can provide safe and confidential health benefits for sex workers regardless of their work locations?



## VIII. TABLE FIVE: Recommendations for Policy Makers and Law Enforcement



Just to listen to us. That's the only thing because...we all have different experiences and it's just really irritating to always have people tell us what our experiences are.

Provider, Woman, 30s

### Background and Context

Policy makers and law enforcement can play a crucial role in safeguarding the health and safety of people engaging in the sex industry. Research is largely silent on the relationship between criminalization, stigma and the negative experiences that clients have while purchasing. The literature on sex work points to the relationship between criminalization, stigma, and higher rates of violence (Lowman, 2000; 2010; Krusi et al., 2014). The criminalization of the sex industry (in part or in full) can create a context in which violence against sex workers and others is sustained, and facilitated. With no legal backing, people engaging in the sex industry are left without recourse or police support, and vulnerable to assault, robberies, police harassment, and extortion by people such as landlords or police officers (Lowman, 2000). Criminalization also discourages people within the sex industry from collaborating with each other to implement safety measures and to better their conditions.

### Findings

A desire for a safer sex industry was a key theme. Participants stated that criminalization was a barrier to improving safety. They felt that if law enforcement believed them criminals, then they would not receive police protection. Most of the providers, clients and third parties were in support of some forms of regulation that they believed decriminalization or legalization of sex work could bring about. In particular, third parties and providers voiced contempt against city by-laws that prevented previously convicted sex workers from working in the indoor sector. At the time of the interviews, some sex workers also expressed that escorting licensing fees were unfair. Considering that the work remains highly stigmatized, some providers were hesitant to apply for a business licenses in fear of being 'outed' by City staff as sex workers and third parties. Participants were also unhappy about municipal licensing staff members using their advertisements as a means to contact them and recommend they apply to the city for business licenses. Participants felt that they should not be forced to obtain licenses as there are little benefits for doing so.

Many sex workers interviewed identified the need for additional support with improving safety and organizing their work according to their needs regardless of which sector they worked within: independent, managed, or on the street. They also voiced a desire to have greater control over the work process, and the ability to set their own rates, and choose who to hire, while being protected from exploitation or 'pimping'.

Other issues mentioned with the current socio-legal context related to the criminalized facets of the managed sector, and how it prevented providers and third parties from implementing work-related sexual health initiatives. In a similar vein, the law also prevented third parties, clients, and providers from having frank discussions on the needs and wants of each group because to do so was to admit that an illegal activity was taking place. The inability to discuss also prohibited these groups from collaborating together, as a unified voice, for the betterment of the sex industry. Providers and third parties discussed the challenges to having safer sex materials and resources in their workplace. Participants talked about

how police could use the presence of condoms and safer sex material on their premises as evidence of the sale of sex. Some third parties felt that the current legal context encouraged rather than discouraged bad management practices by: making mentoring to providers and clients by third parties more difficult; and legislating against the presence of safer sex materials in their venues. Third parties stated that criminalization encouraged the involvement of people into the sex industry who were seeking to make a 'fast buck', rather than establishing businesses that implemented safe and ethical operating policies.

Participants from all groups spoke openly about their perceptions of better relationships and practices with the police. All spoke of the need for support and police protection rather than surveillance and criminalization. All groups discussed their varied experiences when dealing with police, and that some were more positive than others. Several people however, noted that the Vancouver Police Department judged them based on the work they did, which discouraged them to rely on police when in need of protection. Disappointment towards the Vancouver Police Department reaction to the Missing and Murdered Aboriginal women left some feeling uneasy and hesitant to rely on police when in need of protection. For some, having a sex work liaison officer was appreciated, and facilitated positive rapport, however, some mentioned the need for more liaison officers. While others, though fewer in number, felt little to no support from police.

Clients voiced great concern with being criminalized. Criminalization of clients prevented them from going to the authorities when in need of protection; because to do so would be to implicate oneself in criminal activity. They felt that so long as the services were exchanged between two or more consenting adults, and the transaction was based on a genuine ethic of care, and mutual respect, then sex work should not be criminalized but rather treated as a service needed. They also felt that the criminalization of sex work hindered sex workers access to police protection, which was something they loathed.

In all, most participants felt that criminalization of some or all aspects of commercial sexual exchange prevented them from creating and designing a safer sex industry, and from accessing non-judgmental police protection. They voiced support for the Supreme Court decision, and called onto the state to view sex work as work rather than violence or a crime, and for police to prioritize their safety rather than criminalizing them for their engagement in the sex industry. The majority of the people we interviewed expressed that they did not wish to disturb surrounding communities or contribute to harm in any way. They stated that police enforcement and the legal context sends a different message to the public, one of exploiters and criminals; feeding the stigma and unjust practices against the presence of the sex industry by police and the state. It is possible to create mutually beneficial relations between the sex work community and the police, as one participant demonstrated when allowing the police to rely on their video footage recorded by cameras owned by a third party to catch a robber.


## Highlights

- Sex workers, clients and third parties interviewed support some form of regulation in the sex industry but do not support current criminalization, desiring decriminalization instead.
- Some third parties and sex workers who were once licensed by the City chose not to renew licenses due to unfair treatment and the lack of confidentiality they experienced. They do not appreciate City staff contacting them to pay fees to renew when they felt that there was no real benefit to being licensed.
- Sex workers wanted greater control over their work in terms of setting prices, hiring security and admin staff while also being legally protected against pimping and exploitation.
- Open conversations and strategies around health and safety are inhibited due to current legislation. Third parties feel that they cannot reduce harms related to the sex work that takes place in their venues without incriminating themselves.
- Third parties felt that they were vulnerable to exploitation from City staff and law enforcement.
- The VPD response to the Missing and Murdered Women's case and inquiry has left a lasting impression on Vancouver third parties and sex workers alike. Although participants discussed both positive and unsatisfactory experiences with VPD, both groups discussed being hesitant that officers still held negative feelings about sex workers.
- Some clients stated that the changes in law will not affect their buying practices. Others felt that their criminalization will prevent them from seeking support if they needed it or from providing information to law enforcement. They added that this will make sex workers unsafe.

## Discussion Questions

1. Should sex industry professionals (providers and third parties be made to hold city licenses?) What benefits do these licenses hold to the operation of the industry and/or how do they contribute to increased health and safety for all involved?
2. How should we consider sex workers with criminal records for City licenses, especially if they are moving from on-street sex work to established off-street venues?
3. How do we improve relations between sex workers, sex work support organizations and law enforcement if elements of commercial sexual exchange are sanctioned?
4. How do we engage clients as those who are sometimes best positioned to report violence and exploitation of sex workers to police if they must incriminate themselves in order to do so?
5. How do we support clients in reporting crimes against them (that would reduce resentments towards some sex workers and prevent the potential victimization of sex workers at the hands of clients) if they are criminalized?

## IX. TABLE SIX: Recommendations for Front line Services & Community Organizations



There's a situation where everything was, had to be, so hush hush, quiet. Don't see. Don't ask. Don't tell, kind of thing. What was the result? A whole lot of people died and so being able to kind of discuss it publically and to be able to have these places where people can go definitely will keep it safer.

Third Party, Man, 30s

### Background and Context

Insights and recommendations for front line services and community organizations primarily came from providers who had the most contact with social workers, health professionals and support organizations. Clients provided little information on organizational recommendations and comments from third parties focused on sexual health services. Many independent off-street sex workers interviewed had little to no contact with established sex worker organizations - such as WISH and PACE Societies, SWAN Vancouver, SAFE in Collingwood, HUSTLE and Boys R Us - who we collaborated with to do this study. Some expressed a belief that these organizations were for street-based workers and that they did not want to take resources away from other sex workers who may be working in desperate circumstances. Some others regularly accessed these support services and had meaningful relationships with agency staff and sex workers across community organizations. They asked for more sex worker-only spaces and more experiential staff who are 'out' about their sex work histories at these organizations. Some participants wanted to see more inclusion of gender variant sex workers within organizations. They stated that sex worker organizations are split along male and female gender identities, leaving little room for gender variant workers.

Additionally, providers wanted to be supported in talking more openly about sex work and sharing strategies and tricks of the trade with other sex workers. They called for supported conversations about drug use and exiting within sex work organizations. Some providers were seeking organizing spaces in addition to support services. They also wanted self-defense classes available to sex workers through these organizations. On a larger scale, sex workers interviewed wanted to see some unified national leadership on sex work issues that are more inclusive, making less room for those who have personal agendas. Providers called for broad-based inclusion from subsets of diverse sex workers in the design of local sex worker support organizations and advocacy.

Some sex workers discussed the stress of living in poverty for some and that they would like to see welfare rates increased so that people are not forced to live below the poverty line. Sex workers also felt that safe and affordable housing was essential for impoverished sex workers but some forms of social housing left workers feeling infantilized. For example, some social housing had curfews and would not allow people to access floors that they did not live on. This made the places where some workers lived feel less like homes and more like institutions. Improvements to health services surfaced as a priority among providers. Many felt that the doctors they interacted with were judgmental and held a lot of assumptions about sex workers and their sexual practices. Some workers discussed the need for more nonjudgmental STI testing services for a diverse range of providers and clients. Some felt that due to the high demand for GFE/BFE services and the fact that some sex workers and clients engaged in bareback services, STI's could reach epidemic proportion.

Providers wanted a prioritization of supports for mental health, instead of physical health among sex workers and they wanted access to counselors who could work with them as whole individuals, with the ability to see sex work as only one of many jobs or roles they may hold. Providers wanted their sex work histories to be confidential and protected when there were interactions between sex worker organizations and government ministries, as well as among different ministries, specifically income assistance, child welfare and housing. Sex workers disclosed instances where information about their involvement in sex work was shared in ways that made them unsafe in interactions with state representatives.

Some third parties shared similar concerns as providers in terms of STI outbreaks because of the level of fluid exchange occurring due to the provision of GFE/BFE services. One third party was very concerned about sexual health information that suggested alternatives to BBBJ such as *nibbling on the shaft like corn*. This manager was outraged and felt that this kind of information should not be disseminated because bareback services are unsafe. There is a need for health experts, sex industry professionals and clients to collaborate more on the development and dissemination of safer sex information, in addition to re-educating those who penalize providers and third parties for the possession of such material. A couple of managers talked about visits that they used to have from health professional who would attend their venues to conduct sexual health testing among workers and have discussions with providers about practices and risks. These services are no longer offered to the venues that we engaged with in this study. Some third parties would like to see mandatory STI testing among providers and clients, but would settle for regular visits from nurses as a starting point. Third parties also talked about the need for education as it relates to sexual health and for information that would prevent sexual assaults by male clients.

Providers desired the creation of an online searchable database for safety tips, housed at an industry-controlled website or a flow chart that easily organized this information. Providers requested phone support that can be used when workers need to debrief irrespective of whether they had a good or bad day or whether they worked on or off-street. Finally, providers requested additional sex worker friendly supports for assaults ('what to do if' list, and counselling support) and peer support services, etc.

## Highlights

- Some third parties in this study have an open door policy to health professionals and would welcome regular visits and STI testing at their venues.
- Some off-street workers are not comfortable accessing services from community organizations who also serve the most marginalized and impoverished sex workers.
- There are no organizing spaces for planning activities as they relate to sex worker's priority issues.
- Providers want desire more availability of nonjudgmental STI testing services.
- Providers feel judged by health care professionals in addition to having experiences where their sex work involvement was disclosed to other government agents.
- Sex workers are seeking a prioritization of mental health services and experienced counsellors.
- Third parties shared concerns about the rise of GFE/BFE services where fluids are exchanged.
- Providers and third parties would like to see the creation and dissemination of industry-specific health information.
- Third parties would like to see the revival of nurse's visits to off-street venues.

### Discussion Questions





1. How do we create spaces that are safe and accessed by off-street workers without taking resources away from street-based sex workers?
2. How do we support mental health services and sex workers to collaborate in developing more receptive, affordable services responsive to the needs of those involved in off-street sex work?
3. What ideas do people have to create searchable databases and other tools for sex workers and third parties to utilize information communications technology most efficiently to increase safety, or access to necessary information in case of assault?
4. What are your ideas for using technologies to provide supports to off-street providers? (For mental health support etc.)
5. In light of the criminalization of clients and the lack of sustainability funding for sex worker organizations, how do we support and encourage involvement from clients and third parties within support organizations?

## Concluding Remarks

The purpose of this discussion document is to provide the content for an upcoming meeting of Vancouver sex work stakeholders. We thank the diverse individuals and groups who will participate in the *Making SPACES* event. We extend a special thank you to our project advisors, sex industry professionals and clients, who have shown strength and courage to participate in research projects and public events. We thank sex worker support organizations, community groups, researchers and co-investigators, health professionals, city staff, legal experts, politicians and other stakeholders who continue to prioritize the health, safety and inclusion of sex workers and our communities.

## Next steps

SPACES project staff will undertake to do the following before the end of 2015:

-  Revise the discussion document based on contributions from the community at the September 11<sup>th</sup> *Making SPACES* event.
-  Work with project advisors and co-investigators to develop a dissemination plan for the final report.
-  Dr. Bungay will formally share the final report with media outfits throughout Canada.
-  Engage with interested parties to develop materials and pursue the creation and implementation of strategies and interventions that come as a result of the *Making SPACES* event.



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