

**Improving the Quality of Life for Street Level Sex Workers:
A Case Study of their Experiences with Stigma in the
Downtown Eastside**
by

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Abstract

Research and current events to date have indicated that street-level sex workers (SLSWs) in Vancouver's Downtown Eastside (DTES) face occupational risks such as violence and addictions, and experience unsafe working conditions. SLSWs have been identified in research as a group that experiences immense stigma, but there is little known on how this vulnerable group accesses health and social services, and navigates their work environment. This research traces the dimensions of stigma they experience to understand how to improve upon their quality of life by promoting positive health outcomes and reduction occupational risks. Through in depth semi-structured interviews with ten self-identified sex workers and five stakeholders, the data identified how stigma can be considered a social determinant of health, and revealed the ways in which stigma obstructs access to health and social services. Grounded in the data collected from these interviews this research outlined five different policy options to improve the quality of life for SLSWs: 1) Sex Trade Liaison position at Vancouver Coastal Health (VCH) 2) increased funding for targeted SLSW service providers 3) low-barrier shelter for women 4) Safe Haven: adult cooperative and 5) public education forums. Two sets of policy options were ultimately recommended, option VCH Liaison position and public forums to be implemented together in the short term, and options increased funding for SLSW service providers and the Safe Haven: Adult Cooperative to be implemented in the long term. The recommended options are aimed at immediately addressing stigma by improving public understanding of SLSW, and improving health outcomes by decreasing barriers to health services. In the long term, these recommendations aim at providing a safe work environment, and improved social services that meet the needs of SLSWs.

Keywords: Street Level Sex Work; Vancouver; Public Policy, Downtown Eastside; health and social service access; work environment; stigma.

Executive Summary

Background

The health and safety concerns of street level sex workers (SLSWs) in Vancouver have received increasing attention with the internationally publicized trial of Robert Pickton and recent provincial court challenges in Ontario and BC over existing prostitution laws. Past research has demonstrated that Canadian prostitution laws endanger SLSWs by limiting their control over their working conditions. This pushes SLSWs out of communities where they are perceived as a ‘nuisance’ and into isolated environments and away from emergency supports. Further, evidence has shown that SLSWs face high rates of violence, experience poor health outcomes including high rates of STIs, HIV and AIDS, and often suffer from drug addiction. Overall, these factors negatively impact their quality of life.

In Vancouver, the majority of street level sex work (SLSW) is concentrated in the Downtown Eastside (DTES), an infamous neighbourhood known for its myriad of social problems including homelessness, open-air drug use, and crime. Past research has identified that SLSWs face multiple dimensions of stigma due to the controversial nature of their work and the negative connotations associated with it. This research builds upon this work by exploring how SLSWs experience stigma and how stigma impedes their access to health, legal, and social services, all of which affect their safety and well being. This study aims to grasp the complex dimensions of stigma experienced by SLSWs and identify how it can be considered a social determinant of health (SDH), which interacts with other determinants to affect the health outcomes this population. The main goal of this capstone is to use this improved understanding of stigma to address the barriers stigma creates and improve the quality of life of this population.

Methodology

This study employed qualitative methods and specifically interviews to gain an in depth understanding of the current social services environment and the lived experiences of SLSWs.

Two key groups were consulted:

1. Key Informants (n=10): individuals who were self-identified as SLSWs from the DTES.
2. Key Stakeholders (n=5): Individuals who were involved with SLSWs, including advocates, service providers and academics.

Keys Findings on Stigma

- SLSWs are less likely to access services if they have had a stigmatizing experience or fear they will have one, creating barriers to accessing services.
- Stigma can be internalized by the individual acting to decrease health-seeking behaviours, by reinforcing low self-worth, expectations and social status.
- Stigma can increase social isolation by promoting secrecy due to the shame of being labelled 'sex worker' and can diminish social supports
- SLSWs experience stigma from service providers and members of the public, which reinforces negative stereotypes about sex workers, and results in social exclusion. In some cases, there is evidence that members of the public have harassed or even committed acts of violence against SLSWs.
- Finally, all of these experiences intersect with other facets of stigma based on race, class and gender, creating intersecting structural inequities.

Other Key Findings

- The current work environment on the street remains unsafe. There is a strong desire for 'indoor' working facilities from both informants and stakeholders.
- Informants identified current service gaps and a need to expand targeted services for SLSWs. Stakeholders added low-barrier housing for women as one key gap.
- There is a lack of funding for SLSWs targeted services, often because they are not compatible with the political agendas of different levels of government.

Policy Recommendations

Grounded in the findings from the data, five policy options were constructed. These five options and the status quo were analysed through a series of criteria and measures. The following recommendations were made based on the outcome of this analysis:

1. Immediately implement options (2) Sex Trade Liaison position at Vancouver Coastal Health (VCH) and (6) Public Education Forums
 - These two options can be implemented together as both are straightforward, politically feasible and low cost. Option (2) provides a way to directly improve health-seeking behaviour of SLSWs and reduce stigma they experience from health care providers. Option (6) allows for broader public de-stigmatization of sex work by improving upon public understanding and promoting safer communities inclusive of SLSWs.
2. In the medium term, implement options (3) Increased funding to targeted service providers and (5) Safe Haven: Adult Cooperative:
 - These options can again be implemented together, but may take a longer period to be realized. They are more costly options, but they are both extremely effective in improving the quality of life of SLSWs. Option (3) directly expands upon the services for SLSWs, address service gaps and will provide supportive services that are empowering to SLSWs. Option (5) is extremely effective because it directly reduces the health and safety risks associated with working on the street by providing an indoor work environment. Both options have the potential to realize cost savings in the health, legal and social sectors.

Conclusion

This capstone creates an in-depth understanding of SLSWs' experiences of stigma in order to construct policies that address what the informants define as barriers to accessing services, including health, law, and social services. This research has included the voices and

ideas of the sex work community and SLSWs, in order to entrench policies in the lived experiences of sex workers and improve their effectiveness. These policy options need to be prioritized because they are aimed at improving the quality of life of SLSWs, a group that continues to work in unsafe conditions and be vulnerable to poor health outcomes, and even homicide. These consequences are too high a cost to incur when policies have the ability to offer solutions to the profound problems stigma poses to these SLSWs.

Dedication

This capstone is dedicated to my parents Colleen and David Reid, who have always encouraged me and supported me in all my academic pursuits. Additionally, this project is in memory of my aunt Catherine O'Hara who always taught me the most rewarding work involves helping others.

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Glossary of Acronyms

BCCEC	British Columbia Coalition of Experiential Communities
BC	British Columbia
CBR	Community Based Research
CROWE	Concerned Residents of the West End
DTES	Downtown Eastside
MAP	Mobile Access Project
NIMBY	Not In My Back Yard
PACE	Prostitution Alternatives Counselling and Education
RCMP	Royal Canadian Mounted Police
SDH	Social Determinants of Health
SES	Socio-Economic Status
SLSW	Street Level Sex Work
SLSWs	Street Level Sex Workers
SOR	Single Occupancy Room
SWUAV	Sex Workers United Against Violence
VANDU	Vancouver Area Network of Drug Users
VCH	Vancouver Coastal Health
VPD	Vancouver Police Department
WHO	World Health Organization

1: Background

1.1 Rationale, Policy Problem, Goals and Objectives

The health and safety of sex workers has come forward as an issue of growing political importance on the Canadian policy agenda. The infamous trial of Robert Pickton, who was convicted of murdering six women and accused of murdering another 26, proved that street level sex workers (SLSWs) in the Downtown Eastside (DTES) were a particularly vulnerable population (VPD, 2010). The case gained international and national media attention and became a concern to all levels of Canadian government, in particular the municipal government in Vancouver, from where the women had gone missing.

Many different advocate and stakeholder groups across Canada have taken on the issue of ‘sex work’ (and sometimes conflated it with ‘prostitution’), and worked to get it on the political agenda. These groups use different terms of reference, based on different ideological veins and present conflicting research on sex work and prostitution. For instance, Abolitionist and Anti-Trafficking groups link prostitution with both human trafficking and child exploitation. They argue from a radical feminist perspective, that woman who prostitute are ‘victims of trafficking’ who predominantly enter the sex trade when they are underage, and that all prostitution exploits and enacts violence against women (Weitzer, 2005). Moreover, they reject that any woman would ‘choose’ to engage in prostitution and argue for the absolute abolition of prostitution (Weitzer, 2005). This puts them at fundamental odds with sex worker and harm reduction groups because they consider ‘sex work’ as a term that legitimizes ‘prostitution’ as a form of work, and further, that harm reduction measures ‘enable’ violence against women.

Sex worker and harm reduction groups stand up for the rights of sex workers, and employ the term ‘sex work,’ a term coined by self-identified ‘sex workers’. These groups recognize ‘sex work’ as an employment option, which can be income-generating and should therefore be recognized as a legitimate profession, inclusive of both men and women (Weitzer, 2007). These groups root themselves in feminist ideology that recognizes that sex work can be empowering and liberating, allowing sex workers to have agency over their sexuality. They also differentiate ‘sex work’ from ‘prostitution’ in order to be inclusive of a diverse work force, located in numerous places, such as indoor massage parlours, exotic dancing facilities, and escort services, in addition to street trade sex work – commonly referred to as street level sex work (SLSW). However, research has shown that SLSWs face more disparities than indoor workers. They experience more violence, unsafe working conditions, higher levels of arrests and overall worsened health outcomes, including occupation-related health problems such as HIV/AIDs and addiction (Bowen and Shannon, 2009; O’Doherty, 2007). Moreover, because SLSW is more visible to the public, emerging research shows that SLSWs typically experience high levels of stigma from the public (Lowman, Stakeholder Interview, 2011).

This capstone has in turn identified the following **policy problem:** *widespread stigma experienced by street-level sex workers directly affects their work environment and impedes their ability to access much needed health and social services.* Therefore, by using Vancouver as its case study, this research will look at how public policy can intervene to improve the working conditions of SLSWs, decrease barriers that limit their ability to access services and cope with dimensions of stigma. Policy options proposed in this capstone are aimed at improving SLSWs’ quality of life and especially their health status.

Sex work has been particularly problematic in the DTES of Vancouver, where the majority of the city’s SLSW occurs (Pivot, 2004). Importantly, SLSWs from the DTES experience intersecting stigmatization based on race, socio economic status [SES], mental illness,

and addiction. The vast majority of research to date has looked at the impacts of the criminalization of sex work and focused on legal models and reforms¹. It has revealed the occupational dangers associated with SLSW, and documented the violence committed towards this particular population. Additionally, stigma in relation to SLSW has been noted. However, there have been no in-depth investigations of how stigma influences their work environment, creates barriers when accessing health and social services, and affects overall health outcomes and SDH². Therefore, the **goal** of this capstone is to gain better understandings of street-level sex workers' experiences of stigma and how it impacts their quality of life and creates barriers to services. This capstone seeks to trace the complexities of stigma that past research has begun to reveal in order to develop policy interventions that will improve SLSWs access to crucial services and to improve their overall quality of life. The policy options proposed in this capstone are intended to be shared with relevant community members³ such as service providers, and sex work advocate groups in Vancouver, to help them improve the well-being of SLSWs in the DTES community. If the community supports these policy options, they may then present this research to policy-makers in levels of government, specifically the municipal level, and push the government to consider the implementation of these options. This capstone outlines the present problems experienced by SLSWs, builds upon existing research findings, and can therefore, be used by the community to lobby government to prioritize this issue on the policy agenda.

The goal of this research was achieved by following **objectives**: 1) a literature review the of research in field as well and current events surrounding sex work to gain an understanding of the

¹ The vast majority of John Lowman's work over the past 28 years, the Canadian HIV/AIDS Legal Network, Pivot Legal society who is also representing the BC provincial challenge of prostitution laws and numerous government groups and subcommittees-have provided recommendations for the decriminalization of sex work. The work of Abolitionist also extensively advocates for legal reform in terms of implementing a Swedish model, which criminalizes the buying of sexual services.

² SDH include things such as working conditions, social status and social isolation.

³ This capstone methodology employs community-based research (CBR), which implies the findings or policy recommendations will be shared with relevant community player. Specific to this capstone this entails all the stakeholders identified on page 37.

sex work in Vancouver and the corresponding policy and political responses, 2) key informant interviews with a variety of stakeholders including, service providers, academics and advocates to understand the barriers that diminish access to services and the realities of working conditions based on the lived experiences of SLSWs and 3) data analysis to provide an accurate understanding of the different dimensions of stigma SLSWs experience and inform policy options to improve their working conditions and access to necessary health and social services.

1.2 Definitions of Sex Work and Prostitution

The purpose of this section is to distinguish between two terms: prostitution and sex work, which are often conflated in policy and research.

1.2.1 Defining Prostitution in Canada

(See Appendix A: Relevant Sections of the Canadian Criminal Code)

There is no universal definition of prostitution as it is a concept that differs extensively across cultures. However, prostitution has historically been associated with the female gender. In Canada, prostitution was initially defined in the *Criminal Code* of 1892 under vagrancy laws as: “being a common prostitute or nightwalker; is found in a public place and does not, when required, give a good account of herself (*Criminal Code*, S 175 (1) (c))⁴.” This historical definition of prostitution associates prostitution with gender, as only women not men, were criminalized under the law for selling sexual services. Based on historical definitions, in Canada as well as in other jurisdictions, the term prostitution has generally been tied to female identity and gender. As Bindman and Doezema (1997)⁵ explain:

Prostitutes are generally regarded as a social category, as women who do not adhere to sexual and other behavioural norms; pitied or despised; they are

⁴ This is what the law read, until it was redefined in 1972.

⁵ Although this is a more dated sources, it was included because it was one of the first documents that framed sex work as a legitimate form of work, and significantly included the participation of sex worker groups.

excluded from mainstream society, their lowly and marginal position analogous to that of a low caste or minority ethnic group. (Section 2a)

As the above quotation highlights, the conceptualization of ‘prostitute’ is not only linked specifically to women, but often also to low social status.

The term ‘prostitute’ is also the formal term used in the *Criminal Code*. In 1983, a definitional amendment expanded those defined as prostitutes to be inclusive of both sexes; as such the term was defined as, “every person who solicits any person in a public place for the purpose of prostitution is guilty of an offense punishable on summary conviction (*Criminal Code*, s. 195.1).” Further, Abolitionists and Anti-trafficking groups often employ the term prostitution strategically because of its inherent links with women.

1.2.2 Legal Definitions and Status of Sex Work In Canada

In Canada under the *Criminal Code*, sex work has always been deemed a *legal* activity. Coercive human trafficking for the purposes of sexual exploitation and underage prostitution are illegal, and as such each has their own relevant sections under the *Criminal Code*. Although sex work remains legal in Canada today, all aspects surrounding ‘prostitution’ remain illegal and criminalized. This includes owning and/or operating a bawdy-house⁶ (s.210 and 211), procuring and living on the avails (s.212) and communicating for the purposes of prostitution (s.213).

In 1972, the initial vagrancy laws were replaced with the Solicitation Law, in which police had to prove soliciting, was “pressing and persistent” (Lowman, 2009). However, the soliciting law was replaced in 1985 by the Communicating Law. The significance of this reform was that it broadly expanded the definition of public space to be inclusive of motor vehicles that were on public property and anything in open public view, and made it illegal to stop, attempt or impede traffic/pedestrians for the purposes of communicating or attempting to communicate on

⁶ Bawdy-House is defined as a brothel; an establishment of ill repute-within which occurs prostitution or lewd sex.

trafficking (Canadian HIV/AIDS Legal Network, 2005). This new Communicating Law worked in favour of the police making it much easier to charge ‘prostitutes’ and ‘clients’ under the law. Finally, the primary agenda of the law was to decrease the public visibility and nuisances surrounding prostitution.

1.2.3 Sex Work

In recent decades the phrase ‘sex worker’, has begun to replace or has been used interchangeably with the term ‘prostitute.’ However there is a distinct difference between the terms ‘sex work’ and ‘prostitution.’ Significantly, ‘sex work’ is generally the self-employed term used by those who under the Canadian law would be considered ‘prostitutes.’ Many sex workers are opposed to the term prostitution, because it implies oppression, in that workers have little to no agency over decisions related to their bodies and sexuality (Weitzer, 2007). The World Health Organization (WHO) acknowledges:

‘Prostitution’ is not an appropriate term for understanding or describing the problem in many countries. The term ‘sex work’ better defines the act of exchanging of sex for material as a survival strategy. Many sex workers, both men and women, do not see themselves as prostitutes. (WHO, 2011)

Sex work is a term inclusive of a broad range of services and work environments, recognizing a diversity of activities. Further, there is a vast variety of reasons why people enter sex work. For some it is a career choice that is made based on high earning potential, and for others it is a strategic decision based on necessity (Bowen & Shannon, 2009). Even within this research of SLSW, there is a wide spectrum of reasons for entering the sex trade. Some sex workers pursue survival sex work⁷ out of necessity with little choice. For example, one sex worker stated, “Well I had to. I had to eat. It was survival” (Informant Interview, 2011). Other SLSWs have claimed that

⁷ “Survival sex” is often used to describe people who engage in sex with others in order to meet their basic needs, involving the exchange of sex for drugs, money or gifts and favours. Definition retrieved From (Canadian HIV/AIDS Legal Network, 2005, p.29)

despite necessity they exercised agency in their decision to pursue sex work, exemplified in the following quotes:

I don't do it [sex work] because I have to, I do it because that's what I've chosen, right? (Informant Interview, 2011)

Yeah, it's not like I want to be there but I put myself there, right? A victim I see more as somebody that's put in a situation they don't want to be, or they're forced into it. Nobody's forcing me, except myself. (Informant Interview, 2011)

I had no self-image issues, or trauma issues. What I did was my own choice. It wasn't a choice of situation. It was a choice I made, which makes it different than a lot of people's experiences. (Informant Interview, 2011)

As these quotes illustrate, even within more marginalized forms of sex work, it should not be generalized that sex workers are exploited or lack agency, as some research from Abolitionist perspectives has claimed. The importance of recognising the term sex work is that it is inclusive of different forms of sex work (i.e. indoor versus outdoor) and acknowledges a range of reasons – from empowerment to agency - for participating in the sex trade.

1.2.4 Indoor and Street Level Sex Work in Canada

There are disparities in the working environments and safety of SLSWs as compared to indoor workers. Indoor sex workers⁸ often are less prone to experience violence because their working conditions are safer. For example, they are in close proximity to others who can intervene in dangerous situations, have a more regular clientele, more time to screen clients, are familiar with their working conditions and thus have exit strategies in case of emergencies (Bedford v. Canada, 2010). Further, they often have a higher earning than SLSWs. A survey of 23 indoor sex workers in Vancouver showed that over half earned an income of \$5,000 per month and those who work independently earned over \$10,000 (O'Doherty, 2007). Moreover, most participants had attained at least some post-secondary training with 35.5% having a University

⁸ Indoor workers generally include of sex workers who work within private places such as escort services, massage and body rub parlours or those who work independently within a private residence.

Bachelors education or higher (O’Doherty, 2007). Overall, indoor sex workers are less likely to experience violence, have better health outcomes, and have more control/safety over their working environments (O’Doherty, 2007).

There are also different public perceptions related to SLSW and indoor sex work. These perceptions have profound impacts on the workers, described in the below quote:

The two-tier system [of sex work], stigmatizes street prostitutes who are visible to the public and perceived as nuisances, versus escorts and their clients who gain impunity from the law because they operate in a regulatory environment. (Lowman, 2009, p.9)

As the quotation explains, because SLSW takes place in the public realm, it is more likely than indoor work to receive attention for being a ‘public nuisance.’

1.3 Context of Sex Work in Canada

1.3.1 Policy and Sex Work In Canada

Numerous government subcommittees, reports, advocates and academics have consistently, since the early 1980s, called attention to the need to reform prostitution laws in Canada⁹. They have argued the laws create profound contradiction by failing to define where prostitution can occur legally. All of the reports have made recommendations for changing legislation to address the poor working conditions of SLSWs by reforms that allow for licensing for up to one to two sex workers, or even partial decriminalization. Further research has shown, the Communicating Law in particular, accounts for roughly 90% of prostitution related charges (Canadian HIV/AIDS Legal Network, 2005). Further, sex-based discrimination has been documented in the enforcement of the law, as women sex workers are sentenced more harshly

⁹ These are some of the key reports referred to: Fraser Committee, 1985, Standing Committee on Justice and the Solicitor General 1983, Standing Committee on Justice and the Solicitor General 1990; Federal-Provincial-Territorial [FPT] on Prostitution, 1998; Subcommittee on Solicitation Laws, 2006; Canadian HIV/AIDS Legal Network, 2005 & 2007; Pivot Legal Society, 2004 & 2006; Lowman, 2004; Living in Community, 2006.

with higher fines, more prison sentences and longer sentences than men who are predominantly clients (Canadian HIV/AIDS Legal Network, 2005). However, despite this body of evidence, multiple federal governments have continued to uphold the status quo, leaving prostitution laws unreformed.

The shift towards criminalization of sex work with the enactment of the 1985 Communicable Disease Act led to a policy direction that associates SLSW with public nuisance. Much of this policy shift was in response to growing public pressure, lobbying and complaints requesting increased enforcement to curb the visibility of street prostitution and nuisance that was occurring in residential neighbourhoods, specifically in cities like Toronto and Vancouver (Shaver, 1994). As policy and legal reform shifted to address the public nuisances of SLSW, they embedded stigmatization against sex workers and acted to exclude and displace SLSWs from communities. This type of policy shift targeting SLSW was not unique to Canada and has also been documented by Sanders (2004) and Hubbard (1998, 2004) in cities such as Birmingham, Wales, West End London, and Paris. Similar to the experience in Canada, policies rooted in deterring public nuisance in the UK created:

(s)patial and social boundaries [which] are part of the process that excludes and controls groups who do not conform to dominant ideologies and practices. It has been argued that isolating and separating those who are created as ‘others’ takes place in the urban city through policies and practices. (Sanders, 2004, p.1705)

As the quotation suggests, policies have been used to exclude groups such as sex workers, because they represent individuals who act outside of socially ‘acceptable’ behaviours, and therefore should not be visible in urban centres. The arguments by Hubbard (2004) and Sanders (2004) go on to explain these groups are expelled from city centres because they signify a process of social decay that reflects poorly upon the city. These types of policies have been documented in Vancouver and will be discussed further in section 1.4.1.

1.3.1 Public Understanding

There is a distinct division in public understanding of sex work across Canada. Firstly, only 23% of Canadians are aware that sex work¹⁰ in Canada is legal (Angus-Reid 2009). A recent poll illustrates 41% of Canadians believe the existing legal provisions on sex work are fair for the purpose of protecting the public good (Angus-Reid, 2009). An equal - 41% - claim the provisions are unfair and force sex workers into unsafe situations (Angus-Reid, 2009). British Columbia (BC) is the province with the highest rates (48%) in agreement with the latter belief (Angus-Reid, 2009). Interestingly, these divisive stances on 'prostitution' have not evolved much since the 1983 Special Committee on Pornography and Prostitution¹¹. According to the final report of the Committee:

The hearings [conducted by the committee] illustrated that the street prostitution issue divided the Canadian public; it pitted municipal officials, police forces and citizens' groups, who felt that the Criminal Code should be strengthened to control street prostitution, civil libertarians, women's groups and social services agents who favoured some form of decriminalization. (FTP, 1998, p.6)

Within BC a public opinion poll identified many would support changing the status quo in regards to sex work. The following findings were discovered:

- 57% of respondents would support sex workers working indoors or in brothels;
- 48% of respondents would support decriminalizing other aspects of sex work to allow adults to engage in consensual prostitution;
- 18% of British Columbians would support a legal system, which exclusively punishes/criminalizes 'clients of prostitution',¹² (Angus-Reid, 2009).

Thus, there seems to be growing public support for changing the Canadian laws on sex work, the highest from the province of BC; however, there is still much opposition to changing the laws.

¹⁰ The exchange of sexual services for money-between two consenting adults.

¹¹ The 1983 committee, held extensive public hearing across Canada in order to gain an understanding of public opinion on the issue.

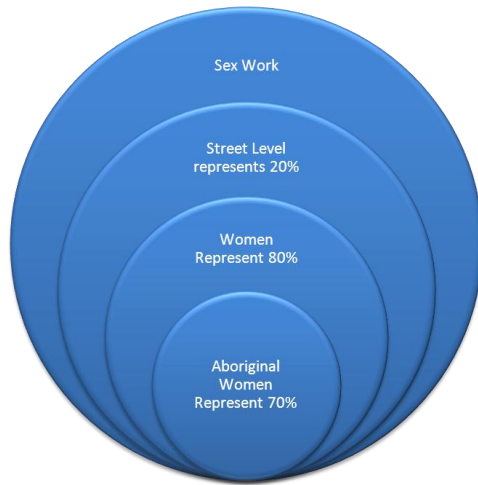
¹² This statistic shows limited public support for the Abolitionist and anti-trafficking proposal of a Swedish model of prostitution laws, which exclusively criminalizes the 'buyers' no the 'sellers' of sex.

The other public stance on sex work is rooted in the association of SLSW with ‘public nuisance’. The 1985 Communicating Law, framed sex work as a ‘public nuisance’ defined by the courts as: “street congestion and noise, verbal harassment of people who are not sex workers or their clients, and general detrimental effects on passers-by and bystanders, especially children” (Canadian HIV/AIDS Legal Network, 2005). Additional concerns have also been raised about the public safety, in relation to SLSW, such as it attracts unscrupulous people such as people related to organized crime, drug dealers or pimps (Sub. on Solicitation Laws, 2006). Also, public fears have arisen about “...condoms and needles in public and private places” which are seen as harmful to the health of citizens (Sub. on Solicitation Laws, 2006, p.32). Finally, SLSW can affect the public good by discouraging economic activity, creating a “bad reputation” for a neighbourhood and negatively impacting property values. Therefore, this section offers a rationale as to why some of the public understanding associates SLSW with public nuisance.

1.4 SLSW in Vancouver

In Vancouver, it is estimated that 80% of sex work occurs indoors. The remaining 20% is street-based sex work, of which the majority occurs in the DTES (Pivot, 2004). Some SLSWs fit the description of survival sex workers in which poverty and addiction are key characteristics of their involvement in the trade. Moreover, Aboriginal women make up 70% of SLSWs (Shannon, K., Bright, V., Gibson, K., & Tyndall Mark W., 2007). While the majority of SLSWs are female, there are estimates that males, transvestites and transgendered persons comprise 20% of the SLSWs in the DTES (Sub. On Solicitation Laws, 2006). Please refer to Figure 1, below.

Figure 1: Demographics of SLSW in Vancouver



SLSW is concentrated in the DTES, which is considered the ‘lowest income postal code in Canada’, comprised of the lowest income, living and educational levels in all of Canada with the highest health service utilization and hospitalization rates (Vancouver Coastal Health Authority, 2005). Further, there is a large homeless population, encompassing individuals who suffer from addictions and/or mental illness. Moreover, there are higher levels of crime due to gang and drug activity. The social, political and economic determinants create direct impacts on DTES resident health status and access to care. People of Aboriginal descent are overrepresented, comprising 40% of the DTES population, while representing only 7% of the Vancouver population (Joseph, 1999). Notably, this myriad of social issues creates persistent health inequalities, especially among women and Aboriginal groups (Vancouver Coastal Health Authority, 2005). The complex social issues concentrated within the geographical boundaries of the DTES, create scenarios in which individuals are vulnerable, making SLSW an attractive way to gain income, or just a necessity for survival.

1.4.1 Vancouver Municipal Policy on SLSW

Vancouver's municipal policies have acted to exclude sex workers from communities and push them into unsafe working conditions. SLSWs in Vancouver have been pressured to leave communities, due to public complaints, 'NIMBY-ism'¹³ and municipal policies.

From the period of 1975 to 1985 there was intense rhetoric and criminalization against the organized and independent SLSWs in the city's West End. During this time there were an estimated 200 or more racially diverse sex workers who were essentially "pimp free" and worked together to solicit business (Ross, 2010). This rallied action from CROWE (Concerned Residents of the West End), local businesses and growing 'NIMBY-ism' ushered in a period of intense anti-prostitution rhetoric, harassment, negative media attention and criminalization of SLSWs. Street level sex workers became symbolic of a 'process of decay' and made the neighbourhoods 'vulnerable to criminal invasion' (Ross, 2010, p.201). The city itself even passed bylaws to curb street traffick due to the presence of clients and enacted a street activities bylaw that essentially was used to fine sex workers (Ross, 2010). However, most of the SLSWs who were being targeted actually lived and worked within the West End community (Ross, 2010). This 'cleansing' of the West End has been rationalized by some as a way to make the community safe for the blossoming white bourgeois and often 'queer' gentrification of the neighbourhood (Ross, 2010).

During the West End campaign against prostitution, SLSWs began to work in the Mount Pleasant community, creating a prominent stroll along Kingsway. It was only a matter of time before community groups there, like in the West End, began to complain about sex workers, and after a frenzy of nuisance complaints and anti-prostitution campaigns, sex workers were displaced to the north-western side of Mount Pleasant (Lowman, 1992). The Vancouver Police Department (VPD) created a Mount Pleasant Prostitution Task force in 1987, in response to continued

¹³ NIMBY-refers to Not in my backyard, and implied public protest and opposition to proposed developments or issues (i.e. sex work) occurring within their communities.

pressure by the public to address SLSW. Research shows the task force harassed sex workers in the area, which encouraged them to leave the community. As a result, secondary sources found the majority of them relocated to the DTES, Strathcona and Grandview-Woodlands communities (Lowman, 1992).

The Strathcona community also protested the arrival of SLSW. However, instead of utilizing police force, they created a ‘prostitution no go map’ that centred on protecting schools and residential areas from the visibility of sex workers (Lowman, 1992). It appears the campaign was successful at curbing ‘street prostitution’ but like the other more enforcement-based policies it had the adverse effect of displacing SLSWs north of Hastings street, to an isolated and industrial area. This is predominantly where SLSW remains active today.

1.5 Current Events

1.5.1 Pickton Trial and the BC Missing Women Investigation

Studies revealed that between 1991 and 1995, 63 known sex workers were murdered, predominantly in the DTES, representing 5% of all women slain in Canada during that period (Robertson, 2003). Many of these homicides remain unsolved and additional women are still missing. This disturbing trend gained international media attention, rallied the voices of local advocates, created demand for public inquiry and generated harsh criticism from local and international organizations like Amnesty International¹⁴.

Many of the missing women then became connected to the trial of serial killer, Robert Pickton, who was charged in December 2007 with the second-degree murder of six of the missing women. However, the remains of numerous other women have been found on his Port Coquitlam property and he has been linked to the deaths of an additional 26 (CBC News, 2007). In an

¹⁴ Amnesty international reported specifically on the violence against Aboriginal women in Canada, many of which were related to the Missing women case in Vancouver. (Amnesty International, 2004)

internal VPD review¹⁵, it was found that the VPD and the Royal Canadian Mounted Police (RCMP) had made crucial mistakes in the Missing Women and Pickton investigations. This included a lack of communication between the two organizations and lack of resources. Some other key findings were:

- Vancouver police should have recognized earlier that a serial killer was preying on women in the city's Downtown Eastside, but management failed to recognize that reality. A bias against sex workers who were predominantly Aboriginal was partly to blame.
- When the force appointed a team to review Missing Women cases, that unit lacked resources, training and leadership.
- Numerous police tips, many from sex workers and even theories from Kim Rossmo, a geographic profiler with the VPD that suggested a serial killer was responsible for the women's disappearances were dismissed.

(VPD, 2010)

Further, in response to the Missing Women and the Pickton trial there has been a formal provincial inquiry set up: Missing Women's Commission Inquiry (CBC, 2011). The inquiry will investigate the Pickton case and the disappearances of women with formal hearings and will produce a report by the end of 2011. However, despite the fact most of the women had known ties to the DTES and to SLSW, sex work is not an official term of reference used in the inquiry, which has profound impacts on future policy directions and ignores the crucial correlation between vulnerable women, violence and street level sex work.

¹⁵ The internal report, which was completed by Vancouver police Deputy Chief Doug LePard August 2010.

1.5.2 Ontario and British Columbia Provincial Challenges to Prostitution Laws

On September 28th, 2010, Justice Susan Himel of the Ontario Supreme court supported the constitutional challenge put forth by three sex workers¹⁶, and struck down all the laws surrounding prostitution. The decision essentially acted to decriminalize sex work in Ontario. The following quote outlines the rationale for her ruling:

By increasing the risk of harm to street prostitutes, the Communicating Law is simply too high a price to pay for the alleviation of social nuisance...I find that the danger faced by prostitutes greatly outweighs any harm which may be faced by the public. (Makin, 2010)

This ruling gained national attention and helped to put sex work on the national political agenda.

It also created momentum for a similar case in BC where a group, Sex Workers United against Violence (SWUAV),¹⁷ are also challenging the prostitution laws. These current events are pressuring the government to consider legal reform including the decriminalization of sex work.

Recently, both legal cases which had been gaining momentum for progressive policy and legal reform have been stalled by federal Conservatives appeals. The Ontario case which ruled in favour of decriminalization will be appealed, and the BC case which has not yet gone to trial has also been hindered a second time by a federal appeal (Rabble News, 2011). The federal Conservatives are not in favour of reforming the prostitution laws. In support of the appeal, Justice Minister Rob Nicholson said Ottawa would "fight to ensure that the criminal law continues to address the significant harms that flow from prostitution to both communities and the

¹⁶ The Ontario case put forth by three self-identified sex workers illustrates the law's contradictions. One of the sex-workers is fighting a bawdyhouse charge, and another sex worker is concerned that her husband will be charged for "living on the avails" of prostitution simply because he is living together on the premises. They claim the laws violate their Charter rights, specifically 2 b) "freedom of expression" and 7) "right to life liberty and security of the person". They argue that the current laws prevent them from being able to work in a safe environment. One of the defendants was beaten when she worked on the street, so working from home was a way to ensure her safety. Secondly, they state the laws prevent sex-workers from pursuing the perfectly legal activity of prostitution. Finally, they contend that the current laws prevent them from controlling their work environment, such as preventing them from hiring security for fear the employee will be charged will living on the avails.

¹⁷ SWUAV, represents a group of marginalized sex workers from the DTES. They also do peer-outreach in the community.

prostitutes themselves” (Mankin, 2010). This stance also parallels their broader ‘tough on crime’ policies, which classified the owning and operation of a bawdy-house as a “serious offence,” increasing the maximum sentence to five years jail time from the previous two years (Pablo, 2010).

Significantly, the decriminalization case in Ontario will have no effect on improving the working conditions of street level sex workers, because the laws cannot be changed during a pending appeal (Rabble News, 2011). Further, the ruling would only be binding in Ontario. That is why there was a separate challenge pursued for BC (Rabble News, 2011). The current political climate is also unstable, with an upcoming federal election, which makes it unclear what will happen with the current federal Conservative appeals. The legal cases will remain unresolved until a new government is elected in the spring of 2011. However, if the Conservatives remain in power it is fair to assume that appeals to any progressive legal rulings will continue. The current political instability also extends to provincial and municipal levels of government as elections in BC and the city of Vancouver are also forthcoming. These factors make it difficult to establish a timeline for when decriminalization cases will be finalized in the legal system.

1.6 Past Research Findings of Street Level Sex Work

1.6.1 Criminalization

Criminalization has been extensively researched in relation to SLSW, and proven to consolidate stigma against SLSWs. This point was explained by a sex worker during an interview for this research, who stated:

I think a lot of it [stigma] has to do with the law...because the law says [communicating is illegal], so people think it’s bad. (Informant Interview, 2011)

Section 1.3.1 has also provided evidence for how criminalization has been proven to unfairly target sex workers over clients, women over men and street workers over indoor workers.

Additionally, past research highlights that criminalization creates mistrust between sex workers and the police. Many sex workers claim they do not have a good relationship with police and would not report to police, because they feel the police will not provide equal resources to them. In the words of one sex worker:

I mean the police don't give a crap about us down here. Look what happened with the Pickton Farm. You know, there's a perfect example right there. (Informant Interview, 2011)

Therefore, instead of relying on police to serve and protect them, sex workers avoid police. This diminishes reporting to police on bad dates and violent situations

1.6.2 Health Outcomes

One of the most profound consequences of stigmatization for SLSWs has been poor health outcomes. As an outreach nurse in the DTES explains, SLSWs experience health issues from “malnutrition to sleep deprivation, to pneumonia, to skin conditions ... to mental health issues” (Sub. On Solicitation Laws, 2006, p.16). SLSWs often experience higher rates and greater risk of exposure to sexually transmitted infections (STIs), most significantly HIV. In a recent study of 198 survival sex workers in Vancouver, 26% were HIV positive (Shannon, et al. 2007). The study claimed there are significant barriers for this population in accessing health services because, “[SLSW] women are pushed further from social supports, impeding their ability to negotiate their situations” (Shannon et al., 2007).

In a recent report on female drug users in the DTES, participants reported experiencing stigma during their interactions with the primary health care system, including health providers. This includes being treated with disrespect, being made to wait for long periods of time, not being listened to or being spoken to in a in a rude way (VANDU Women CARE Team, 2009). While the study was not limited to sex workers, it included some self-identified SLSWs. The study emphasized that discriminatory experiences can be magnified for SLSWs, as they experience

layers of stigma due to their identity as SLSWs and drug users. The following quotation exemplifies this finding:

[w]omen who do sex work or survival sex also reported increased stigma and discrimination. Women described keeping this information from health providers; a strategy that they acknowledge can increase their health risks (VANDU Women CARE Team, 2009, p.23).

Overall, these negative experiences of SLSWs when interacting with primary health care can cause embarrassment and shame, act as a deterrent for further access and even create denial of one's own health status; thus, leading to the spread of disease to the public or lack of treatment for an individual (Benoit, C. Shumka, L. & Barlee, D., 2010). Finally, these negative experiences may act to push vulnerable SLSWs further into isolation if they distrust health services.

1.6.3 Unsafe Working Conditions and High Rates of Violence

The link between violence and sex work is important. Sex work has been classified an 'occupation of risk'¹⁸ by Statistics Canada, in its annual Juristat report on Homicide in Canada (Statistics Canada, 2005). Studies have highlighted (Pivot, 2004, 2006; Cler-Cunningham, L. & Christensen, C., 2001) the extraordinary levels of violence experienced by Vancouver SLSWs. One such survey revealed, "83.1% of respondents who worked on the street have been harassed, 44.5% have been threatened with a weapon, 45.8% were forced to have sex against their will and 30.3% were assaulted with a weapon (Cler-Cunningham, L. & Christensen, C., 2001)."

¹⁸ Occupations of risk also include taxi drivers and police officers.

Figure 2: Sex Worker Homicides in BC, 1960-1999

	# of sex worker homicides
1960-1964	0
1965-1969	0
1970-1974	0
1975-1979	3
1980-1984	8
1985-1989	22
1990-1994	24
1995-1999	50?

(Lowman, 2006)¹⁹

Figure 2, shows the rise in sex worker homicides, with a significant increase occurring after the introduction of the Communicating Law. However, additional data from the annual Juristat report on Homicide in Canada show that homicides in 2002 to 2004 spiked again with 18 homicides in 2002, 11 in 2003 and 18 in 2004 (Statistics Canada, 2004).

However, it should be noted that sex work is not intrinsically violent and that there are factors that create safer working conditions, generally in relation to location or venue and the individual working conditions of the sex worker. The following quote explains that there are measures in place to enhance the safety of SLSWs:

Factors that enhance safety of a prostitute include being in close proximity to people who can intervene if needed, taking the time to screen a client...having more regular clientele, and planning an escape route (Bedford v. Canada, 2010, 301).

However, these measures are found predominantly within in indoor sex work facilities, and cannot be implemented on the street. In contrast, SLSWs have less control over their work environment making it more 'risky', in comparison to other sex work, notably indoor sex work. Overall, unsafe working conditions make it more likely for SLSWs to be at risk of violence, which can also in turn negatively impact their emotional, mental, and physical health.

¹⁹ This data was compiled from VPD, RCMP and *Vancouver Sun* reports. (Lowman, 2006)

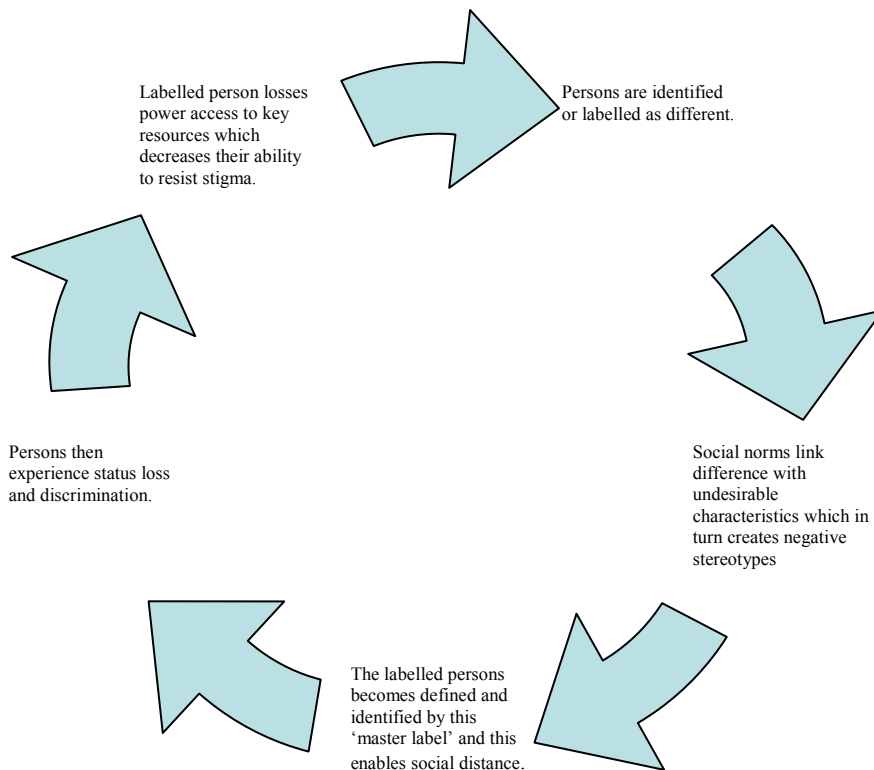
1.7 Stigma and Sex Work

1.7.1 Overview of Stigma and Sex Work

Sociologist Goofman (1963) was one of the first academics to explore the concept of stigma. He wrote that people who deviate from physical, behavioural or ethno-cultural norms are subject to disapproval and marginalization. As such those who face stigma have ‘spoiled identities’ and are defined as those who operate outside social norms and experience *enacted* stigma (actively discriminated against) or *felt* stigma (perceive they will be discriminated against) (Goofman, 1963). Moreover, because identity is closely tied to occupation, those with socially undesirable occupations will often experience stigma (Goofman, 1963).

In more recent literature stigma has been conceptualized by Link and Phelan (2006) as five interrelated social processes, described below in Figure 3.

Figure 3: *The Social Stages of Stigma* (Link and Phelan, 2006)



As the above figure illustrates, once someone is labelled as ‘different’ this can have profound effects on their social supports and ability to access resources and overcome stigma.

Stigma is still a very much part of the collective reality faced by sex workers in Canada. Studies that include primary research with sex workers have highlighted that sex workers who are known or identifiable, experience high levels of *enacted* stigma, whereas those who are not known/identifiable as sex workers actively experience *felt* stigma (Tomura, 2009; Ross, 2010; SWEAT Report, 2010). SLSWs are especially prone to stigma as their identity is often visible in the public realm. For example, as highlighted by the Subcommittee on Solicitation Laws:

For those who engage in street prostitution, insults and harassment from members of the public, business owners and police officers are often daily occurrences. The stigmatization of prostitutes exposes them to various forms of violence. They are often regarded as criminals and second-class citizens, and some people feel justified in humiliating them, harassing them, throwing things at them and even physically abusing them (Sub. On Solicitation Laws, 2006, p.20)

As evidenced by this quotation, stigma can also be experienced differently by different SLSWs. It also highlights how stigma can create social exclusion, enforce low social status, create an isolated work environment and lead to physical harm via violence. These factors, in turn, affect sex workers SDH. The following subsection will offer more detail on the specific consequences of stigma as a SDH and how it impacts other SDHs and health outcomes.

1.7.2 Stigma and SDH

This research recognizes the definition of health that goes beyond merely absence of disease but also considers the spectrum of physical, mental and social well-being as integral to good health (WHO, 1986). In light of this holistic definition of health, this research recognizes the importance of evaluating the social determinates of health (SDH)²⁰ within health outcomes.

²⁰ Canada considers the following: 1)Income and Social Status 2)Social Support Networks 3) Education and Literacy 4)Employment/Working Conditions 5) Social Environments 6) Physical Environments 7)

Therefore, it is crucial to understand how stigma affects the SDH and creates diminished health outcomes, especially because SLSWs often experience high rates of stigma. Further, stigma itself can be considered a distinct SDH, a concept that will be explored further in this research.

Notably, in the case of SLSWs, stigma has a profound effect on their social statuses, social support networks, working conditions, personal health practices, social environments and coping skills. Firstly, marginal populations such as SLSWs “are less able to access key resources and therefore poorly positioned to buffer themselves against the damaging impact of interacting stigma (Benoit et al., 2010, p. 5).” Stigma, as such, can negatively impact coping skills. Further, those who are labelled SLSWs may lose social support networks, experience social withdrawal, make poor health decisions (i.e. using drugs, having unsafe sex), may have poor self-esteem, may have low expectations of service providers and fear being judged negatively (Benoit et al., 2010). Exclusion from communities due to criminalization also impacts SDH because individuals within strong communities are generally more empowered to access resources and in better positions to combat stigma (Benoit et al., 2010). Thus research to date, has identified some of the negative consequences stigma has had on social determinants of health and overall health outcomes.

2: Methodology

This research seeks to differentiate itself from past research, by tracing the complex dimensions of stigma experienced by SLSWs, to create a more holistic understanding of how it influences their access to health and social services. This capstone aims to gain an accurate understanding of the current work environments, and seeks to see how public policy can improve safety and address the disparities in the regards to the working conditions of SLSW. In reflection upon past research, this capstone will contribute evidence to how working conditions are impacted by criminalization, and provide data on the occupational risks SLSWs experience.

This research has been designed to identify one of the key gaps in sex work research which is ‘program evaluation research.’ As Lowman (2001) highlights in a study on research gaps in prostitution:

[t]here is very little research evaluating different kinds of social services for prostitutes. Indeed, as far as I am aware, there is not even an inventory of the programs for prostitutes, such as there are, developed in different provinces. (p.7)

In light of this gap, this research has been designed to provide insight on what types of health and social services are available to sex workers, informed by key stakeholders. The research provides information on what services SLSWs utilize, which services they feel are ineffective and where there is a lack of service. It also investigates the role stigma has had in creating barriers to access and/or how experiences with service providers can be stigmatizing experiences. These insights informed the study’s policy options and recommendations.

Finally, due to flaws in past research methodologies, this research has been designed to look specifically at SLSWs, and as such is *not* trying to achieve a random sample of sex

workers²¹. This research acknowledges the diversity of sex work that exists and that more research needs to be conducted on indoor sex work. Therefore, findings from this study are not to be generalized to all sex workers, or indoor workers.

2.1 Theoretical Approach

2.1.1 Intersectionality

The research is grounded in the theoretical paradigm of intersectionality. Intersectionality can be described as the study of social identity, systems of oppression and dominance and the intersection of these traditional categorizations and power dynamics (Hankivsky, O., Varcoe, C., & Morrow, M. H. 2007). Thus, intersectionality moves past a singular category of analysis, i.e. gender, to consider the complexities of an individual's lived experience, with intention to pursue social justice (Hankivsky, et al, 2009; McCall, 2005; Hancock, 2007; Weber, L., & Parra-Medina, D., 2003). This paradigm was chosen because it accommodates the diversity of the 'lived experiences' of street level sex workers and the stakeholders with whom they work closely. It also provides a framework in which to deconstruct the multiple layers of identity and levels of oppression that sex workers experience in their interaction with services and society. This paradigm also allows for the exploration of how different social categories and power dynamics feed into and create dimensions of stigma; and how these social labels and power relations impede access to social and health services, and affect their working environment. Finally, intersectionality allows for research that is inclusive of male, transgender and transsexual SLSWs, which goes beyond the gender paradigm that has underpinned much of the sex work research in Canada.

²¹ It has been acknowledge by researchers that gaining a random sample of sex workers is next to impossible because of the associated stigma, secrecy and difficult in accessing these populations.

2.2 Qualitative Methods

Qualitative methods were employed for this study, as the most suitable methodology for an investigation of the lived experiences of SLSWs²². This was specifically to allow for in-depth interviews, which enabled the researcher to gain a good understanding of the current realities of the SLSWs' working environment and experiences of accessing services. It also allowed SLSWs' (informants) experiences to be merged with stakeholders' input, based on the observations and experiences they have had with SLSWs. Finally, using qualitative methods enabled the researcher to gain extensive knowledge of the current services, challenges and issues within street level sex work, via stakeholder interviews.

2.2.1 Study Design-Community Based Research (CBR)

To realize the objectives of the study, community-based research (CBR)²³ was used to inform the study design, particularly the recruitment process for engaging informants. CBR can be defined as strategies for creating knowledge that is relevant to a community's needs and interests (Gibson, N., Gibson, G., and Macaulay A, C., 2001). CBR is an inclusive research design that engages diverse individuals and stakeholders from a community, in the research process (Reid, Brief, & LeDrew, 2009). This was an important consideration for this research because it directly engages SLSWs who have traditionally not been included in policy research. CBR also allows for the researcher to consider the traditional power relations that exist between the researcher and participants. Departing from typical researcher-participant power relations, SLSW participants were considered 'co-researchers' and experts in this study; as such, instead of using the term participant, they are referred to in this research as informants. This was an important consideration in regards to the theoretical framework of intersectionality because CBR

²² Quantitative methods were not a suitable option due to the profound complexities of reaching sex workers populations, described by past researchers as 'sensitive', 'untrustworthy of academics', 'under-researched and 'secretive'. Also in relation to the timeframe of this capstone it would have been extremely challenging.

²³ CBR can also be known as participatory research, participatory action research and action research.

attempts to break down some of the social categories and power structures, which typically exist in interview settings.

CBR research was employed by this study by garnering the support of local service providers and organizations from the DTES community and getting insight on how this research would effectively recruit SLSWs. As such, this study was conducted with the support of Vancouver Area Network of Drug Users (VANDU) and New Fountain Shelter, operated under Portland Hotel Society. VANDU provided ways to outreach to SLSWs, through referrals and by helping design the recruitment process.

Intersectionality and CBR have similar goals of empowering research participants and striving for social justice by influencing policy makers (Hankivsky et al., 2007). Similarly, this study sought to empower informants by allowing them to provide input on policy options and promote social justice. For instance, informants were asked how they would improve upon their current quality of life and address service gaps. The insights they provided in the interviews guided policy recommendations and proposed changes for the local Vancouver community.

2.3 Tools

2.3.1 Semi-structured Interviews

(Appendix B: Interview Schedules)

The interview schedule ensures all participants are asked the same type of questions, but allows the interviewer to probe participant's responses for unanticipated insights (Dunn, 2005). Further, due to the sensitivity of interviewing on stigma and sex work, this tool provides one of the best options for exploring complex behaviour, opinions and emotions (Clifford & Valentine, 2010). Stakeholder interviews were scheduled to last for approximately one hour, and informant interviews were scheduled for approximately half an hour. However, the length of informant

interviews varied, between 15-35 minutes; based on the comfort of informants and the time it took for them to share their experiences.

2.4 Data Sample

The data was collected from consulting a range of experts, who will be referred to as stakeholders and informants. Stakeholder interviews were conducted with five different individuals, who have varying degrees of knowledge on SLSW in Vancouver (see Table 1). Interviews with stakeholders were conducted at their place of work or at SFU Harbour Centre, based on their availability.

Table 1: Stakeholders Consulted

Name	Title and Relevance to SLSW
<i>Kate Gibson</i>	Executive Director of WISH -targeted SLSW service provider
<i>Kerry Porth</i>	Executive Director of PACE -targeted SLSW service provider
<i>Sue Davis</i>	Founder of BCCEC -advocate and stakeholder at international forums
<i>John Lowman</i>	Professor of Criminology at SFU -over 28 years' experience in conducting academic studies on SLSW in Vancouver
<i>Chris Hellewell</i>	Manager, New Fountain Shelter, PHS -provides low barrier shelter, an overlapping service utilized by SLSWs

Informants were required to be self-identified street level sex workers and over the age of 19. Informant interviews were conducted with ten self-identified SLSWs who resided in the DTES. It is important to note that one of the stakeholders was also actively working in the sex industry while another stakeholder was formerly involved. So, they also provided data on their experiences as stakeholders and SLSWs. All interviews with informants were conducted in a private meeting room at VANDU; the use of their facilities for this research was preapproved. The location of the informant interviews was an important consideration because it was crucial

that the informants would be comfortable arriving at a location within the DTES. Informants were provided a \$20 honorarium upon the completion of the interview.

All of the informants in the study were women between the ages of 32-55 years of age, and half identified as Aboriginal. Almost all had moved in and out of sex work with periods of inactivity ranging from a few months to over 10 years. The majority of informants became involved in sex work between the ages of 20-30. Only two informants began working when they were underage, and one did not begin working until she was 49. The majority of informants had been involved only with SLSW. However, three had worked at strip clubs or outcall/in-call escort agencies and provided insight on how the working environments were different. All of the informants currently work in the DTES; however, many had been involved with sex work in other provinces and cities.

2.5 Research Limitations

2.5.1 Selection Bias

One of the identified research gaps has been that there is no research on transsexuals or transvestite sex workers in Canada (Lowman, 2001). However, despite this consideration in the research design to include these groups, all of the informants identified as women. Second, the recruitment of informants created a bias because all informants were drug users, most were VANDU members and many had higher levels of peer support and health seeking behaviour because they were involved with programs at VANDU. These limitations can be attributed to the recruitment process via VANDU. The VANDU board was consulted for insight into how best to recruit and advertise²⁴ the study to SLSWs in the DTES. The VANDU board is peer based, and suggested that they could refer individuals instead of advertising the study. Their concern was if the study was advertised at VANDU, it would attract informants who were not active in the sex

²⁴ By advertise I mean to put up posters that had been approved by ethics at the VANDU facility.

trade and were participating only to receive the \$20 honorarium. Therefore, board members agreed to disseminate information on the study to appropriate individuals and send individual referrals. However, this referral bias led to VANDU members, drug users and those who were already utilizing services in the DTES to be overrepresented within the study.

2.5.2 Interpretation of Data

The data may have been impacted by how it was interpreted by the principle investigator. The purpose of the data was to build an extensive understanding of how stigma is experienced by SLSWs. To prevent leading the informants on the theme of stigma, direct questions on stigma were only asked *after* the informants themselves discussed an experience they called ‘stigmatizing’, or if they directly discussed ‘stigma.’ The direct follow-up questions on stigma were used in order to probe further on the theme of stigma. In the case informants did not directly use the term stigma; the experiences they discussed were interpreted in relation to stigma by the principle investigator. For example, if they had bad experiences with the police and health care services or other social services, that prevented them from going back or caused them to feel low self-worth this was interpreted as a stigmatizing experience. Additionally, when informants described negative experiences and outcomes associated with being labelled as a sex worker this was also interpreted as an experience of stigma. These interpretations were grounded in previous findings regarding the effects of stigma on individual lives.

3: Thematic Analysis of Interview Data

3.1 Dimensions of Stigma: Themes from Stakeholder & Informant Interviews

Stigma was the key theme identified within all the informant and stakeholder interviews. It was clear that stigma was a complex theme that cut across all of the data. As previously discussed in the background section, stigma had significant impacts on SDH, but this research identifies that stigma should also be considered a SDH. SLSWs experienced high levels of stigma, which is an important SDH because it resulted in poor health outcomes, as well as decreased coping skills, self-worth and health seeking behaviour. The following section will explore the dimensions of stigma faced by SLSWs, and its impact on the health outcomes and other SDH.

3.1.1 Personal Impacts of Stigma

Experiences of stigma had profound effects on SLSWs' self-worth, and acted to reinforce their categorization of 'low social status.' The majority of informants believed the public did not care about them, as expressed in the following quotes:

They [the public] just want to sweep us under the carpet. I find that they just don't want to even acknowledge us. Like, they'd rather we weren't even there. We're 'them' and they're 'them', you know? They're too busy worrying about, like, about their next car payment, right?

If they kind of talked to us, you know, one on one, or a group, or whatever, maybe they'd understand us, but they don't want to. They don't want to.

[w]e are people, we're still people. We still have blood, we still breathe, like, you know? Just because we work on the street doesn't mean we don't have a brain.

As the informants suggested, they felt the public did not care about their well-being and that they were not regarded equally by members of the public. This was internalized by SLSWs and resulted in poor self-esteem and diminished expectations of accessing services, because they did not perceive being treated equally.

Additionally, some informants had negative personal experiences when it was revealed that they were sex workers. One informant acknowledged, “They [my family] ostracized me...the minute I told them, it made me a totally different person in their minds.” Stakeholders confirmed this could be a common experience for SLSWs, with profound personal impacts. The impacts include loss of personal support networks, decrease an individual’s ability to cope with stigma and increase social isolation.

Finally, many informants also claimed they maintained secrecy because they feared being ‘outed’ as a sex worker. In addition to what has been discussed above, SLSWs fear personal embarrassment, judgment, discrimination and loss of child custody, as consequences of being exposed. Having to maintain secrecy from close supports like friends and family, can take an emotional, mental and physical toll on an individual, and in turn, influence overall health outcomes. One informant explained the anxiety she felt during the time in which her involvement in SLSW was a secret:

I never dated downtown here [DTES], because I was married and I had a baby, and my husband, if he would have found out, I would have been [makes cutting sound] and the kid would have been taken away from me...I kind of went to work at hotels, doing chambermaid stuff, so I was kind of back into the normal thing, you know? And I was scared all the time because I didn’t want to run into anybody I knew [from working in the sex trade], because I was well known, eh?

As the above quotation outlines, many informants expressed a fear of a range of consequences if they were exposed as SLSWs.

3.1.2 Stigma from Service providers

Informants identified that they experienced fear of discrimination and negative encounters when interacting with service providers. In turn, this acted to discourage SLSWs from accessing services. Kerry Porth, executive director of PACE, and a former street level sex worker explains her experience:

I didn't go on welfare for years because I knew I'd had to tell them how I was supporting myself and I figured they'd arrest me. I didn't go to detox because I was afraid they'd ask me about my child. I couldn't ask for help because I was afraid of the law, I was afraid I was going to lose my child and I was extremely vulnerable and extremely addicted...I couldn't ask for help out of fear of losing my child, out of fear of going to jail. And, I had a police officer who abused me for a period of about six months. (Porth, Stakeholder Interview, 2011)

As Porth (2011) asserts, stigma and the fear of being stigmatized as a sex worker affected how she interacted with service providers. Further, this could act to lower an individual's demands on social, health and law-enforcement services. Approximately half the informants and two stakeholders (including Porth) had bad experiences with service providers in the past, which encouraged them not to access particular services in the future.

Due to profound stigma, many of the informants kept their involvement in SLSW a secret. However, this secrecy affects how sex workers access services, including decreasing health seeking behaviours. As evidenced in the following quotes, many SLSWs do not reveal their work to service providers:

Like I don't tell my social worker at the Ministry or anything.

My doctor up there [outside DTES] doesn't know so...what he doesn't know won't hurt him. Hiding personal information from service providers, particularly health providers, has the potential for a variety of negative health outcomes including proper diagnoses and early interventions and continuity of care for a range of health issues.

Many informants also revealed they would not report bad dates to police, or rely on police services. Approximately half had bad experiences, and two had been arrested under the Communicating Law. Informants reflected that they did not feel the police treat them equally. The following quotation explains:

I mean the police don't give a crap about us down here. Look what happened with the Pickton Farm. You know, there's a perfect example right there.

Many informants do not have good relationships with law enforcement, and report feeling discriminated against or not taken seriously. Stakeholders also allude to this when they say that police resources and investigations on sex workers are often not given as many resources as other cases, as happened in the Pickton case.

Further, service providers can perpetuate negative stereotypes when they interact with SLSWs. These negative stereotypes can affect how SLSWs are treated by a service provider, and also exclude SLSWs from being eligible for services and programs. For example, sex workers are excluded from the federal Victim Compensation Program because they are considered 'too-raped' (Davis, Stakeholder Interview, 2011). This prevents sex workers who experience violence from being eligible for financial support to help assist in their recoveries.

Stakeholders went on to give examples of discrimination they have observed by service providers towards SLSWs. Sue Davis of BCCEC, Kate Gibson from WISH, and Chris Hellewell from New Fountain Shelter, provide their examples below:

Sex workers are automatically deemed bad parents and they seize our children, boom, just like that. I've spoken to the Ministry of Child and Family Services who claims that's not their policy, when in practice that's what we see. As soon as you're found out to be a sex worker and you're a mother, they seize your children. (Davis, Stakeholder Interview, 2011)

One is, for instance if you take a street level sex worker who may have drug issues as well as mental health issues and discrimination and all those things that shape them it's very hard for them to go to emergency, for instance. And then they go to emergency and they might not behave in the best of ways. Emergency for sure is guaranteed to not behave in the best of ways and keep them waiting

while others go in or just have an attitude for all kind of things, toward sex workers who, I don't know if they'd even look at them as sex workers maybe derelict or something. They 'other' them. (Gibson, Stakeholder Interview, 2011)

If they're known to be prostitutes, especially if they're using drugs, that puts them at a great disadvantage for being treated with respect amongst people in the neighbourhood and with [service] providers. Even with paramedics, I've seen people very severely treated. Even going to the bank, a lot of people react noticeably awkward with them, as if they don't really see them as people. (Hellewell, Stakeholder Interview, 2011)

The experiences described above show how pervasive the negative stereotypes of SLSWs are within health, social and housing service providers.

3.1.3 Impacts of Public Stigma

The majority of the informants stated they experienced stigma from members of the public. They explained that they felt they were perceived as 'immoral' and 'disposable'. The majority of informants also emphasized they *only* felt comfortable in the DTES community because it was a more accepting community, where the majority of their social supports and services were concentrated. The following quotations are illustrative of this point.

I don't really go to any [other] areas anyways because the people I feel most comfortable with and the people I like the most are down here [DTES].

I would feel lost, I guess. Everybody down here- it's a big family down here, in a way. And, like, if I go up to North Van, I wouldn't know anybody, it wouldn't be the same, like...Because we're like a family down here. We have so much resources down here.

Many informants went on to discuss that when they left the DTES, they were less able to cope with public stigma, began to feel more judged and were removed from their social supports.

Therefore, public stigma often affected the mobility of SLSWs, as they were less likely to access services that are located outside the DTES.

Informants and stakeholders identified that there was more public stigma towards SLSW than other forms of sex work. This finding is rooted in the visibility of SLSW, representing the majority of sex work that the public witnessed. The following quotations elaborate on this point:

The general public thinks that sex work is what they can see of it. And mostly what they see is on the corner. And most of their assumptions are based on the idea of the street entrenched worker. They don't see the closure of the strip clubs and all the massage parlours is what's forced the workers onto the street.

Yah everyone knows what parlours are! But you don't hear people saying anything about parlours because it is not seen in their neighbourhood.

These quotations illustrate that the visibility of SLSW is one of the major determinants of public stigma. SLSW tends to be a more relative problem to members of the public especially, because SLSW is perceived by the public to be detrimental to property values or to the safety of their community. Moreover, this makes SLSWs more likely to be targets of public stigma.

Public stigma has also acted to drive SLSWs out of certain communities. As discussed above, this has acted to make them uncomfortable in communities outside the DTES, but has also acted to isolate them within an unsafe part of the DTES (North of Hastings). John Lowman (2011), a Vancouver SLSW researcher at Simon Fraser University, provides explanation of how this impacted the well-being of SLSWs:

Because it was that North area on the North side of Hastings Street, which became the killing fields of Vancouver, which is where Mr. Pickton picked up his victims. Because we said, 'don't work around residential areas, don't work around schools, work in this industrial area' [outside Strathcona community]. So we've satisfied the residents and we did 'fuck all' for those women, which was watching over them and policing that area making sure that x, y didn't happen... He [Pickton] picked them up without a single other human being seeing them. How is that possible? It's possible in the North side of Hastings Street in an area, which got bigger and bigger making the stroll spread out so far that nobody could watch over each other. (Stakeholder Interview, 2011)

Because public stigma affiliates SLSW as undesirable in communities, it has pushed SLSW into an isolated working environment. There, they are removed from visibility, but as a result, more marginalized and vulnerable to violence and predators such as Robert Pickton.

Stakeholders explained how public stigma could manifest into acts of violence, beyond discrimination, against sex workers. Two informants indicated that they had experienced harassment from members of the public, who protested around them when they were working. Stakeholders went on to recount violent instances committed by the public against SLSWs. The following quotations provide examples of these incidents:

Members of the public drive around the neighbourhood hurling beer bottles and pennies at sex workers. Two teenage boys from Surrey shot two sex workers on the Franklin Stoll in the face with a pellet gun. That was, I think in December [2010]. And these poor women must have been absolutely terrified. Men with a gun out the window and you get shot in the face. Ridiculous! Business owners turning fire hoses on them, little old ladies calling 911 'because there's a woman standing on the corner of my lot!' (Kerry, Stakeholder Interview, 2011)

From the curb, workers have talked about violence against them as a hate crime. They said that it comes from the clients that hurt them, drug dealers, the residents who throw things at them. They say that even children throw garbage at them. One woman said she was hit in the head with a beer bottle: a woman driving by, a young person, screaming at her, 'whore!' and chucked a bottle and she lost part of her ear. And I've experienced this myself, throwing eggs, pennies, insults. (Davis, Stakeholder Interview, 2011)

These actions prove that negative stereotypes and stigma have contributed to public attitudes that tolerate harassment and even violence against sex workers. These impacts have indirect and direct health effects on SLSWs.

3.1.4 Intersecting Stigma

To complicate the theme of stigma, many SLSWs often faced intersecting stigma. Both informants and stakeholders argued that SLSWs often experienced different layers of stigma based on their location on the "web of stigma"²⁵. Under this classification, SLSWs experienced stigma not only because they were sex workers, but additionally for being perceived as residents

²⁵ "Web of stigma" is a term coined by Wailoo (2006), it implies that an individual find themselves facing numerous dimensions of stigma, such as being labelled as an Aboriginal, sex worker and drug addict. At times the amount of stigma one experiences will affect their ability to cope with stigma and may seem insurmountable.

of the DTES, female, Aboriginal and drug users. The three following quotes from informants evidence stigma they have experienced outside of being a SLSW:

[At] St. Paul's Hospital, they're judgmental, they won't serve you, they won't look at you. They'll say, "Ok you're a drug addict, we won't take you, get out.

If you have a Native woman and a white woman, usually that white woman is going to make more money than the Native woman.

I've been in the hospital, but as soon as you mention the Downtown Eastside they kind of change their ways, they change their attitude, they change their personality ...like they look down.

As the quotations confirm, many of the informants experienced stigma based on a variety of reasons. However, these layers of stigma often intersect with stigma from being perceived as a SLSW, making stigma complex and harder with which to cope.

Furthermore, SLSWs are often discriminated within the sex trade itself because indoor workers do not want to be categorized with SLSW. Sue Davis (2011), of the BC Coalition of Experiential Communities (BCCEC) explains:

There's a lot of lateral oppression in the sex industry where people don't want to be associated with the workers on the street. Exotic dancers don't wanna be called sex workers. (Stakeholder Interview, 2011)

As the quotation states, there is discrimination within the sex industry that entrenches stigma against SLSWs. This creates horizontal inequity across sex workers.

3.2 Thematic Analysis within Informant Interviews

3.2.1 Current Working Environment

One of the key findings from informants is that the working environment on the street is not safe. Two informants described the conditions of the streets:

There is nothing in between there [industrial stroll North of Hastings]... there is no place for those girls to run to.

It's just too deadly, there's too much – the way it is, the way the Downtown East Side operates now, you never know – anything can happen, you know. You can be fuckin' run over by a car, you can be stabbed, or somebody can freak out and shoot you, you know what I mean? So it's very dangerous.

Many of the participants also commented that the streets have become more 'dangerous' and 'scary' in the recent decade. This is often attributed to the introduction of the Communicating Law in 1985. The law has led to more arrests and fear of arrests, and has had profound impacts on the safety of SLSWs. One informant reflected on the difference in working environments before and after the law was introduced in the following interview excerpt:

When you are able to go in and sit and have a beer with the person [at bars] as soon as red flags come up... you say goodbye and you leave. It's not like jumping into a car and fucking ending up in Burnaby Lake²⁶.

As the quote illustrates, the Communicating Law influenced the amount of time SLSWs had to interact with clients. Limited time to screen clients makes SLSWs especially vulnerable when getting in a car with a client. The law also shifts the power dynamic of sex work because the workers have less time to assess the situation or reject clients. It is harder for them to get out of the agreement if they are uncomfortable.

Additionally, many of the informants commented that they perceive the working conditions 'scariest today'. In the words of one informant, "I mean, after Pickton, things have gotten really scary out there, so I'm reluctant to go with just any guy". The Pickton case has affected informants, as many indicated being more reluctant to partake in SLSW, because it makes them vulnerable to other predators like Pickton.

The majority of informants had experienced 'bad dates'²⁷. The 'bad dates' described by informants range from scenarios in which participants were sexually assaulted and raped, to being

²⁶ Referring to Burnaby Lake was an important observation because during these interviews the body of a known sex worker from the DTES had just recently been discovered in the Burnaby lake. Many of the informants mentioned they knew the victim. (CTV, 2011)

²⁷ "Bad date" is a common saying for a transaction between the client and the sex workers that went wrong, ranging from not getting paid to experiencing violence.

left in isolated areas and unable to get back to the DTES. Two informants chose not to share their 'bad date' experiences because the incidents were too uncomfortable and violent for them to describe. All of the 'bad dates' occurred when informants were working on the street.

Informants recognized that the working conditions on the street tended to be more dangerous in comparison to indoor sex work environments. One participant, who had formally worked in an escort agency, explained the difference between indoor sex work and SLSW:

There is a major difference between escort and the street. Well it's [indoor work] usually structured and there's a backup. They know where you are, there's a security part. There is a beginning there is an end. The price has already been discussed. You're secure in the sense that someone knows where you are and there is a whole bunch of positives...the street's a scary place ... I have never been so scared in my whole life, I mean I almost lost my life every time on the street.

Indoor sex work tended to provide a safety net for those involved; whereas on the street, these safety mechanisms were not in place. Working on the street thus increased workers' risks to violence.

The majority of the informants expressed that if they had a safer working environment it would greatly increase their safety and ability to screen clients. Many recognized the disparity between street level working conditions and that of indoor workers. Informants stressed that the work environment was the biggest priority to address in regard to improving their quality of life.

The following quotations, in the words of informant's, state:

Should have a place where women can go in with their dates and feel safe instead of having to do it in cars or parked somewhere but I believe there should be a brothel

I would have a brothel, a place for them to go, and also have the dates screened, you know? Make sure that they don't have a record for murder or something like that, you know, to make these women safe.

According to these quotes and the overall data from the interviews, the majority of SLSWs believed if there was a ‘brothel’²⁸, they could take clients to it would greatly increase their safety. A brothel is generally defined as an establishment where men pay to have sex with ‘prostitutes’, however, the term is also associated with negative connotation like ‘whore house’ (Collins English Dictionary, 2011). Informants’ understanding of the term however is much more progressive – the majority considered brothels as providing safe working environments. Further, one informant included this would be good for health outcomes because condoms and other harm reduction resources such as clean pipes and needles would be available. Finally, another informant commented a brothel would reduce conflict with the public because it would remove street level sex work from public visibility.

3.2.2 Identified Gaps and Feedback on Services

This data provided valuable insight on what services were successful and of others that were failing to address the needs of sex workers. Many of the informants expressed that they often utilized the services that are located in the DTES, and that they found this community to be inclusive and more understanding of sex work, relative to other communities in Vancouver. For example, one informant stated:

If you’re in the Downtown Eastside Vancouver...they do have a lot of stuff for us. For sex trade workers.

The data revealed that there is utilization of both targeted services for SLSW such as WISH and PACE, but also overlapping services like the Women’s Centre, VANDU and Life Skills (*Appendix C: Overview of Service Providers*).

Additionally, this research highlighted that although many SLSWs mistrust and still feel uncomfortable with the VPD, the VPD has taken a step in the right direction by creating the Sex Trade Liaison Position filled by Constable Linda Malcolm. Many of the informants highlighted

²⁸ In the Criminal Code this is referred to as a bawdy-house.

that they would feel comfortable talking to Constable Malcolm about their 'bad dates' or providing information about missing sex workers.

In contrast, informants stressed that the VPD Sister Watch program, designed to report crimes and aid 'vulnerable women', is failing to create positive outcomes for SLSWs. Many of the informants knew of it but preferred using other resources, such as reporting violent crimes or missing women to the SWUAV outreach team or referring to Linda Malcolm. One informant criticized Sister Watch for being 'useless' when they were trying to report a fellow sex worker who had called in distress and was in need of help but located outside of Vancouver. The informant had a bad experience with the Sister Watch program, and claimed the service did nothing to help them coordinate with the RCMP to bring the women safely back to the DTES. Overall, informants felt these were more effective, anonymous, and less stigmatizing options in comparison to Sister Watch.

Many of the informants were also involved in peer based outreach through SWUAV. This service helps bridge together rifts between younger and workers that are new to DTES sex work community, by providing them with information on relevant services, safety concerns bad date sheets and handing out harm reduction supplies (i.e. condoms). This type of service was described by many of the informants as being personally rewarding and empowering, but also aims to promote health seeking behaviours in more vulnerable facets of the sex work community.

The services discussed in this data have been successful at meeting some of needs the need of sex workers, with the exception of Sister Watch. However, the informants went on to identify key service gaps and where existing services could be improved upon. Firstly, informants who participated in outreach work with SWUAV identified that there was a lack of proper resources to address the needs of other sex worker in the DTES community. One informant who works with SWUAV explained the gaps in resources:

Most of them [SLSWs] ask for pipes. Like, a lot of girls want crack pipes and we don't have them. A lot of them are hungry... It kind of makes you feel bad in a way, but you know. We can't feed them, I wish we could, but there's not enough funding.

As highlighted by the above quotation, there is a lack of harm reduction and food supplies within the SWUAV outreach program and as a result the service is failing to meet the need of other SLSWs. If these resources were in place, there could be a potential improvement of the health outcomes of other SLSWs.

Stigma was noted as an obvious barrier for SLSWs' access to services. The dimensions of this have been discussed at length throughout section 3.1. However, another issue that impedes sex workers' access to services is when the services do not exist or are not available when needed. In turn, this creates gaps in services in which SLSWs' needs are not met; thus, negatively affecting their health and quality of life. Throughout the interviews, informants were asked what they believed the gaps in services were and how they could be addressed. The majority of informants highlighted that expanding pre-existing services would better meet their needs. For instance, informants stressed that WISH should be open longer hours and that women who utilize the space should be allowed to take food out of the facility in order to give it to others in need. Also, many informants, some who had partaken in supported employment at WISH and PACE, stressed they would like to get a higher wage when partaking in these services.

When speaking about health services, participants stressed they would like to see more SLSW targeted services. One informant explained:

The girls [sex workers] would rather go in for a Chlamydia test or this test if they knew they weren't going to leave feeling shittier than they did when they went in. They don't go and get checked out because they don't wanna feel like crap. And because of these service providers, they're too scared to go, or there's nowhere to go.

A number of informants proposed solutions in response to the type of problem revealed in the above quotation. For example, they suggested more female doctors and medical services to be

located in the DTES, referrals to doctors who had experience treating SLSWs, a clinic that stays open late and in the early mornings for the purposes of providing emergency services, and counselling for workers who experience 'bad dates.'

As the below quotations indicate, the correlation between drug use and sex work was significant within informant interviews.

I was single and into the dope scene. One time I found myself broke, someone offered me one hundred bucks and I said 'yeah.'

I was homeless for maybe two or three years and I'm a drug addict and the only way to support my drugs was to walk the streets.

In light of this, many women also stressed the desire to have more services that brought together drugs users and sex workers for peer-based counselling, as many emphasized this would be valuable to their recovery. One informant stated "I think what they [service providers] should do is get a meeting going for some of us girls who want to go to this meeting and sit down and talk about what really brought use to the streets and what would get us out of drugs." Drugs did seem to me an occupational risk of SLSWs, and as such many informants stressed they would like to have improved access to detox and treatments programs, as this would be a crucial step to improve their lives, and for some informants to exit the sex trade.

Interestingly, although there were no male informants in this study, one of the women suggested a key gap in service was of the need for services that included or focused entirely on men. In the words of the informant:

I think [there are] more [services] for women than there are for men...they're allowed to come into these places, but only If they've lived their lives as woman.

This final observation is crucial, especially because no men were informants in this study. This informant however, stressed the need to establish services that are inclusive or entirely targeted for male SLSWs.

3.3 Thematic Analysis of Stakeholder Interviews

3.3.1 Insecure Funding

One of the key themes discussed across all stakeholder interviews was that of difficulties raising and securing funding for targeted SLSW services and social services in general. Two stakeholders explain this problem in the following quotations:

Those [targeted] services need to be funded in the core. For instance, Vancouver recently, for some reason, capitalized on all the core funding that comes from victims' supports. Nothing goes directly to PACE, PEERS or WISH. Now those three organizations have always worked in consort and that's why I believe they can keep their doors open because they don't compete with each other for funding. (Davis, Stakeholder Interview, 2011)

Funding is hard to come by in the current economy and unfortunately that has meant that cuts are being made that effect particularly vulnerable people. I work at a low barrier shelter in the DTES that will be closing due to cuts. More funding is needed especially when it comes to providing the basic needs of food, shelter and safety. (Hellewell, Stakeholder Interview, 2011)

The problem of raising and securing funds is made more complex due to the controversial nature of sex work. Depending on the political agenda, and what different levels of government consider a priority, certain social services and programs will get more funding than others. Therefore, not only are service providers competing for contracts and funding amongst each other (housing, detox, mental health, social assistance etc.) they are vulnerable to cuts based on the how political platforms assign weight to different policy priorities.

Specifically, PACE and WISH, who are targeted service providers, have the challenge of finding funders in support of harm reduction. Kate Gibson of WISH (2011) and Kerry Porth of PACE (2011) elaborate on the challenges and struggles with securing funding for targeted SLSW programs:

The provincial government makes everyone hold our breath making us wonder whether they're going to give us any gaming money because they make millions of money off gaming, but what do they do with it. I know that the arts are important too but it's hard to get the public to donate to these kinds of services. If it were children, it would be different. There's a few things that are quite

different that receive more constant funding but we're always patching it together and I think that's very difficult. I think there should be more consistent funding and I don't think we should all be lumped together. You know, people always wonder, 'but why can't you just all work together?' 'Well, do you buy all your shoes from one store your whole life or do you get to shop?' and find the thing that works best for you. We can work together, because we do all the time but we do not need to channel people into one place and have no choice. To me, that's probably one of the biggest things. (Gibson, Stakeholder Interview, 2011)

[One problem is the] funding gap and we're in yet another funding crisis primarily caused by gaps in provincial funding. So you may remember that the Map Van was off the road for three months a couple of years ago. In the restructuring of the money for the Map Van, we lost \$8000 in the first year for the \$14,000 the second year. Now, we provide all the training to the Map Van employees. And it is a giant operation but we don't get much of the share of the funding, but for us it was important that the Map Van would be back on the road and then we had a 6-month transition from a [...] affiliation where there was 6 months where we didn't receive funding. That was \$21,000 out of our budget. But thankfully we were able to continue to run support services simply because we've managed our previous grant really well and we accumulated a bunch of extra money so we were able to keep our support services running for that 6 month gap. But it's a real loss, \$21,000. Now what's happening is all of our fundraising efforts are filling in the hole and it's gonna be another 2 years at least before we can recover from that and currently we're aiming for 3 years of funding primarily from status of women. (Porth, Stakeholder Interview, 2011)

As the above quotations demonstrate, lags in funding can affect the availability and quality of services that organizations provide, and create inefficiencies, because they have to prioritize raising funds to stay open.

Thus, insecure funding is a huge problem and can have far reaching impacts on service delivery in general. The lack of commitment to sex worker organizations and "not knowing" creates challenging organizational issues, and specifically accurately planning for future programming.

3.3.2 Housing

Housing was identified as an important stabilizing factor for SLSWs who may be experiencing addictions or homelessness. There is also need for housing that is not dependent

upon conforming to social norms i.e. being in treatment or ‘exiting’²⁹ sex work. Sue Davis of BCCEC (2011) and Kerry Porth of PACE (2011) explain:

[There is] a terrible gap in the system where people are expected to actually be off drugs to get into these supportive housing which is in direct conflict with the recommended treatment for the people who have been the survivors of violence, so that’s a huge problem. (Davis, Stakeholder Interview, 2011)

It’s about getting stability into women’s lives and that may involve exiting sex work and/or getting off of drugs but it just means getting better housing, getting your drug use under control, health diagnosis, getting their lives more stable so they’re less vulnerable to violence. It’s very difficult to find funders who get [understand] harm reduction, because we’re not rescuing sex workers and you can’t really explain that to people in two short sentences. (Kerry, Stakeholder Interview, 2011)

The quotations stress there is a serious gap in suitable housing for SLSWs, who may be using drugs and be active in the trade. This is problematic because sex workers should be able to access housing.

Chris Hellewell (2011), manager of New Fountain Shelter a low-barrier³⁰ shelter in the DTES, stated as a housing service provider that he also saw the need for more housing for women in general and for SLSWs.

Yes, there is definitely a need for more women's shelters and certainly low-barrier shelters that will target street level sex workers. Often we'll have a situation where a woman will come in by herself and not want to be around men so we will refer her to a woman's only shelter but they're full, they're often full. There is not enough shelter placements currently for women only or in general and more should be made available. (Stakeholder Interview, 2011)

This quote reveals an important observation because it highlights the complexity of housing in relation to gender, drug use and behavioural issues. Due to the links between SLSW and drug use, a low-barrier shelter for women could provide enough stability to allow them to transition into

²⁹ “Exiting” refers to programs and services that will only admit individuals whose goal it is to “exit” the sex trade, and as such sex workers who are currently working on the streets are excluded.

³⁰ Low-Barrier refers to housing where the ‘hardest to house’ can find shelter, generally this implies that drug use is permitted.

detox or more permanent housing and address underlying issues, especially for survival sex workers.

3.3.3 Political Agenda

The stakeholders acknowledge that policy changes related to sex work are often sacrificed if the political climate is not stable, or if the changes impede on political parties' values. Kerry Porth of PACE (2011), stressed that she needs to make her grant application to the federal government especially strong because, "The Conservatives hate us because we're not rescuing women." Porth's statement, alludes to that fact that the Conservatives do not support harm reduction policy and give preference to Abolitionist groups who provide services only to SLSWs who are 'exiting' the trade. Further, the municipal government of Vancouver had a motion in council to create policies on harm reduction for sex workers, but it has been stalled for over a year and a half. Two stakeholders commented they believe this is because of the upcoming municipal election.

Stakeholders stressed that ineffective programs like Sister Watch continue to gain funding, because they address community political pressures put on the VPD due to their failure in addressing the Missing Women Investigation. These programs act as 'band-aid solutions', put in place to improve the lives of vulnerable women. However, they are proven ineffective at helping sex workers and even put women who report crimes through the service at risk because the phones provided there are not anonymous.

Abolitionist and Anti-trafficking groups have also been successful at gaining funding, garnering public attention and influencing policy, because their agenda is more compatible with federal Conservative values. Academic John Lowman of SFU (2011) explained how they have achieved so much success:

The people who are getting the money are the prohibitionists because you've got a lot of radical feminists getting hired in government. Where is the main push

coming from? It's the private Member's bill by Joy Smith. (Stakeholder Interview, 2011)

Additionally, the quotation reveals that due to the political agenda, Abolitionist and Anti-trafficking groups were favoured for funding because their ideology was contingent upon 'exiting' the sex trade. However, political influences guide policy, and as a result funding was taken away from harm reduction models like PACE and WISH, which have been successful at providing support to SLSWs.

The devaluation of SLSWs' knowledge and expertise is apparent in the political realm. Often sex workers are not considered as equal stakeholders, even when public policy is being created that may affect or directly impact them. Sue Davis of BCCEC (2011) commented on this disparity:

They're having a conference [about sex work] in Ottawa and they said they're recruiting all stakeholders... There's not one sex worker on that list of people. So I'm trying to hold them accountable, explain to them that the findings of our reports and the things that we do are critical to address these issues ... We have a plan if they want to hear it but they don't. And again, that's the stigma. We're so raped we don't know what's best for us. We're so low capacity, on drugs, voiceless victims that we couldn't possibly have anything meaningful to contribute to the discussion right? (Stakeholder Interview, 2011)

The quotation highlights the stigma that government holds by not including any sex workers of advocate groups in policy discussions.

3.4 Discussion of Findings

This data has created an extensive understanding of how stigma is experienced by SLSWs. Importantly this research, traces how stigma is a SDH which impacts health outcomes, by influencing other SDH and creating deterrents in access to health and social services. Secondly, the data collected for this research has highlighted some important new findings on the types of services utilized by SLSWs. These finding can will be used to address the gaps in services and inform policy options in the following sections. Further, stakeholder data highlights

the importance of political values in relation to providing targeted services to SLSWs, especially in regards to harm reduction. These political values have profound impacts on what types of programs are funded, and more importantly what types of evidence is used to inform policy.

This data provides a recent scan of the current working environment of SLSWs, in Vancouver's DTES. Past research has also explored this work environment, and as a result this research seeks to contribute to the existing evidence base. This data acts to confirm past research finding that argue SLSWs experience unsafe working conditions, and verifies criminalization especially the Communicating Law, has negatively affected their working conditions. Informants stated the effects of criminalization include: mistrust of police, diminished police reporting, isolated working conditions (north of Hastings), limited time to make decisions and screen clients. This study has confirmed SLSWs have more dangerous working conditions than indoor workers and experience more occupational risks. Most informants had experienced high violence, and all were affected by addictions. Finally, this study builds upon past research recommendations, by drawing on the lived experiences of SLSWs and stressing that unsafe working environments need to be amended to improve the quality of life of this vulnerable population.

4: Policy Options

Policy options presented in the following section are derived from the above data analysis and aim to meet the research goal and address the policy problem outlined in this capstone. The policy options presented comprise short, medium and long-term time frames, and can be implemented separately or concurrently. It is important to remember that reforming policy in the area of sex work is a complex process that requires a variety of interventions over time, especially in regard to stigma, which is systematically entrenched within society. Therefore, options are designed not only to target SLSW but also the public, multiple levels of government (municipal, provincial and federal), interest groups and researchers.

4.1 Option 1: Status Quo

Recent research by certain interest groups such as the BC Center for Excellence in HIV/AIDS research³¹ has been instrumental in raising awareness of the impact of criminalization on the SLSW environment. The research evidence from the Center has been crucial in supporting the provincial, legal case to decriminalize sex work in BC. This evidence emulates the same arguments as the Ontario case, which successfully decriminalized sex work in September 2010; creating a landmark decision on laws regarding sex work. However, despite these positive steps forward, there have been no immediate benefits or changes to the lives of sex workers due to the federal Conservatives appealing the ruling in Ontario and also again appealing the BC Case. Despite the strong evidence presented during the Ontario case and provided in the BC Case, Conservatives' political position is against decriminalization.

³¹ AESAH is a project that is currently in phase two, and is evaluating street level sex workers access to services and the impacts of the laws on their health and safety.

This data has identified successful services for SLSWs that exist under the status quo (see section 3.2.2). However, the data has identified the need to improve, expand and fund these services, in order to achieve the goal of improving the lives of sex workers. The federal Conservative government has voiced preferences for funding services that are contingent on “exiting” sex work, and which exclude any SLSWs who are active in the sex trade. Therefore if the status quo remains, these services especially harm reduction services could risk being cut, will continue to have gaps, and will continue to face funding insecurity.

Another faction of Abolitionist and Anti-trafficking groups, have made significant political progress by getting their ideology on the political agenda. These groups do not support harm reduction or decriminalization. In contrast to the research findings presented by different interest groups, like the BC Centre for Excellence in HIV/AIDS research, these groups advocate for the Swedish legal model³². This legal approach is aligned with their ideology to abolish all sex work, framed by the concept that all sex workers are victims of trafficking and oppressed by patriarchal society. These groups have been effective at garnering political support from the federal Conservatives, and are often included as key stakeholders in influential levels of government. Such groups have also been successful in advertising and fundraising for their Anti-trafficking campaigns including their anti-trafficking campaign targeting men with horrific images of “sex slaves” which were posted in men’s urinals during the Olympics.

³² This model only criminalizes the “buyers” of sex, and is focused on combating the demand for prostitution. However, research has shown this can actually push sex workers further underground, because their clients fear prosecution.

Figure 4: Anti-Trafficking Advertisement



The image was used to raise awareness about human trafficking for the purposes of sexual exploitation. The Salvation Army is one of the various Anti-trafficking groups. By their definition of trafficking, all sex workers are considered victims. (Retrieved from: www.thetruthisntsexy.ca)

Additionally, facts and figures that they have presented have been heavily contested.

Melissa Farley is a commonly cited researcher from these groups with 30% of her research funded by the Office to Monitor and Combat Trafficking in the US. She writes extensively about SLSW as inherently dangerous and responsible for high rates of post-traumatic stress disorder. Academics, Ronald Weitzer and John Lowman, the latter, who is also a stakeholder in this research, have contested her methodologies. Lowman explains in the following quote:

There had to be a court order to get her to produce it [the methodological instrument used in her research]. And one of the conditions of the court order was only the attorney was able to see it. Because, even the Crown's own methodologist expert witness said that that it was totally unacceptable academic practice. How can you replicate studies if the person who does it won't release the instrument? The person who will not release the instrument says about their right to reserve the instrument for their own use. Well, isn't that convenient? What it means is that nobody can replicate her results. It's deliberate obfuscation, that wouldn't be accepted in normal research circumstances and circles. The other thing in Farley's research is done without any kind of ethical review. (Stakeholder Interview, 2011)

As highlighted by Lowman, in the above example, many of the anti-prostitution groups lack sound, evidence-based arguments. Despite this, these groups continue to gain funding, public attention and government priority.

Within the city of Vancouver there have been more concentrated municipal level responses to SLSW. In January 2009, the VPD created the position of Sex Trade Liaison officer in response to input from targeted SLSW service providers. The position includes the following goals:

- Develop a patrol-based training package to assist officers when dealing with sex trade workers;
- Improve police investigation skills in regard to sex workers by providing training in investigative methods and sensitivity training pertaining to this marginalized group

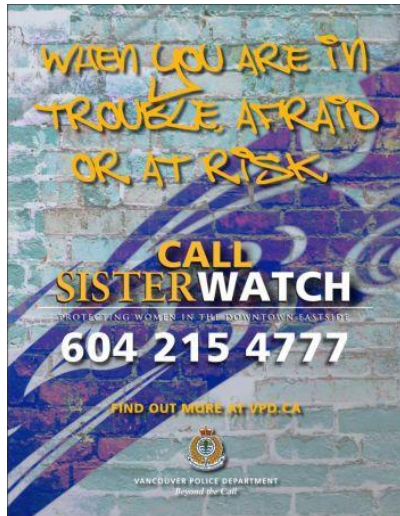
(VPD, 2009)

Constable Linda Malcolm has filled this position. Her duties include: taking bad-date calls from the WISH MAP and SWUAV, supporting SLSWs entering rehab or in need of services, accompanying SLSWs going to court against offenders, and finding those who have been flagged as missing. Stakeholders and sex workers, who participated in this research, verify that positive outcomes have resulted from the position. The following were highlighted as successful achievements: mending the mistrust between the police and SLSW and creating systematic changes by taking sex work cases seriously. Under the status quo, the Sex Trade Liaison position is likely to continue in response to local success.

Sister Watch, created in December 2010, is another program that has been implemented by the VPD in direct response to the Missing Women Investigation and Pickton cases, and the violence against women in the DTES. The Sister Watch program's main component is an anonymous telephone hotline staffed by trained female professionals who assist callers who "may be distraught, nervous or afraid" and want to provide information on crimes against women in the DTES (Project Sister Watch, 2011). The service provides two free telephones located within the DTES in the Oppenheimer. This program was originally called the Guardian Program, but changed its name to Sister watch after consultation with the community. The program also provides a \$10,000 for "information that proves conclusively how and why Ms. Machiskinic fell

from the window” in the DTES (Project Sister Watch, 2011). Also offered are regular town hall meetings with the community to build communication and discuss the vulnerability of women in the DTES (Project Sister Watch, 2011).

Figure 5: Sister Watch Billboard



As a promotional strategy, 18 billboards were constructed and 1,000 lighters were handed out to raise awareness about the program among vulnerable DTES women (Project Sister Watch, 2011).

The VPD has attributed the arrest of 11 people, mainly drug dealers, to the Sister Watch Program, which speaks to its success (Owen, 2011). However, both stakeholders and sex workers included in this research have harshly criticized the program. The most critical argument is that the program actually endangers SLSW, as explained in the following quotation: “There’s a lot you can criticize [about Sister Watch] but it’s a move [by VPD] and they’ve got three emergency telephones. Unfortunately it’s out in the open which means that if you’re seen on it, you could be a target (Gibson, Stakeholder Interview, 2011).” Additionally, an informant interview revealed that Sister Watch had been proved “useless” when the informant and her friend were trying to report a missing sex worker and were simply referred to other organizations. This could have huge safety implications for SLSWs who utilize the service because of the initial potential for violence or harassment by people who see SLSWs using the service. If the status quo remains,

Sister Watch will likely continue, despite crucial safety concerns and low utilization rates by SLSWs, the women it is meant to protect.

Moreover, after much debate, the City of Vancouver has passed a motion in council calling for the implementation of harm reduction policies on sex work. However as stakeholders, highlighted this has been shelved, with speculation it is due to the coming municipal election. If the status quo is maintained, sex workers' access to services and the broader social stigma towards sex work would remain largely unchanged. Due to the fact that sex work is a politically contentious issue, there would likely be no new efforts developed by government to foster understanding of sex workers by the public. Sex workers would continue to face service gaps that have been identified in this research, and be excluded from certain services and programs such as victim compensation. Work environments will remain unsafe because the *Criminal Code* will continue to criminalize sex work, unless the courts reach a decision quickly.

4.2 Option 2: Sex Trade Liaison Position with Vancouver Coastal Health (VCH)

Short-Term

This policy option is crucial in the promotion of equitable health access and health outcomes for SLSWs. It would act to support health seeking, and as a bridge between the sex work and health care communities. The option would promote de-stigmatization of sex work within the health care system. The aim would be to encourage more utilization of health care services, increase quality of care and create better quality of life for SLSWs.

The majority of stakeholders and informants agreed that there were positive outcomes as a result of Linda Malcolm's role as the VPD Sex Trade Liaison, in the context of policing. However, they mentioned there is still demand for additional positions like Linda's. As put in the following quote by Kerry Porth (2011), PACE:

We do have a dedicated sex work Liaison officer, Linda Malcolm who has done far more in her short 2 to 3 years now to restore trust with sex workers and the police. We need at least five more Linda's. (Stakeholder Interview, 2011)

The above quotation is referring to the Liaison position in the police context; however, it provides insight that perhaps this type of position could be successful in other areas where SLSWs face barriers, mistrust and stigma. One such identified area is that of healthcare.

Many of the stakeholders expressed an observed lack of sensitivity towards SLSWs among health care providers across the spectrum, from paramedics to doctors. Stakeholders commented that they would not refer SLSWs to health services at which they are unaware of how the staff treats SLSWs, because it may result in a negative experience. Personal experiences of Porth and Davis, as well as of informants, emphasized that one bad experience within health care can be detrimental to health seeking behaviours. This is because SLSWs become afraid of being stigmatized, judged or treated poorly. Kate Gibson from WISH commends the programs and educational cooperatives in which nurses and doctors may choose to practice in the DTES for having fostered more sensitivity in dealing with SLSWs; but, emphasizes that there is still a need for sensitivity training for health care providers who work outside of the DTES or who do not work directly with marginalized groups. The following quote from Gibson (2011) elaborates on the barriers SLSWs face when pursuing medical care:

Any of us have a fear of going to the doctor, going out of our comfort zone and especially when you're sick it's the worst. If we ever had to go to the emergency, how would we feel? And we have all kinds of tools in our toolbox to work with. They're not looking at me and thinking, 'Oh, she's a sex worker- ew.' You know, we don't have any of that. So I think that there are things that we need to do to recognize the differences in people. It's not only the women who work in sex work. It's all kinds of people that that could benefit. (Stakeholder Interview, 2011)

As the above quote illustrates, there is a service gap in health care resulting from not enough acceptance of SLSW by health care providers, which could result in a lack of sensitivity and discriminatory action against sex workers.

The Sex Trade Liaison position would be modeled after the VPD Sex Trade Liaison officer, but applied in a health care framework. As the VPD is the regional law authority, Vancouver Coastal Health (VCH) is the regional health authority. It is responsible for providing direct and contracted health services for the Vancouver area. It is an organization that is knowledgeable about the unique issues in the DTES and works in collaboration with the provincial Ministry of Health. Further, VCH already employs community Liaison positions; thus, it has a relevant health Liaison framework within which to work. The creation of Sex Trade Liaison positions could include the following responsibilities:

- Creating a framework for sensitivity training for healthcare providers;
- Bridging services, knowledge and communication between sex worker, VCH and the Ministry of Health;
- Creating an evaluation system mapping sex workers' experiences with healthcare providers (i.e. where to get non-discriminatory care)
- Provide feedback and report complaints to health care providers.

These responsibilities would aim to achieve similar result as the VPD position, such as creating trust and communication between the two communities. Further, the VCH Liaison can coordinate with the VPD Liaison, and begin fostering more coordinated communication with other relevant social service Ministries.

4.3 Option 3: Increased Funding to Targeted Service Providers

Short-term

Funding for not for profit social services like WISH and PACE is largely provided from municipal, provincial, and federal levels of government, but also can be achieved through fundraising and private sector donations. Targeted service providers do suggest, however, that fundraising is not the most effective mechanism for them because the public does not necessarily understand the concept of harm reduction, and because SLSW organizations are forced to compete with other high profile charities such as children's charities. The noted organizations

mainly receive funding from all levels of government through different mechanisms, which include providing infrastructure, funding pilot projects and grants and by providing direct funding. For instance, much of the funding from PACE is based on provincial funding through Gaming Grants. Further, because all levels of government have different approval policies and timeline, and political agendas, this can be reflected in their funding decisions.

Currently, harm reduction providers like WISH and PACE are struggling to gain federal funding in particular because they support a harm reduction approach. This approach is not in line with Conservative politics, as noted by their stance against InSite³³ and decriminalization of sex work. Despite the ideological differences between such organizations and the federal government, the services that WISH and PACE provide are in demand. This research reveals that the targeted services are utilized frequently by SLSW. Moreover, the services provide broader spin-off effects for the SLSW by creating safe places that encourage empowerment and acceptance, and allowing this population to build trust with service providers/peers. Two informants discuss the services in the following quotations:

Well there are quite a few good services down here [DTES].

I mean WISH is really good...they're very accepting and very there for you.

These quotations, coupled with the service utilization table, present a strong case for increasing funding for these vital targeted services.

In light of this evidence, this option requires not only secured funding but also increased funding. Increased funding is crucial to address the barriers and service gaps that both SLSWs and stakeholders discussed. For instance, the following insights were gathered from informant interviews: organizations should maintain longer service hours (specifically for the clinic at

³³ The federal government has challenged the legal exemption granted to InSite to provide a supervised injection site in the DTES. This challenge was overturned in the BC Supreme Court, as it was seen as a health issue which has the provincial jurisdiction, but this has been challenged by the Conservatives who have launched a Supreme Court case.

WISH³⁴), establish more peer-based counseling services, increase pay for onsite supported employments and have onsite emergency services for those who experience bad dates.

With the option of increased funding, service providers could create more long-term pilot projects that cater to the unique needs of SLSW. One successful example of a long-term pilot project that has received additional funding is the Mobile Access Project (MAP), run in collaboration with WISH and PACE. The preference for longer pilot projects was argued by Kerry Porth of PACE, who has seen the detrimental outcomes for SLSW from year based pilots. BELLE (2008- 2009) was a yearlong pilot project aimed at encouraging self-esteem and supporting participants in their paths toward achieving individual goals using asset mapping (BELLE-PACE, 2009). These goals could range from short to long-term life changes, such as starting a new hobby to committing to drug treatment. However, it became evident in the first phase of the pilot project that the year-long pilot project was not long-term enough to support SLSW in achieving some more long-term goals. Further, PACE faced a funding crisis during the completion of the pilot project, which meant they had limited capacity to help BELLE participants, because even regular services were being cut back. Porth (2011) reflects that a few of the participants relapsed due to lack of support. Porth states that:

Learning from that [BELLE], for any groups or our members that if they do the Asset map some of them are going to wanna make some serious changes that need a long period to be supported in...really those one-year outcome based projects are really dangerous! (Stakeholder Interview, 2011)

In light of this, the BELLE project is seeking funding to be administered as a three-year pilot project. As evidenced by Porth's experiences, it is crucial that increased funding be provided to cover long-term pilot projects, in order to ensure participants who enter the program can meet long-term goals, and that services have the funding to facilitate this support.

³⁴ Currently the hours are not very suitable for sex workers, 9-5 pm opposed to extended hours.

Increased funding can also allow service providers to fill new staff positions devoted to networking with funders, fundraising and writing grants and proposals. Problems identified within the research highlight the need for new staff, to ensure existing staff is not spread thin. As Lowman remarks, “[a]n organization like PACE spends as much time trying to get funding as it does providing its services” (Stakeholder Interview, 2011). Further, problems arise when there is inadequate funding because the quality and quantity of services are adversely affected. Service cuts can represent a tradeoff in order to keep the service open. It is specifically noted that the MAP van run by WISH was cut for a number of months because of a funding gap between provincial grants.

To conclude, this option can address the service gaps and increase the quality and quantity of services for SLSW. This option addresses the inherent funding problem within harm reduction service providers, but upholds that there is a demand for these services based on a high utilization rate.

4.4 Option 4: Low- Barrier Women Only -Emergency Shelter

Medium Term

This option would provide SLSWs with a safe place to be temporarily housed, a way to build relationships with peers and service providers; and an opportunity to access other services such as detox, health services, and targeted SLSW support services. Low-barrier shelters³⁵ additionally allow individuals to be housed without the requirement that the individual is exiting the sex trade and/or is alcohol/drug free.

³⁵ Low Barrier Housing: Housing where a minimum number of expectations are placed on people who wish to live there. The aim is to have as few barriers as possible to allow more people access to services. In housing this often means that tenants are not expected to abstain from using alcohol or other drugs, or from carrying on with street activities while living on-site, so long as they do not engage in these activities in common areas of the house and are respectful of other tenants and staff. Low-barrier facilities follow a harm reduction philosophy. See below for more about harm reduction. (Here to Help, 2007).

The current lack of low-barrier shelters for women creates a gap in service and barriers for female SLSWs. Many women who are in need of shelter may not feel safe in male-dominated low-barrier shelters. All of the informants in this research are drug users; and, while most of them had found stable housing situations at the time of the interview, many had gone through periods of homelessness and had not been able to access housing because their drug use was a barrier. Further, many of the informants, all of whom were women, were not comfortable in the types of shelter services available to them, because they did not consider them “safe places.” For instance, one informant elaborates upon her safety concerns in the following quote:

A lot of sexual offenders get released from prison, and they seem to always come reside in the DTES. Like, even though we have signs up, like at WISH or at VANDU, like “sexual offender living in halfway house,” they always seem to get away, and they always seem to come down here, and they always seem to go frequent the working girls...So just, you know, they’re just kind of hiding in the DTES to get – to find their next prey, you know what I mean. That’s what I think.

The quotation above highlights a significant pattern of many individuals exiting prisons or jails and cycling back into the DTES, attracted by the concentration of social services. This can be dangerous for SLSWs, because some of these individuals may be violent or former sexual offenders. However, it is highly likely that social services, especially low-barrier housing, will serve both SLSWs and former convicts because of their overlapping needs, such as lack of adequate housing, drug addiction etc.

The recent confirmation of six sexual assaults against women at the First United Church shelter in February 2011 by the VPD, demonstrates the significance of these research findings. The shelter consists of 250 beds available per night, there are “no bans” which means it will house a diverse mix of people including those with violent behaviors, and only 12 beds are considered women only (Fournier, 2011). However, as discussed in the findings, shelters do not target any one group, increasing the risk that “sexual predators” can be placed within the same room as females (Fournier, 2011). As Kate Gibson, also a stakeholder for this research, states in

an article, “Service providers simply do not refer women to First United Shelter because it is not safe for women” (Fournier, 2011). Again, this recent case highlights the gap in low-barrier housing that must be filled specifically to address the needs of SLSWs

Chris Hellewell, manager of New Fountain shelter, one of the only low-barrier shelters in Vancouver, confirms there is a pronounced gender imbalance of clients that frequent the shelter. Within this predominantly male population there is also a diverse mix of occupants, such as individuals exiting jail and prisons and suffering from mental illness, addictions and behavioral issues. This mix of occupants does not necessarily meet the unique needs of SLSWs, or women in general, as many of the informants reflected that they feel unsafe in these shelters. Hellewell (2011) goes on to talk about the gender disparity in detail in the following quote:

We generally get a lot more men that stay at the shelter than women. We don’t have a lot that are there and often times we refer women to different homeless shelters depending on their situation because most of the women who stay at the shelter are attached to one man [referring to couples]. (Stakeholder Interview, 2011)

As the above quotation refers, women who come to New Fountain are often referred to other shelters or housing options so that they are not housed with a predominantly male population. Unfortunately, many of the SLSWs may be excluded from other housing options.

The creation of an inclusive shelter would provide positive upstream affects for all women in the DTES community, while being considerate of SLSW specific needs. It would also create opportunities for women to connect with the most appropriate form of housing for them. Hellewell (2011) explains that shelters are still valuable to have as a bridge for people into more permanent forms of housing and to connect them with services, saying:

If there were housing for everybody, which would be great, I would still think that there’s always a need for shelters in order to get them in the door, find out what they need, find out if they’re even going to stick around, if that’s their objective, and then try to find them appropriate housing given their needs. (Stakeholder Interview, 2011)

Overall, shelters provide a valuable first point of contact to get individuals into housing that is suited for them and in touch with additional, targeted services.

Additionally, low-barrier shelters can act as a crucial point to connect with valuable detox and treatment programs. Because the shelters are low-barrier, women can still actively use drugs without judgment; however, when they are in the shelter they have the option to become informed about detox/treatment programs. As this and past research has shown, addiction is a dominant occupational risk for SLSWs; therefore, bridges to detox and treatment are vital. As Hellewell (2011) explains, one of the most valuable services the shelter provides is the relationship and trust that is fostered between occupants and staff, which can provide a crucial stepping stone into detox and treatment options. This is highlighted in the following quotation:

Bringing people to detox is probably one of the biggest ones [achievements] because I've seen many times people are all geared up to go and then they go to leave for detox and then they never make it there so I always offer to go with them and in fact I insist on it as much as I can without being too pushy. I say, 'Hey I'd really like to go with you. You know, this is an important decision, this is a big day, let me come with you.' And I think that that's really valuable. This is my personal take on it but it's a very valuable time for people to open up. Almost every time I've ever walked someone to a detox thing or to the bus station to leave town or whatever it is, they almost always open up in really profound ways because they're embarking on something new, they're almost talking about their life and their addiction in a very matter-of-fact way and I think it's a really good connection. (Hellewell, Stakeholder Interview, 2011)

As explained in the preceding quotation, whether or not an individual decides to pursue treatment, a low-barrier shelter provides the psychological support to pursue treatment if desired.

This option is important because while established housing programs exist, they have stringent requirements. For example, the Rainer Hotel, offers 20 beds to *former* SLSWs who have successfully completed a detox program. This type of housing service is invaluable but it excludes all SLSWs who use drugs/alcohol and are still active in the sex trade. These requirements mean all SLSWs are excluded from such permanent housing options. A low-barrier shelter would provide an inclusive alternative and present an opportunity to transition into pre-

existing housing options. Further, if housing first options become available the shelter could provide the intake and transition into this type of housing. This could be a possibility because there is currently a national pilot project managed by the Mental Health Commission of Canada, which is evaluating the housing first model, in relation to housing the mentally ill and those with dual diagnoses. This model does not directly target sex workers but overlaps with the types of services they use. For instance, many stakeholders indicated SLSWs may have underlying mental health issues like post-traumatic stress disorder. Overall, if a women-only low-barrier shelter were created, it would provide a crucial stepping-stone for SLSWs transitioning into existing housing or detox and would still be useful if the housing first model is invested in, after the pilot project.

4.5 Option 5: Safe Haven- Adult Cooperative

Medium Term

Importantly, this option has been named Safe Haven: Adult Cooperative, instead of 'brothel'. In the data analysis section 3.2.1 (p.49) many of the informants used the term 'brothel' progressively, differentiating from the traditional definition which has negative connotations. However, the term brothel is still a loaded term, especially among the general public. Thus the name of this option does not include the term 'brothel' in order to de-stigmatize the option. Accordingly what has been referred to as a 'DTES cooperative brothel' by some stakeholders, will be referred to as Safe Haven: Adult Cooperative. This name was chosen to better reflect the need to create a safe and secure indoor working environment where sex work can take place between two consenting adults.

This option would provide SLSWs with a safer working environment. The Safe Haven: Adult Cooperative, would allow SLSWs time to screen clients, provide onsite security, exploitation-free work (i.e. no pimps or drug dealers permitted), opportunities for support

networks with peers and available hygienic and harm reducing supplies. It would permit any SLSWs to enter with clients and conduct their work indoors; they would also have the ability to reject clients at any time. The option would permit women, men and transgendered individuals on the premises however, no person under the age of 18 would be permitted within the cooperative, this restriction is essential to preventing exploitive practices and underage sex work.

The location of the Safe Haven: Adult Cooperative would be in the DTES where the majority of SLSWs are located. However, other SLSWs from surrounding neighbourhoods would also be granted access. It would be strategically placed away from residential areas and schools, and rather in an area that is conveniently accessible for SLSWs. Safe Haven: Adult Cooperative, could be a converted from one of the Single Occupancy Room (SOR), Hotels located in the DTES. SOR vary in the number of rooms they provide, but for instance the Orwell Hotel located at 456 East Hastings, consist of 55 rooms. Renovation would ensure that all the rooms were equipped with a suitable number of washrooms and shower facilities. Some of these consideration will need be determined by community consultation.

The research identified that this option was considered the biggest priority area for improving upon the lives of sex workers, because of its almost unanimous forthcoming by stakeholders and sex worker informants. Stakeholder, Sue Davis, has advocated for the implementation of this type of model in the DTES to improve the quality of life of survival and SLSWs, positive implications include:

[The 'brothel' would be] non-judgmental, it's in their space on their terms, which is another thing about the co-operative. If we could have our own space then the mainstream community could come and meet with us there. (Stakeholder Interview, 2011)

The above quotations highlight the diverse impacts that this option would have on the quality of life of SLSWs. The quotation touches upon another positive outcome that the cooperative would provide, which is a chance for the public to interact with SLSWs.

The Safe Haven: Adult Cooperative concept is not unique; it has been a successful model implemented in West Bengal, India. There a ‘cooperative brothel’ was designed by Mohammad Yunnus, who went on to win the Nobel Peace Prize for its success (West Coast Co-op of Sex Industry Professionals, 2009). The ‘cooperative brothel’ was designed to provide micro lending to help sex trade workers overcome debt servitude and exorbitant interest payments; moreover, it was not conditional on “exiting” the sex trade (Davis, Stakeholder Interview, 2011). The ‘cooperative brothel’ has had a tremendous impact on the quality of life for sex workers in India and now has over 45,000 sex workers accessing its benefits (West Coast Co-op of Sex Industry Professionals, 2009). Stakeholder, Sue Davis, has advocated for the implementation of this type of model in the DTES to improve the quality of life of survival and SLSWs. Therefore, this option will consider following India’s model as a “best practice.”

The Safe Haven: Adult Cooperative could be achieved by negotiating with the City of Vancouver to make specific bylaw amendments. For instance, Sue Davis of the BCCEC (Sue Davis, personal communication, 2011), has advocated for amending and licensing a ‘cooperative brothel’, under the municipal ‘body rub parlour’ bylaw (*Appendix D: Body Rub Parlour By-Laws and Proposed Amendments*). These bylaw reforms would define a legal private space where two consenting adults could legally engage in prostitution as defined by the *Criminal Code*. In Vancouver, body rub parlours, escape being prosecuted under as a bawdy-house because they “customer pays for a massage; anything that happens after that is agreed upon between two consenting adult...[and] any payment that the masseuse receives is, theoretically, without the knowledge of the proprietor and/or managers (Lowman, 1992p 80).” Therefore, municipal bylaw amendments could provide a policy mechanism to implement a Safe Haven: Adult Cooperative in Vancouver.

Finally, the municipal leadership could present the Safe Haven: Adult Cooperative as measure to improve the health and safety of SLSWs. This, of course, is the primary intention of

the option, but it also brings public attention to the health and safety issues, instead of framing it as a criminal and public nuisance issue. During the consultation and awareness raise of harm reduction for InSite in the late 1990s, a public opinion shift occurred in Vancouverites who had formerly seen drugs as a criminal and legal issue (Small, D., Palepu, A. & Tyndall, M., 2006). It can be projected that this type of public shift would occur with this option, and encourage public understanding and de-stigmatization.

4.6 Option 6: Public Education Forums

Short-Term

This option would provide public education to larger society, with the goal to promote communities that understand the health and safety concerns experienced by sex workers, and the negative impact that stigma has on SLSWs. All stakeholders validated that public education and dialogue were valuable tools to address stigma and stereotypes in public attitudes towards SLSW. Many stakeholders were involved in the Living in Community project:

An innovative and unique community development project involving groups that have traditionally been in conflict. The project aims to bring diverse groups together to facilitate dialogue and increase understanding among sex workers, community organizations, business groups, residents and government (Living in Community, 2007).

Although the Living in Community project has ended due to the expiration of the Vancouver agreement in March 2010, round table discussion still continues in the Joyce-Collingwood community as a result. Sue Davis, of the BCCEC, refers to the following impacts of on-going dialogue:

So, up there [Collingwood project], we're having these kitchen-table discussions and try to educate the people in the community about everything that's happening. I went in, trained the community police centre volunteers. There's a bunch of older ladies, these are the matriarchs of the community so they were quite taken by what I was saying and it made a lot of sense. And once they realize that we care about their concerns as well, and then we sort of bring people together a little bit more. (Stakeholder Interview, 2011)

The above quotation highlights the successful outcomes of public education and dialogue. However, this type of dialogue has only been targeted at the communities like Joyce-Collingwood, which is a community directly affected by SLSW. Further, because the original Living in Community program is no longer running, many of these educational services are not available to unaffected communities.

The purpose of holding the forums in the DTES community is to help dispel negative stereotypes the public have and allow them to explore positive aspects of the community. Further, it addresses broader public stigma towards SLSW by bringing in members of the public from communities that are not directly affected by SLSW, so they can gain a better understanding of SLSW. Additionally, by reaching out to all communities, this option hopes to create more inclusiveness and tolerance when members of the public interact with SLSWs outside of the DTES community. Many of the stakeholders and informants believed that the public might have a better understanding of sex work if they were to interact with SLSWs especially in the DTES setting. The below quotes elaborates:

I encourage people, if they really wanna know the issues of it they should definitely get to know people in those situations. (Hellewell, Stakeholder Interview, 2011)

By having meetings for instance Strathcona people. Maybe getting them to come to a meeting where there is sex trade workers, just getting to talk, have coffee, just to say 'Hey we're people too you know?' (Informant Interview, 2011)

The above quotations highlight the importance of human connection and dialogue to encourage more awareness of SLSW.

However, this option in no way includes bringing the public and sex workers together as a way to 'scare' or intimidate either group. As Gibson explains:

It is, and I think that those kinds of things that you do with young people... You don't bring them down here and scare the crap out of them at midnight, that's not the point. The point is to talk about other people and other lives and diversity. So

I think within the university setting there's every opportunity. (Stakeholder Interview, 2011)

Further, any SLSWs who were involved in public outreach would have to be informed and volunteer to participate in the outreach. The following quote from Davis stresses the following:

We're hoping to get some other [sex] workers involved [in the dialogue] but it's something that needs to be very supportive if you're going to bring someone into a conversation like that. It's better to be someone who's ready for it. (Stakeholder Interview, 2011)

In light of this, it is also crucial that the SLSWs involved are comfortable with disclosing their involvement with the sex trade in public, especially, because unsympathetic members of the public may come to the forum, which could make volunteers uncomfortable. However, if members of the public did begin to harass, threaten or impede the safety of the volunteers they would be accordingly removed from the premises.

This option would therefore propose a monthly forum, organized by SLSWs and targeted service providers, in which members of the public would be invited to the DTES where they could interact and have open dialogue with SLSWs. Locating the forum in the DTES would bring awareness to the environment that SLSWs live and work within, instead of having SLSWs leave the community in which they are most comfortable. The emphasis is also to foster de-stigmatization about the DTES in general, and allow public from outside of the community to become more comfortable within it. The forum could be casual, so that personal interactions and understanding could flourish. There could then be a more structured period of forum in which the public and SLSWs could address misconceptions and stereotypes about each other. The type of open dialogue is beneficial to the public and sex workers, because it fosters inclusive communities, where everyone protects each other. If communities were the most vulnerable (i.e. SLSWs) are protected, the result will be upstream effects for the safety of the entire community.

5: Criteria and Measures

The following section summarizes the criteria and measures used to analyze and evaluate the six proposed policy options including the status quo. These criteria were largely determined by stakeholder and informant interviews and input was also taken from past research discussed in the background section. These criteria and measures will be applied to the various options to allow for an assessment of the strengths and weaknesses of the policy options.

Table 2: Criteria and Measures

Criterion	Guiding Questions	Measure
Effectiveness	<p>How much does the option impact the quality of life³⁶ of SLSWs?</p> <p>Does it improve quality of life by removing barriers? (i.e. gap in service, lack of social supports, mistrust)</p> <p>Does it improve working environments?</p> <p>How much does the option influence social/systematic stigma towards sex work? (i.e. within the public, or within targeted service providers)</p>	<p>High-Addresses specific barriers, including working environment and leads to considerable improvements.</p> <p>Promotes broad changes in public attitude.</p> <p>Medium-Addresses specific barriers, and leads to some improvements.</p> <p>Reduces stigma, within certain targeted service.</p> <p>Low-Quality of life remains unchanged, barriers still exist. Has minimal effect on addressing stigma.</p>
Horizontal Equity	Does this benefit SLSWs equally across Vancouver?	High -SLSWs across Vancouver benefit equally.

³⁶ WHO (1997) definition of Quality of Life: as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment.

		<p>Medium-Certain SLSWs will benefit more than others.</p> <p>Low-Existing inequities will remain unaffected, and/or the option negatively affects certain SLSWs.</p>
<p>Political Feasibility</p>	<p>Are stakeholders in support of this option? (i.e. sex worker advocates, Abolitionists)</p> <p>Is the government likely to endorse and support the option?</p> <p>Have governing political parties supported this type of policy in the past?</p> <p>Only the levels of government required for the option will be evaluated.</p>	<p>High-The option will have strong political support.</p> <p>Medium-The option will have partial political support.</p> <p>Low-The option will have low to zero political support.</p>
<p>Cost and Implementation Feasibility</p>	<p>What are the costs associated with the option?</p> <p>Are there avoided costs? Can funds be redirected from other options for this option?</p> <p>Will it require the development of new infrastructure, policy or practices?</p>	<p>High-The option would be expensive, and require developing new structures, policies and practices.</p> <p>Medium-The costs are reasonable or expensive (but can be offset) and some policy and procedures may need to be developed.</p> <p>Low-The option would be inexpensive.</p>

System for Scoring Criterion:
 High=5; Medium-High=4; Medium=3; Low-Medium=2; Low=1.
 In the cost criterion:
 High=1; Medium-High=2; Medium=3; Low-Medium=4; Low=5

6: Policy Analysis

The following section analyzes each policy option in relation to the five different criteria. The analysis is also complemented with a score to rank the policy options' strengths and/or weaknesses within each criterion analysis.

6.1 Effectiveness

Policy Option	Score	Analysis
Option 1: Status Quo	2	<p>There will be few improvements to the quality of life of SLSWs. Significantly working environments of SLSW will remain unchanged. The current Conservative federal government continues to appeal decriminalization, in order to maintain public order at the cost of improving the health and safety of working conditions. These two competing arguments lead to division in how SLSW is viewed publically and the stigma associated with it. Within the context of the status quo, divisive public attitudes will likely continue (Ipsos-Reid, 2009), meaning broader de-stigmatization will likely remain unchanged in the future.</p> <p>Further, crucial evidence-based research on SLSW continues to be overlooked in favor of Abolitionist and Anti-trafficking discourse on prostitution.</p> <p>Successful polices like the creation of the Sex Trade Liaison officer remain in place to address mistrust. Targeted services also remain in place, which attempt to create social supports and reduce isolation; however, they remain underfunded. Limited funding with no foreseeable funding increases to these services means important service gaps and barriers cannot be addressed. Finally, programs like Sister Watch continue to get funding, despite the potential adverse effects on SLSWs.</p>

Option 2: Sex Trade Liaison Position VCH	3.5	<p>Direct improvements will be made to improve SLSWs' access to health care. This position will help to overcome service barriers, and promote empowerment and health seeking behaviors among SLSWs. Specifically it promotes sensitivity training and increased understanding of SLSW among health care providers. This will directly influence stigma, stereotypes and discrimination against SLSWs within health care.</p> <p>It aims to address inequalities in service access for SLSWs and educate the appropriate health care providers on the unique needs of this population. Through focus on disseminating information and education about the health care system, in particular where appropriate and response health services can be accessed, the Sex Work Liaison Position is intended to support better health outcomes and improved quality of life for SLSWs.</p>
Option 3: Increased Funding	4	<p>Current supportive services provided to SLSWs seek to empower SLSWs, to build strong peer and community support systems and allow SLSWs to make informed self-directed decisions to improve upon their quality of life. This option is about increasing and sustaining these supportive services, in order to reach more SLSWs and improve upon current services and adapt to better address the needs of SLSWs.</p> <p>Although this option is targeted at SLSW, it allows for the expansion of pre-existing public education and sensitivity training programs, both of which contribute to de-stigmatization.</p>
Option 4: Low- Barrier Shelter for Women	2.5	<p>This provides a housing option that is inclusive of SLSWs who are active in the trade or may use drugs. It provides them safe temporary housing and connects them with supportive services and will create increased communication between housing and targeted service providers like PACE and WISH.</p> <p>This option will only have minimal effect on de-stigmatization. It may improve the level of understanding for service providers working directly in the shelter, as they will likely get to know SLSWs utilizing the shelter.</p>
Option 5:	5	This will directly improve upon the quality of life of SLSWs, by providing them with a safe and secure indoor

Safe Haven: Adult Cooperative		<p>working environment. A safe work environment reduces the occupational risk of violence and provides a safety net in case of emergencies. It also allows SLSWs to screen their clients, reject clients and access harm reduction resources (i.e. condoms).</p> <p>This option will help to reduce stigma, because it will provide SLSWs with the option to work indoors, away from public visibility. Additionally, by justifying the need for a cooperative on the grounds of health and safety it may help shift public attitudes on the issue.</p>
Option 6: Public Education Forums	4	<p>The primary purpose of this option is to de-stigmatize SLSW, by promoting public understanding, attitude changes and inclusive communities. It creates open dialogue between the public and the sex work community. It will allow SLSWs to build social connections outside of the DTES. However, it will have only indirect impacts on SLSWs' quality of life.</p>

6.2 Horizontal Equity

Policy Option	Score	Analysis
Option 1: Status Quo	1	<p>Inequities in service access will remain the same. Certain services and programs will continue to exclude SLSWs, i.e. victim compensation. SLSWs who are new to the DTES environment will continue to be more vulnerable because they are not as aware of the available services and safety issues.</p>
Option 2: Sex Trade Liaison Position VCH	4	<p>This is aimed to equally benefit all SLSWs. However, SLSWs who have health seeking behaviors may benefit more, by utilizing the service of the VCH Liaison (i.e. reporting experiences of discrimination or attending education classes).</p>
Option 3: Increased Funding	4	<p>This option will provide more resources to targeted supportive services for SLSWs. Increased funding may allow these organizations to expand services to male SLSWs, because currently they are predominantly women-only programs. However, this service may be frequented by SLSWs who</p>

		have stronger coping skills and who are already familiar with the services.
Option 4: Low-Barrier Shelter for Women	2	This option will only benefit female SLSWs and only those who are experiencing homelessness.
Option 5: Safe Haven: Adult Cooperative	4	This option will be available to all SLSWs in Vancouver. However, SLSWs who work outside the DTES may not benefit to the same extent from this option.
Option 6: Public Education Forums	2	This option may have broader indirect benefits to SLSWs.

6.3 Political Feasibility

Policy Option	Score	Analysis
Option 1: Status Quo	3	<p>Federal (Fed): The status quo corresponds with their political agenda, which is to be tough on crime. They have increased maximum sentencing for bawdy-house offences and challenged the decriminalization of sex work in Ontario.</p> <p>Provincial (Prov): There is pressure to consider SLSW on the political agenda, in light of the Missing Women case and the current BC Supreme Court Challenge.</p> <p>Municipal (Mun): This option does not support harm reduction, which has been a successful policy for the municipality in the past. However, there is hesitancy to implement policies because SLSW is a controversial issue and there is an upcoming election.</p> <p>Stakeholders: Sex worker and harm reduction groups are completely opposed to the continuation of the status quo. However, Abolitionists and Anti-trafficking groups benefit under this option because they receive funding and are opposed to decriminalization and support the federal appeal.</p>

Option 2: Sex Trade Liaison Position VCH	4	Prov: Has authority over this option via the provincial Ministry of Health Services, a history of supporting the VCH policy initiatives and will be a politically strategic response to the health of vulnerable populations in the DTES.
Option 3: Increased Funding	3	Fed: Has a history of not supporting harm reduction, thus unlikely to support this option; has been concentrating funding on services that require “exiting” the sex trade and anti-trafficking groups. Prov: Has a history of rewarding grants and funding to these services (i.e. the MAP van). Mun: Has historically supported and provided funding to harm reduction service providers; for example, has provided funding to targeted services by awarding grants for the Violence Prevention program at PACE. Stakeholders: Sex worker and harm reduction groups would support this option. Abolitionists and Anti-trafficking groups would likely be opposed because it may take funding away from them.
Option 4: Low- Barrier Shelter for Women	3	Prov: has authority over social housing and service providers by contacting services, via BC Housing. In the past has supported and awarded the contract for the current, low-barrier shelter: New Fountain. However, in the past budget constraints have threatened closure of these shelters. There is increased public pressure for this option due to the press release confirming the sexual assaults of six women in mixed shelters, and the protests that have occurred. Mun: Historically they have made homelessness and urban health a political priority. They often donate land and infrastructure for housing projects. Like the province, the municipal government is facing public pressure to open a women-only shelter. Stakeholders: Sex worker and harm reduction groups and Abolitionists and Anti-trafficking groups have argued to have a shelter that exclusively caters to women. However, the two groups may be in conflict as to whether ‘exiting’ sex work will be a requirement.
Option 5: Safe Haven: Adult	2.5	Mun: In the past has engaged with stakeholders on the relevant bylaw amendments that would be required to enact an Adult Cooperative. Further, they have demonstrated strong leadership abilities in whole of

Cooperative		government decision making, under the Vancouver Agreement. Federal and provincial levels of government may not be required for this option but having their endorsement would increase feasibility. However, the federal government it opposed to harm reduction and not likely
Option 6: Public Education Forums	5	This option does not necessarily require endorsement from any level of government. The municipal government has given priority to community concerns in the DTES, often by consulting the community on specific issues (Missing Women’s Case, Historic Height Review). Therefore, it may endorse and support the option. Stakeholders: Sex worker and harm reduction groups would support this option. Abolitionists and Anti-trafficking groups may also want to be involved.

6.4 Economic Feasibility

Policy Option	Score	Analysis
Option 1: Status Quo	2	<p>This option is still relatively expensive because it requires funding the appeal of the Ontario decriminalization case. It also requires the continued funding of Sister Watch and the VPD Sex Trade Liaison Officer.</p> <p>VPD Sex Trade Liaison Position-Annually by Salary: \$89,258³⁷</p> <p>There are significant costs associated with keeping sex work criminalized, such as the cost of arresting, processing and detaining sex workers.</p> <p>The federal Government will also commit \$10 million to address the issue of Missing and Murdered Women across Canada. However, none of this funding has been allotted for targeted sex trade programs of organizations despite evidence that upholds the majority of Missing Women were SLSWs.</p>

³⁷ VPD- Salary Levels for 1st Class Constable after 20 years. Linda Malcolm has over 30 Years experience so it is likely she fall under the highest salary level.

<http://vancouver.ca/police/recruiting/police-officers/salary-benefits.html>

<p>Option 2: Sex Trade Liaison Position VCH</p>	<p>4</p>	<p>This option would be relatively inexpensive. It would cost only as much as hiring one new staff member in a salaried full time position. They would have similar responsibilities to a coordinator, and thus their salary would probably range within \$65,332.8 - \$81,515.2³⁸ annually.</p> <p>Further, it would entail only minimal implementation complexity, as it would only require creating an appropriate job description and training. There are pre-existing coordinator and Liaison descriptions that the VCH could build upon.</p> <p>Finally, this option could potentially entail significant avoided costs, as improved health can led to reduced transmissions of HIV/AIDs and Hepatitis C. If there is less stigma associated with accessing health care then health concerns can be treated at earlier points with less expensive interventions.</p>
<p>Option 3: Increased Funding</p>	<p>3</p>	<p>This option will require an influx of funding, in order to provide the service providers with the financial resources to expand quality and quantity of services.</p> <p>The current operating cost of PACE has ranged between \$175,000 and \$225,000 over the past five years. These costs include the salary of three full time staff and allow at least three programs to be run. (Kerry Porth, personal communication, date, 2011)</p> <p>In order to increase core funding to expand upon services it is estimated this would require an annual increase of \$50,000 (Kerry Porth, personal communication, date, 2011).</p> <p>Further, in order to hire a new staff member to support the development of new services or address staffing gaps the salary could range between: \$60,000-80,000 annually*.</p>

³⁸ \$31.41 - \$39.19/hour from VCH website:

x 40 hr work week= 1256-1560 x52 work week/yr =65,312-81,120/annual

Based on job data retrieved from:

http://jobs.workopolis.com/jobshome/db/vcha.job_posting?pi_job_id=9554328&pi_search_id=676460432&pi_sort=POST_DATE&pi_curjob=1&pi_maxjob=23

Option 4: Low-Barrier Shelter for Women	1	<p>This option may require new infrastructure or renovating existing infrastructure. However, the City of Vancouver or BC housing may be able to donate suitable space.</p> <p>This option would require hiring a significant number of new staff and require developing new policies and procedures. However, some of these developments can be modeled after the existing low-barrier shelter New fountain.</p>
Option 5: Safe Haven: Adult Cooperative	3	<p>This option will have high start-up costs, it is estimated a cooperative with 3000/6000 square feet will cost: \$100/sq ft to renovate \$20,000.00/\$40,000.00 (for operating costs in the first year) Total Cost: \$320,000.00/\$620,000.00 (Sue Davis, personal communication, 2011)</p> <p>However, these expenses could be covered by a loan and then re-paid, which would entail little cost to the public. Further, costs could be reduced if different levels of government were willing to commit infrastructure or funding.</p> <p>Additionally, this option would have substantial avoided costs in health by providing access to harm reduction measures and in law enforcement by allowing women to work indoors more safely.</p>
Option 6: Public Education Forums	5	<p>This option would be inexpensive. The Forum would be staffed by members of the SLSW community on a voluntary basis but be provided a small honorarium. It would be facilitated and organized on a volunteer basis by targeted service providers and stakeholders.</p> <p>The cost associated with holding the forum would be related to renting a venue such as a room from the Public library in Library square: Renting a room for four hours costs \$295 dollars and provides 130 chairs³⁹.</p> <p>This cost would be discounted because it would be a non-profit event. There also may be some marginal costs associated with advertising the event.</p>

³⁹ <http://www.vpl.ca/rooms/reservations.html>

7: Criteria Matrix

	Effectiveness	Horizontal Equity	Political Feasibility	Economic Feasibility	Score Out of 20
Option 1: Status Quo	2	1	3	2 Medium-High Cost	8
Option 2: Sex Trade Liaison Position VCH	3.5	4	4	4 Medium-Low Cost	15.5
Option 3: Increased Funding	4	4	3	3 Medium Cost	14
Option 4: Low- Barrier Shelter for Women	2.5	2	3	1 High Cost	8.5
Option 5: Safe Haven: Adult Cooperative	5	4	2.5	4 Medium-Low Cost	15.5
Option 6: Public Education Forums	4	2	5	5 Low cost	16

8: Policy Recommendations

From the analysis of the policy options, it is clear the status quo is failing, receiving the lowest policy score (8) in the Criteria Matrix. Notably, the Sister Watch program appears to be extremely ineffective, and may have unanticipated negative effects on the safety of SLSWs. Further, the federal Conservatives' defence of the criminalization and the status quo continues the current stigmatization of sex workers, despite the body of evidence that has proven resulting unsafe working conditions. Funding for Abolitionist and Anti-trafficking groups conflate sex work with trafficking and child exploitation and continues to divert funding away from targeted harm reduction services for SLSW. However, the VPD Sex Trade Liaison position has proved an innovative and very successful policy at the municipal level and has contributed to some success in improving the quality of lives of SLSWs.

Option 4: A Low-barrier shelter for women, also received a low score (8.5), mainly because it is economically unfeasible. It is particularly expensive despite the demand for this option. Funding a new shelter is politically difficult when the current low-barrier shelter New Fountain has been threatened with closure. Additionally, this option does not have direct impacts on de-stigmatization in comparison to the other options and scored poorly on horizontal equity criteria because it is exclusive to women.

Option 6: Public education forums, received the highest score (16). The advantage of this option is that it is inexpensive and can potentially provide large upstream effects, especially in relation to de-stigmatization. For example, it creates a public forum for open dialogue, with the aim to foster understanding between sex workers and the public. It seeks to educate the public in

general, not just communities that are affected by sex work; this is because it is trying to change public attitudes on sex work. It is also completely politically feasible.

Similarly, Option 2: VCH Sex Trade Liaison position provides a relatively inexpensive option. This option was tied for the second highest score (15.5) and specifically targets barriers for SLSWs within healthcare. This has direct impacts on quality of life and provides some de-stigmatization by way of sensitivity training given directly to those in the healthcare system. This in turn will foster greater utilization of health services by sex workers. This will have very positive impacts on the quality of life of sex workers by targeting key social determinants such as isolation, fear of stigma and poor health seeking behaviours. It also promotes horizontal equity in health care access across SLSW.

Option 5: Safe Haven-Adult Cooperative was also tied for second in overall score (15.5), and scored the highest in the effectiveness criteria. It is effective primarily by providing a safe working environment and effectively de-stigmatizing sex work by framing sex work in terms of health and safety instead of as criminal activity or/and a 'public nuisance' issue. It additionally, helps to take SLSWs off the streets where they may be perceived as 'nuisance'. The Safe Haven would provide relatively equitable access for all SLSWs, regardless of sex. Politically, it addresses unique municipal issues within the DTES and is in line with current harm reduction initiatives like InSite. However, the biggest challenge with this option, is trying to determine if other levels of government, most significantly the federal Conservatives, would intervene and try to prevent the creation of this cooperative due to its relation to harm reduction. This of course may impact the provincial level of government, but it is difficult to determine if there would endorse the municipal stance or support the federal challenge. Economically, the option may have high start-up cost but provides SLSWs with a secure way to receive income without having to rely on a pimp or work for a private- for-profit brothel. Finally, the research for this capstone

stressed this option addresses the most significant barrier for SLSWs, which is providing them with a safe work environment.

Option: 3 Increase funding, was the third ranked option (14). Its weakness was in political criteria because it is dependent upon different contributions from all levels of government including the federal government, which does not generally support harm reduction services. This is a more expensive option, however, this research upholds that the current SLSW services are being utilized, making this option a sound investment.

This capstone recommends that Option 6: Public education forums and Option 2: VCH Sex Trade Liaison. Both be implemented immediately, they are politically feasible, relatively inexpensive and can start addressing the specific health needs of SLSWs and the broader associated social stigma. Additionally, it recommends Option 5: Safe Haven- Adult Cooperative and Option 3: Increased funding, to be the medium term options. These options require more planning and may take longer to implement, especially due to political feasibility, in light of the upcoming federal election. However, they can be implemented concurrent to each other, to allow the targeted service providers to help provide insight into the development of the Safe Haven and also develop services that can work in relation to it. The also allows targeted providers a place to refer SLSW in order to access a safe work environment. Finally, it is recommended that the VPD Sex Trade Liaison position continue, as it has proven to have a positive effect on the lives of SLSWs.

The current situation faced by SLSWs leads to a myriad of negative consequences, including the loss of human life and economic costs to the state in the legal, health and social sectors. The policy recommendations put forward in this capstone can reduce some of these costs. For instance, the safe haven option will reduce pressure on the legal system and law enforcement by reducing the number of nuisance complaints, SLSW arrests and incarcerations as well as reducing the resources currently used to investigate and incarcerate people who commit violence

against sex workers. There will also be avoided cost in health care and social services by improving timely and effective access to services and ensuring that they are responsive to the needs of sex workers. Currently, the status quo fails to recognize the correlation between missing and murdered women in the DTES and their connections to SLSW. This has been illustrated by the costly provincial investigation which is now underway into these cases. If these types of investigations recognized this correlation, funding could simply be redirected to the policies like the ones recommended here without having to come up with additional funding. If this correlation is not acknowledged it is likely that the trend of missing and murdered sex workers from the DTES will continue, as it has even after the highly publicized Pickton investigation⁴⁰. Therefore these policies represent a cost effective way to potentially prevent the on-going murders of SLSW in the DTES, and reduce costs in other service sectors.

⁴⁰ Despite the publicity of the Pickton trial and increased public awareness, stats Canada continues to report a spike in murdered sex workers, see section 1.6.1 p 28. Also the murder of a DTES sex worker in Burnaby, Feb 2011, highlights these investigations and interventions like sister watch, did not impact this recent case.

9: Conclusion

There has been an extensive body of research suggesting street level sex workers, are a vulnerable population that experience immense amounts of stigma. They are labeled as ‘others’ by the public because of the type of work they pursue, and close to half of the Canadian public continues to see SLSWs as a public nuisance. The criminalization of SLSW has entrenched stigma, and been shown to foster unsafe and isolated working environments. SLSW has been classified as one of the ‘riskiest’ occupations with respect to violence, but also in terms of experiencing higher rates of addiction and poor health outcomes like HIV/AIDS. Current events, in regards to the Missing Women Investigation, have demonstrated these are realities experienced by SLSWs, especially in Vancouver’s DTES. All of these research findings have negative impacts on SLSWs quality of life and indicate they are pushed to the margins of society. This capstone has sought to improve upon SLSWs’ quality of life by gaining a extensive understanding of how all these forms of stigma are experienced by this population. By researching the dimensions of stigma, this capstone has gained an understanding of how stigma is a SDH, which, deters health seeking behaviors, entrenches unsafe working conditions, isolates and diminishes social networks and self-esteem, creates barrier to accessing services and interacts with other SDH.

Further, this capstone has sought to fill in a research gap by providing feedback on the current services available to sex workers. Informant and stakeholder input on what services have been successful in improving their lives, has guided the policy recommendations. The recommendations of this capstone provide concrete measure towards achieving the goal of improving SLSWs quality of life, by funding services that have been deemed successful by the very group they are targeting, and filling in service gaps especially in the realm on health care

with the VCH Liaison position. Public forums are also important because they aim to de-stigmatize sex work broadly. Reducing stigma against sex workers will indirectly improve their health outcomes and safety. Further, the recommendations seek to address the priority area identified within this research and in numerous past studies, that working conditions must be improved. This is an attainable goal with by-law amendments to create a Safe Haven: Adult Cooperative. However, the key challenge is that it is unpredictable how much other levels of government will respond to this policy, due to the controversial nature of sex work, political values and resources can and have been used to prevent policy that has a sound evidence base (Lowman, Stakeholder Interview, 2011).

Finally, this research has also identified some key areas for future work. First, there is a need for future research on transgendered and transsexual SLSWs. Further, more research is needed on indoor sex workers, especially in comparison to the types of barriers and stigma they face. Specifically, it is important to study how indoor workers have been affected by current events, like the delisting of adult services on Craigslist. Stakeholders suggested this is a significant area of research, due to the perceived impacts this may have on their working environments and income. Further, this research has begun to evaluate the existing services offered to SLSWs, but due to the rise of Abolitionist and Anti-Trafficking campaigns and policies, more research should be directed at evaluating these services. Stakeholders have again suggested these campaigns adversely affect sex workers defining them as victims. Therefore, these campaigns should be evaluated on how effective they are and how they impact sex workers. Overall, there is lots of room for new and innovative research in the field of sex work. However, it is still important that research builds upon and strengthens past research finding on street-level sex works, because policy has still not adapted to crucial recommendations that would improve the lives of sex works.

Appendices

Appendix A: Relevant Sections of the Canadian Criminal Code

Bawdy House

210. (1) Every one who keeps a common bawdy-house is guilty of an indictable offence and liable to imprisonment for a term not exceeding two years. (Amended to 5 years, 2010)

(2) Every one who (a) is an inmate of a common bawdy-house, (b) is found, without lawful excuse, in a common bawdy-house, or (c) as owner, landlord, lessor, tenant, occupier, agent or otherwise having charge or control of any place, knowingly permits the place or any part thereof to be let or used for the purposes of a common bawdy-house, is guilty of an offence punishable on summary conviction.

Notice of conviction to be served on owner

(3) Where a person is convicted of an offence under subsection (1), the court shall cause a notice of the conviction to be served on the owner, landlord or lessor of the place in respect of which the person is convicted or his agent, and the notice shall contain a statement to the effect that it is being served pursuant to this section.

Duty of landlord on notice

(4) Where a person on whom a notice is served under subsection (3) fails forthwith to exercise any right he may have to determine the tenancy or right of occupation of the person so convicted, and thereafter any person is convicted of an offence under subsection (1) in respect of the same premises, the person on whom the notice was served shall be deemed to have committed an offence under subsection (1) unless he proves that he has taken all reasonable steps to prevent the recurrence of the offence.

Transporting person to bawdy-house

211. Everyone who knowingly takes, transports, directs, or offers to take, transport or direct, any other person to a common bawdy-house is guilty of an offence punishable on summary conviction.

Procuring

212. (1) Every one who (a) procures, attempts to procure or solicits a person to have illicit sexual intercourse with another person, whether in or out of Canada, (b) inveigles or entices a person who is not a prostitute to a common bawdy-house for the purpose of illicit sexual intercourse or prostitution, (c) knowingly conceals a person in a common bawdy-house, (d) procures or attempts to procure a person to become, whether in or out of Canada, a prostitute, (e) procures or attempts

to procure a person to leave the usual place of abode of that person in Canada, if that place is not a common bawdy-house, with intent that the person may become an inmate or frequenter of a common bawdy-house, whether in or out of Canada, (f) on the arrival of a person in Canada, directs or causes that person to be directed or takes or causes that person to be taken, to a common bawdy-house, (g) procures a person to enter or leave Canada, for the purpose of prostitution, (h) for the purposes of gain, exercises control, direction or influence over the movements of a person in such manner as to show that he is aiding, abetting or compelling that person to engage in or carry on prostitution with any person or generally, (i) applies or administers to a person or causes that person to take any drug, intoxicating liquor, matter or thing with intent to stupefy or overpower that person in order thereby to enable any person to have illicit sexual intercourse with that person, or (j) lives wholly or in part on the avails of prostitution of another person, *declared invalid by the Ontario Superior Court - under appeal* is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years.

Living on the avails of prostitution of person under eighteen

(2) Despite paragraph (1)(j), every person who lives wholly or in part on the avails of prostitution of another person who is under the age of eighteen years is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years and to a minimum punishment of imprisonment for a term of two years.

Aggravated offence in relation to living on the avails of prostitution of a person under the age of eighteen years

(2.1) Notwithstanding paragraph (1)(j) and subsection (2), every person who lives wholly or in part on the avails of prostitution of another person under the age of eighteen years, and who (a) for the purposes of profit, aids, abets, counsels or compels the person under that age to engage in or carry on prostitution with any person or generally, and (b) uses, threatens to use or attempts to use violence, intimidation or coercion in relation to the person under that age, is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years but not less than five years.

Presumption

(3) Evidence that a person lives with or is habitually in the company of a prostitute or lives in a common bawdy-house is, in the absence of evidence to the contrary, proof that the person lives on the avails of prostitution, for the purposes of paragraph (1)(j) and subsections (2) and (2.1).

Offence — prostitution of person under eighteen

(4) Every person who, in any place, obtains for consideration, or communicates with anyone for the purpose of obtaining for consideration, the sexual services of a person who is under the age of

eighteen years is guilty of an indictable offence and liable to imprisonment for a term not exceeding five years and to a minimum punishment of imprisonment for a term of six months.

Offence in relation to prostitution

213. (1) Every person who in a public place or in any place open to public view (a) stops or attempts to stop any motor vehicle, (b) impedes the free flow of pedestrian or vehicular traffic or ingress to or egress from premises adjacent to that place, or (c) stops or attempts to stop any person or in any manner communicates or attempts to communicate with any person *declared invalid by the Ontario Superior Court - under appeal* for the purpose of engaging in prostitution or of obtaining the sexual services of a prostitute is guilty of an offence punishable on summary conviction.

Definition of “public place”(2) In this section, “public place” includes any place to which the public have access as of right or by invitation, express or implied, and any motor vehicle located in a public place or in any place open to public view.

Appendix B: Interview Schedules

Sample Interview Schedule for Stakeholders

1. Please explain what your role within the organization you work with?
2. If you do not directly work with sex workers, what overlap do the services you provide have with sex workers?
3. Do you think sex workers face barriers when accessing public services?
 - a. Health Care
 - b. Housing
 - c. Social
 - d. Law enforcement
4. Do you think there are enough policies in place to improve sex worker access to public services?
 - a. Where could policies be improved?
 - b. What types of policies are working?
 - c. What is the most significant barrier to sex workers accessing services?
5. Do you think sex workers face exclusion from certain communities if their identity as a sex worker is exposed?
 - a. How does this exclusion impact on the lives of sex workers?
6. How could communities better include sex workers?
 - a. Do you think this would be beneficial for sex workers and/or communities?
7. Do you think the public has a good understanding of sex work?
 - a. What stereotypes exist?
 - b. How does the media impact this?
 - c. How does the criminal code impact this?
8. How can the public and policymakers better understand sex work?
 - a. Dialogue
 - b. Improved research
 - c. Criminalization

Sample Interview Schedule For Sex Worker's

1. Can you tell me a little about yourself?
 - a) How long have you lived in Vancouver?
 - b) How did you become involved in sex work?
 - c) How long have you been involved?
2. What are some of your positive or negative experiences of being a sex worker?
3. Can you explain your working conditions?
4. Have you ever used the used the services of an outreach worker?
 - a. If so what kind of services did the outreach service provide you?
 - b. If not would you consider using an outreach worker to access services?
5. What types of public services do you access?
 - a. Have you ever had problems accessing public services? If so why?
 - b. How do you think your access to services could be improved upon in the future?
6. Do you participate in any services/programs that specifically target sex workers?
 - a. If so do you find these services effective? Explain.

- b. If not would you consider accessing these services? Why or why not?
- 7. Do you feel a part of any communities? Please elaborate.
 - a. If so does your participation in your community increase the services and resources you have access to? Why or why not?
- 8. How do you think the public understands what it is to be a sex worker?
 - a. Do you think they are misinformed?
- 9. Do you think there is enough dialogue between sex workers and the public and/or within different communities?
 - a. Do you think this would be beneficial for sex workers?
 - b. Would you participate in this dialogue? Why or why not?
- 10. Do you think the concerns of sex workers are reflected in government policy?

Appendix C: Overview of Service Providers

WISH provides predominantly frontline, drop-in services including food provision, a safe and accepting place, supported employment⁴¹, access to showers and toiletries, a nurse and referrals to other services (i.e. social, housing, treatment) (Gibson, Stakeholder Interview, 2011).

PACE provides frontline and longer-term supportive services including accompaniment to medical appointments and court appearances, peer and specialized counselling for issues such as sexual assault, and a violence prevention workshop (Porth, Stakeholder Interview, 2011).

Mobile Access Project (MAP) is a van run jointly by WISH and PACE, and helps monitor strolls frequented by SLSWs both inside and outside the DTES. This helps to promote safety on the streets and provides outreach services (Gibson, Stakeholder Interview, 2011)

Life Skills provides access to educational and skills training as well as referrals to other services like detox.

Women's Centre provides meals, a safe environment for women only, crisis counselling, showers and toilets, and access to resources including computers and telephones

VANDU provides support services for drug users, and offer peer support groups such as the Women's Health Groups.

⁴¹ Supported employment, refers to employment that is offered by the service provider that involves working there. For instance, at WISH women can get paid to help make meals, that contribute back to the service itself.

Appendix D: Body Rub Parlour By-Law and Proposed Amendments

City of Vancouver Definitions:

“Body-rub” includes the manipulating, touching or stimulating by any means, of a person's body or part thereof, but does not include medical, therapeutic or cosmetic massage treatment given by a person duly licensed or registered under any statute of the Province of British Columbia governing such activities other than the Vancouver Charter, or a therapeutic touch technique

"Body-rub Parlour" includes any premises or part thereof where a body-rub is performed, offered or solicited.

BODY-RUB PARLOUR, BODY-PAINTING STUDIO, AND MODEL STUDIO

11.5 (1) Every applicant for a license to operate a body-rub parlour, body-painting studio or model studio shall supply the Chief Constable and the Inspector with the name, age, address and sex of all persons employed by the applicant.

(2) REPEALED

(3) No person carrying on the business of operating a body-rub parlour, a body-painting studio or a model studio shall

- (a) employ any person on the licensed premises unless such person is 19 years of age or over;
- (b) permit any person to be on the licensed premises at any time unless such person is 19 years of age or over.

(4) Every applicant for a license for a body-rub parlour, body-painting studio or model studio shall be accompanied by a floor plan of the entire premises in such scale and detail as may be prescribed by the Inspector, and when any alterations are made to the licensed premises, plans thereof shall be filed with the Inspector forthwith.

(5) All rooms used for body-rub, body-painting or nude photography shall comply with the following condition:

- (a) shall not be less than 2.4 metres by 2.4 metres;
- (b) shall not be equipped with any locking device on any door thereto;
- (c) other than a door providing entrance thereto, shall not have any means by which any person may view the interior thereof;

(d) shall be equipped with lighting of at least 50 candle power which shall remain "on" when the door is closed.

(6) No person who carries on the business of operating a body-rub parlour, a body-painting studio or a model studio shall permit any person to enter or remain thereon between the hours of 12:00 midnight and 8:00 a.m.

(7) No person carrying on the business of a body-rub shall permit any person engaged in providing a body-rub in the licensed premises to perform the same unless such person is wearing clean, washable, non-transparent outer garments covering his or her body between the neck and the top of the knee, the sleeves of which do not reach below the elbows.

(8) No body-rub parlour proprietor shall exhibit himself or herself nor permit other persons to exhibit themselves, in any window on or about the licensed premises, or exhibit or permit to be exhibited any sign outside of the premises showing any nude male or female body, or any part thereof, nor any printed words that might indicate that the licensed premises is a place that offers any form of sexual or nude entertainment.

(9) No person carrying on the business of a body-rub parlour shall practice or provide or permit the practice or provision therein of a therapeutic touch technique or advertise in any way that a therapeutic touch technique is available or being practiced on the premises.

(10) Any club subject to regulation under By-law No. 2647 providing any services similar to a body-rub parlour, body-painting studio or model studio shall, in addition to any other licensing requirement, obtain a body-rub parlour, body-painting studio or model studio license pursuant to Schedule "A" and shall comply with the regulations set forth in this section.

Proposed Amendments By Sue Davis (Personal communication 2011)

Revising this bylaw would differentiate the body rub parlours from other venues that provide therapeutic massage and clarify any confusion consumers may have. Additionally, it would define the body rub parlour like a hotel room, which permits adults to rent rooms privately by the hour.

Other amendments to this bylaw would need to include:

- Reducing the licence fee and annual renewal fee from \$8,454;
- Extending the hours of operation to suit the needs of sex workers (i.e. allowing 24 hour operation);

- Removing the requirement to have a documented list of employees and their sex because this entrenches gender discrimination and puts the safety and identity of sex worker at risk;
- Removing the requirement of a dress code which is invasive and excessive regulation;
- Allowing advertising that accurately defines the services provided; however, retaining that this will not exhibit nudity, public displays (i.e. someone in a window) or crude offensive images and language.

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Stakeholder Interviews

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Note on Informant Interviews

Please note due to strict confidentiality informant interviews are not cited, if quotes are used from informant interviews outside the data analysis section they are referred to by the following citation: (Informant Interview, 2011).