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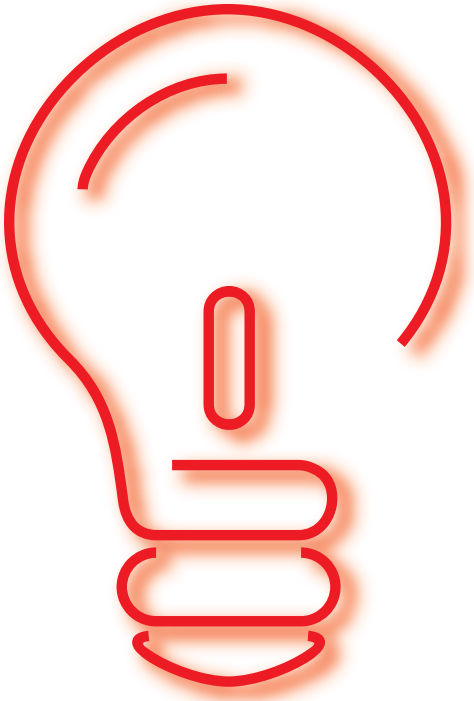
Sex Work in Canada



The Public Health Perspective

DECEMBER 2014

ABOUT CPHA

Founded in 1910, the Canadian Public Health Association (CPHA) is the independent voice for public health in Canada with links to the international community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the health and well-being of Canadians and people around the world.

Our Vision: A healthy and just world.

Our Mission: CPHA's mission is to enhance the health of people in Canada and to contribute to a healthier and more equitable world.

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PREFACE

CPHA's interest in the laws governing sex work began in 1993, in the context of a burgeoning HIV epidemic, when CPHA members debated a resolution calling for "the Government of Canada to rescind legislation that makes solicitation an offense under the criminal code." The resolution was deferred to the Board of Directors at that time, as there was insufficient evidence available to recommend its approval. Over twenty years later, however, there is better evidence of good practices and a greater understanding of the influence of the social determinants of health on both defining this problem and providing a solution. The recent Supreme Court of Canada ruling concerning prostitution laws in Canada (Canada v. Bedford) and the Federal Government's response (Bill C-36, the *Protection of Communities and Exploited Persons Act)* warrant exploring Canada's approach to sex work from the public health perspective.

PURPOSE

To review the available evidence regarding the public health aspects of sex work in Canada and to provide recommendations for effective and meaningful public policy on this issue.

INTRODUCTION

Sex work refers to the consensual exchange of sexual services between adults for money or goods.[1] The trade involves female, male, or transgender individuals, and can be undertaken in a variety of venues, such as working as escorts, from private homes, in strip clubs, in brothels, and seeking clients in public locations. Prostitution is the term used by Canadian law to describe the exchange of sexual activity for monetary payment.

A distinction must be made between sex work and the acts of human trafficking and obtaining sex by coercion or exploitation that often accompany sex work. Sex work and sex trafficking are not interchangeable terms, but are often grouped together.[2] In 2005, the International Labour Organization reported that approximately 1.4 million people were trafficked into the sex sector globally, the majority of them women and girls.[3] Victims are often migrants who may be deceived into human trafficking by organizations that transport foreign nationals to western countries. Other trafficking victims include children and youth who are lured into prostitution by pimps and third parties.[4] The Center for Health and Gender Equity indicates that "conflating human trafficking with prostitution results in ineffective anti-trafficking efforts and human rights violations because domestic policing efforts focus on shutting down brothels and arresting sex workers, rather than targeting the more elusive traffickers."[5] It is, however, becoming more difficult to differentiate between consensual and exploitative sex work, as many sex workers find themselves forced into the trade due to the effects of social determinants or structural violence* or as a means of survival. This paper recognizes the distinction between sex work and trafficking and coercion, and focuses on the former while supporting efforts to address the latter.

The issue and the related data are confounded due to the relationships that exist between:

- those who voluntarily enter sex work and those who enter as a result of social determinants and structural violence;
- the lot of the indoor sex worker versus that of the outdoor sex worker;† and
- sex work and illegal drug use.

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* "Structural violence" is a term used to describe the physical and psychological harms that can be caused by society's social, political and economic systems. As such it is avoidable and therefore preventable. It describes the social arrangements that put individuals in harm's way, where "structure" refers to the political, economic and social infrastructures of societies, while violence refers to the harmful effects that decisions taken by these organizations can have on the well-being of the population, particularly the most marginalized. The theory of structural violence is described in: Ho, K. 2007. Structural Violence as a Human Rights Violation. *Essex Human Rights Review.* 4(2): 1-17. The concept, from a medical perspective, is described further in: Farmer, P.E., Nizeye, B., Stulac, S., and Keshavjee, S. 2006. Structural Violence and Clinical Medicine. *PLos Med* 3(10)e449. DOI: 10.1371/journa.pmed.0030449.

† Indoor sex workers are generally viewed as having greater control over their situation and more time to negotiate the exchange of services, while outdoor sex workers have less control and are more likely to be subject to violence or harassment. It should be noted, however, that there is a level of fluidity between these two categories.

Additional confounding factors include:

- the influence of the Internet on the business model for sex work where indoor sex workers are able to market themselves and build their brand, thereby behaving like freelancers in other labour markets;[6] and
- the concerns of those who are forced to participate in survival sex.*

A current investigation of the sex industry in Canada is addressing many of the issues reported in this paper, and provides insight into this industry.[7] It focuses on all aspects of the sex industry at five research locations: St. John's, NL; Montréal, QC; Kitchener, ON; Wood Buffalo (Fort McMurray), AB; and Calgary, AB.

Stigma surrounding sex work, discrimination against sex workers, and the criminalization of various aspects of sex work make sex workers a hard-to-reach population. According to one study, sex workers scored, on average, 4.8 on a six-point scale for rating the level of stigma, which was higher than scores reported in studies for other marginalized groups.[8] As such, attempts to measure the size and demographic characteristics of this industry in Canada have provided only rough estimates. For example, Calgary[9] and Vancouver[10] are home to an estimated 3,000 and 1,300-2,600 sex workers, respectively. Approximately 20% of sex workers solicit clients on the street, while the remaining work indoors.[11] Ethnicity also varies by region: in a study carried out in Toronto, 83% of the outdoor sex workers interviewed were born in Canada,[12] whereas 25% of the female sex workers interviewed in Vancouver were international migrants.[13] First Nations, Inuit and Métis women are over-represented in the sex trade with an especially high number of youth, ranging from 14%-60% of sex workers across various regions in Canada,[14] and often form a major part of the street sex worker cadre.[15]

THE PUBLIC HEALTH PERSPECTIVE ON SEX WORK

A public health perspective on sex work considers not only the effect of criminalization, but takes into account the social determinants of health and structural violence that affect the vulnerabilities of women, men and transgender people that result in them working in the sex trade. Poverty, homelessness, and trauma that result from inequitable policy, social and economic forces contribute to involvement in the sex trade. These factors also have the greatest effect on marginalized or stigmatized groups. For example, Indigenous women are among the most marginalized populations in Canada and are overrepresented as sex workers.[16] This population also experiences the highest rate of violence and homicide in the country.[17] There are indications that a public health approach based on harm reduction and addressing the social determinants of health may provide the tools needed to address the underlying factors that result in participation in the sex trade, and vulnerability to human trafficking and violence.

Health Considerations

Sex workers and their clients are at a higher risk of contracting HIV and other sexually transmitted infections (STIs) due to the lack of condom use, and access to health and safety services.[18] A study involving indoor female sex workers in Vancouver indicated that 12% of respondents had never had STI testing, and 16% had not had HIV testing.[19] Reasons provided for not receiving testing included language barriers, not being aware of the need for testing or of the existence of sexual health clinics, not wanting to be tested by their primary care provider, and conflicts with other life commitments.[20] Another study on a more diverse sample from five locations in Canada indicated that 97% of sex workers had been tested for sexually transmitted infections: 92% for hepatitis C, 92% for gonorrhea, 91% for syphilis, 90% for chlamydia, 90% for hepatitis B, and 83% for herpes.[21]

* Survival sex is defined as sex work that is engaged in by a person because of their extreme need. It involves trading sex for food, a place to sleep, other basic needs or drugs and is often the result of familial abuse and violence, mental illness or illegal drug use. This practice is most apparent with teenage runaways, where their body is often their currency, described in: Mariani, M. 2014. Exchanging Sex for Survival. *The Atlantic*. http://www.theatlantic.com/health/2014/06/exchanging-sex-for-survival/371822/. Accessed August 15, 2014.

Researchers in Toronto, Barrie, and Oshawa found that many sex workers chose not to disclose their participation in the sex trade to medical professionals due to negative past experiences after disclosure, embarrassment, fear of discrimination, judgment, and believing that it was not relevant to their visit.[22,23] To complicate accessing services, research has shown that outdoor sex workers who also use psychoactive substances may be perceived by health care providers as drug seeking and are often denied services.[24]
The prevalence of HIV and other STIs among sex workers is difficult to determine, but researchers at the Ontario HIV Treatment Network have estimated that HIV prevalence ranges from 1% to 60%, depending on their situation, among sex workers in Canada.[25] Risk factors that increase the chance of contracting HIV include high-risk sexual activities with high-risk partners, lack of condom use, sharing of drug use paraphernalia, and unstable living conditions. A similar situation may exist for STIs, but there are limited data to substantiate that claim. Alternatively, in some low- and middle-income countries it has been shown that providing structural supports, such as sex worker unions, which improve social capital and access to resources, is effective in fostering a climate of prevention with subsequent reduction in STI and HIV prevalence.[26,27]

Workplace Violence

Sex work is often characterized by a power relationship between the buyer and the seller. In a recent national study of a diverse sample of sex workers in Canada, 81% agreed or strongly agreed that they feel empowered to set the terms and conditions of service with a client,[28] while on further questioning, 65% of sellers agreed that they usually got their way when they have a disagreement with a buyer, and over 50% of sellers agreed that they do what they want when with a buyer. Only 12% agreed that the buyer has more power in the relationship. These results may be more indicative of the lot of the indoor sex worker as opposed to that of the outdoor sex worker.

In Canadian cities, outdoor sex workers are subject to predation and sexual or physical violence,[29,30] which is similar to the situation internationally. A systematic review of sex work studies has shown that the lifetime prevalence of physical or sexual violence, either in the workplace or outside of it, ranged from 45% to 75% for sex workers.[31] The criminalization and policing of outdoor sex work has also proven to be detrimental to the safety of sex workers, as encounters with clients may become rushed, take place in isolated areas, and often limits any control the sex worker may have over the situation.[32,33,34,35] Many sex workers, including survival sex workers, do not report violence for fear of arrest, and when they do report it, they are often overlooked due to policing practices and the current legal environment.[36] Furthermore, sex work is not provided the occupational health and safety benefits of other forms of employment in Canada.

The victimization of drug-using sex workers, in particular, is ongoing across Canada as this population is influenced by their addictions and is subject to power dynamics with their suppliers.[37] A study of drug-using female outdoor sex workers in Vancouver revealed that they experienced violence in their everyday lives, whether it is from boyfriends who turn into pimps, or as the result of the lack of safe places to which to bring clients who may turn out to be "bad dates" (physically or sexually violent).[38] This population is increasingly susceptible to HIV and other STIs because they are more likely to forgo condom use in order to obtain higher payment or to avoid violence.

Social Determinants of Health

Some individuals choose sex work as an occupation, but for some, particularly outdoor and First Nations, Inuit and Métis* sex workers, it remains a means of survival. Lack of education and employment

* A note on terminology: *Aboriginal* is the term recognized in the Constitution of Canada to describe First Nations, Inuit and Métis peoples. The term preferred by these groups is *Indigenous Peoples* or *First Nations, Inuit and Métis.*

opportunities, poverty, homelessness, childhood trauma, marginalization, addictions, and mental illness are contributing factors that lead to involvement in sex work.[39,40] Poverty and homelessness have been shown to be the greatest risk factors – with one study demonstrating that 86% of interviewed First Nations, Inuit and Métis female and child sex workers in Vancouver were currently or had been previously homeless.[41] Similarly, domestic and sexual violence, poverty and marginalization during childhood are also correlated with involvement in sex work. In one prospective cohort study, 48% of female First Nations, Inuit and Métis sex workers from Vancouver's Downtown Eastside reported experiencing childhood sexual violence.[42]

First Nations, Inuit and Métis Peoples and Sex Work

The effect of underlying social and economic factors is particularly true for First Nations, Inuit and Métis women. The ongoing effects of colonization have meant the dislocation of First Nations, Inuit and Métis peoples from their land, culture, spirituality, languages, traditional economies and governance systems. The Canadian governments, along with educational and religious institutions, enforced wholesale racist policies including the outlawing of First Nations, Inuit and Métis cultural and spiritual practices, the enforcement of the reserve system, and the removal of children from their homes and communities that resulted, among other things, in the widespread abuse of children in Indian Residential Schools.[43]

The intergenerational trauma among First Nations and Inuit people resulting from residential schools has led to the destruction of social supports and family structures.[44,45,46] In these institutions, many children suffered physical and sexual abuse, suppression of language and culture, and a lack of parental guidance and emotional support.[47] Residential school survivors often brought destructive patterns of behaviour back to their families and communities, perpetuating violence for future generations. Survivors indicate that their experiences in the schools left them unprepared to become parents themselves, and that they have difficulty showing affection to their own children. The resulting dysfunctional family relationships, parental substance abuse, physical and sexual abuse, and negative foster care experiences contribute to future involvement in sex work.[48]

This intergenerational trauma and the resultant poverty have been identified as a root cause for sex work and the disproportionally high number of First Nations, Inuit and Métis sex workers.[49] It is compounded by low-quality and insufficient housing, and poverty affecting many First Nations, Inuit and Métis communities in Canada. For those living on reserve, housing instability in combination with social and geographic isolation has resulted in many First Nations women leaving their communities for urban areas and entering into the sex trade, either voluntarily or through coercion.[50,51] This situation is exacerbated by their living conditions in the urban environment where, a 2010 study showed, 15.2% of First Nations peoples living off reserve lived in a state of poverty with inadequate and unaffordable housing.[52] In addition, domestic trafficking of First Nations, Inuit and Métis women and girls from Northern and remote communities is often misinterpreted as consensual participation in the sex trade. Poverty, lack of social assistance, and isolation often leads to sexual exploitation by family members, traffickers posing as boyfriends, and traffickers enticing girls to urban areas.[53] Broadly speaking, First Nations, Inuit and Métis women in Canada experience rates of violence 3.5 times higher than non-First Nations, Inuit and Métis women – a risk that is further heightened for First Nations, Inuit and Métis sex workers.[54]

As a result of these intergenerational, social, economic and structural factors, First Nations, Inuit and Métis women represent a disproportionally large proportion of sex workers in Canada.[55] One study conducted in Vancouver's Downtown Eastside revealed that 52% of sex worker respondents were First Nations, Inuit and Métis women,[56] while other studies have estimated up to 60%.[57]

IS THERE A LEGISLATIVE SOLUTION?

The challenge in developing legal approaches to address sex work is that there is a continuing demand for the purchase of sexual services, and a cadre of individuals who fill this demand in spite of legislative controls. Sex workers either enter the marketplace voluntarily, are driven there due to social determinants and structural violence, or are coerced. The legislative approaches to address sex work, however, are largely based on criminalization of the sale of sex or the purchase of sex by the client. These approaches do not address the root causes and pathways that lead many people into the sex industry, nor do they address the workplace health and safety concerns of the sex worker. A description of the current legal frameworks addressing sex work can be found elsewhere.[58]

The purpose of this section is to review the current legal situation concerning sex work in Canada and to provide international examples of alternatives to the current approach.

Canadian Situation

Prior to December 20, 2013, the buying and selling of sex in Canada was not illegal, but stringent laws were in place that restricted these activities. On December 20, 2013, however, the Supreme Court of Canada struck down three prostitution laws that had previously prohibited sex workers from keeping a common bawdy house, communicating for the purposes of prostitution, and living off the avails of prostitution.[59] In a unanimous decision, the Supreme Court judges found these laws unconstitutional as they violate the right to life, liberty and security of the person as described in Section 7 of the *Charter of Rights and Freedoms.* The provisions prevented sex workers from working safely indoors, screening clients for potential threats, or hiring drivers and bodyguards to increase protection. The federal government was given 12 months to re-write the applicable laws.

On November 6, 2014, the *Protection of Communities and Exploited Persons Act* received Royal Assent in Canada.[60] The new Act closely resembles the "Nordic model" (described below) that has been implemented in several European countries. This Act does not criminalize solicitation, but rather targets exploitive "pimps" and the clients, or "johns". It also includes a restriction on communicating in public areas (or wherever individuals under the age of 18 may be present). Sex workers and activist groups claim that this provision will continue to force outdoor sex workers to engage in rushed encounters, increase the likelihood of coercion, and push outdoor sex workers into secluded, unsafe locations.[61] These sex workers rely on a few key practices to maintain control over an exchange, including screening potential buyers, engaging in extended discussion of terms, and obtaining payment in advance. Under the Act's provisions, outdoor sex workers, particularly, would have inadequate time to negotiate the terms of a transaction, including condom use, thereby putting them at greater risk of violence and of contracting STIs.[62]

An International Perspective on the Management of Sex Work

Nordic Model

The Nordic Model was first introduced in Sweden in 1999, and was later adopted in Finland, Iceland, Norway and France.[63] It is the first model that criminalized the purchase of sex by clients. Studies have shown that this model does not solve the issue of demand, but rather it places sex workers at risk.[64] In the official evaluation of the ban on purchasing sex in Sweden, the data showed that sex workers experienced increased police scrutiny, stigma and discrimination.[65] It was found that sex workers had decreased negotiating power, increased risks of violence, difficulty in obtaining stable housing, and there was a reluctance of clients to help report violence against sex workers.[66] In addition, it has been noted that the criminal law governing sex work in Sweden exerts greater influence than the laws related to health and

safety.[67] This model is criticized by sex workers and researchers alike. In an open letter to the Canadian government,[68] 300 academics and researchers from around the world have presented evidence of the social, health, and human rights harms that stem from criminalizing the purchase of sex.[69]

Netherlands

Some forms of adult prostitution have always been legal in the Netherlands, and it was one of the first countries to recognize voluntary adult prostitution as an occupation. Brothels, however, were illegal until the ban was lifted in 2000 in an effort to put an end to the exploitation of people for the purposes of prostitution.[70] The "red-light districts" are designated areas identified by local authorities where street-based sex workers are able to solicit at certain times. The Netherlands supports the notion that when sex workers can operate publically and legally, abuses are easier to detect. Sex clubs, brothels and escort services must obtain licenses and therefore operate as legal businesses. Employers in the sex industry have to comply with labour laws as well as tax and social insurance obligations. Local authorities can publish by-laws governing safety, hygiene and working conditions, including mandatory condom use and recommended health checkups. The Dutch government maintains that recognizing prostitution as a legitimate occupation gives sex workers the same rights and protection as other professionals, and the labour laws offer protection against exploitation, violence and coercion.

There has been some criticism of a recent bill that proposes to increase the legal age for working as a prostitute to twenty-one (21), and would impose mandatory registration of sex workers. It is believed that the bill, if enacted, would infringe on social and civil liberties, and would not adequately address social stigma.[71]

USA

Nevada is the only state in the United States to legalize prostitution. Brothels are legal in 10 of Nevada's 17 counties, but are prohibited in counties with populations over 400,000, including Reno and Las Vegas.[72] Brothels in rural areas bring in total revenues of $35-$50 million annually, sex workers are provided health checkups, and condom use is required. Legal sex workers report less violence and a heightened sense of security working in brothels, due to the legality of the occupation and the safety of working indoors.

While prostitution is illegal in Las Vegas, there is still a sex work industry composed of female, male, and transgender sex workers. Illegal sex workers are often not afforded the safety and security of working indoors, and are under pressure due to fear or policing. As long as sex work remains illegal in Las Vegas, there is the opportunity for human trafficking of sex workers, either among immigrant populations or youth. Las Vegas' reputation as a "sexual playground" is seen to exacerbate the problem.[73]

It should also be noted that, due to a judicial error, Rhode Island unintentionally decriminalized indoor prostitution between 2003 and 2009. This situation provided the first causal estimates of the impact of decriminalization on the composition of the sex market, rape offenses and gonorrhea incidence in the general population. This study demonstrated that there was a 31% decrease in reported rape offenses and a 39% decrease incases of female gonorrhea from 2004 to 2009.[74]

New Zealand

In 2003, New Zealand implemented the Prostitution Reform Act that drew on existing legislation to regulate the sex industry. This Act decriminalized prostitution, and provided a framework that safeguards the human rights of sex workers and protects them from exploitation; promotes their welfare, and occupational health and safety; is conducive to public health; prohibits the use in prostitution of persons less than 18 years; and

implements certain other related reforms. As such, it places restrictions on the management of sex work, as opposed to restrictions on buying and selling sex. Sex workers have access to safer work places and are not on adversarial terms with the police. They have more control over their safety, have occupational health benefits, and greater power to demand safer sex.[75,76] Studies show that decriminalization is associated with higher condom use, lower STI prevalence, and increased access to HIV and sexual health services. It has been demonstrated that when sex work is decriminalized, sex workers are protected by the laws governing workplace health, safety, and anti-discrimination.[77]

AN ALTERNATIVE APPROACH TO MANAGING SEX WORK IN CANADA

The preceding discussion has attempted to demonstrate that the current approaches to managing sex work by criminalizing either the purchase or sale of sex do not address the root causes for entry into or the results of sex work. They also fail to account for the use of the Internet by sex workers for business development. As such, alternatives to the current approaches are required.

It is not a crime in Canada to sell sex for money. This analysis suggests that sex work in Canada should remain legal* and that a regulatory framework based on a public health approach be established.[9] This approach would respect the Supreme Court of Canada decision. Existing prostitution laws should be replaced by a framework of public health and business law that supports the social and occupational health and safety concerns related to sex work. Such a response would focus on providing options for risk management and harm reduction by the sex worker, and addressing the social determinants of health which often lead to entry into sex work. The New Zealand and Netherlands models may serve as viable examples. Such a regulatory framework would provide an organized, comprehensive, and multi-sectoral effort directed at reducing the impact of the social determinants and structural violence, which often leads individuals to engage in sex work, and maintain and improve the health of sex workers (and their clients), while reducing the current social, policing and judicial costs of sex work. The two key components of this public health approach would include harm reduction and addressing the social determinants of health for sex workers.

Harm Reduction

A framework of public health and business law would create the conditions that enable sex workers to access necessary health services and sexual health education initiatives to promote safer sex practices. In addition, such a framework would enable sex workers to have increased control over sexual exchanges, decrease sexual exploitation and violence, and reduce the risk of disease transmission. This approach should be driven by sex workers in order to develop culturally and contextually appropriate and accessible services.

At a societal level, social exclusion, stigma, and discrimination make it difficult for sex workers to access services, disclose their profession, and receive equitable prevention services and treatment. Taking steps to change the public perception of sex work could enable sex workers to better receive the health, social, and legal services they require and to which they have a right.

Additionally, among sex workers who use illegal psychoactive substances, public health initiatives should focus on reducing harm and disease transmission, and providing appropriate treatment services for those interested in reducing or eliminating their drug use. This public health approach is described in the paper entitled “A New Approach to Managing Illegal Psychoactive Substances in Canada”.

* The term ‘legal’ has been used in this context to indicate that no aspect of the sex industry should be subject to an indictable offense nor to summary conviction.

Addressing the Social Determinants of Health

Integrated, culturally appropriate programs that address poverty, housing, and health care and other social services can help reduce the likelihood of entry into sex work and improve health and well-being for individuals already engaged in sex work. Accessible social and health services are beneficial for sex workers who choose this work and wish to remain there, but there are many sex workers who were forced into sex work by coercion or lack of other options. Upstream public health interventions have the potential to reduce the unwilling entry of individuals into sex work. The social determinants that place women, men, transgender people, youth, and in particular First Nations, Inuit and Métis peoples in a situation where sex work is their only option, need to be addressed. Root causes such as poverty, homelessness, lack of social support networks, and childhood trauma and violence should be targeted. Programs addressing these issues should be directed at specific populations living in vulnerable conditions, such as youth at risk and First Nations, Inuit and Métis peoples, in order to address their specific needs. In addition to policy change to address sex work, there must be simultaneous efforts to combat human trafficking and the coercion of people into sex work, and to assist those who wish to leave sex work. Efforts by policing organizations in Canada and abroad to address human trafficking must be maintained or increased. Resources for increased efforts could be obtained by redistributing funds spent on policing the criminalization of sex work to specifically targeting human trafficking.

RECOMMENDATIONS

A public health approach to sex work in Canada is based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. Such an approach will place health promotion, health protection, population health surveillance, and the prevention of death, disease, injury and disability as the central tenets of all related initiatives. It will also mean basing interventions on evidence of what works or shows promise of working. It will provide an organized, comprehensive and multi-sectoral effort directed at maintaining and improving the health of affected populations.

Based on the available evidence, CPHA presents the following recommendations as a means of advancing the discussions concerning sex work in Canada, the underlying social determinants of health and structural violence that affect the vulnerabilities of women, men and transgender people, and that result in them working in the sex trade. Approaches are proposed that would address these interrelated issues.

CPHA recommends that governments in Canada:

- **Establish a regulatory framework for sex work:** The establishment of a regulatory framework based on a public health approach would provide an opportunity to regulate sex work as a business. As such, it would be subjected to the roles, responsibilities and legal requirements of those entities, and sex workers would be provided with protection under existing occupational health and safety regulations.
- **Provide exit strategies and programs to support sex workers who wish to leave or were coerced into sex work:** Not every sex worker wishes to remain in the trade, yet their exit is limited due to a number of factors, including fear of violence or coercion, lack of financial resources or social supports necessary to leave this work, or lack of education. Meaningful, appropriately resourced programs to address these needs must be developed, with the participation of past or present sex workers, which will allow sex workers to successfully transition into mainstream life. Such programs should not be time-limited, as the need for them will be ongoing.
- **Develop and implement programs to address the root causes which result in the unwilling entry of people into sex work:** Economic insecurity, housing insecurity, family violence and other social determinants of health directly or indirectly result in people reluctantly or unwillingly entering the sex trade. Governments must appropriate funds and support the development of programs, with the meaningful participation of the affected people, to address these issues and strengthen the capacity of individuals to be fully participating members of society.
- **Develop and evaluate, with First Nations, Inuit and Métis communities, those actions and programs necessary to respond to their specific situations:** The issue of violence against Aboriginal women has been studied and documented extensively in a number of Federal, Provincial and Territorial documents, the most recent being the 2014 *Report on the Special Committee on Violence against Missing and Murdered Aboriginal Women*. These reports provide many recommendations to address this issue, yet there is no record of their implementation, nor of their effect in remedying the situation. Now is the time to undertake a formative evaluation of these reports, and to plan for and take action on these recommendations, with the full participation of the First Nations, Inuit and Métis peoples.
- **Strengthen efforts to prevent and end domestic and international human trafficking:** Violence and coercion are the *modus operandi* of human traffickers, which annually affect over 1 million people internationally and provide a supply of sex workers. These activities are illegal and must be stopped. Such efforts need to be designed in a manner that their implementation does not unintentionally and negatively affect those who freely choose sex work as an occupation.

REFERENCES

1. UNAIDS. 2014. The legal status of sex work: Key human rights and public health considerations. Available at http://www.nswp.org/sites/nswp.org/files/sexwork_brief-21feb2014.pdf. Accessed June 4, 2014.
2. UNAIDS. 2014. The legal status of sex work: Key human rights and public health considerations. Available at http://www.nswp.org/sites/nswp.org/files/sexwork_brief-21feb2014.pdf. Accessed June 4, 2014.
3. International Labour Organization. 2005. A Global Alliance against Forced Labor: Report of the Director-General, (Geneva: ILO) 93rd Session, Report I (B), pp. 12-15. Available at: http://www.ilo.org/public/english/standards/relm/ilc/ilc93/pdf/rep-i-b.pdf.
4. Heineman, J., MacFarlane, R. T., Brents, B. G. 2012. Sex Industry and Sex Workers in Nevada. *The Social Health of Nevada: Leading Indicators and Quality of Life in the Silver State* 1-26. Available at: http://digitalscholarship.unlv.edu/social_health_nevada_reports/48
5. Center for Health and Gender Equity. 2010. *Human Trafficking, HIV/AIDS and the Sex Sector*, Center for Health and Gender Equity (CHANGE) and Center for Human Rights and Humanitarian Law at American University Washington College of Law. Available at http://www.genderhealth.org/files/uploads/change/publications/Human_Trafficking_HIVAIDS_and_the_Sex_Sector.pdf. Accessed June 20, 2014.
6. The Economist. 2014. Prostitution A personal choice. 4 pp. Available at http://www.economist.com/node/21611063/. Accessed August 9, 2014.
7. Benoit, C., Atchison, C., Casey, L., Jansson, M., McCarthy, B., Phillips, R., Reimer, B., Reist, D., and Shaver, F.M. 2014. Gender, violence and health: contexts of vulnerabilities, resiliencies and care among people in the sex industry. A working paper prepared as background to "Building on the Evidence: An International Symposium on the Sex Industry in Canada. October 3, 2014 (updated).
8. Benoit, C., McCarthy, B. and Jansson, M. 2015. Stigma, sex work and substance use: A comparative analysis. *Sociology of Health and Illness*. In press.
9. CBC News. 2014. Street prostitution complaints focus on Beltline, Forest Lawn. Available at http://www.cbc.ca/news/canada/calgary/street-prostitution-complaints-focus-on-beltline-forest-lawn-1.2663713, Accessed June 10, 2014.
10. Griffiths, J., Maguire, J.H., Heggenhougen, K., Quah, S.R. 2010. Public Health and Infectious Diseases (Google eBook). Elsevier.
11. Bungay, V., Kolar, K., Thindal, S., Remple, V.P., Johnston, C.L., Ogilvie, G. Community-Based HIV and STI Prevention in Women Working in Indoor Sex Markets. 2013. *Health Promotion Practice*. 14(2): 247– 255 DOI: 10.1177/1524839912447189
12. Neal, N., Schrader, T., Hyndman, J., Boyce, B., Phillips, D., Smith, R., Genovese, F., Ricciardi, J., MacVicar, M.K., and Mukkath, S. 2014. Street Based Sex Workers Needs Assessment – Toronto, Barrie, and Oshawa. Street Health and Regent Park Community Health Center. Available at http://www.streethealth.ca/downloads/sex-workers-needs-assessment.pdf. Accessed June 12, 2014.
13. Shira, M., Goldenberg, S.M., Liu, V., Nguyen, P., Chettiar, J., Shannon, K. 2014. International Migration from Non-endemic Settings as a Protective Factor for HIV/STI Risk Among Female Sex Workers in Vancouver, Canada. *Journal of Immigrant Minority Health*. DOI: 10.1007/s10903-014-0011-1
14. Assistant Deputy Ministers Committee on Prostitution and Sexual Exploitation of Youth. 2001. Sexual Exploitation of youth in British Columbia. Victoria. Ministry of the Attorney General, Ministry for Children and Families, and Ministry Responsible for Seniors.
15. Atchinson, C., Benoit, C., Casey, L., Jansson, M., McCarthy, B., Phillips, R., Reimer, B., Reist, D., Shaver, F.M. 2014. Study Brief: Bill C-36 and the views of people involved in the Canadian sex industry. Available at http://www.understandingsexwork.com/sites/default/files/uploads/BillC36brief.pdf. Accessed June 24, 2014.
16. Amnesty International. 2004. Canada: Stolen Sisters: Discrimination and violence against indigenous women in Canada. [Amnesty International Index: AMR 20/001/2004]. Available at http://www.amnesty.org/en/library/asset/AMR20/001/2004/en/48f05a31-d589-11dd-bb24-1fb85fe8fa05/amr200012004en.pdf. Accessed June 22, 2014.
17. Open letter to the Government of Canada, March 27, 2014. Evidence-based Call for Decriminalization of Sex Work in Canada ad Opposition to Criminalizing the Purchase of Sex. Available at www.gshi.cfenet.ubc.ca. Accessed June 5, 2014.
18. Rapid Response Service. Rapid response: Sex Worker HIV Risk Ontario HIV Treatment Network; July 2012.
19. Bungay, V., Kolar, K., Thindal, S., Remple, V.P., Johnston, C.L., Ogilvie, G. 2013. Community-Based HIV and STI Prevention in Women Working in Indoor Sex Markets. *Health Promotion Practice*. 14(2): 247– 255 DOI: 10.1177/1524839912447189
20. Bungay, V., Kolar, K., Thindal, S., Remple, V.P., Johnston, C.L., Ogilvie, G. Community-Based HIV and STI Prevention in Women Working in Indoor Sex Markets. 2013. *Health Promotion Practice*. 14(2): 247– 255 DOI: 10.1177/1524839912447189
21. Benoit, C., Atchison, C., Casey, L., Jansson, M., McCarthy, B., Phillips, R., Reimer, B., Reist, D., and Shaver, F.M. 2014. Gender, violence and health: contexts of vulnerabilities, resiliencies and care among people in the sex industry. A working paper prepared as background to "Building on the Evidence: An International Symposium on the Sex Industry in Canada." October 3, 2014 (updated).
22. Neal, N., Schrader, T., Hyndman, J., Boyce, B., Phillips, D., Smith, R., Genovese, F., Ricciardi, J., MacVicar, M.K., and Mukkath, S. 2014. Street Based Sex Workers Needs Assessment – Toronto, Barrie, and Oshawa. Street Health and Regent Park Community Health Center. Available at http://www.streethealth.ca/downloads/sex-workers-needs-assessment.pdf. Accessed June 12, 2014.
23. Bungay, V., Kolar, K., Thindal, S., Remple, V.P., Johnston, C.L., Ogilvie, G. Community-Based HIV and STI Prevention in Women Working in Indoor Sex Markets. 2013. *Health Promotion Practice*. 14(2): 247– 255 DOI: 10.1177/1524839912447189
24. Bungay, V. 2013. Health care among street-involved women: the perpetuation of health inequality. *Qualitative Health Research, 1*(11): 1-11.
25. Rapid Response Service. Rapid response: Sex Worker HIV Risk Ontario HIV Treatment Network; July 2012.
26. Jana, S., Baus, I., Rotheram-Borus, M. J., and Newman, P. A. 2004. The Songachi Project: a sustainable community intervention program. *AIDS Education & Prevention*, 16(5): 405-414.
27. Parker, R., Easton, D., and Klein, C. H. 2000. Structural barriers and facilitators in HIV prevention: a review of international research. *AIDS*, 14, S22-S32.
28. Atchinson, C., Benoit, C., Casey, L., Jansson, M., McCarthy, B., Phillips, R., Reimer, B., Reist, D., Shaver, F.M. 2014. Study Brief: Bill C-36 and the views of people involved in the Canadian sex industry. Available at http://www.understandingsexwork.com/sites/default/files/uploads/BillC36brief.pdf. Accessed June 24, 2014.
29. Deering, K.N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., Argento, E., and Shannon, K. 2014. A Systematic Review of the Correlates of Violence Against Sex Workers. *Am J Public Health*. 104:e42–e54. DOI:10.2105/AJPH.2014.301909
30. Amnesty International. 2004. Canada: Stolen Sisters: Discrimination and violence against indigenous women in Canada. [Amnesty International Index: AMR 20/001/2004]. Available at http://www.amnesty.org/en/library/asset/AMR20/001/2004/en/48f05a31-d589-11dd-bb24-1fb85fe8fa05/amr200012004en.pdf. Accessed June 22, 2014.
31. Deering, K.N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., Argento, E., and Shannon, K. 2014. A Systematic Review of the Correlates of Violence Against Sex Workers. *Am J Public Health*. 104:e42–e54. DOI:10.2105/AJPH.2014.301909
32. Shannon, K., Kerr, T., Allinott, S., Chettiar ,J., Shoveller, J., Tyndall, M.W. 2008. Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Social Science & Medicine*. 66:911-921
33. Canadian Alliance for Sex Work Law Reform. 2014. Why Decriminalization is Consistent with Public Health Goals. Available at http://www.bigsusies.com/public_health_140316.pdf. Accessed June 5, 2014.
34. Open letter to the Government of Canada, March 27, 2014. Evidence-based Call for Decriminalization of Sex Work in Canada ad Opposition to Criminalizing the Purchase of Sex. Available at www.gshi.cfenet.ubc.ca. Accessed June 5, 2014.
35. Shannon, K., Kerr, T., Allinott, S., Chettiar ,J., Shoveller, J., Tyndall, M.W. 2008. Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Social Science & Medicine*. 66:911-921

36. Deering, K.N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., Argento, E., and Shannon, K. 2014. A Systematic Review of the Correlates of Violence Against Sex Workers. *Am J Public Health*. 104:e42–e54. doi:10.2105/AJPH.2014.301909
37. Shannon, K., Kerr, T., Allinott, S., Chettiar ,J., Shoveller, J., Tyndall, M.W. 2008. Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Social Science & Medicine*. 66:911-921
38. Shannon, K., Kerr, T., Allinott, S., Chettiar ,J., Shoveller, J., Tyndall, M.W. 2008. Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Social Science & Medicine*. 66:911-921
39. Lynne, J. and Farley, M. 2008. Prostitution of Indigenous Women: Sex Inequality and the Colonization of Canada's First Nations Women. Violence Against Women. Prostitution and Trafficking. Available at http://www.rapereliefshelter.bc.ca/learn/resources/prostitution-indigenous-women-sex-inequality-and-colonization-canadas-first-nations-. Accessed on June 3, 2014.
40. The Standing Committee on the Status of Women. 2011. Ending Violence Against Aboriginal Women and Girls: Empowerment – A New Beginning. Parliament of Canada Archives. Available at http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5322860&File=18. Accessed June 11, 2014.
41. Lynne, J. and Farley, M. 2008. Prostitution of Indigenous Women: Sex Inequality and the Colonization of Canada's First Nations Women. Violence Against Women. Prostitution and Trafficking. Available at http://www.rapereliefshelter.bc.ca/learn/resources/prostitution-indigenous-women-sex-inequality-and-colonization-canadas-first-nations-. Accessed on June 3, 2014.
42. Bingham, B., Leo, D., Zhang, R., Montaner, J., Shannon, K. 2014. Generational sex work and HIV risk among Indigenous women in a street-based urban Canadian setting. *Culture, Health & Sexuality*. 16(4):440–452 DOI: 10.1080/13691058.2014.888480 Source: PubMed
43. Bingham, B., Leo, D., Zhang, R., Montaner, J., Shannon, K. 2014. Generational sex work and HIV risk among Indigenous women in a street-based urban Canadian setting. *Culture, Health & Sexuality*. 16(4):440–452. http://dx.doi.org/10.1080/13691058.2014.888480
44. Sethi, A. 2007. Domestic Sex Trafficking of Aboriginal Girls in Canada: Issues and Implications. *First Peoples Child & Family Review.* 3(3): 57-71
45. Canadian HIV/AIDS Legal Network. 2012. Women, Sex Work and HIV. Available at http://www.aidslaw.ca/publications/publicationsdocEN.php?ref=1283. Accessed June 6, 2014.
46. Shannon, K., Kerr, T., Allinott, S., Chettiar ,J., Shoveller, J., Tyndall, M.W. 2008. Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Social Science & Medicine*. 66:911-921
47. Bingham, B., Leo, D., Zhang, R., Montaner, J., Shannon, K. 2014. Generational sex work and HIV risk among Indigenous women in a street-based urban Canadian setting. *Culture, Health & Sexuality* 16(4):440–452, http://dx.doi.org/10.1080/13691058.2014.888480
48. Bingham, B., Leo, D., Zhang, R., Montaner, J., Shannon, K. 2014. Generational sex work and HIV risk among Indigenous women in a street-based urban Canadian setting. *Culture, Health & Sexuality* 16(4):440–452, http://dx.doi.org/10.1080/13691058.2014.888480
49. The Standing Committee on the Status of Women. 2011. Ending Violence Against Aboriginal Women and Girls: Empowerment – A New Beginning. Parliament of Canada Archives. Available at http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5322860&File=18. Accessed June 11, 2014.
50. Sethi, A. 2007. Domestic Sex Trafficking of Aboriginal Girls in Canada: Issues and Implications. *First Peoples Child & Family Review.* 3(3): 57-71
51. Lynne, J. and Farley, M. 2008. Prostitution of Indigenous Women: Sex Inequality and the Colonization of Canada's First Nations Women. Violence Against Women. Prostitution and Trafficking. Available at http://www.rapereliefshelter.bc.ca/learn/resources/prostitution-indigenous-women-sex-inequality-and-colonization-canadas-first-nations-. Accessed on June 3, 2014.
52. Citizens for Public Justice Canada. 2012. Poverty a systemic problem in Aboriginal communities across the country. Available at http://www.cpj.ca/files/docs/poverty-trends-scorecard.pdf. Accessed June 5, 2014.
53. Sethi, A. 2007. Domestic Sex Trafficking of Aboriginal Girls in Canada: Issues and Implications. *First Peoples Child & Family Review.* 3(3): 57-71
54. Bingham, B., Leo, D., Zhang, R., Montaner, J., Shannon, K. 2014. Generational sex work and HIV risk among Indigenous women in a street-based urban Canadian setting. *Culture, Health & Sexuality*. 16(4):440–452, http://dx.doi.org/10.1080/13691058.2014.888480
55. Bingham, B., Leo, D., Zhang, R., Montaner, J., Shannon, K. 2014. Generational sex work and HIV risk among Indigenous women in a street-based urban Canadian setting. *Culture, Health & Sexuality*. 16(4):440–452, http://dx.doi.org/10.1080/13691058.2014.888480
56. Lynne, J. and Farley, M. 2008. Prostitution of Indigenous Women: Sex Inequality and the Colonization of Canada's First Nations Women. Violence Against Women. Prostitution and Trafficking. Available at http://www.rapereliefshelter.bc.ca/learn/resources/prostitution-indigenous-women-sex-inequality-and-colonization-canadas-first-nations-. Accessed on June 3, 2014.
57. Sethi, A. 2007. Domestic Sex Trafficking of Aboriginal Girls in Canada: Issues and Implications. *First Peoples Child & Family Review.* 3(3): 57-71
58. McCarthy, B., Benoit, C., Jansson, M. and Kolar, K., 2012. Regulating Sex Work: Heterogeneity in Legal Strategies. *Annu. Rev. Law. Soc. Sci* 2012.8:255-271.
59. Supreme Court of Canada, 2013. SCC 72, (2013) 3SCR 1101. Canada v. Bedford. December 20, 2013.
60. Parliament of Canada. House Government Bill C-36. *An Act to amend the Criminal Code in response to the Supreme Court of Canada decision in Attorney General of Canada v. Bedford and to make consequential amendments to other Acts.* http://www.parl.gc.ca/LEGISInfo/BillDetails.aspx?billId=6635303. Accessed December 11, 2014.
61. Cohan, D., Lutnick, A., Davidson, P., Cloniger, C., Herlyn, A., Breyer, J., Cobaugh, C., Wilson, D. and Klausner, J. 2006. Sex worker health: San Francisco style. *Sexually Transmitted Infections, 82*:418-22.
62. Atchinson, C., Benoit, C., Casey, L., Jansson, M., McCarthy, B., Phillips, R., Reimer, B., Reist, D., Shaver, F.M. 2014. Study Brief: Bill C-36 and the views of people involved in the Canadian sex industry. Available at http://www.understandingsexwork.com/sites/default/files/uploads/BillC36brief.pdf. Accessed June 24, 2014.
63. CBC News. 2014. Prostitution laws should follow Nordic model, former sex trade worker says. Available at http://www.cbc.ca/news/canada/calgary/prostitution-laws-should-follow-nordic-model-former-sex-trade-worker-says-1.2554978. Accessed June 5, 2014.
64. Shannon K and Csete J. 2010). Violence, condom negotiation and HIV/STI risk among sex workers. *Journal of the American Medical Association*, 304(5) pp. 573-4
65. Skarhed A. 2010. Selected extracts of the Swedish Government Report SOU 2010:49, The ban against the purchase of sexual services: An evaluation 1999-2008, Swedish Institute. Available at http://www.government.se/content/1/c6/15/14/88/0e51eb7f.pdf. Accessed June 14, 2014.
66. Cohan, D., Lutnick, A., Davidson, P., Cloniger, C., Herlyn, A., Breyer, J., Cobaugh, C., Wilson, D. and Klausner, J. 2006. Sex worker health: San Francisco style. *Sexually Transmitted Infections, 82*:418-22.
67. Florin, O. 2012. A particular kind of violence: Swedish social policy puzzles of a multipurpose criminal law. *Sexuality Research and Social Policy* 9(3):269-278.
68. Open letter to the Government of Canada, March 27, 2014. Evidence-based Call for Decriminalization of Sex Work in Canada ad Opposition to Criminalizing the Purchase of Sex. Available at http://www.gshi.cfenet.ubc.ca/openletternewsrelease#.U6SYlkCa_-s. Accessed June 5, 2014.
69. Shannon, K. and Csete J. 2010. Violence, condom negotiation and HIV/STI risk among sex workers. *Journal of the American Medical Association* 304(5) pp. 573-4
70. Dutch Ministry of Foreign Affairs. 2012. Dutch Policy on Prostitution: Questions and Answers 2012. Available at http://www.minbuza.nl/binaries/content/assets/minbuza/en/import/en/you_and_the_netherlands/about_the_netherlands/ethical_issues/faq-prostitutie-pdf—engels.pdf-2012.pdf. Accessed June 20, 2014.

71. Outshoorn, J. 2012. Policy Change in Prostitution in the Netherlands: From Legalization to Strict Control. *Sex Res Soc Policy*. 9:233-243. DOI 10.1007/s13178-012-0088-z
72. Heineman, J., MacFarlane, R. T., Brents, B. G. 2012. Sex Industry and Sex Workers in Nevada. *The Social Health of Nevada: Leading Indicators and Quality of Life in the Silver State* 1-26. Available at: http://digitalscholarship.unlv.edu/social_health_nevada_reports/48
73. Heineman, J., MacFarlane, R. T., Brents, B. G. 2012. Sex Industry and Sex Workers in Nevada. *The Social Health of Nevada: Leading Indicators and Quality of Life in the Silver State* 1-26. Available at: http://digitalscholarship.unlv.edu/social_health_nevada_reports/48
74. Cunningham, S. and Shah, M. 2014. Decriminalizing Indoor Prostitution: Implications for Sexual Violence and Public Health. National Bureau of Economic Research Working Paper No. 20281. Issued July 2014.
75. Cohan, D., Lutnick, A., Davidson, P., Cloniger, C., Herlyn, A., Breyer, J., Cobaugh, C., Wilson, D. and Klausner, J. 2006. Sex worker health: San Francisco style. *Sexually Transmitted Infections, 82*:418-22.
76. Open letter to the Government of Canada, March 27, 2014. Evidence-based Call for Decriminalization of Sex Work in Canada and Opposition to Criminalizing the Purchase of Sex. Available at www.gshi.cfenet.ubc.ca. Accessed June 5, 2014
77. Cohan, D., Lutnick, A., Davidson, P., Cloniger, C., Herlyn, A., Breyer, J., Cobaugh, C., Wilson, D. and Klausner, J. 2006. Sex worker health: San Francisco style. *Sexually Transmitted Infections, 82*:418-22.