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Literature Review of Canadian Sex Workers' Experiences with Police Interactions, Healthcare Access, and Social Exclusion

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Executive Summary

The Sex Workers' Action Program Hamilton (SWAP) advocates for the decriminalization and recognition of sex work, universal health access, and economic empowerment for sex workers. To support their advocacy efforts, SWAP commissioned a literature review from the McMaster Research Shop to synthesize recent scholarly research relating to sex workers' experiences with police, healthcare access, and social exclusion. This report details the findings from our review, which focused on studies published after the implementation of 2014 federal end-demand legislation (PCEPA).

Findings indicate that Canadian sex workers remain a marginalized group, facing significant challenges potentially exacerbated by end-demand legislation. Sex workers' interactions with police are marked by significant stigma and discrimination, including condescending attitudes, victim-blaming, and dismissal of abuse reports. Trans and non-binary sex workers, as well as im/migrant sex workers, face disproportionate discrimination, including unreasonable stops, searches, and harassment, and heightened surveillance. Consequently, sex workers exhibit widespread mistrust of police, deterring them from seeking their assistance in emergencies.

Healthcare access is hindered by stigma and fear of negative treatment, with nearly two-thirds of sex workers reporting unmet healthcare needs. Barriers include perceived condescending attitudes, judgment, and an unwillingness to take their health concerns seriously. Im/migrant sex workers encounter additional barriers such as language difficulties, lack of culturally competent services, and fear of workplace inspections. Despite these challenges, some studies highlight facilitators that improve access, including nonjudgmental staff and the availability of community/sex worker-led services.

Research reveals that stigma exists both externally and within the sex work community, creating complex hierarchies and intersectional challenges. Social exclusion leads to discrimination, economic vulnerability, and mental health issues, contributing to isolation and barriers to support. To navigate these challenges, sex workers employ various strategies such as concealing their occupation, carefully managing disclosure, and engaging in "stealth organizing" to find supportive peers. Despite these individual efforts, the pervasive nature of stigma continues to hinder collective action for social change within the sex work community.

Key recommendations include decriminalizing sex work, improving police and healthcare provider training, establishing sex worker-led health services, and conducting more representative research on sex worker experiences. Overall, the findings suggest Canadian sex workers remain a marginalized group facing significant challenges, despite some community-led efforts to mitigate harms. Further research and policy changes rooted in bodily autonomy and human rights are needed to address ongoing issues.

Introduction

The Sex Workers' Action Program Hamilton (SWAP) advocates for the decriminalization and recognition of sex work, universal health access, and economic empowerment for sex workers, while opposing human rights abuses, violence, and discrimination against them. Concerned that sex workers' voices are marginalized in public discourse and city-wide planning efforts, SWAP collaborated with the McMaster Research Shop to gather research on sex workers' experiences. Specifically, SWAP sought updated research on sex workers' interactions with the police, experiences of social exclusion (e.g., stigma), and access to healthcare. As a grassroots initiative led by individuals with lived experience and a deep understanding of local issues, SWAP identified these topics as most important to their community. Consequently, the McMaster Research Shop partnered with SWAP to conduct a literature review of these issues.

This report summarizes the research methods, findings, and recommendations from the literature review, highlighting the unique issues and needs of Canadian sex workers to support advocacy and policy change initiatives. It also serves as a baseline for potential future empirical research with the local population.

Background

In Canada, the landscape of sex work is complex, particularly for transgender and non-binary individuals, who are disproportionately represented within this industry (Arps et al., 2021). The decision to engage in sex work among this demographic is often multifaceted, driven by a convergence of social, economic, and personal factors. These motivations include combating employment discrimination, navigating housing instability, and financing essential gender-affirming care, underscoring the intersectional nature of their experiences (Arps et al., 2021).

The legal framework surrounding sex work in Canada has undergone significant shifts in recent years. In 2013, the Supreme Court invalidated previous laws criminalizing aspects of sex work, deeming them unconstitutional (Arps et al., 2021). Subsequently, in 2014, the Canadian government enacted legislation, the Protection of Communities and Exploited Persons Act (PCEPA), that criminalizes the clients of sex workers, purportedly to enhance their protection (Arps et al., 2021). The rationale behind this legislation was to "protect those who sell their own sexual services, protect communities, and especially children from the harms caused by prostitution, and reduce the demand for prostitution and its incidence" (Government of Canada, 2015).

The enactment of PCEPA in 2014 has been met with skepticism and resistance (Scheim et al., 2023). Sex workers argue that it fails to address systemic issues and continues to expose sex workers to violence and exploitation (Scheim et al., 2023). These views have been supported by recent empirical research demonstrating that PCEPA is associated with reduced access to health and community-led services, suggesting the legislation may "exacerbate and reproduce harms of previous

criminalized approaches to sex work in Canada" (Argento et al., 2020). Many have called for the full decriminalization of sex work, including the repeal of PCEPA (Scheim et al., 2023). Activists emphasize that reforms must prioritize addressing inequities in policing practices and ensuring access to justice for Indigenous and racialized transgender and non-binary individuals, regardless of their involvement in sex work (Scheim et al., 2023). Alongside these concerns, there has been a wave of "post-PCEPA" research exploring the implications of this new legal context, especially for those with intersecting identities within the sex working population.

Research Questions

What are the experiences of Canadian sex workers with regards to their interactions with police, social exclusion (e.g., stigma), and healthcare access?

Methods and Limitations

Methods

This literature review systematically explores the experiences of sex workers in Canada by reviewing published academic literature on the topics of focus. The research team developed a comprehensive search strategy using a combination of keywords[1]. The team started their search in the Power Ottawa Research Repository, which contains a range of community and scholarly knowledge on sex work in Canada, and then supplemented the search using Google Scholar and PUBMED, which extensively cover the medical and social sciences literature. We incorporated additional keywords related to specific aspects of social exclusion as the review progressed. We also expanded our search by incorporating references found in article reference lists.

After compiling articles, we screened the results according to our inclusion and exclusion criteria. The team included both primary and secondary empirical articles that presented quantitative, qualitative, or mixed-methods data around our topics of focus. We also only included articles published within the last ten years to ensure the information was current and reflective of the recent changes to the regulatory landscape for sex work (i.e., PCEPA). We excluded any articles that did not directly capture the voices of sex workers, such as studies focusing only on the perspectives of service providers without incorporating direct experiences from sex workers. While our search focused on peer-reviewed journal sources, at the recommendation of our community partner we also included two reports from the Trans PULSE Canada Project—a community-based survey of the health and well-being of trans and non-binary people in Canada—as they contain relevant data for trans and non-binary Canadian sex workers.

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[1] Keywords included "sex workers," "experiences," "police," "exclusion," "stigma," "healthcare access," "discrimination/prejudice," "isolation," "marginalization," "law enforcement," "sex work industry," "North America," "economic disadvantage," and "political disadvantage."

After compiling and screening articles, the team then extracted information from selected articles according to the experiences of interest in our research question: interactions with police, social exclusion/stigma, and healthcare access. We also extracted relevant article metadata, including participant demographics, location, and study design. After extracting relevant information from the articles, we grouped similar information into "sub-themes" for each of our topic areas and provided a narrative summary of the findings.

Limitations

While this literature review employed a rigorous methodology, it also encounters several limitations that might impact the interpretation and generalization of the findings. One potential limitation is the focus on academic literature. The research team recognizes the historical and current abuses of institutional power, where marginalized communities, including sex workers, have been documented using lenses, frames, and approaches that have exacerbated stigma and violence towards these communities. Due to the resulting mistrust, many experiences of sex workers may not be documented in academic literature and may instead reside in community reports or remain undocumented. The inclusion of community-based research from the Trans PULSE Canada Project helps to address this limitation by rounding out our data specific to trans and non-binary sex workers. However, it is likely that the remaining academic literature fails to capture the full spectrum of experiences and insights from the broader Canadian sex worker community.

Moreover, while our review encompassed experiences across Canada, the included studies may not fully represent the diversity within this geographical scope. For instance, most literature tends to focus on urban settings, potentially overlooking the unique challenges faced by sex workers in rural or less-populated areas. Furthermore, only articles published within the last ten years were included in our review. This criterion, while helpful in maintaining contemporary relevance, may exclude historical perspectives that could provide insights into the evolution of the stigma and challenges faced by sex workers over time. Lastly, our analysis attempted to synthesize data and statistics on sex workers as a whole and did not conduct any sub-group analysis (e.g., on the experiences of Indigenous or racialized sex workers). As sex workers' experiences likely vary by social location, this research has limited applicability in advocating for the needs of subgroups of sex workers.

Results

Study Characteristics

We included 17 studies in this review. All the studies were published in academic journals except for two community-based research reports (from the Trans PULSE Canada Project). Please see Table 1 for an overview of the study characteristics.

Table 1. Overview of Study Characteristics

Authors, Year	Geographical Location	Study Design	Participants	Interactions with Police	Access to Healthcare	Social Exclusion
Argento et al., 2020	Vancouver, British Columbia	Quantitative	854 cisgender and transgender women sex workers		✓	
Baumann et al., 2018	Toronto, Ontario	Mixed-methods	10 cisgender and transgender women sex workers	✓	✓	✓
Benoit et al., 2021	Victoria, British Columbia	Qualitative	60 sex workers of all genders	✓	✓	✓
Benoit & Unsworth, 2022	Cities across Canada	Qualitative	10 staff members from 7 sex worker organizations			✓
Crago et al., 2021	5 cities across Canada: Toronto, Ontario; Montreal, Quebec; Ottawa, Ontario; Surrey, British-Columbia; Sudbury, Ontario	Mixed-methods	200 sex workers of all genders	✓		
Jiao & Bungay, 2019	A large Western Canadian city	Qualitative	33 male sex workers			✓
Jiao et al., 2021	Canada	Mixed-methods	35 sex workers of all genders, clients, and agency managers	✓		
Malla et al., 2019	Toronto, Ontario, Canada	Mixed-methods	52 Asian im/migrant women sex workers	✓	✓	✓
McBride et al., 2019	Vancouver, British Columbia, Canada	Quantitative	397 im/im/migrant women sex workers	✓	✓	
McBride et al., 2022	Vancouver, British Columbia, Canada	Qualitative	20 cis-gender women sex workers	✓		✓
Orchard et al., 2019	Kitchener-Waterloo, Ontario, Canada	Qualitative	33 cis-gender women sex workers		✓	

Ross et al., 2021	Toronto, Ontario, Canada	Mixed-methods	71 sex workers of all genders		✓	
Scheim et al., 2023	Canada	Quantitative	280 trans and non-binary sex workers	✓		
S. E. Arps et al., 2021	Canada	Quantitative	133 trans and non-binary sex workers		✓	
Shareck et al., 2021	Toronto, Ontario, Canada	Qualitative	Unspecified number of "Exit Doors Here" program staff		✓	
Smith et al., 2020	St. John's, Newfoundland and Labrador, Canada	Qualitative	4 cisgender and transgender women sex workers	✓		
Toubiana & Ruebottom, 2022	Canada	Qualitative	61 cisgender and transgender women sex workers and 10 community allies			✓

The studies were published from 2018 to 2023, and all studies were conducted in Canada. The studies used different research designs: four studies used purely quantitative methods (Argento et al., 2020; McBride et al., 2019; Scheim et al., 2023; S. E. Arps et al., 2021), eight studies used qualitative methods (Benoit et al., 2021; Benoit & Unsworth, 2022; Jiao & Bungay, 2019; McBride et al., 2022; Orchard et al., 2019; Shareck et al., 2021; Smith et al., 2020; Toubiana & Ruebottom, 2022), and five studies used mixed methods (Baumann et al., 2018; Crago et al., 2021; Jiao et al., 2021; Malla et al., 2019; Ross et al., 2021).

Most of the studies exclusively recruited sex workers as participants, while some included others, such as community allies, sex worker organization staff, and sex work clients as participants. All of the studies that included sex workers as participants included women sex workers, with the exception of one study that included only male sex workers (Jiao & Bungay, 2019). Four studies included sex workers of all genders as participants (Benoit et al., 2021; Crago et al., 2021; Jiao et al., 2021; Ross et al., 2021). Two studies focused specifically on the experiences of im/im/migrant women sex workers (Malla et al., 2019; McBride et al., 2019). The two community-based research reports from the Trans PULSE Canada project included exclusively trans and non-binary sex worker participants (Scheim et al., 2023; S. E. Arps et al., 2021).

Nine of the studies in this review touched upon sex workers' interactions with police (Baumann et al., 2018; Benoit et al., 2021; Crago et al., 2021; Jiao et al., 2021; Malla et al., 2019; McBride et al., 2019; McBride et al., 2022; Scheim et al., 2023; Smith et al., 2020), nine of the studies discussed sex workers' access to healthcare (Argento et al., 2020; Baumann et al., 2018; Benoit et al., 2021; Malla et al., 2019; McBride et al., 2019;

Orchard et al., 2019; Ross et al., 2021; S. E. Arps et al., 2021; Shareck et al., 2021), and seven of the studies mentioned sex workers' experiences with social exclusion/ stigma outside of law enforcement and healthcare systems (Baumann et al., 2018; Benoit et al., 2021; Benoit & Unsworth, 2022; Jiao and Bungay, 2019; Malla et al., 2019; McBride et al., 2022; Toubiana and Ruebottom, 2022).

Interactions with Police

In the literature we reviewed, sex workers' interactions with police were characterized by stigma and discrimination, contributing to a reluctance or inability to call 911 in safety emergencies.

Stigma and discrimination
Of the nine studies detailing police interactions, six documented negative interactions between sex workers and the police. Two of the studies (Baumann et al., 2018; Smith et al., 2020) involving interviews with sex workers highlighted the stigma police hold towards them, characterized by condescending attitudes, victim-blaming, and a general unwillingness to believe their accounts. In one of the interviews, a sex worker commented on police attitudes towards violence against sex workers: "*The police look down on us. They think, 'Oh, you got what you deserved. If you weren't out there, it wouldn't happen to you,' you know*" (Baumann et al., 2018). Another sex worker discussed how police tend to dismiss reports of abuse and violence from sex workers: "*I call them [police] and if I do report, I think as soon as the information comes out about what you do or your situation, innuendos start*" (Smith et al., 2020). Participants in the aforementioned studies suggested that when sex workers report emergencies, police often do not investigate due to existing prejudices and the belief that they're criminals instead of victims.

Five studies (Malla et al., 2019; McBride et al., 2019; McBride et al., 2022; Scheim et al., 2023; Smith et al., 2020) documented direct forms of police discrimination towards sex workers. Canada-wide survey data from the Trans PULSE Canada Project suggests that just under half (43%) of trans and non-binary sex workers have experienced unreasonable police interactions, including being unfairly stopped, searched, or arrested because of their identity, while 74% routinely fear these interactions (Scheim et al., 2023). Participants who engaged in street-based sex work were more likely to experience unreasonable police interactions than those working indoors or remotely (71% vs. 35-36%, respectively), presumably due to their increased visibility. There are also ethnoracial group differences – Indigenous and racialized participants in the Trans PULE Canada study experienced significantly higher anticipation of police harassment compared to white sex workers (88-95% vs. 65%, respectively). In another study, sex workers in St. John's, interviewed about their perspectives of police officers' ability to ensure their safety, described repeated examples of police using dehumanizing language and behaviour, including saying "shoo," "go away," and "fuck off" (Smith et al., 2020). Calling the police also carried the risk of sex workers being further dehumanized. As one sex worker noted: "*So, what?*

Are they [sex workers] going to call them [police] and they're [going to say] shut up whore, you know?" (Smith et al. 2020).

Im/migrant sex workers disproportionately experience discrimination linked to their perceived immigration status. Three studies (Malla et al., 2019; McBride et al., 2019; McBride et al., 2022), covering both Toronto and Vancouver, documented experiences of racially targeted policing, profiling, and harassment in areas where im/migrant sex workers operate. In one study, im/migrant sex worker participants described frequent, unexplained police visits, police checking the IDs of racialized women to verify immigration status, and questions about whether women were being controlled by anyone (McBride et al., 2022). Women described these visits as highly destabilizing and anxiety-inducing as the purposes for the inspections often were unclear and induced fears or arrest or charges. Another study confirms these fears, citing news reports where inspections escalated to include arrests, charges, detainment, threats of deportation, and actual deportation (McBride et al., 2019). In this context, Malla et al. (2019) connect discrimination to anti-trafficking investigations and policies on im/migrant sex workers, which are framed as necessary to protect them. However, these policies often lead to enhanced surveillance and criminalization of im/migrant sex workers, despite evidence suggesting that most voluntarily enter the profession as an alternative to marginal and subpar mainstream employment opportunities.

Mistrust and reluctance to report
Of the nine studies detailing police interactions, all of them documented sex workers' mistrust of police and/or a reluctance to report emergencies. Qualitative interviews with sex workers suggest that mistrust of the police is shaped by previous negative interactions with police, perceptions that police hold negative views towards sex workers and are unlikely to act in their best interest, and/or fears that contacting the police will result in their criminalization (Baumann et al., 2018; Benoit et al., 2021; Jiao et al., 2021; Malla et al., 2019; McBride et al., 2022; Smith et al., 2020). Moreover, Benoit et al. (2021), in interviewing sex workers in Victoria, suggests that fear of police detection has made it more difficult for sex workers to screen clients due to client hesitancy in providing personal information. Consequently, sex workers often spoke of being reluctant or unable to call the police for help in an emergency or to report crimes.

Several quantitative studies confirm the findings that sex workers are reluctant or unwilling to call the police. In a study spanning five major Canadian cities, 31% of 200 surveyed sex workers reported they are unable to call 911 in a safety emergency due to fear of police detection (of themselves, their colleagues, or their management). Moreover, of 115 sex workers who had experienced violence in the past 12 months, only 17% reported the incident to the police. The decision to report (or not to report) was statistically related to previous experiences of police harassment (e.g., being carded or detainment without arrest) as well as identifying as Indigenous. There were also noticeable between-city differences: 34% of Toronto-based sex worker participants reported an inability to call the police vs. 18% of Ottawa-based participants, potentially reflecting local policing dynamics.

Data indicate that trans, non-binary, and im/migrant sex workers are disproportionately reluctant to seek help from the police. In the Trans PULSE Canada project, of the 280 surveyed trans and non-binary sex workers, half (51%) had, in the past five years, avoided calling 911 when they thought it might be required (Scheim et al., 2023). Moreover, only 11% of trans and non-binary sex workers anticipated fair treatment from police and the legal system if physically or sexually assaulted. Im/migrant sex workers' mistrust of police and reluctance to call them is connected to their immigration status and the perceived consequences of workplace inspections by authorities. In a quantitative study of massage parlour workers in Vancouver, McBride et al. (2019) document that a third of 95 participants (64.2%) had experienced a police inspection, 66.3% worried an inspection could result in police deterring clients, 44.9% worried about police harassing clients, and 39% worried that an inspection would result in family members learning of their occupation. In addition, 41.5% worried about sex work-related arrest, 10.2% about losing their visa or immigration status, and 9.3% about deportation. Moreover, im/migrant sex workers have reported that end-demand laws combined with prohibitive immigration policies have exacerbated racially targeted policing, profiling, and surveillance in massage parlours (McBride et al., 2022). Despite substantial barriers to contacting the police, McBride et al. (2022), in interviewing 20 im/migrant sex workers about their police interactions, documented three cases where participants called the police for help after a robbery or assault. However, these interactions did not result in protection of a sense of justice, but rather further experiences of racism or victimization.

Access to Healthcare

In the literature we reviewed, sex workers' experience with healthcare access was mainly characterized by unmet needs and barriers to access, though a few articles discuss facilitators to access. In addition, one article details the impact of COVID-19 on sex workers' healthcare access.

Unmet healthcare needs
Three studies examined the extent and nature of unmet healthcare needs among Canadian sex workers. The first study (Benoit et al., 2021), involving interviews with 60 sex workers in Victoria, and the second (S. E. Arps et al., 2021), a nationwide survey including 133 trans and non-binary workers, found that nearly two-thirds of participants reported having unmet healthcare needs.

In a third study exploring sex workers' notions of health, many of the 33 interviewed participants described themselves as generally unwell, with some experiencing multiple comorbidities such as mental health disorders (e.g., anxiety, depression, addictions), sexually transmitted infections, metabolic diseases, and cancer (Orchard et al., 2019). Many participants chose to avoid mainstream healthcare services, including counseling and addiction programs, citing that these services fail to meet their needs. Instead, they often relied on self-care practices. As one interviewee explained:

> "*Why go [to counselling]? I have never told one fucking person about my whole fucking life. The past is the past it can't be changed, like, I can't blame everything on because my mother was a drunk, I watched her. I watched her men when she passed out, I can't change none of that. You leave it alone. I know what happened to me and … I know what I gotta do … it's just taken me a little longer to get past all that.*"

This quote highlights that, although mainstream health services may not meet some sex workers' needs, they find ways to compensate (Orchard et al., 2019).

Barriers to access

Three studies estimate the extent of healthcare access among sex workers. In the first study, a longitudinal study of 854 sex workers in Vancouver, 29% reported at some point during the study period that they did not have access to needed health services (Argento et al.,2020). For those experiencing physical and/or sexual violence and trauma, 31% experienced barriers at some point during the study period to accessing counseling supports. Moreover, the researchers found that end-demand legislation was independently correlated with reduced odds of having access to health services when needed. The second study, including a diverse mix of 71 participants from Toronto, found that 15% have no regular source of care (Ross et al., 2021). The third study, including 113 trans and non-binary sex worker participants of the Trans PULSE Canada project, found that 26% do not have a primary care provider and 20% had avoided the emergency room for the past year (S.E. Arps et al., 2021). In contrast, sex workers were more likely to have been tested for HIV or other sexually transmitted infections: half had been tested for HIV within the previous year, and 73% for other sexually transmitted infections.

Consistently, the biggest barrier for sex workers to accessing healthcare was perceived stigma and discrimination (Baumann et al., 2018; Benoit et al., 2021; Malla et al., 2019; Orchard et al., 2019; Ross et al., 2021). A common concern was judgement or condescending attitudes from healthcare providers and an unwillingness to take their self-reported sexual and reproductive health needs seriously (Bauman et al., 2018; Orchard et al., 2019; Ross et al., 2021). For instance, a Toronto sex worker noted their experience disclosing their sex work experience to a care provider: "*I felt like it was someone's mother scolding me. I felt incredibly judged … I didn't seem to matter. So when I had questions, they [healthcare provider] were very vague and unresponsive. It was like I wasn't even there.*" (Ross et al., 2021). Moreover, in the Trans PULSE Canada study, 39% of surveyed trans and non-binary sex workers reported denial of health care "because of who [they] are" (S. E. Arps et al., 2021). In response to perceived widespread stigma in the healthcare system, many sex workers believe that health professionals have insufficient knowledge of the lived experience of sex workers and need further training on the subject (Baumann et al., 2018; Benoit et al., 2021; Ross et al., 2021).

Fear around anonymity and disclosure of their occupation was another major barrier to sex workers accessing care. Fears included negative treatment (Baumann et al., 2018;

Benoit et al., 2021; Malla et al., 2019; Orchard et al., 2019; Ross et al., 2021), arrest or surveillance (Malla et al., 2019; McBride et al., 2019), seizure of children (Baumann et al., 2018), and—in the case of seeking help for injury due to an assault—threat of violence by the aggressor (Baumann et al., 2018). Consequently, two studies suggest that only between 11% (Ross et al., 2021) and 14% (S. E. Arps et al., 2021) of sex workers disclose their occupation to care providers, which has implications for the quality of care they receive.

Finally, for im/migrant sex workers, language barriers, a lack of culturally competent services, and fear of workplace inspections were major barriers to healthcare access for this subpopulation (Malla et al., 2019; McBride et al., 2019).

Facilitators to access
It's important to note that not all healthcare interactions were reported as negative by sex workers. In Baumann et al. (2018)'s study of sex workers with head injuries, a subset reported that some care providers and treatment centers were very accessible and provided positive interactions and experiences. In Ross et al. (2021)'s mixed-methods study involving 71 sex worker participants from Toronto, sex works reported that the following factors encouraged sex workers to access sexual or reproductive health care services:

- Having staff and volunteers with sex work experience (76%)
- Having nonjudgemental staff and volunteers (70%)
- Maintaining an anti-oppressive space (70%).

Moreover, many of the barriers discussed pertain to mainstream healthcare services. The study by Argento et al., (2020) highlights that sex workers may find alternatives: during the study period, in a sample of 854 sex workers in Vancouver, 70% reported accessing sex-worker-led or other community-led supports.

COVID-19 and healthcare access
Shareck et al. (2021), in interviewing both sex workers and frontline service staff in Toronto, documented the impacts of COVID-19 on female sex workers. COVID-19 lockdowns halted the provision of many mainstream and community healthcare services, significantly reducing access for sex workers. Moreover, the temporary closure of community organizations during the pandemic reduced sex workers' access to personal protective equipment, including condoms and safe injection kits. The reduction in income for many sex workers created additional barriers to them accessing services with fees. Finally, the combination of income reduction and lockdown policies forced many sex workers to reside in isolation sites (e.g., shelters) that, combined with poor accessibility to health and social services, resulted in their increased vulnerability to COVID-19. The authors conclude by suggesting the need for coordinated mitigation strategies to limit the impacts of COVID-19 on female sex workers' health.

Social Exclusion

Social exclusion is the process by which certain individuals or groups are systematically disadvantaged and marginalized, often based on their socioeconomic status or stigmatizing beliefs about them. This review has highlighted how stigma significantly contributes to the marginalization of sex workers, leading to negative interactions with both law enforcement and healthcare systems. This section examines seven articles that provide further insights into the nature of social exclusion and stigma, along with their impacts.

Dynamics of social exclusion and stigma

Research by Toubiana and Ruebottom (2022) reveals that stigma affecting sex workers is not only imposed externally but is also perpetuated within the sex work community itself. Their study identifies two key mechanisms: "ordering" and "detaching." Ordering refers to the creation of a "stigma hierarchy" within the sex work community, where those engaged in more corporeal work, involving higher levels of physical involvement and nudity, such as escorts, are placed at the bottom compared to, for instance, strippers, erotic models, and webcam performers. Detaching involves creating categorical distinctions within the profession, such as differentiating between a burlesque performer and a stripper. Some forms of work are not considered sex work by those within the profession, thus defining the boundaries of occupation.

Stigma is also influenced by intersectionality. Jiao and Bungay (2019), through in-depth interviews with sex workers in various Canadian cities, found that male sex workers face intra-community stigma due to intersecting identities, such as race and socioeconomic status. McBride et al. (2022) emphasized the compounded stigmatization experienced by sex workers who belong to other marginalized groups, such as LGBTQ+ individuals. Malla et al. (2019) provided a global perspective on the social exclusion of im/migrant sex workers, highlighting how stigma restricts economic advancement and social integration. They noted that the criminalization of sex work exacerbates these issues, as im/migrant sex workers are often marginalized and excluded from mainstream employment and social services.

Impacts of social exclusion

Public stigma is a pervasive issue for sex workers. Baumann et al. (2018) highlighted that public stigma manifests in various forms such as verbal abuse and discrimination in public spaces, contributing to the isolation and mental health struggles of sex workers. Benoit et al. (2021) further found that stigma significantly hindered access to economic and social support systems, especially during the COVID-19 pandemic (i.e., CERB), leaving many sex workers economically vulnerable and socially excluded. Moreover, Benoit & Unsworth (2022), in interviewing frontline staff members from seven sex worker organizations, found that negative public perceptions of sex work were associated with a lack of funding for their organizations, creating sustainability challenges and further marginalizing sex workers from access to essential supports.

Jiao and Bungay (2019) found that enacted stigma, characterized by shaming and discrimination, profoundly affected male sex workers, leading to deep sadness, despair, and isolation. These men often faced judgment, ostracization, public ridicule, and gossip if outed, which eroded their privacy and social normalcy. This stigma not only impacted their mental health but also hindered their ability to form and maintain noncommercial relationships, with partners sometimes viewing them as untrustworthy. The demands of sex work strained existing relationships, leading to further isolation and difficulty in forming meaningful connections. To navigate this stigma, strategies included social avoidance, managing disclosure, resisting internalization of harmful narratives, and creating a sense of control by setting boundaries with clients and others. The effectiveness of these strategies varied based on individuals' perceptions of sex work as a career or a forced source of income.

Toubiana and Ruebottom (2022) discussed how intra-community stigma impacts sex workers by creating a complex hierarchy within the community. This hierarchy affects how sex workers navigate their identity and associations, impacting their ability to find support and engage in collective social change efforts. In response, some sex workers form small supportive groups, but this fragmentation around perceptions of stigma undermines larger efforts to create social change. Jiao and Bungay (2019) further noted that internal stigma influenced sex workers' ability to seek and receive support from fellow sex workers, compounding their isolation and mental health challenges.

Mitigating stigma
Sex workers employ various strategies to navigate and resist the stigma they face:

- Jiao and Bungay (2021) found that male sex workers often concealed their occupation from family and friends to avoid stigma, leading to what they termed "living a double life." This concealment, however, came at the cost of increased stress and social isolation.
- Toubiana and Ruebottom (2022) noted that sex workers engaged in "stealth organizing" to find safe and supportive peers within their community. This involved carefully navigating the stigma hierarchy to connect with others who would not further stigmatize them.
- Benoit et al. (2021) highlighted the collective actions taken by sex worker organizations to combat stigma and advocate for their rights. These organizations played a crucial role in providing a sense of community and support for sex workers facing widespread societal stigma.

Recommendations from Studies

The studies we reviewed offered several recommendations to address the issues of sex workers' negative interactions with police, lack of access to healthcare, and experiences with social exclusion and stigma. We have combined and summarized these recommendations below.

General recommendations
- Law reformation should take place to decriminalize sex work in Canada, using a decolonizing approach and rooted in bodily autonomy and human rights (Argento et al., 2020; Benoit et al., 2021; Benoit & Unsworth, 2022; Crago et al., 2021; Malla et al., 2019; McBride et al., 2019; McBride et al., 2022; Shareck et al., 2021; Smith et al., 2020).
- Immigration policy reform should occur to remove prohibitions on sex work for im/migrants (McBride et al., 2022).
- Sex work should be recognized as an allowable form of employment. This can be achieved through increasing access to business licenses, which would provide legitimacy. It can also be achieved through improving sex workers' access to financial supports, such as employment insurance and savings plans (Benoit et al., 2021; Shareck et al., 2021).
- A universal basic income should be implemented (Benoit & Unsworth, 2022; Shareck et al., 2021).
- Long-term no-strings-attached monetary resources and support should be allocated to sex work organizations and allied groups who provide mutual aid and nonjudgmental social and healthcare services to sex workers (Benoit & Unsworth, 2022; Shareck et al., 2021).
- More research needs to be conducted on sex work in Canada, particularly exploring issues such as sex workers' confidence in police and the experiences of marginalized groups of sex workers (Smith et al., 2020).

Recommendations specific to police interactions
- Sex workers should have access to emergency police protection, be able to report threatening incidents, and police should follow up on reports of violence with meaningful action (Crago et al., 2021).
- Anti-trafficking policies and programs should be directly informed by sex workers and their advocacy organizations (McBride et al., 2022).
- Those working in policing need to develop their knowledge and understanding of the lived experiences of sex workers through methods like trainings (Benoit et al., 2021; Malla et al., 2019).

Recommendations specific to healthcare access
- There should be improved access to nonjudgemental health supports for sex workers (Baumann et al., 2018; Benoit et al., 2021; Ross et al., 2021).
- Those working in healthcare need to develop their knowledge and understanding of the lived experiences of sex workers through methods like trainings, including anti-discrimination and anti-oppression trainings (Baumann et al., 2018; Benoit et al., 2021; Ross et al., 2021).
- Collaborations with hospital, clinical, outreach staff, and sex workers should occur to design non-stigmatizing health service provision in mainstream health settings, as well as to design health education programs (Jiao et al., 2021; Orchard et al., 2019).

- Peer support workers should be available in health clinics (Baumann et al., 2018).
- 24-hour drop-in health clinics for sex workers with medical and mental health staff should be established (Baumann et al., 2018).

Discussion

Key Takeaways

We reviewed 17 studies documenting sex workers' interactions with police, healthcare access, and social conclusion. Below, we summarize the key insights for each aspect of our research.

Interactions with police
Sex workers in Canada face pervasive stigma and discrimination from law enforcement, which hinders their trust in the police and their willingness to report emergencies. Negative police attitudes, victim-blaming, surveillance, and racial profiling disproportionately affect marginalized groups like trans, non-binary, Indigenous, and im/migrant sex workers. These factors create significant barriers to accessing police protection, perpetuating feelings of mistrust and fear within the sex worker community.

Healthcare access
Access to healthcare for sex workers is marred by unmet needs and systemic barriers. Up to a third of sex workers lack regular access to healthcare services, including primary care, despite up to two-thirds stating they have unmet health needs. Stigma from healthcare providers, including judgment and condescension, is the main barrier to accessing mainstream services, exacerbating health disparities among sex workers. Fear of anonymity breaches and disclosing their occupation further hinders adequate care. However, some sex workers find support through sex worker-led or community-led health initiatives and nonjudgmental healthcare settings, highlighting the importance of tailored care and peer support.

Social exclusion
Social exclusion and stigma further marginalize sex workers, both within society and within the sex work community itself. The stigma that sex workers face is related to their intersectional identity, with gender, ethnicity, and the type of sex work they're engaged in. Social exclusion compounds issues related to accessing economic and social support systems and creates unique mental health challenges, including social ostracization, isolation, and exacerbated mental health issues like anxiety and depression. Despite these challenges, sex workers also demonstrated resilience in navigating and mitigating the stigma they face, including monitoring disclosure of their occupation, developing peer support networks, and engaging in advocacy efforts.

The review identifies several notable gaps in the existing literature on sex workers' experiences. A significant gap is the lack of studies with statistically representative samples that can provide generalizable insights across different geographic and cultural contexts. Most studies are qualitative with small, non-random samples focused on specific locales, which limits their applicability to broader populations of sex workers (e.g., those in rural or remote areas or those working under different legal frameworks) (Benoit & Unsworth, 2022). Another critical gap is the underrepresentation of diverse types of sex work and sex workers. Many studies focus predominantly on indoor sex workers or those within major metropolitan areas like Toronto, overlooking the experiences of outdoor or street-based sex workers, as well as rural sex workers, who might face different risks and challenges (Orchard et al., 2019). This limited focus can skew understanding of the sex work industry and lead to interventions that are not applicable or beneficial to all sex workers.

Furthermore, the research often does not fully capture the variability of experiences based on sex workers' intersecting identities — such as race, gender identity, and type of sex work — which are crucial for understanding the full spectrum of challenges they face (McBride et al., 2019). The definition of sex work used in studies often varies, which can lead to inconsistent findings and recommendations. This variability points to a need for clearer definitions and more comprehensive data collection methods that consider the diversity within the sex work community (Benoit et al., 2021).

Conclusion

Overall, the studies we reviewed suggest that Canadian sex workers continue to be a publicly marginalized group, potentially exacerbated by end-demand legislation (Argento et al., 2020; Benoit et al., 2021; McBride et al., 2022), despite other efforts to provide support. While they face significant challenges related to police interactions, healthcare access, and social exclusion, community-led responses and advocacy efforts that aim to mitigate these harms demonstrate resiliency and strength within the Canadian sex worker community. Research suggests a strong need for the decriminalization of sex work rooted in bodily autonomy and human rights.

There is a need for further research with sex worker communities to ensure the data is more demographically and geographically representative. This includes conducting studies in various locales and statistically representative national studies to characterize the challenges faced by sex worker communities, as well as qualitative studies with smaller sample sizes to understand the nature of their experiences.

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