



POLICY BRIEF 2022

Im/migrant Sex Workers' Access to Health

Cristina Kim

The LEVEL Youth Policy Program takes place on the traditional and unceded territories of the *xʷməθkʷəjəm* (Musqueam), *Sḵwx̱wú7mesh* (Squamish) & *səlilwətaɣ* (Tseil-Waututh) Coast Salish peoples.

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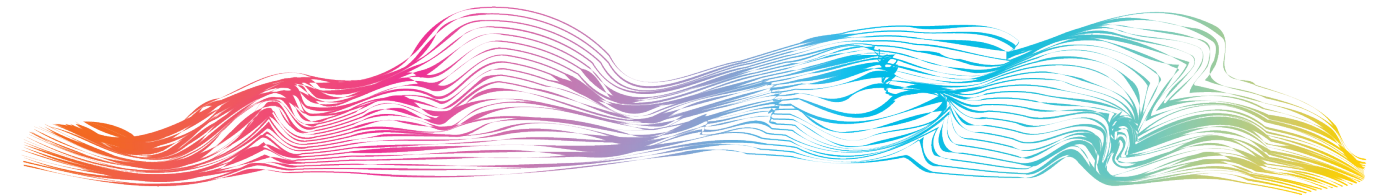
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HEADSHOT PHOTOGRAPHY

Mike Wells

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About the LEVEL Initiative

LEVEL is a youth engagement initiative of Vancouver Foundation that aims to address racial inequity. We do this by investing in the leadership capacity of Indigenous, racialized, immigrant, and refugee youth to create more opportunities throughout the non-profit and charitable sector.

Despite being the fastest-growing youth populations in British Columbia, Indigenous, immigrant, and refugee youth don't have the same opportunities as other young people. Race continues to be a factor that hinders their ability to have a say in decisions that impact their lives.

LEVEL empowers these youth by building their capacity to challenge and change those systems that hinder their ability to build a more just world.

LEVEL consists of three pillars of work to advance racial equity

1. LEVEL Youth Policy Program
2. LEVEL Youth Organizing
3. LEVEL BIPOC Granting

About the LEVEL Youth Policy Program (LEVEL YPP)

The LEVEL Youth Policy Program (LEVEL YPP) brings together young people between the ages of 19 and 29 from across British Columbia who identify as being Indigenous or racialized immigrants or refugees. Indigenous and racialized Newcomer youth are dispropor-

tionately impacted by certain public policies but are rarely included in the development and implementation of public policy process. The LEVEL YPP aims to provide these youth with equitable training and leadership opportunities to better navigate the public policy landscape, and to develop new tools and skills to influence, shape, and advocate for policy changes that are relevant in their own communities. Having young people directly involved in shaping policies that impact their lives is essential to creating systemic, meaningful change. The LEVEL YPP's training is grounded from and within Indigenous peoples' worldviews, which the program acknowledges, could vary from person-to-person or nation-to-nation. Indigenous worldviews place a large emphasis on connections to the land. This perspective views the land as sacred; where everything and everyone is related and connected; where the quality of the relationships formed are key in life; where what matters is the success and well-being of the community, and where there can be many truths as they are based on individual lived experiences.¹ As such, an important premise of this training is to centre and place a particular focus on the fact that the work that has gone into developing this training, as well as the training itself, has taken and will take place on unceded (never given away/stolen) territories of the *həŋq 'əmin 'əŋ*-speaking Musqueam peoples, of the Halkomelem-speaking Tseil-Waututh peoples, and of the *sníchim*-speaking *Sḵwx̱wú7mesh* (Squamish) peoples.

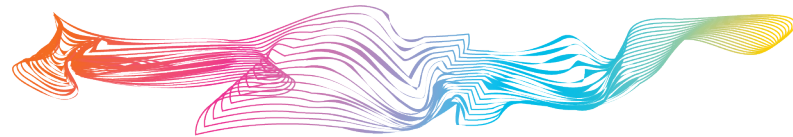
1. <https://www.ictinc.ca/blog/indigenous-peoples-worldviews-vs-western-worldviews>

Biography

Cristina Kim



Cristina (she/her) is a Queer, diasporic, Korean settler who was born and raised in Chile. Five years ago, she took the opportunity to study on stolen Musqueam, Squamish, and Tsleil-Waututh territories to learn more about the world, hoping to figure out what she could do as an individual in the face of global injustices. As she completed her Bachelor of Arts (BA) degree in International Relations, she focused her interdisciplinary research on human rights, transnational activism, and gender & queer studies. She now seeks to explore ways to meaningfully advocate for collective liberation by using anti-oppressive and community-engaged approaches that do not rely on violent systems of policing, and are instead rooted in transformative justice and community care.



Executive Summary

While Canada boasts a universal healthcare system, sex workers who recently im/migrated to Vancouver face approximately 3x higher prevalence of institutional barriers to accessing care than the general Canadian-born population.¹

The “Universal Health Coverage” (UHC) that Canada is globally applauded for is not as universal as it appears to be, as numerous women, recent immigrants, and Indigenous communities face multiple institutional barriers when trying to access good quality and appropriate health services.²

Although a myriad of factors may account for this alarming discrepancy in health access among im/migrant sex workers in particular, the two most critical determinants at the root of this issue are: **(1) sex work-related barriers**, including criminalization and stigma, which deter sex workers’ health-seeking behaviours for fear of disclosure and judgment (among other factors); and **(2) im/migration-related barriers**, including but not limited to precarious legal status, language barriers, and difficulty obtaining both public and private insurance.

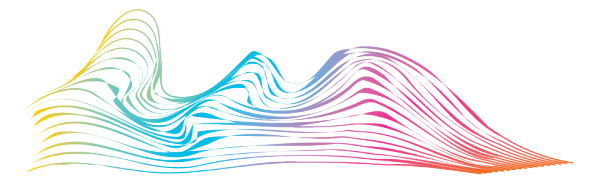
Notably, Canadian immigration policies prohibit newcomers and temporary workers from engaging in the sex work industry. In fact, work permit conditions explicitly state that they are “not valid for employment in businesses related to the sex trade such as strip clubs, massage parlours, or escort services.”³ As a result, racialized im/migrant sex workers are subjected to a dual risk of incarceration and deportation, which increase their vulnerability to various forms of violence, which then becomes seen as normal or justified. In turn,

this “dual burden of criminalization”⁴ shapes im/migrant sex workers’ access to health services, including but not limited to HIV/STI testing and care.⁵

While various human rights organizations—from Amnesty International⁶ globally to PACE and Pivot Legal Society⁷ locally—have repeatedly shared that criminalization of the sex

industry perpetuates and further exacerbates harms that violate the human rights of those engaged in sex work, Canada continues to criminalize sex work through ‘end-demand’ laws that prohibit the purchasing and organizing of sex work services.⁸ Instead

of neglecting evidence-based research on these harms, it is imperative for Canada to take action and adopt rights-based policies at federal, provincial, and municipal levels to ensure that im/migrant sex workers have access to social support and health services without stigmatization, discrimination, and criminalization.



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Problem Definition and Background

*Racialized im/migrant sex workers, in particular those without Canadian citizenship, are subjected to a “dual burden of criminalisation”—both for their labour and for their precarious immigration status.*⁹

CRIMINALIZATION OF SEX WORK IN CANADA AND ITS HARMS

In 2014, Parliament passed the Protection of Communities and Exploited Persons Act (PCEPA), which focused on reducing demand by criminalizing clients and sex work exchange for the first time in Canada. While this law reform served to replace prior legislation for violating sex workers’ Charter rights, evidence-based research suggests that end-demand laws not only reproduce, but also exacerbate, the harms of previous laws that criminalized sex work in Canada.¹⁰ These harms include “elevated risks of violence and abuse, barriers to accessing justice and continued stigma and fear that prevent access to safe, secure housing, health, and social protections,” in particular to sex workers who are marginalized, including Indigenous, im/migrant, and transgender peoples.¹¹ All of these harms restrict sex workers’ health-seeking behaviour for various reasons including, but not limited to, the fear of disclosing sex work to health providers due to the risk of breaching


confidentiality and/or facing judgment, as well as the foregoing of care in order to continue earning the income necessary to survive.¹²

Such criminalizing laws drastically increase police surveillance and harassment, which in turn constrain sex workers’ rights to security of person and health by (1) forcing them to operate in ways that compromise their safety and (2) denying them protection from government officials.

Policing practices—including interrogating, detaining, charging, and arresting—are disproportionately exercised onto racialized, migrant, and trans sex workers.¹³

In a 2017–2018 study drawing data from 200 sex workers across five cities in Canada, including Surrey, BC, “[Thirty-one percent] of sex workers reported being unable to call 911 if they or another [sex worker] were in a safety emergency due to fear of police detection (of themselves, their colleagues or their management).”¹⁴

Notably, with the implementation of PCEPA, sex workers experienced significantly reduced access to critical health and community-led services.¹⁵ Longitudinal studies in Metro Vancouver comparing pre/post end-demand criminalization showed a **41% reduction in access to health services** and a **21% reduction in access to sex worker-led/community**



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services, including drop-in spaces, mobile outreach, and peer support.¹⁶ Yet another longitudinal study in Vancouver, which used data from a community-based cohort of women sex workers through An Evaluation of Sex Workers’ Health Access (AESHA), observed that, in the span of a 44-month follow-up period, **70% of women sex workers** (seven of every ten participants) **reported institutional barriers to accessing care and health services**, which is around three times higher than those reported by the general Canadian population.¹⁷

THE DUAL CRIMINALIZATION OF RACIALIZED IM/MIGRANT SEX WORKERS

In addition to sex work-related barriers post-PCEPA, those who do not have Canadian citizenship or permanent residency face further im/migration-related barriers. Im/migrants hold “precarious immigration status,” a term referring to “the absence of key rights or entitlements associated with citizenship.”¹⁸ This includes “documented” but temporary workers, international students, and refugee applicants, as well as visa overstayers, undocumented entrants, and rejected refugee claimants.¹⁹

The majority of new im/migrant sex workers arrive in Canada through legal channels,²⁰ yet their immigration status is rendered precarious if they are involved in sex work. Although temporary work permits grant authorization to legally work in Canada, their conditions explicitly prohibit im/migrants from sex-work employment. Therefore, anyone without Canadian citizenship or permanent residence status, who is involved in any sex work-related industry, may be targeted by immigration

enforcement, and, under the Immigration and Refugee Protection Regulations (IRPR), they may be subject to immigration status revocation, detention, and deportation if caught.

Coupled with the criminalization of sex work through PCEPA, the prohibitive immigration policy, IRPR, serves to conflate consensual sex work with sex trafficking, all under the guise of protecting vulnerable im/migrants.²¹ Far from protecting, however, these federal policies instead render im/migrant sex workers highly “susceptible to heightened scrutiny from police, immigration and municipal authorities, and generally takes the form of high levels of policing and surveillance over im/migrant sex workers’ workspaces (e.g. massage parlours, micro-brothels) and even their homes.”²² As such, an overwhelming majority of im/migrant sex workers fear inspections, which, as previously discussed, has been found to be directly linked to increased police harassment and decreased access to health services.²³

This regulation prohibits anyone with a work permit in Canada from working in “businesses related to the sex-trade such as strip clubs, massage parlours, or escort services.” This regulation does not prevent violence or exploitation in the sex industry and leaves migrant workers with no access to police or labour protections in situations that do not meet the definition of human trafficking.

As per subsection 185(b) of the IRPR, all open work permits shall have the following condition placed in the visible remarks section of the document: “Not valid for employment in businesses related to the sex trade such as strip clubs, massage parlours or escort services.”

IN WHAT WAYS DO IM/ MIGRANT SEX WORKERS FACE REDUCED ACCESS TO HEALTH CARE?

A community-based participatory research study in Toronto found immigration status to be the most significant factor in affecting an individual's ability to both seek healthcare and their experience when trying to access healthcare.²⁴ This means that precarious immigration status is a major health determinant that raises the barriers to access to health services among sex workers.

The reason for this is that im/migrants may face additional barriers that their Canadian-born counterparts may not, including:

- Fear of being denounced to immigration officers;²⁵
- Unfamiliarity with or lack of information on navigating local health systems (including HIV/STI testing and care);²⁶
- Lack of provincial health insurance card due to exclusion from public health resources, such as the BC Medical Services Plan (MSP), which requires legal immigration status;²⁷
- Denial or delay of public health insurance;²⁸
- Lack of access to private health insurance, due to high costs and/or lack of citizenship status;²⁹
- High cost of private health insurance;³⁰
- Language differences;³¹
- Differing cultural perceptions of health;³²
- Foregoing care in order to continue earning income;³³
- Ineligibility for social assistance and subsidized housing.³⁴

Even in settings where high-quality healthcare is available, and the general population reports frequent contact with general practitioners, sex workers face additional barriers due to broader stigmas, leading to:³⁵

- Fear of disclosing sex work to health providers;³⁶
- Fear of being judged within healthcare settings;³⁷ which relates to
- Disrespectful treatment by healthcare providers. For example, in a study of over 700 participants, one in four reported feeling disrespected by healthcare providers, which interfered with their ability to access care.³⁸

Therefore, it is necessary to tackle both im/migrant- and sex work-related barriers in order to effectively target health inequities among im/migrant sex workers in Canada, and hence provide the “universal” healthcare that the state proclaims to offer.



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Policy Recommendations

In order to fulfill the promise of Universal Health Care (UHC) and address this gap in health equity through an institutional and just lens; federal, provincial, and municipal governments must work together while centering Indigenous, racialized, and migrant sex workers' experiences, expertise, and perspectives in developing policy and law reform.³⁹

One important action to reduce institutional barriers was taken in July 2022, when the province of British Columbia (BC) ended its contract with Canada Border Services Agency (CBSA) to hold immigration detainees in provincial correctional centers. While this is a necessary step to reduce barriers for im/migrants, and other provinces and territories should follow suit, this is far from sufficient in order to ensure the safety and wellbeing of im/migrants, and in particular sex workers.⁴⁰

Taking further institutional barriers discussed into consideration, this policy proposal outlines the following evidence-based recommendations:

1 “Access Without Fear” policies across provinces and territories in Canada.⁴¹

By enabling people to access city services without disclosing their immigration status, im/migrants may access services without fear that they will be turned over to immigration authorities.⁴² Such policies provide sanctuary for non-status or undocumented im/migrants, which would address significant im/migration-related barriers relating to fear of deportation. Provincial governments should ensure that sex workers can access (non-sex work-specific) public services, programs, and benefits that are offered to all individuals living in poverty or other situations of disadvantage, without discrimination or need to disclose involvement in sex work. In addition, governments should provide support and funding specific to sex workers living in poverty or other situations of disadvantage, and this provision should not be dependent on “exiting” or transitioning away from the sex work industry.



By enabling people to access city services without disclosing their immigration status, im/migrants may access services without fear that they will be turned over to immigration authorities.

2 Funding for sex worker-led peer health programs.

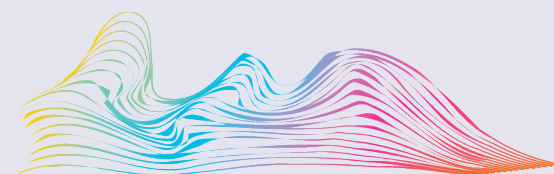
Peer-led health programs can provide ways to increase access to care by also addressing internalized stigma among sex workers: In a pilot peer health program carried out in Canada, sex workers acted as educators/advocates in their own communities by engaging in peer-to-peer knowledge exchange on health issues. The skill-building and knowledge acquisition process resulted in reduced internalized stigma, increased self-esteem, fostered solidarity, and made participants become more comfortable in accessing healthcare and social services, which were previously unfamiliar or unknown.⁴³ Similar programs can be implemented in Metro Vancouver and BC to help im/migrant sex workers navigate the local healthcare system. More broadly, there is a “need to scale up community-led initiatives for sex workers that are low-barrier, non-stigmatizing, culturally safe, anti-racist, linguistically diverse, and that reach sex workers in more diverse geographical areas.”⁴⁴ Therefore, governments should support peer health community initiatives by providing resources through flexible granting mechanisms to sex worker rights organizations that provide frontline services to people in the sex industry.

3 Funding for holistic health and accessible support services.

Non-discriminatory access to holistic healthcare services—ranging from sexual and reproductive healthcare to mental healthcare—should be ensured, especially in response to gender-based violence (GBV). One such way of doing so is funding language-specific and trauma-informed counselling services.⁴⁵ The provincial government should provide funding for services in order to allow them to offer various points of access, low-barrier programs, and mobile testing clinics (including rapid, point-of-care tests, where testing is done immediately).⁴⁶ To ensure that these services are accessible and non-discriminatory, clinics should be open at times and locations that are convenient to sex workers, and provide translation and intercultural services as well.

4 Sensitivity training of healthcare providers to marginalized populations.⁴⁷

To further reduce barriers to accessing healthcare, service providers must be trained in best practices to effectively meet the needs of im/migrant sex workers. This includes anonymous testing for Sexually Transmitted Blood Borne Infections (STBBI), as this would reduce the fear of facing disrespectful treatment due to stigma, as well as the fear of getting deported after potentially getting identified as a sex worker in sharing details of their sex work and sexual health history.⁴⁸ Ideally, testing for STBBI would be provided without the requirement to provide a Personal Health Number, as this may exclude im/migrants with precarious legal status who do not have access to insurance. Confidentiality is crucial to respect the privacy and human rights of sex workers.



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Ultimately, the **full decriminalization of sex work** by repealing PCEPA is a crucial step that must be taken to reduce violence against sex workers who are overpoliced and underprotected, and effectively address the human rights of sex workers, including their ability to access healthcare safely.

Any policy and law reform should only be developed with the active involvement and continuous input of sex workers, including im/migrant sex workers, who are the experts of their own safety and health. It is imperative for the federal, provincial, and municipal governments to work directly with sex workers and engage with community organizations in designing and implementing initiatives to ensure that sex workers have equal access to healthcare. By doing so, the health of im/migrant sex workers will be improved.



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ENDNOTES

1. Julie Sou et al., "Recent im/migration to Canada linked to unmet health needs among sex workers in Vancouver, Canada: findings of a longitudinal study." *Health Care for Women International* 38, no. 5 (2017): 497, <https://doi.org/10.1080/07399332.2017.1296842>
2. M. Eugenia Socías et al., "Universal coverage without universal access: institutional barriers to health care among women sex workers in Vancouver, Canada." *PloS One* 11, no. 5 (2016): 2, <https://doi.org/10.1371/journal.pone.0155828>
3. Government of Canada, "Temporary Foreign Worker Program and International Mobility Program: Protecting workers from abuse and exploitation," <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/temporary-residents/foreign-workers/protecting-workers-abuse-exploitation.html>
4. Bronwyn McBride and Trachje Janushev. "Criminalisation, health, and labour rights among im/migrant sex workers globally," In *Sex Work, Health, and Human Rights* (Springer, Cham, 2021), 155.
5. Ibid., 159.
6. Amnesty International, *Policy on state obligations to respect, protect and fulfil the human rights of sex workers* (2016), <https://www.amnesty.org/en/documents/pol30/4062/2016/en/>
7. PACE and Pivot Legal Society, *Joint Submission to the House of Commons Standing Committee on Justice and Human Rights. Review of the Protection of Communities and Exploited Persons Act* (2022), https://www.pivotlegal.org/pivot_pace_written_submissions_review_of_pcepa
8. Government of Canada, "Prostitution Criminal Law Reform: Bill C-36, the Protection of Communities and Exploited Persons Act," <https://www.justice.gc.ca/eng/rp-pr/other-autre/c36faq/>
9. McBride et al., "Criminalisation, health, and labour rights among im/migrant sex workers globally," In *Sex Work, Health, and Human Rights* (Springer, Cham, 2021), 155.
10. Elena Argento, et al., "The impact of end-demand legislation on sex workers' access to health and sex worker-led services: A community-based prospective cohort study in Canada," *PloS One* 15, no. 4 (2020): <https://doi.org/10.1371/journal.pone.0225783>
11. Andrea Krüsi et al., *Submission to the House of Commons Standing Committee on Justice and Human Rights* (The AESHA Project, 2022), 6 https://cgshe.ca/app/uploads/2022/04/AESHA-Expert-Evidence_PCEPA_Feb2022.pdf
12. Sou et al., "Recent im/migration to Canada linked to unmet health needs among sex workers," 500.
13. Canadian AIDS/HIV Legal Network, "The Perils of 'Protection': Sex Workers' Experiences of Law Enforcement in Ontario," (2019). <https://www.hivlegalnetwork.ca/site/the-perils-of-protection/?lang=en>
14. Centre for Gender & Sexual Health Equity (CGSHE), *Sex Workers' Access to Police Assistance in Safety Emergencies—Policy Brief*, <https://cgshe.ca/app/uploads/2021/01/Sex-Workers-Access-to-Police-Assistance-in-Safety-Emergencies-Policy-Brief-1.pdf>
15. Argento, et al., "The impact of end-demand legislation."
16. Krüsi et al., *Submission to the House of Commons Standing Committee on Justice and Human Rights*, 2.
17. Socías et al., "Universal coverage without universal access," 6.
18. McBride et al., "Criminalisation, health, and labour rights among im/migrant sex workers globally," In *Sex Work, Health, and Human Rights* (Springer, Cham, 2021), 159.
19. Ibid., 158.
20. Krüsi et al., *Submission to the House of Commons Standing Committee on Justice and Human Rights*, 2.
21. Ibid.
22. McBride et al., "Criminalisation, health, and labour rights among im/migrant sex workers globally," In *Sex Work, Health, and Human Rights* (Springer, Cham, 2021), 156.
23. Centre for Gender & Sexual Health Equity (CGSHE), *Harms of End-Demand Criminalization: Impact of Canada's PCEPA Laws on Sex Workers' Safety, Health & Human Rights—Policy Report* (2019) https://cgshe.ca/app/uploads/2019/12/Harms_2019.12.16.v1.pdf
24. Ruth M. Campbell et al., "A comparison of health access between permanent residents, undocumented immigrants and refugee claimants in Toronto, Canada," *Journal of Immigrant and Minority Health* 16, no. 1 (2014): 165, <https://doi.org/10.1007/s10903-012-9740-1>
25. McBride et al., "Criminalisation, health, and labour rights among im/migrant sex workers globally," In *Sex Work, Health, and Human Rights* (Springer, Cham, 2021), 159.
26. Sou et al., "Recent im/migration to Canada linked to unmet health needs among sex workers," 494.
27. Government of British Columbia, "Are you eligible?," Ministry of Health, <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/are-you-eligible#others>
28. Sou et al., "Recent im/migration to Canada linked to unmet health needs among sex workers," 500.
29. Socías et al., "Universal coverage without universal access," 8.
30. Sou et al., "Recent im/migration to Canada linked to unmet health needs among sex workers," 494.
31. Ibid.
32. Ibid.
33. Ibid., 500.
34. Ibid.
35. Ibid., 494.
36. Ibid., 500.
37. Ibid.
38. Socías et al., "Universal coverage without universal access," 6.
39. Centre for Gender & Sexual Health Equity (CGSHE), *Sex Workers' Access to Police Assistance in Safety Emergencies—Policy Brief*, <https://cgshe.ca/app/uploads/2021/01/Sex-Workers-Access-to-Police-Assistance-in-Safety-Emergencies-Policy-Brief-1.pdf>
40. Darryl Dyck, "B.C. ending immigration detention arrangement with CBSA, citing human rights." *Vancouver Sun*, July 22, 2022, <https://vancouver.sun.com/news/local-news/bc-ending-immigration-detention-with-cbsa-citing-human-rights>
41. <https://council.vancouver.ca/20160406/documents/pspc3.pdf>
42. Butterfly
43. Benoit, Cecilia, et al., "Sex workers as peer health advocates: community empowerment and transformative learning through a Canadian pilot program," *International Journal for Equity in Health* 16, no. 1 (2017), <https://doi.org/10.1186/s12939-017-0655-2>
44. Jennie Pearson, et al. "Sex work community participation in criminalized environments: a community-based cohort study of occupational health impacts in Vancouver, Canada: 2010–2019." *International Journal for Equity in Health* 21, no. 1 (2022): 8. <https://doi.org/10.1186/s12939-022-01621-8>
45. Sou et al., "Recent im/migration to Canada linked to unmet health needs among sex workers," 501.
46. The Canadian Alliance for Sex Work Law Reform (CAWSLR), *Safety, Dignity, Equality: Recommendations for Sex Work Law Reform in Canada* (March 2017), <http://sexworklawreform.com/wp-content/uploads/2017/05/CASWLR-Final-Report-1.6MB.pdf>, 56.
47. Ibid.
48. Ibid.

BIBLIOGRAPHY

Krüsi, Andrea, Kate Shannon, and Shira Goldenberg. (2022). Submission to the House of Commons Standing Committee on Justice and Human Rights. *The AESHA Project*. https://cgshe.ca/app/uploads/2022/04/AESHA-Expert-Evidence_PCEPA_Feb2022.pdf

Amnesty International. *Policy on state obligations to respect, protect and fulfil the human rights of sex workers*. 2016. <https://www.amnesty.org/en/documents/pol30/4062/2016/en/>

Argento, Elena, Shira Goldenberg, Melissa Braschel, Sylvia Machat, Steffanie A. Strathdee, and Kate Shannon. "The impact of end-demand legislation on sex workers' access to health and sex worker-led services: A community-based prospective cohort study in Canada." *PLoS One* 15, no. 4 (2020): <https://doi.org/10.1371/journal.pone.0225783>

Benoit, Cecilia, Lynne Belle-Isle, Michaela Smith, Rachel Phillips, Leah Shumka, Chris Atchison, Mikael Jansson, Charlotte Loppie, and Jackson Flagg. "Sex workers as peer health advocates: community empowerment and transformative learning through a Canadian pilot program." *International Journal for Equity in Health* 16, no. 1 (2017): <https://doi.org/10.1186/s12939-017-0655-2>

Campbell, Ruth M., A. G. Klei, Brian D. Hodges, David Fisman, and Simon Kitto. "A comparison of health access between permanent residents, undocumented immigrants and refugee claimants in Toronto, Canada." *Journal of Immigrant and Minority Health* 16, no. 1 (2014): 165–176. <https://doi.org/10.1007/s10903-012-9740-1>

Canadian AIDS/HIV Legal Network. *The Perils of 'Protection': Sex Workers' Experiences of Law Enforcement in Ontario*. 2019. <https://www.hivlegalnetwork.ca/site/the-perils-of-protection/?lang=en>

The Canadian Alliance for Sex Work Law Reform (CAWSLR). *Safety, Dignity, Equality: Recommendations for Sex Work Law Reform in Canada*. March 2017. <http://sexworklawreform.com/wp-content/uploads/2017/05/CASWLR-Final-Report-1.6MB.pdf>

Centre for Gender & Sexual Health Equity (CGSHE). *Sex Workers' Access to Police Assistance in Safety Emergencies—Policy Brief*. <https://cgshe.ca/app/uploads/2021/01/Sex-Workers-Access-to-Po->

[lice-Assistance-in-Safety-Emergencies-Policy-Brief-1.pdf](https://cgshe.ca/app/uploads/2021/01/Sex-Workers-Access-to-Po-lice-Assistance-in-Safety-Emergencies-Policy-Brief-1.pdf)

Centre for Gender & Sexual Health Equity (CGSHE). *Harms of End-Demand Criminalization: Impact of Canada's PCEPA Laws on Sex Workers' Safety, Health & Human Rights—Policy Report*. 2019. https://cgshe.ca/app/uploads/2019/12/Harms_2019.12.16.v1.pdf

Dyck, Darryl. "B.C. ending immigration detention arrangement with CBSA, citing human rights." *Vancouver Sun*. July 22, 2022. <https://vancouver.sun.com/news/local-news/bc-ending-immigration-detention-with-cbsa-citing-human-rights>

Government of British Columbia. "Are you eligible?" Ministry of Health. <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/are-you-eligible#others>

Government of Canada. "Prostitution Criminal Law Reform: Bill C-36, the Protection of Communities and Exploited Persons Act." <https://www.justice.gc.ca/eng/rp-pr/other-autre/c36faq/>

McBride, Bronwyn, and Trachje Janushev. "Criminalisation, health, and labour rights among im/migrant sex workers globally." In *Sex Work, Health, and Human Rights*, 153–171. Springer, Cham, 2021.

United Nations High Commissioner for Refugees (UNHCR). *Responding to the health and protection needs of people selling or exchanging sex in humanitarian settings*. 2010. <https://www.unhcr.org/60dc85d74.pdf>

Socias, M. Eugenia, Jean Shoveller, Chili Bean, Paul Nguyen, Julio Montaner, and Kate Shannon. "Universal coverage without universal access: institutional barriers to health care among women sex workers in Vancouver, Canada." *PLoS One* 11, no. 5 (2016). <https://doi.org/10.1371/journal.pone.0155828>

Sou, Julie, Shira M. Goldenberg, Putu Duff, Paul Nguyen, Jean Shoveller, and Kate Shannon. "Recent im/migration to Canada linked to unmet health needs among sex workers in Vancouver, Canada: findings of a longitudinal study." *Health Care for Women International* 38, no. 5 (2017): 492–506. <https://doi.org/10.1080/07399332.2017.1296842>

PACE and Pivot Legal Society. (2022). Joint Submission to the House of Commons Standing Committee on Justice and Human Rights. Review of the *Protection of Communities and Exploited Persons Act*. https://www.pivotlegal.org/pivot_pace_written_submissions_review_of_pcepa

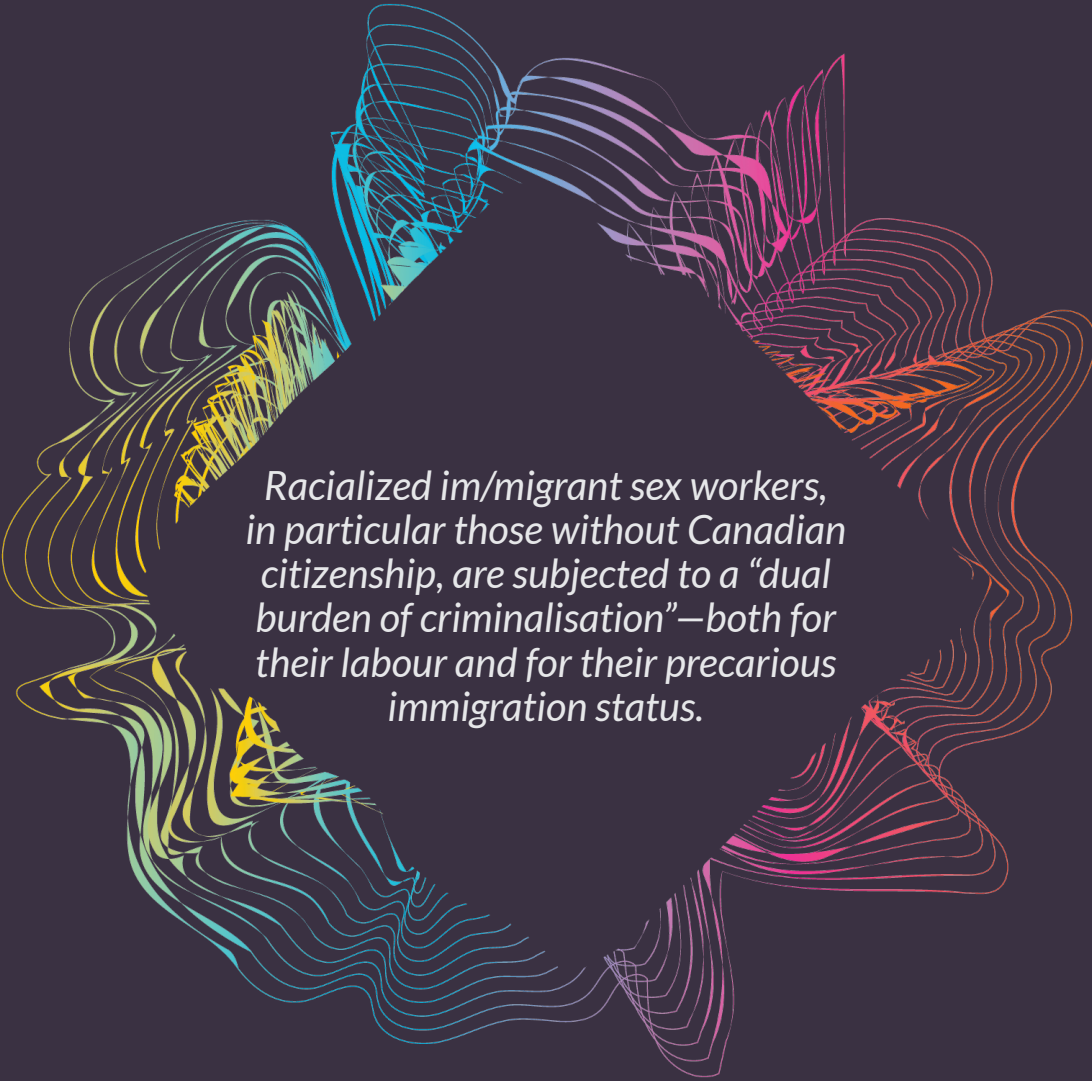
Pearson, Jennie, Kate Shannon, Bronwyn McBride, Andrea Krüsi, Sylvia Machat, Melissa Braschel, and Shira Goldenberg. "Sex work community participation in criminalized environments: a community-based cohort study of occupational health impacts in Vancouver, Canada: 2010–2019." *International Journal for Equity in Health* 21, no. 1 (2022): 1–9. <https://doi.org/10.1186/s12939-022-01621-8>

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Racialized im/migrant sex workers, in particular those without Canadian citizenship, are subjected to a “dual burden of criminalisation” – both for their labour and for their precarious immigration status.

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