



# An Evaluation of Indoor Sex Workers' Psychosocial Occupational Health and Safety in Metro Vancouver, Canada

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## Abstract

Criminalization of sex work is linked to increased risk of violence and lack of workplace protections for sex workers. Most jurisdictions globally prohibit some or all aspects of sex work with New Zealand constituting a notable exception, where sex work has been decriminalized and regulated via OHS guidelines. We used the *Guide to Occupational Health and Safety in the New Zealand Sex Industry* (NZ Guide) as an analytical framework to examine the lived-experiences of psychosocial OHS conditions of indoor sex workers in Metro Vancouver under end-demand criminalization. We drew on 47 semi-structured interviews, conducted in English, Mandarin, and Cantonese in 2017–2018, with indoor sex workers and third parties providing services for them. Participants' narratives were analyzed using a coding framework based on the NZ Guide's psychosocial factors section, including safety and security from violence and complaints processes, which highlighted specific OHS shortcomings in the context of end-demand sex work legislation in indoor sex work environments. Participants identified a significant lack of OHS support, including a lack of safety training, right to refuse services, and access to justice in the context of labour rights violations or fraud, robbery or violence. Our findings emphasize the benefits of full decriminalization of sex work to facilitate sex workers' access to OHS through development and implementation of OHS guidelines designed by and for the indoor sex industry. OHS guidelines should focus on labour rights and protections, including development of sex workers' right to refuse services and access to justice.

**Keywords** Occupational Health and Safety · OHS · Sex work · End Demand

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## Introduction

There is now growing evidence globally that sex work criminalization undermines occupational health and safety (OHS) of sex workers, including risk of violence and negotiation of sexual health and safer sex practices (Bail & Giametta, 2019; Berger, 2012; NSW, 2018; Platt et al., 2018). Despite this, in 2014 the government of Canada, implemented ‘end-demand’ legislation, in line with a growing number of jurisdictions globally including Sweden, France, and Northern Ireland. In the Canadian context, the Protection of Communities and Exploited Persons Act (PCEPA) prohibits purchasing sex (i.e., criminalizing clients), third party assistance (e.g., management, security), conducting sex work in public places, and advertising by third parties (i.e., publishing offers for others’ sex work) (Government of Canada, 2014). A growing body of research on sex workers’ experiences in the context of end-demand criminalization in Canada has documented that rather than supporting sex workers’ health and safety, end-demand criminalization may pose additional risks, including undermining the client screening process and service negotiation (Argento et al., 2020; Benoit et al., 2021; Crago et al., 2021; Lam, 2018; Machat et al., 2019; Mall et al., 2019; McBride et al., 2021, 2022; McBride et al., 2019a, b; McDermid et al., 2022).

Research from New Zealand, where sex work is decriminalized, has shown that decriminalization improved sex workers’ safety and access to workplace protections and human rights, by empowering sex workers to: utilize the criminal legal system when crimes are committed against them; utilize formal complaints processes (e.g., Human Rights Tribunal) in cases of work-related disputes or grievances; and utilize their right to refuse clients without management interference (Abel, 2014). While New Zealand’s sex work industry continues to face challenges, such as stigma and the continued criminalization of sex work among non-citizens, overall the decriminalization of sex work in New Zealand has facilitated safer working conditions, and improved access to labour and human rights (Abel, 2014; Armstrong et al., 2020; Weinhold et al., 2022).

In the current stigmatized and criminalized context, it is difficult to estimate the number of sex in Canada. Nevertheless, one recent effort to estimate the number of active sex workers in Canada examined online advertisements across Canada from six websites from 2014 to 2016 (Kennedy, 2022). Results from this study found 16,846 sex workers active weekly, 26,326 active monthly, and 169,473 active at least once over the two-year period (Kennedy, 2022). The advertisements included in this study were 86% women and the study extrapolated that 2% of the Canadian female population aged 20–49 had been active in sex work at least once in 2016 (Kennedy, 2022). Likely this is an underestimate, given not all sex workers advertise online and that only six websites were analyzed.

Limited research in Canada has examined sex work through an OHS lens. Existing research has found sex workers prevent and mitigate violence using diverse safety strategies that are limited by the absence of OHS guidelines in a criminalized environment (Bungay & Guta, 2018). In 2006 prior to the implementation of end-demand criminalization in Canada, Pivot Legal Society, a local non-profit organization devoted to legal advocacy, examined sex workers’ OHS and called for access to employment standards, and workers’ compensation in Canada’s sex industry (Childs

et al., 2006). Due to the criminalized and stigmatized nature of sex work there is a lack of understanding of the psychosocial OHS impacts of this type of work. Sex work has previously been connected to the realm of ‘dirty work’ – work marked by stigma, in which those who perform the work are also stigmatized (e.g., domestic work, hospitality, garbage collection) (Ashforth & Kreiner, 2014; Mendonca & D’Cruz, 2021). Measured negative health outcomes of work deemed ‘dirty’ include poorer work satisfaction, stress and burnout, and poor mental and physical health (Mendonca & D’Cruz, 2021). Prior research has suggested that blaming or distancing via criminality, including of service users (i.e., client criminalization), adds a layer of stigma to those engaged in work deemed ‘dirty’ (Ashforth & Kriener, 2014). Given psychosocial implications of dirty work, shifts in the legislative landscape of sex work, and an overall paucity of research on sex workers’ psychosocial OHS, we set out to explore sex workers’ lived experiences of psychosocial OHS in order to add to a limited but growing body of literature on the effects of end-demand legislation on sex workers’ OHS (e.g. Benoit et al., 2021).

In British Columbia (BC), provincial government agencies have tacitly recognized their role in ensuring sex workers’ OHS. WorkSafeBC, the provincial agency mandated to promote OHS in BC, maintains job classifications for ‘Massage Parlour, Steam Bath, or Massage Services (not elsewhere specified)’ (761021), which specifically identifies ‘escort services’ as included in the classification (WorkSafeBC, 2020). Similarly, the BC Centre for Disease Control (BCCDC) issued a *Guidance for Sex Workers* document in response to the COVID-19 pandemic (BC Centre for Disease Control, 2020). Despite this, criminalization of sex work in Canada has continued to contribute well-documented barriers to OHS for sex workers, including barriers to engage with the criminal legal system (e.g., police, courts, victim services) and sex work stigma enacted or exacerbated by government agencies (e.g., healthcare, social services, police) (Anderson et al., 2015; Benoit et al., 2016, 2017, 2019; Bungay & Guta, 2018; Crago et al., 2021; Goldenberg et al., 2015; Krüsi et al., 2016).

To evaluate sex workers’ OHS conditions within indoor workplaces in Metro Vancouver under end-demand criminalization, we looked to New Zealand to establish an analytical framework to assess working conditions of sex workers. New Zealand is unique as sex work has been decriminalized since 2003 when the *Prostitution Reform Act* (PRA) came into effect, allowing for the implementation of OHS guidelines for sex workers. The New Zealand Department of Labour published *A Guide to Occupational Health and Safety in the New Zealand Sex Industry* (the *NZ Guide*) in 2004. This guide is based on input from Scarlet Alliance, an Australian forum for sex workers’ rights organizations and the Australian Federation of AIDS Organizations, with locally relevant input from the NZ Prostitutes Collective. Further contributions to the *NZ Guide* were made by the Ministry of Health, the New Zealand Police, and the Government of New Zealand. This unique industry-specific guide includes sections on sex workers’ health (e.g., sexual health education; sexual health assessment), workplace amenities (e.g. cleanliness), psychosocial factors (e.g., security and safety from violence; complaints processes), appendices relating to regulatory agencies and OHS reporting, and fact sheets on special OHS topics for sex workers. Given current gaps in the literature related to psychosocial OHS among sex workers in Canada, our objective was to analyze the psychosocial OHS conditions of indoor sex workers in

Metro Vancouver under end-demand criminalization, by drawing on the *NZ Guide* as an analytical framework to interpret sex workers lived experiences.

## Methods

This research builds on ongoing community partnerships and is integrated with an epidemiological cohort of over 900 street and off-street sex workers, known as AESHA (An Evaluation of Sex Workers Health Access) (McBride et al., 2019a, b). For this analysis, sex workers and third parties working in licensed indoor workplaces (i.e., massage parlours), unlicensed indoor workplaces (i.e., micro-brothels operating out of residences), and informal work environments (i.e., sex workers' or clients' homes or hotels) were invited to participate in semi-structured interviews in the context of ongoing AESHA outreach.

## Positionality Statement

The lead author (SM) has multiple years of indoor sex work experience under both pre- and post-end-demand legislation within Metro Vancouver, Canada, in addition to multiple years of experience as a sex work researcher. The lead author's views are informed by participatory action research approaches and her work experiences on safety committees and in union settings within retail environments (Baum et al., 2006). The lead author is a white, cisgender woman born in Vancouver, Canada to non-English speaking refugee im/migrant parents.

The research team included additional former and current indoor sex workers who contributed relevant experiential perspectives to the interview guide, coding and thematic analysis, and final manuscript authorship. Sex work experience among research team members was primarily in indoor sex work environments such as massage parlours, outcalls to clients' homes or hotels, or remote work such as online or phone-based work. Four members of the research team were white, one was East Asian, and one was South Asian.

## Study Methods

For this qualitative study, the term sex worker is used to describe people engaged in selling sexual services for money. Inclusion criteria included having exchanged sex once or more over the last year in exchange for cash or barter for goods or services. The term indoor sex worker is used to describe those who work primarily in off-street work environments, such as massage parlours, brothels, workers' homes or hotels, or clients' homes or hotels. All sex workers in this study work primarily in indoor environments and provide in-person sexual services. The term third party refers to a person who provides commercial support services for sex workers; examples of third parties in sex work include: venue owners; managers; security; receptionists; and phone handlers.

Recruitment for this study was facilitated by longstanding relationships between community-based research staff and sex work venues, built over a decade of regular

outreach where AESHA staff deliver sexual health supplies and STI testing for indoor sex workers. Eligibility criteria for this study were: (1) working in an indoor sex work venue, (2) age 19 or older, and (3) either being a worker engaged in commercial sex services or holding a third party role (e.g., venue owner, manager, receptionist). Third parties' inclusion was essential to better understand the diverse ways in which third parties shaped OHS in sex work workplaces. Holding a third party role was not mutually exclusive with providing commercial sexual services (i.e., doing sex work). Throughout the manuscript, we use sex workers to refer to those who exclusively provide sex work services (including sex workers who work independently without the assistance of third parties). We use the term third parties to refer to those who exclusively provide third party services and the term participants to refer to either those who held dual roles or to results which resulted from mixed perspectives. Outreach staff purposively invited study participants reflecting diverse ages, race/ethnicity, lengths of time in the sex industry, and roles. Additionally, we drew on snowball sampling, which can be particularly useful in the context of research with stigmatized or criminalized populations, whereby participants in larger venues shared study information with co-workers, who were invited to contact study staff and were screened for eligibility based on the above outlined inclusion criteria. We intentionally did not ask explicitly about immigration or citizenship status to ensure privacy and establish trust with the research team, due to ongoing criminalization and threat of deportation of some sex workers based on this criterion. Based on trust, rapport, and positive experiences with outreach staff, using this method the study team was able to recruit 47 participants. The vast majority of those invited by the outreach team chose to participate in the study. The main reason for declining was not having time to be interviewed due to client appointments. The sample size was largely determined by the availability of participants, given the stigmatized and criminalized nature of sex work in Canada, as well as financial resources and interviewers' availability to spend time in indoor sex work environments and wait for opportunities to speak to sex workers and third parties during their workday. However, the composition of this sample reflected a broad range of participants with diverse sex work and third party history and experience and provided adequate interview data to analyze OHS conditions of indoor sex workers in Metro Vancouver under end-demand criminalization (Malterud et al., 2016).

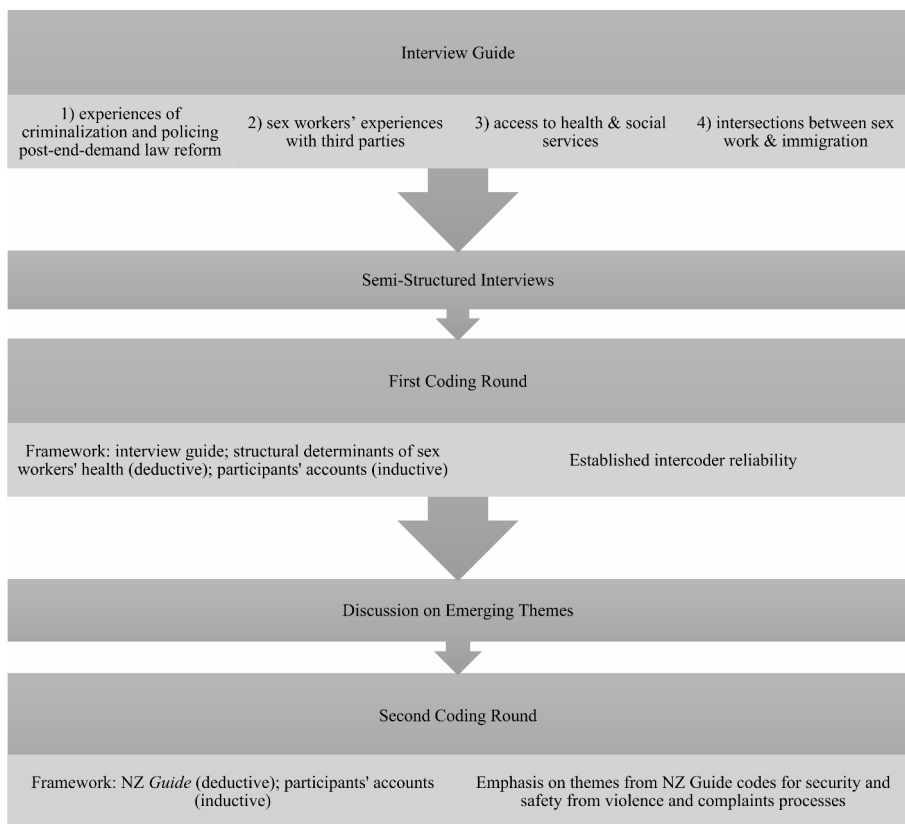
Trained interviewers (including experiential staff) conducted semi-structured interviews in English, Mandarin, and Cantonese with 47 participants July 2017 to November 2018. The semi-structured interview guide explored the lived experiences of sex workers working in indoor environments after the implementation of the PCEPA. The interview guide centered on four major topic areas: (1) experiences of criminalization and policing post-end-demand law reform; (2) sex workers' experiences with third parties; (3) access to health and social services; and (4) intersections between sex work and immigration. Interviews took place in a private space in participants' workplaces and were 25 to 105 min long. Interviews were audio-recorded, translated into English when necessary, transcribed verbatim, and checked for transcription and translation accuracy. All participants provided informed consent and received \$30 CAD for their time and expertise. The study holds ethical approval through Providence Health Care/University of British Columbia. The data used for

this analysis have previously been analyzed to examine the composition and role of third parties (McBride, 2019), the impacts of client criminalization on OHS (McDermid, 2022), and the impacts on sex workers' sexual health through an OHS lens (also using the NZ *Guide* analytical framework) (Pearson, 2023).

## Data Analysis

The research team discussed interview content, emerging themes, and coding framework throughout data collection and analyses (Bradley et al., 2007). Data analysis drew on deductive and inductive approaches (Bradley et al., 2007); to explore the multilevel risk and protective factors shaping sex workers' OHS experiences. Using an integrated approach to qualitative analysis, which applies the principles of inductive reasoning while also drawing on predetermined code types based on the NZ *Guide*, allowed us to interpret participants' lived experiences through an OHS lens and draw out how an OHS guidelines could improve sex workers working conditions in Metro Vancouver.

We utilized an iterative two-step approach to coding drawing on principles of thematic analysis (Bradley et al., 2007; Braun & Clarke, 2006). First, authors BM, AM,



**Fig. 1** Data analysis process overview

& SM coded the interview transcripts using a qualitative analysis software (NVivo), applying codes using a framework based on themes derived from the interview guide and informed by a structural determinants of sex workers' health approach (Shannon et al., 2015) (deductive), and participants' accounts (e.g., experiences with third parties, peer training on sexual health) (inductive). Inter-coder reliability was established between coders (SM, BM, AM) using a minimum 80% agreement rule to ensure reliability for the first round of coding (Bradley et al., 2007; Miles et al., 1994). The first author (SM) then applied a second round of codes drawing on the NZ *Guide* to interpret sex workers' experiences with OHS. For this second level coding we focused on the psychosocial factors section of the NZ *Guide*, with emphasis on emerging themes from codes for security and safety from violence and complaints processes. Examples of these codes included 'Safety training and procedures', and 'Reporting to police'. A visual overview of data analysis methods is provided in Fig. 1. This analytical framework facilitated analyzing experiences of OHS among indoor sex workers from an OHS and labour rights perspective and helped identify gaps in OHS experiences for sex workers in the context of end-demand criminalization in Canada. All participant names presented in our results are pseudonyms to protect participants' privacy and due to the small sample size in some categories, throughout the [Results](#) section, we removed identifying racial information in order to protect the anonymity of specific participants.

## Results

### Participant Characteristics

Study participants ranged in age from 19 to 63 and had been involved in sex work from a few days to 30+ years (Table 1). Approximately three-quarters engaged in sex work and more than half of participants held third party roles, with substantial overlap between sex work and third party roles. All study participants self-reported that they had exchanged sex under this definition on multiple occasions, all had exchanged sex for cash, and most study participants had engaged in sex work for multiple years. Participants' ethnicity/racial backgrounds varied widely and included East Asian ( $n=21$ ), white ( $n=17$ ), and Latinx ( $n=5$ ) participants. Two-thirds of participants were im/migrants<sup>1</sup> to Canada. We have removed identifying racial information in the [results](#) section to protect the anonymity of participants due to small sample size, referring to participants as white and/or 'racialized' throughout and highlighting experiences of specific racial groups in the manuscript.

Study participants discussed security and safety experiences in depth and many highlighted how security and safety were facilitated by third parties (see also McBride et al., 2022). Study participants' responses emphasized that rights to refusal of unsafe

<sup>1</sup> Community-based organizations have proposed 'im/migrant sex worker' as a broader term that is more inclusive of the diverse persons (regardless of immigration status) who were born in another country and now work in sex work in Canada (SWAN Vancouver Society, 2015). Our study uses 'im/migrant' to be inclusive of all possible forms of immigration status.

**Table 1** Participant characteristics ( $n=47$ )

<i>Age – median, range</i>	37, 19–63
<i>Ethnicity/Race*</i>	
East Asian (e.g., Chinese, Korean, Taiwanese)	44.7% ( $n=21$ )
White	36.2% ( $n=17$ )
Latinx	10.6% ( $n=5$ )
All other (e.g., South Asian, Indigenous, Black?)	17.0% ( $n=8$ )
<i>Im/migrant to Canada</i>	66.0% ( $n=31$ )
<i>Current role in sex industry*</i>	
Worker	74.5% ( $n=35$ )
Third party	55.3% ( $n=26$ )
<i>Work environment</i>	
Massage parlour (licensed)	78.7% ( $n=37$ )
Unlicensed venue (e.g., beauty spa, brothel, hotel, incall)	21.3% ( $n=10$ )
<i>Time in sex industry – median, range</i>	5.75 years, < 1 month – 30 years

\*Participants were able to select more than one option, resulting in sums of > 100%

work and willingness to engage with police or the criminal legal system were complicated by criminalization. Similarly, workplace complaints processes were largely non-existent in the context of the criminalized nature of most aspects of sex work. Despite this, participants consistently identified basic labour protections (e.g., right to refuse unsafe work, anti-discrimination protections, complaints processes) and access to justice as key to improving their OHS.

Despite common stereotypes about exploitation in sex work, study participants' narratives overwhelmingly described the actual tasks/mechanics of sex work to be 'work like any other work' and 'just a job', except for the criminalized and stigmatized nature of the work. Sex workers' narratives generally included both positive and negative experiences, similar to experiences of other types of work. In terms of OHS hazards and desired workers' rights and protections, participants compared sex work, including potential security and safety risks, to a variety of other work, such as retail, healthcare, food service, massage therapy, and policing. These comparisons are supported by global and regional OHS literature; for example, a WorkSafeBC backgrounder on workplace violence identifies retail and hospitality as industries with particularly high rates of workplace violence (WorkSafeBC, 2023), while the BC Federation of Labour identifies common risk factors for experiencing violence at work, including working with the public, handling money, providing service/care/advice/education, working alone, or working under stressful conditions (which could be conceptualized as working in a criminalized industry) (BC Federation of Labour, n.d.).

*So, my ideal would be to have sex work looked at like any other job and have the same sort of regulations as any other job within Canada... Like, toward sex worker health and also it would make it much easier to prevent the kinds of things that people are always concerned about with prostitution like traffick-*



ing. – Jamie, 20s, racialized/white genderqueer & cisgender woman, worker, 5+ years experience.

Participants felt that sex workers should be extended the same rights and protections as workers in other sectors. Most study participants weighed deficiencies in sex workers' OHS, which were often tied directly to criminalization (e.g. exposure to security and safety risks, lack of employee complaints processes) and the absence of OHS guidelines, against benefits of working in the indoor sex industry (e.g., higher income earning potential, increased worker autonomy) and highlighted the need for policy to catch up with their own perceptions of sex work 'as work as any other work'.

### Security and Safety from Violence

In the NZ *Guide* violence is defined as including abusive communication, intimidation or bullying, physical abuse, sexual harassment, or stalking, in relation to clients, but also co-workers or management. The NZ *Guide* details several ways employers can manage violence hazards: (1) *safety training and procedures* on identifying and dealing with potentially dangerous situations; (2) *ejection and readmittance* policies and their enforcement for clients who behave unacceptably (e.g. clients who are verbally or physically threatening or abusive); (3) *supporting workers' rights to refusal of dangerous work* or to withdraw consent before or while providing services, in accordance with Sect. 17 of the New Zealand PRA; (4) *supporting employees who experience violence* at work; and (5) *reporting to police* when violence or theft occur in the workplace. We assessed security and safety for types of employer risk management responsibility identified within the NZ *Guide*'s descriptive text, as listed above.

All participants discussed workplace security and safety in detail and highlighted workplace security and safety as a pivotal part of OHS in the context of indoor sex work. Several sex workers identified security and safety as critical factors in selecting a workplace, specifically seeking workplaces with security and safety policies that support their safety (e.g., explicit workplace condom-use policies, unacceptable client ejection assistance). As in our prior research, availability of third party assistance was identified by several workers as contributing to security and safety, not only through direct aid (e.g., ejecting unacceptable clients), but also through prevention (e.g., client screening, mentorship, guidance) (McBride et al., 2019a, b).

Criminalization of sex work in Canada was discussed by most participants as a barrier to security and safety precautions, hindering implementation of OHS strategies. Some participants noted criminals were more likely to target the sex industry as a result of criminalization, including for non-sexual crimes such as robbery, as in the context of criminalization seeking police assistance was not accessible for most (see also McDermid et al., 2022).

*If you make something so criminal... violence is gonna come with it. – Marina, 20s, racialized/white cisgender woman, worker, less than one year experience. I do think overall that having the sex industry slightly regulated would have a societal benefit, including decriminalization of purchase of sex. Simply to make*

*it more of a normal transaction. Like getting a regular therapeutic massage and less something that needs to be hidden. Actually [...] part of the reason for the mistreatment of sex workers is that [...] stigma. Having sex work seen as something more normal in society would help to prevent that.* – Jamie, 20s, racialized/white genderqueer & cisgender woman, worker, 5+ years experience.

## Safety Training and Procedures

The NZ *Guide* specifies that employers or operators must provide sex workers with training on administrative procedures and record keeping, communication skills, identifying dangerous situations and how to protect themselves. As described in detail in the book *Violence at Work* (Chappell et al., 2006), published by the International Labour Organization, safety training and procedures are an essential component in preventing workplace violence. In this study, in the context of prohibitive sex work legislation and without clear OHS guidelines, study participants reported a significant gap in formal safety training or procedures in most venues. Overall, sex workers reported that most of their training was informally delivered by third parties and colleagues and identified training delivered by current or former sex workers as most relevant and highest quality. Generally, informal training focused on communication with clients, how to handle dangerous situations, and how to protect themselves from harm (e.g., potential client violence or non-payment). Sex workers noted the safety benefits of working in well-established venues with clear procedures. For example, one worker who had worked in the industry only a few days identified that due to her workplace being a managed venue with consistent procedures, clients already knew workplace policies:

*The clients here have been coming for so long so they know the rules better than I know the rules.* – Anita, 20s, racialized cisgender woman, worker, a few days experience.

As highlighted by this sex worker's quote, the benefits of consistent safety procedures include clients' awareness of such procedures which may contribute to reduction of disagreements and ambiguities related to services offered, which is instrumental in preventing violence. Consistent training and safety procedures can increase clients' awareness of rules and increase willingness to follow them, reducing potential for misunderstandings and subsequent occupational violence.

Gaps in training identified by sex workers included sexual health education and understanding of Canada's evolving sex work laws, which many sex workers were unfamiliar with or had an incomplete understanding of. Further, speaking to our prior research on 'dual roles' held by third parties who are current or former sex workers (McBride et al., 2021), participants articulated a need for experientially based training provided by current and former sex workers. Study participants' narratives further identified an absence of safety training that extended beyond individual workplaces to broader reaching education around general occupational sexual health or the legal status of sex work.

*If you don't have any experience in the sex industry, traditionally, the way we would learn how to work is to work for someone else [...] Someone who could share their lived experience [...] [A]s incidents come up, you might not know what to do... And so, having access to somebody with that kind of lived experience, via third party or an operator, or older more experienced workers within a business, is critical to the safety of new workers. – Melody, 40s, white cisgender woman, worker, 30+ years experience*

*[Y]ou know if you whatever your intention is, if it's to teach them how to be safe, if it's to facilitate their movement out of [sex] work, if it's to, just whatever, if this is an experienced person [...] they're gonna know, a little more than somebody that might have read it in a textbook or seen a movie. – Zora, 30s, racialized/white cisgender woman, worker & third party, 10+ years experience.*

## Ejection and Readmittance

The NZ *Guide* calls for employer enforcement of ejecting and not readmitting clients who behave unacceptably (e.g., verbally or physically threatening or abusive) and outlines a clear step-by-step example procedure that includes alerting coworkers, instructions for reception personnel, and guidance for other staff. As outlined in the NZ *Guide*, study participants emphasized that third parties played an essential role in ejection and readmittance policy enforcement and client screening. Despite the context of criminalization, many sex workers in our study noted they felt empowered to eject and ban abusive clients specifically with support of coworkers, including client ejection assistance from management and emotional support from colleagues.

*Ya [managers] help us... They help us welcome the clients inside, help us deal with bad clients. Lots of help [...] They help us kick out the bad clients. – Angela, age 40s, racialized cisgender woman, worker, more than one year experience. Sometimes if the clients are drunk or have a bad attitude, we'd just tell them to leave. We are concerned that they would bully the girls or make trouble. We don't want them to stay here. – Lu, 40s, racialized cisgender woman, third party (former worker), 5+ years experience.*

Echoing prior Canadian research (Bruckert & Law, 2013; McBride et al., 2019a, b), participants' narratives indicate third parties played a crucial role in screening clients via recorded materials (i.e., photos, video), call display, and 'blacklists' of clients who were not to be readmitted. Both sex workers and managers described third parties taking sex workers' complaints about clients seriously and taking immediate action to ensure such clients were effectively barred from the premises. Third parties in our study consistently took on the responsibility of dealing with unacceptable clients and thus, even in a context of third party criminalization, provided crucial OHS support for indoor sex workers.

*There was a very violent client... He wanted a girl to provide extra. 'How come you don't do that [service]? [...] I kicked him out and haven't let him come*

*back since.* – Jonathan, 40s, racialized cisgender man, third party, 5+ years experience.

*[The manager] keeps a record of anyone who has called [...] She records everything [...] If one gets on the blacklist, he can no longer call in next time [...] Or if I think a person is [...] I don't mean he is a robber or anything like that, if he is too talkative, too annoying, or I think he is dirty or smells bad, I would call the manager that I don't want to take this person next time, not matter for massage or anything. She would respect my opinion and block that person. He cannot call in next time.* – Wu, 40s, racialized cisgender woman, worker & third party, more than one year experience.

## Supporting Workers' Rights to Refusal

In New Zealand, in accordance with Sect. 17 of the PRA, all sex workers retain the right to refuse to provide or continue to provide commercial sexual services to any person at any time (Ministry of Justice, 2003). Entry into a contract to provide commercial sexual services does not limit withdrawal of consent before or during service provision (Ministry of Justice, 2003). Recommendations from Pivot Legal Society's 2006 report included formation of similar protections for sex workers in Canada (Childs et al., 2006); to date, no such protections have been enacted in Canada. As outlined by the NZ *Guide*, we assessed managers' support for sex workers' rights to refuse to provide or continue providing commercial sexual services to any client. In general, sex workers described worker autonomy and management support in their decision-making processes at work, including refusing to provide or continue providing commercial sexual services to any clients.

*For example, my boss, she is nice and she said no more. If you don't want, you don't need [to see a specific client]. So, you know now I'm more, strict, uh more – [...] Yeah if [the client] [does] something that I don't like, I said, if you repeat that again, I will stop the session [...] And they stop.* – Laura, 20s, racialized cisgender woman, worker, less than one year experience.

Several third parties indicated full support for sex workers' decision-making in refusing specific services. In some cases third parties echoed sex workers' descriptions of management asking sex workers to work less, in support of sex workers' overall wellbeing. Specifically, in line with the NZ *Guide*, several sex workers in our study described refusing to serve clients who were intoxicated.

*No one is coerced to do something they don't want to. Actually, in our parlour, we try to make the girls do less. There is no way we are forcing them to do anything... I believe they are all voluntary. They are all adults. It's unnecessary to coerce anyone.* – Den, 50s, racialized cisgender woman, worker & third party, 5+ years experience.

*For drunk customers, I tell them to come back when they are sober. I don't want to call the ambulance for you, which is embarrassing. [laughter] Then*

*they walk away. Usually that works.* – Zhai, 30s, racialized cisgender woman, worker and third party, 5+years experience.

While study participants' narratives indicated third parties were generally supportive of sex workers' right to refuse to provide or continue providing commercial sexual services to any client, there seemed to be significant ambiguities regarding how and when to request management assistance. Third parties generally just asked workers to 'protect themselves' or 'ask for help'. Sex workers and third parties alike indicated that explicit clearly defined support procedures for the right to refusal were necessary on an institutional level to support sex workers' OHS. While many did not institute such policies, often due to criminalization of the third party role discouraging third parties' involvement in commercial sexual services, a few workplaces had such policies in place.

*It empowers girls a bit if you're working somewhere like here that you can be a little bit more going, no I don't have to do that [service] and I'm not going to do that.* – Winona, 20s, white cisgender woman, worker, less than one year experience.

*You know sometimes customers come here and then with no reason they ask for [specific sexual services] that we cannot do, and then we get pushed to do some such a thing and then I wish there's a way for us to say things like that, so that there's a law to protect us.* – Chen, 40s, racialized cisgender woman, worker/third party, 5+years experience.

Sex workers, especially racialized sex workers and particularly Black participants in our study, described experiences with management coercion and being told they would not be allowed to refuse specific clients or services that they were not offering; for example, one Black participant stated that *"The owners try and pressure you to do more. They don't do it directly, they do it indirectly cause they don't wanna get in trouble but, some of them come right out and tell you, if you won't turn a trick, you're fired."* Another Black participant related her experience with coercion: *"[L]ining up interviews and talking to this guy, he's like, so you're a Black girl? I'm like, yeah. He's like, eh. I've had a couple Black girls. They've done okay. They didn't really make a lot of money though. He's like, but, you know, if you wanna work here, you have to be okay with like, sucking a bare dick. And I'm like, pardon?"* These experiences were in direct contradiction to New Zealand's PRA and the *NZ Guide*, which states both sex workers and clients must take "all reasonable steps" to ensure "a prophylactic sheath or other appropriate barrier" is used if the commercial sexual services being provided involve vaginal, anal, or oral penetration or other activities with similar sexually transmitted infection (STI) risk. Continuing the theme of coercion of sex workers into unsafe workplace practices, some experiences of racialized sex workers in our study involved workplaces with policies discouraging condom use for oral sex on a man.

*The person that owned the [escort agency], it seemed like I didn't have my own choice. You know, even if I said something like, oh I don't feel comfortable with*

*this or like, I can't do it. The person would, right away get mad at me [...] The person would always ask me why. And I'm like, I don't need to tell you reasons all the time, right? [...] Cause if it's a no it's a no. – Marina, 20s, racialized/white cisgender woman, worker, less than one year experience.*

These experiences highlight the need for clear guidelines to support the right of refusal for all sex workers to ensure sex workers' safety, for the clarity of both third parties and workers. Even without mandated workplace-level safer sex policies, some sex workers sought out workplaces that had explicit safer sex policies. These narratives emphasize that implementation of industry-wide OHS policies regarding refusal to provide or continue to provide commercial sexual services to any client establishes clear institutional support for sex workers to withhold or withdraw consent.

### Supporting Employees who Experience Violence

The NZ *Guide* clearly states that it is employers' responsibility to support workers who experience violence at work; in the NZ *Guide*, these supports include facilitating access to medical, legal or counseling services that may be required. In our study participants described support after experiencing a violent or unsafe situation as ad hoc. The support involved emotional support by co-workers and experiential third parties after the incident, as well as enforcement of non-readmittance policies for clients who had caused harm. However, in contrast to the NZ *Guide*, participants in our study did not discuss referrals to external support services by third parties and thus a coordinated response to support sex workers who experienced occupational violence was lacking in the context of end-demand laws and in the absence of OHS policies. Study participants narratives indicated that coordinated referral to sex worker-supportive services by experiential staff would be most relevant.

*Like I mean if it happened in here, I was assaulted in a bad way, like, do you know what I mean? Obviously, I'm gonna talk to my boss first about it and I'd say gimme advice, what do you think I should do? – Winona, 20s, white cisgender woman, worker, less than one year experience.*

*But, if I had a problem here, like, I told you about that guy who hurt me, right? [...] I got out and, yeah, I didn't think about, like, talking to a psychologist. – Anita, 20s, racialized cisgender woman, worker, a few days experience.*

*[I] try to talk to [the workers] and make them feel comfortable, and, set up a goal. And I try to help them to reach the goal. But, have to say it's very challenging. – Natalie, 40s, racialized cisgender woman, third party, more than one year experience.*

### Reporting to Police

The NZ *Guide* places responsibility for encouraging and supporting sex workers to report violent incidents to police on employers. This is complicated in Canada due to the criminalization of third parties. In our study, while some third parties previously

reported violence or robbery to police, the majority described patterns of non-reporting due to: unwillingness to involve police in a context of third party criminalization; sex work stigma; previous negative experiences with reporting; and fears around im/migration concerns.

Third parties and sex workers generally indicated that reporting sex work-related violence to police was sex workers' decision and responsibility. However, some sex workers said they would only report violence to police with management direction, trusting managers to assess likelihood of a helpful police response.

*I'd talk to my boss about it first to get advice on what to do. But if she assured me, you're totally fine to go to the police, then I would go to the police probably.*

– Winona, 20s, white cisgender woman, worker, less than one year experience.

As detailed in our prior research (McBride et al., 2022), due to their criminalized role, most third parties were reluctant to report sexual violence against sex workers (e.g., client nonpayment for sexual services rendered; violations of sexual consent). Some managers described reluctance to any involvement in sex workers' experiences behind closed doors, including violence and subsequent police reporting.

*Whatever [sex workers] do, I state clearly already, it's none of my business. Things you don't want to do, or are pushed by the customers, you can call the police, you can file a complaint, you can sue them. I won't push you to do anything. All that I ask for is that you do what you are hired to do, which is massage and that I get my room fee. If you don't get your tip, I can give you 50% commission from the room fee.* – Bell, 40s, racialized cisgender woman, third party (former worker), more than one year experience.

As outlined in the NZ *Guide*, part of ensuring safe workplace conditions includes the ability to request emergency services when needed. Reporting to police and other community safety measures (e.g., business improvement associations; sex worker support services) is an essential component of ensuring sex workers' OHS. Similar to our previous findings focused on im/migrant sex workers (McBride et al., 2019a, b, 2022), sex workers and third parties described being disincentivized from reporting workplace crimes through a combination of third party criminalization, dissatisfaction with outcomes of prior reporting, fears around impacts on im/migration status or efforts, and fears of sex work stigma within the criminal justice system, including policing and extending through the criminal justice process. Study participants who were willing to report workplace crimes felt disincentivized from further reporting due to prior unsatisfactory police interactions, including loss of essential workplace safety equipment (i.e., recording equipment).

## Complaints to Regulatory Bodies

*I don't know very many girls who are gonna go and like, complain about their boss when their job isn't exactly legit, you know what I mean? – Janet, 30s, racialized cisgender woman, worker, more than one year experience.*

The NZ *Guide* directs OHS or employment-related issues to first be raised with the employer and then escalated to the New Zealand Department of Labour, while health complaints should be directed to the Public Health Service. In Canada, the 2006 Pivot Legal Society report set out numerous potential complaints avenues available to sex workers including the Workers Compensation Board (employers' violations of OHS regulations) and the Employment Standards Branch (violations of the Employment Standards Act) (Childs et al., 2006). In contrast, in the current context of prohibitive sex work legislation and in the absence of OHS guidelines, sex workers we interviewed made no mentions of filing complaints with any regulatory government body, echoing the lack of reporting to police detailed above and indicating no improvements in complaints processes in the shift to end-demand legislation.

Sex workers understood and described the effects of an absence of formal complaints processes and described managing conflict with management by changing workplaces or, in some cases, starting to work independently. Despite the significant overlap in roles between sex workers and third parties, managers shifted blame for conflicts between sex workers and management onto workers and denied the need for complaints processes, suggesting they had workers' best interests in mind.

In New Zealand, employment standards regulators are involved in the indoor sex industry. In our study many sex workers and third parties expressed frustration that the sex industry was not in alignment with provincial employment standards.

*You can't be bullied if you work at the City. You can't be bullied if you're a police officer. You have recourse [...] I'm not saying those processes are perfect by any stretch. But we need those same kinds of protections. Like, 'I worked at an agency and they were terrible to me and they made me do all these [sex work services] and I didn't make any money and they made fun of me.' That's not legal in regular employment standards, right? – Melody, 40s, white cisgender woman, worker, 30+ years experience.*

One specific area where labour standards were lacking was work-related fees, such as shift fees, fines, or 'tips' paid to management or other third parties. Such fees could result in sex workers owing money. Sex workers' narratives demonstrated that lack of avenues for pursuing formal complaints resulted in violations of basic workers' rights (e.g., workplace harassment; 'shift fees' in order to work).

*And I think that in most workplaces where you have things like, you know, Human Resources [...], it's regulated and recognized as a business. Owners don't feel like they can maybe take advantage of the situation as much, where I think that when you've got parlours where girls are kind of working in fear*



*because maybe they don't know their rights, owners can kind of maybe take advantage of that and not be very kind.* – Marina, 20s, racialized/white cisgender woman, worker, a few months experience.

## Discussion

Our findings indicate sex workers had high levels of awareness of security and safety risks at work and that sex workers' security and safety was facilitated by third parties. In a criminalized context under end-demand criminalization, sex workers and third parties generally sought to resolve OHS barriers on an individual level (e.g., switching workplaces instead of filing complaints) or, in some cases, on an institutional workplace level (e.g., plausible deniability for third parties by not explicitly discussing sex work-related services). Notably different from the decriminalized New Zealand context and highlighted by drawing on our analytical framework based on the NZ *Guide*, sex workers in this study consistently reported barriers to services operating on a macrostructural level that enhance occupational rights, including access to basic worker protections (e.g., inability/unwillingness to file complaints against third parties due to third party criminalization) and access to the criminal legal system (e.g., fear of reporting violence to police, fear of pressing criminal charges due to negative consequences of participation in criminal trials). Prior Canadian research has indicated similar findings regarding access to justice and resulting impacts on OHS (Benoit et al., 2021; Bungay & Guta, 2018; Lam, 2018; Mall et al., 2019; McBride et al., 2019a, b, 2022). Our analysis further highlights that there were no improvements with regards to OHS access among sex workers including since the implementation of end-demand legislation in Canada (Childs et al., 2006).

Our results further highlighted that sex workers experiencing intersecting forms of marginalization (e.g., racism; im/migration status) faced unique OHS challenges. Racialized sex workers, especially Black women, identified third party criminalization as a barrier to equitable employment and to addressing race-based discrimination via regulatory avenues. As previously reported (Mall et al., 2019), visitor and im/migrant sex workers faced barriers to workers' rights resulting from fear of deportation as a result of their criminalization, including as a barrier to OHS by limiting managers' and other third parties' abilities to advocate for sex workers in the workplace (e.g., clarifying workers' rights to refusal; setting and enforcing terms and conditions with clients; reporting violence and other crimes to police); this builds on our prior research which indicates these impacts are disproportionately felt by im/migrant sex workers, who have higher odds of relying on third-party services (McBride et al., 2019a, b).

Our research adds to a growing body of literature on the diverse ways sex workers in Canada mitigate OHS risks on individual and workplace levels to compensate for lack of macrostructural supports (e.g., access to justice services; labour regulations) (Bungay & Guta, 2018; van der Meulen, 2012) and highlights that there were no significant improvements to OHS conditions in indoor sex work environments post end-demand law reform. Research on sex workers OHS needs, conducted prior to

the implementation of end-demand criminalization in Canada identified a need for increased access to employment standards and workers compensation; implementation of anti-discrimination policies; and ending the practice of pay-outs to management in order to work (Childs et al., 2006; van der Meulen, 2012). However, using the NZ *Guide* as an analytic framework, in this analysis we identified significant gaps in OHS in indoor sex work environments under the current ‘end demand’ criminalization regime implemented in 2014. Additionally, our findings also elucidate that in the absence of OHS guidelines sex workers had to resolve workplace complaints on an individual level by either switching managed workplaces or moving to work independently without third party services.

An important detail noted in this new research echoes our prior qualitative research findings that third parties with prior sex work experience provided superior OHS facilitation, such as screening potential clients or ejecting unsafe clients (Anderson et al., 2015; McBride et al., 2021). Between the wealth of knowledge current and former sex workers bring to OHS discussions and the unique needs of sex workers in Canada, which will vary from those of sex workers in New Zealand, it is essential that any effort to develop sex work guidelines incorporates voices of sex workers into the process early and often. We have compiled a full series of recommendations based on our results in Table 2.

As in prior research (Bungay & Guta, 2018; Kolar et al., 2014), multiple study participants commented on the need for clients to receive education on sex workers’ rights, including sex workers’ right to refuse to provide or continue providing sexual services. Sex workers in our study expressed frustration that educational efforts are generally focused on sex workers who are already aware of OHS issues and not on clients who violate their terms and conditions. Client education efforts in particular may be more difficult to research or enact in Canada than in New Zealand, as client criminalization may complicate efforts to reach and communicate with this group (McDermid et al., 2022). Additionally, sex workers in our study repeatedly suggested that provision of sexual health and sex workers’ legal rights education for clients would result in positive impacts to their OHS; further research on sex workers’ OHS outcomes as a result of such initiatives is needed.

## Implications for Future Research

Our study was limited to sex workers and third parties working in indoor establishments and additional research is needed to better understand the OHS needs of sex workers who work predominantly in street-based settings and informal indoor venues. We also recommend future OHS research with sex workers working with escort agencies, outdoor sex workers, and sex workers who work independently and in online settings to determine their specific OHS needs and what OHS guidelines would support their working conditions. Finally additional research that helps to establish how sex work can be regulated beyond criminalization through a labour-focused lens is urgently needed. We recommend utilizing either the NZ *Guide*, guidelines for personal service establishments (e.g., the BC Ministry of Health’s *Guidelines for Personal Service Establishments*) (Ministry of Health, 2017), or guidelines for workers working in isolation (e.g., WorkSafeBC’s *OHS Guidelines*, particularly Sect. 4, Gen-

**Table 2** Recommendations: Based on our research and supported by prior literature on sex worker's OHS, we make the following recommendations

1. Decriminalization of sex work.	Decriminalization of all aspects of sex work, including the third party provision, to allow third parties and clients to actively support sex workers' OHS. Decriminalization would increase access to OHS supports available to workers in other industries (e.g., <i>Employment Standards</i> ), including clearer pathways to developing sex work-specific OHS programs for workplaces with more than 20 workers (WorkSafeBC, 2013).
2. Development of provincial guidelines by and for indoor sex workers, similar to the NZ Guide.	Most jurisdictions already have guidelines for personal service establishments (e.g., estheticians, tattoo artists) issued by the Ministry of Health (Ministry of Health, 2017); these contain best practices for OHS in both storefront and home-based workplaces and, as such, may be particularly relevant as a starting point for generating guidelines for indoor sex workers. As in New Zealand, guidelines must be designed with sex workers' input to ensure they are realistic, relevant, useful, and supportive of sex workers' labour rights; sex workers must be consulted early and often to ensure they are able to contribute to both content and process for guidelines development
3. Engagement with the indoor sex industry by government and non-government labour and workers' rights agencies	Examples of labour and workers' rights agencies that could support sex workers' labour rights that have not done so yet include agencies that set and enforce standards for workplace conditions, prevent or compensate for workplace illness or injury, and judicial bodies that enforce human rights in the workplace (e.g., human rights tribunals). Engagement must begin with agencies listening to and understanding the unique and diverse needs of sex workers in order to provide relevant information and services; sex workers must be consulted early and often to ensure they are able to contribute to both content and process for sex worker engagement by these agencies.
4. Labour rights information campaigns by government and non-government labour and workers' rights agencies designed by and for the indoor sex work industry.	Labour rights information campaigns must be accompanied by internal educational campaigns on sex workers' rights at relevant agencies to avoid stigmatizing interactions for sex workers reaching out for more information and early reporters of labour rights violations. As above, such campaigns must begin with agencies listening to and understanding the unique and diverse needs of sex workers, who face broad social stigma for their work as well as criminalization of major aspects of their work (e.g., supportive third party services, client criminalization).
5. Improvements to sex workers' access to justice.	Considerations should include: absent decriminalization, de facto decriminalization municipally through creation of non-enforcement guidelines for municipal police forces; training for local and federal law enforcement on sex workers' rights to work; expansion of provincial sexual assault reporting to include third parties, without risk of penalty; and evaluation of police training, investigation, and documentation procedures to ensure essential OHS equipment (e.g., security video equipment) is not seized as evidence and sex workers' work status disclosures do not result in negative consequences (e.g., future police harassment). Given the established option for victims of crime to ask the court to not release their identity in the <i>Canadian Victims' Bill of Rights</i> , and stigma related to sex work in particular, efforts must be undertaken to ensure sex workers be made aware of the availability of such anonymization, in English, French, and other commonly spoken languages in Canada (Department of Justice Canada, n.d.; Office of the Federal Ombudsman for Victims of Crime, n.d.; Statistics Canada, 2022).

eral Conditions: G4.20.1-G4.20.1-3, relating to working in isolation (WorkSafeBC, n.d.) as potential analytic frameworks for future research into the OHS needs of sex workers working in diverse environments.

## Strengths & Limitations

Results of this study are limited to observations made by sex workers and third parties working in the Metro Vancouver area and may not be generalizable to other geographic areas; somewhat mitigating this limitation, many participants in this study worked in sex work across multiple parts of Canada and were able to speak comparatively about their experiences. Experiences relating to OHS impacts stemming from macrostructural municipal constructs such as healthcare and police vary by municipality, health region, and province. Due to the criminalization of sex industry work by way of im/migration status (i.e., Canada's complete ban on sex industry work by those without citizenship or permanent residency), it is possible there is an underrepresentation of these perspectives in our study, however such study participants were actively sought by research staff to mitigate this limitation. Due to limited sample sizes, we were unable to analyze how racism is differently perpetuated amongst Asian, Black, and Latinx sex workers and more research is needed to understand the role of racism in OHS within the sex industry. Interviews inquired about participants' lived experiences and are subject to recall bias; to mitigate this limitation, the interview guide included some specific time-based questions (e.g., "Since 2014..."). Findings of self-reported experiences are subject to social desirability bias; this effect was somewhat mitigated with the involvement of experienced and experiential research interviewers, as well as our study's focus on sex workers' perspectives over 'objective' experiences. While we were able to apply a novel analytical framework to the data collected for this study, we were limited by the initial research topic (i.e., PCEPA) and interview guide not being designed around the framework that was eventually applied, resulting in insufficient data for areas of potential analysis (e.g., alcohol consumption by workers or clients in the workplace); for this reason, further research on sex work through a decriminalized OHS lens is recommended. Due to our initial focus on impacts of end-demand criminalization on indoor sex workers, and given indoor sex work has been shown to be safer than outdoor sex work (Supreme Court of Canada, 2013), further research on outdoor sex work through a decriminalized OHS lens is recommended.

## Conclusion

Our findings highlight that in the context of end-demand criminalization there remain numerous barriers to OHS and workers' rights for sex workers in Canada, largely related to macrostructural factors (e.g., sex work criminalization, criminal legal system). Sex workers and third parties who support sex workers have found unique and novel ways to apply OHS principles to sex workers' psychosocial OHS in the absence of macrostructural supports; this remains an insufficient resolution to addressing harms faced by sex workers in Canada. There is an urgent need for the decriminalization of all aspects of sex work in Canada to clear pathways that enhance sex workers' OHS and support sex workers' workplace and human rights.

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## Declarations

**Competing Interests** The authors have no relevant financial or non-financial interests to disclose.

**Ethics Approval** This study holds ethics approval through Providence Health Care/University of British Columbia.

**Consent to Participate and Consent to Publish** Written informed consent for participation and publication of final results was obtained from all participants in this study.

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