How client criminalisation under end-demand sex work laws shapes the occupational health and safety of sex workers in Metro Vancouver, Canada: a qualitative study

Jennifer McDermid,1,2 Alka Murphy,1 Bronwyn McBride,1,2 Sherry Wu,1 Shira M Goldenberg 1,3 Kate Shannon,1,4 Andrea Krüsi 1,4

ABSTRACT

Objectives In 2014, Canada implemented end-demand sex work legislation that criminalises clients and third parties (eg, managers, security personnel, etc) involved in sex work. The focus of this analysis is to explore how the criminalisation of clients shapes the occupational health and safety of sex workers.

Design As part of a longstanding community-based qualitative study (An Evaluation of Sex Workers’ Health Access), this analysis draws on 47 in-depth qualitative interviews with indoor sex workers and third parties. Informed by an intersectional lens and guided by a structural determinants of health framework, this work seeks to characterise the impact of client criminalisation in shaping the occupational health and safety of indoor sex workers.

Setting Indoor sex work venues (eg, massage parlour, in-call, brothel, etc) operating in Metro Vancouver, Canada.

Participants 47 predominately racialised sex workers and third parties working in indoor environments between 2017 and 2018.

Results While participants highlighted that the majority of their client interactions were positive, their narratives emphasised how end-demand criminalisation impeded their occupational safety. The criminalisation of clients was linked to reduced ability to negotiate the terms of sexual transactions, including type of service, price and sexual health. Client preference for cash payments to maintain anonymity led to increased risk of robbery and assault due to knowledge of high cash flow in sex work venues and a reluctance to seek police protection. Workers also noted that client fear of being prosecuted or ‘outed’ by police enhanced feelings of shame, which was linked to increased aggression by clients.

Conclusion Policies and laws that criminalise clients are incompatible with efforts to uphold the occupational health and safety and human rights of sex workers. The decriminalisation of sex work is urgently needed in order to support the well-being and human rights of all those involved in the Canadian sex industry.

INTRODUCTION

There is now a well-established body of epidemiological and social science evidence pointing to the negative impact of criminalising sex work.1–5 Research has demonstrated that criminalisation undermines sex workers’ safety strategies and is linked to increased risk of violence, ill health, stigma and discrimination.1,3,6 Despite this, criminalisation remains the dominant legislative approach to sex work globally, including the increased focus on the criminalisation of clients.7 In Canada, after a Supreme Court decision striking down punitive provisions of past sex work legislation as unconstitutional, new sex work legislation was passed in 2014 that criminalises sex work under a paradigm known as...
‘end-demand’ criminalisation. This approach to the regulation of sex work criminalises clients (ie, anyone who purchases sex services) and third parties (ie, anyone who commercially profits from the proceeds of others’ sex work, including receptionists, drivers, managers, website providers, etc). While the selling of sex is legal under some restricted circumstances (ie, in private spaces), Canada’s end-demand approach also retains measures that explicitly target and criminalise sex workers, upholding sweeping criminalisation of the industry. This includes prohibitions on im/migrants who are open work permit holders and temporary residents from being able to work in the industry, and restrictions on communicating in public or advertising services. In March 2021, the Canadian Alliance for Sex Work Law Reform launched a constitutional challenge at the Ontario Superior Court to challenge the constitutionality of end-demand criminalisation in Canada.

Originating in Sweden in the late 1990s, various iterations of end-demand criminalisation have been implemented in a number of countries over the past two decades, including, Norway, Iceland and France. The ultimate goals of end-demand laws are to abolish sex trafficking, promote gender equality and eradicate sex work by ending the demand for paid sex. The goals of end-demand regulation reflect radical feminist ideology that conceptualises sex workers categorically as women and as ‘at risk’ of exploitation and gendered sexual violence and clients as men who are perpetrators of violence, coercion and exploitation. As a result, end-demand criminalisation legally enshrines sex workers as victims and clients as predators, invalidating the labour of sex work and the rights and autonomy of people who sell or trade sexual services, while at the same time reinforcing moralistic concerns about the commodification of sexual activity, and undermining sex workers’ occupational health, safety and human rights.

By conceptualising clients homogenously as predatory men, the laws reduce the relationship between workers and clients to one of violence and exploitation, and ignore robust evidence that clients pay for sex for a number of different reasons and exist along a broad spectrum of socioeconomic status, race, ethnicity, age, ability and gender. Research focusing on clients in Canada highlights their varied motivations and socio-demographics. For example, a project that engaged over 250 clients found that in addition to sex the majority sought sexual services for companionship and conversation; another study that surveyed over 800 clients revealed that respondent demographics paralleled the diversity of the general public, varying in terms of age, education and income level, occupation, gender, sexuality and marital status; while research examining online sex work review forums found that clients’ identities were multifaceted and differed drastically, with most clients describing themselves as ‘ordinary citizens’ (Sterling and van der Meulen, p293).

Despite this, proponents of end-demand legislation and relevant policy-makers are often characterising clients and their behaviour based on moralistic, heteronormative assumptions about buying sex rather than on empirical evidence, leading to poorly conceived policy interventions that continue to put sex workers and their clients at risk of violence and ill health.

The consequences of this rigid, deviance-focused portrayal of clients are evidenced in Canada’s end-demand approach to sex work. Quantitative evidence has shown that end-demand legislation threatens the health and security of sex workers by reproducing the same risks and harms of previous prohibitive legislative frameworks whereby targeting clients continues to be associated with increased incidences of violence, theft, rushed transactions and improper screening, and limits access to police protections. Similarly, in a 2019 study conducted with street-based sex workers in France, participants identified that client criminalisation was more detrimental to their health and safety than previous laws criminalising solicitation.

While existing research has shown that end-demand sex work laws undermine safe working conditions, the majority of this work focuses on quantitative analyses and street-based sex workers. Currently, there is limited understanding of how client criminalisation shapes the occupational health and safety of sex workers working in indoor venues from the perspective of sex workers and third parties in Canada, despite significant concerns raised by community groups. To address this dearth of evidence, this study explores the ways that the explicit targeting of clients in the context of end-demand criminalisation shapes the lived experiences of sex workers working in indoor environments such as massage parlours, brothels, microbrothels or other informal indoor spaces. Recognising the multilevel interacting social locations, forces and power structures that inform and influence sex workers’ lives this research draws on intersectionality, and a structural determinants of health framework, to consider the complex and overlapping social and economic systems that inform sex workers’ working environments.

METHODS

For this analysis, we draw on 47 in-depth qualitative interviews with sex workers and third parties working in indoor environments across Metro Vancouver conducted between 2017 and 2018. This work is part of the An Evaluation of Sex Workers’ Health Access (AESHA) project, a community-based longitudinal, cohort and qualitative study which investigates the impact of social and structural factors including evolving sex work legislation on sex workers safety, health and human rights. The AESHA project has built on collaborations with sex work organisations, and has included experiential staff (current/former sex workers) on the project team since inception in 2010.

For this analysis, indoor sex workers from across Metro Vancouver were approached in person in their place of work.
by multilingual staff and invited to participate in the context of ongoing AESHA outreach (ie, visits by outreach staff who deliver free condoms, lubricants, sexual health counselling and voluntary, confidential HIV/STI testing and treatment for indoor sex workers). Recruitment was facilitated by long-standing relationships between community-based research staff and sex work venues, built over a decade of regular outreach. The research team purposively invited participants to include a diverse array of experiences and perspectives (eg, race, sexuality, im/migration status, length of time in the industry, venue type, etc) and also drew on snowball sampling within larger venues, where study participants invited their coworkers to participate. Interviews were either carried out during these weekly visits, or arrangements were made to conduct the interview at a later date. Eligibility criteria for qualitative interviews included currently working in an in-call venue (as a sex worker or third party) and being 18 or older.

The 47 semistructured interviews were conducted by three experienced qualitative interviewers in English, Mandarin and Cantonese, and were facilitated by a semistructured interview guide encouraging broad discussions of end-demand criminalisation, working with third parties, access to health and social services, and experiences as an im/migrant sex worker and/or third party. The interview guide was developed based on the existing knowledge of the research team, including experiential staff, and in collaboration with our community partners. Interviews took place at various locations across Metro Vancouver as decided by the participant; however, most were conducted at a private space in participants’ workplace. Interviews lasted between 25 and 148 min, were audio recorded, transcribed verbatim and checked for accuracy. All participants provided informed written consent and were remunerated with a CAD$30 honorarium for their time.

Data analysis drew on inductive and deductive approaches. Based on key themes reflected in the interview guide broad, deductive codes (eg, encounters with clients; client violence; worker and client interactions with the police) were initially applied to the transcripts in NVivo by two experienced qualitative researchers (AM and BM). Using inductive and deductive methods to further refine the themes of the initial analysis the first author (JM) applied a second-round of codes (eg, client shame and/or stigma; client descriptions; policy alternatives, etc) to give focus to how the criminalisation of clients shaped participants’ experiences of occupational health and safety in the context of end-demand legislation.

The analytical process was guided by an intersectional lens, which was operationalised through constant comparison of participants’ narratives based on social locations (eg, im/migration status, gender, income, etc). Consistently, a structural determinant of health framework was adopted to organise the findings using a multilevel approach split into three sections: micro, meso and macro environments. The micro section focuses predominately on client characteristics, interactions between workers and clients, and interpersonal dynamics; the meso section considers working environments, venue policies and type, and institutions that affect client and sex worker health and safety; and the macro section looks at broader structural factors, including the intersections between criminalisation, culture, stigma and the sociopolitical context.

Patient and public involvement statement

This research was guided by AESHA’s community advisory board (CAB), made up of researchers, community organisations and current and former sex workers. Initially, the CAB supported this work by providing critical feedback on our research questions and design. Moving forward, the CAB will also work to support with the dissemination of key findings, and the creation of knowledge translation (KT) materials. We intend to strategise with the CAB to ensure our KT materials reach policy-makers and the wider public.

RESULTS

Consistent with the broader demographics of indoor sex workers in Metro Vancouver over half of participants (n=31) were im/migrants, with most of the sample moving to Canada from China (table 1). Of the 47 participants in our study, most identified as women (n=42), with others identifying as gender minorities (eg, non-binary, gender queer, gender fluid, etc) (n=2) and a small number of third parties (n=3) identifying as men. Participants’ racial backgrounds varied widely and included Asian (n=24), Black (n=4), Latinx (n=5) and white (n=14) participants. Due to the small sample size in some categories, throughout the results section we removed identifying information in order to protect the anonymity of specific participants.

Participants worked in a range of different indoor environments, including massage parlours (n=37), brothels and microbrothels (n=3), in-call environments (n=2), out-call environments (n=3) and beauty spas (n=2). Participants were aged 19–63 and their sex work involvement ranged from 12 days to 31 years.

Participants also held a number of different positions within the sex industry. While nearly half of participants worked solely as sex workers (n=21), others worked as third parties, including as venue owners, managers, receptionists and phone handlers (n=13) or held dual roles, working both as third parties and sex workers (n=13).

As noted, the results of our qualitative findings are organised by micro environmental, meso environmental and macro environmental influences. This multilevel analysis aims to highlight how interacting processes, power structures and social and structural conditions inform the lived experiences of indoor sex workers and their clients, and shape sex workers’ occupational health and safety.

McDermid J, et al. BMJ Open 2022;12:e061729. doi:10.1136/bmjopen-2022-061729
In line with previous research, the majority of participants reported that clients were non-predatory, non-violent, ‘average’ people. However, almost all acknowledged that, similar to other service industry work environments, they sometimes encounter clients who may be rude, coercive (ie, ask for services that were not offered), threatening, and in some cases, physically aggressive. Despite this, many workers and third parties pointed out that the assumptions made by lawmakers about their clients, including that all clients are predatory, violent, exploitative, or social pariahs, were not consistent with their experiences.

‘But you know, for most people, their understanding of what a client is, is very far from what we know a client to be. […] People that are square [do not work in sex work], for them they’re all, perverted, predators, just like, horrible men.’ Sex worker, racialised, im/migrant woman.

Participants’ narratives emphasised that there is not just one type of client. Instead, most described their clients as existing along a broad spectrum of socioeconomic status, race, ethnicity, age, ability and gender. The diversity with respect to gender—with participants indicating that not all of their clients are cis men—especially complicates end-demand legislation which is designed to protect ‘victimized’ women from ‘exploitative’ men.

“And, [clients] could be men or women. And I think that by criminalizing it […] you’re changing the persona of the person who is [buying sex].” Sex worker, white, Canadian-born, woman.

“Who are clients? Clients are anyone, with any type of job. That could be the wealthier guy that wants to do this every other day or it could be the guy who saved up for it. Um, [who clients are] hasn’t changed [since the implementation of end-demand legislation]. Not for me at least.” Sex worker, racialised, Canadian-born, woman.

Participants described clients as people who desired physical contact or touch. This included single, widowed or divorced clients, clients living with disabilities, clients with hectic work schedules, and clients with partners who are no longer able or willing to provide physical affection, or engage in a specific sexual act. As described by one participant, workers’ role in fulfilling their clients’ need for sex and intimacy generally has positive outcomes:

“Actually we save many marriages. When one is not happy in their marriage, they go out to see girls and go home to live a happy life. We help solve many family problems as well. Some clients are single. They need women. This job can help others.” Sex worker/manager, racialised, im/migrant woman.

Another manager/owner and former sex worker described this integral aspect of her job, suggesting that it is often overlooked by law and policy-makers who exist outside of the industry: “We’re counsellors. Sometimes we’re sex therapists. We’re friends. We’re a shoulder and an ear. Sometimes we’re even words of advice.” Considering the important physical and mental health supports provided by workers, many viewed their services as being essential to their clients’ well-being.

**Table 1** Demographic characteristics of indoor sex workers and third parties in Metro Vancouver (n=47) AESHA, 2018

| Sample demographics | n (%) |
|---------------------|-------|
| Migration status    |       |
| Canadian born       | 16 (34%) |
| Im/migrant          | 31 (66%) |
| Race                |       |
| Asian               | 24 (51%) |
| Latinx              | 5 (11%)  |
| Black               | 4 (8%)  |
| White               | 14 (30%) |
| Age                 |       |
| Mean age            | 39 (19–63) |
| Sex work involvement|       |
| Dual role (third party and sex worker) | 13 (28%) |
| Third party role only, past sex work experience | 13 (28%) |
| Sex worker only      | 21 (45%) |
| Gender identity      |       |
| Women               | 42 (89%) |
| Men                 | 3 (6%)  |
| Gender minority     | 2 (4%)  |
| Type of workplace    |       |
| Massage parlour     | 37 (79%) |
| Brothel and microbrothel (> 2 workers) | 3 (6%)  |
| In call             | 2 (4%)  |
| Out call/hotel      | 3 (6%)  |
| Beauty spa          | 2 (4%)  |

AESHA, An Evaluation of Sex Workers’ Health Access.

**Micro environment**

**Client characteristics**

Implications of client criminalisation on sex work clientele

Most participants discussed their relationship with clients as positive; however, many noted how criminalisation heightened their clients’ concern around being ‘outed’. As outlined in more detail in the macro section, these discussions spoke to the way that client criminalisation has shaped the social construction of clients and exacerbated clients’ feelings of shame, impacting client–worker relationships. Both sex workers and third parties described this experience:

“Some of them know people living here or used to live in this neighbourhood. In that case, they would be extremely careful or they try not to visit as often. They are mostly concerned that their family and
friends will find out.” Sex worker/manager, racialised, im/migrant, woman.

“In my experience, especially since this new legislation, the clients are being victimised—[and] so are women [sex workers] now, because we have angry, pissed-off clients.” Owner/manager, white, Canadian-born, woman.

A number of participants also discussed how clients experienced the laws differently depending on their race and previous engagement with the industry. Racialised clients were described as being more fearful of criminalisation, which may be due, at least in part, to the racism, including the hypersurveillance and over-representation of black and Indigenous communities, within the criminal justice system in Canada. New clients were also described as being more concerned about the laws, with participants suggesting this may be connected to their inexperience within these spaces.

**Meso environment**

**Client criminalisation and venue policies including cash payments and client screening**

On a meso level, participants noted that the criminalisation of clients impacted the way that venues—ranging from unlicensed spaces to massage parlours—operated. Many venues shifted to accepting mostly cash payments to help protect their clients’ privacy after they became explicitly targeted under the new legislation. Notably, the increased cash flow placed venues at a heightened risk for robbery and assault, with some participants outlining experiences of violence, including sexual assault, being threatened with a weapon, or other physical attacks.

In tandem, clients’ concern around maintaining anonymity constrained venues’ ability to adequately screen clients adding an additional safety risk. Since the introduction of client criminalisation, participants described how clients have become more guarded about sharing personal information (e.g., providing their full name, phone number, email, license plate, etc.) in order to protect their identity, making it more difficult for workers to screen clients and subsequently keep themselves and their work environment safe.

“And at the other place, they had to flash their ID to the receptionist. There’s this one guy that, he’ll show that he has it, but he’ll cover up his address. […] So I don’t think that [end-demand legislation], it’s a good thing. Because then you can’t screen [clients] properly.” Sex worker, racialised, Canadian-born, woman.

“If clients are nervous about giving away their personal information, then it makes me not as safe because I don’t have as much about their background. When, I first started out there wasn’t much talk about criminalization around sex work and so people felt comfortable giving me their full first and last names and phone number sometimes and, now I think people would be a lot more cautious, just emailing me their last name.” Sex worker, racialised, Canadian-born, gender queer.

**Implications of client criminalisation on venue type and access to protection**

With respect to venue type, several participants indicated that some clients preferred a more discrete and less visible venue, including hotels, or unlicensed spaces, following end-demand legislation due to their fear of being ‘outed’ or criminalised. Notably, some workers described working alone in these environments as being better as they were able to screen clients themselves, have more autonomy and control over the space, and did not have to deal with social pressures or competition that can characterise the work environment in massage parlours. Other workers suggested that clients’ preference for such venues made them feel isolated and less safe at work.

“Now that it’s become even more iffy they’re not as willing to come into places like this [massage parlour]. They’re probably much more interested in having someone come into their hotel or their house—but by doing that […] you have no idea what they’ve got set up back there and, there’s a lot more danger, I feel.” Sex worker, white, Canadian-born, woman.

While a few participants felt that end-demand laws increased their power in negotiating services as they were able to instrumentally use the threat of calling the police in the case of a disagreement, for the vast majority of workers, client criminalisation presented a significant barrier to contacting police for assistance. Participants indicated that the police’s general prejudicial attitudes and poor treatment of sex workers and third parties made it so they could not rely on their services regardless of client criminalisation. Many suggested however that end-demand legislation further constrained police access and heightened participants’ sense that they were unable to rely on the police for support. Particularly, participants were deterred from calling the police in aggressive situations due to fear of escalation, stigma and discrimination, or facing criminalisation themselves, even when threatened with life-endangering violence. These experiences were described in detail by workers and third parties:

“I had this one instance where me and my friend were working. And we got assaulted by the guy [client] […] And my friend was on the patio calling the police. And all of us were like, no. Lock the doors. Hide. We don’t want this because what if we get in trouble? So we hid. They’re [the police] knocking at the door. We didn’t say anything because we were too scared to. And what are we going to say, right? Like, I don’t know if the stigma, or, the laws, but something didn’t feel right.” Sex worker, white, Canadian-born woman.

“Even if [robbery or assault] happens, I would not dare call the police. Sorry, it’s because of my job. If I meet bad clients, or there is a robbery and they steal my money and run off, I’d think even if I called
the police, they would not be able to find them. It just seems like such a hassle. The police will for sure ask you this and that.” Sex worker, owner/manager, phone handler, racialised, im/migrant woman.

A number of participants emphasised that knowledge that workers were reluctant to call the police exacerbated incidences of violence, placing workers in an extremely vulnerable position. This was discussed by several participants, including one racialised, Canadian-born sex worker: “And it’s like if they know that it’s illegal, and they know that you’re afraid to call the police then [clients] feel like they can get away with whatever.”

Racialised and im/migrant workers with precarious immigration status were especially avoidant of the police. These participants discussed the different forms of criminalisation, stigmatisation and surveillance they encounter, including the criminalisation of their migration status, work environment and clients, and the ways that this exacerbates fear around police intervention. This was succinctly described by a number of participants, including one racialised, im/migrant sex worker: “As a foreigner you know sometimes we are afraid [to call the police], because of that people could just like, send you home [deport you] and I don’t wanna go back.”

These experiences were generally more pronounced for racialised, im/migrant third parties who often held dual roles as current or former sex workers, and were criminalised both for their work as a third party and for their involvement in the sex industry as a migrant worker with precarious status. Here, intersecting structural vulnerabilities, such as client, third party and migrant criminalisation, sexism, xenophobia and racism, exacerbate third party anxiety around accessing the police. The inability to rely on police support had long-term impacts on venue safety, as discussed by a racialised, im/migrant third party participant: “When we did have the odd incident happen, [the police] wasn’t even notified. Which, in the long run puts us in a higher level of danger cause now people think, they can get away with things.” In this context, criminalisation and discrimination impeded on third parties—and by extension also on sex workers’ security and safety, thus fostering an environment where perpetrators can commit violence with impunity.

In order to reduce clients’ anxiety around police intervention, some workers described ‘coaching’ clients about what to say or do in the case of a police raid, or if they were stopped by police on leaving a venue. This helped to ease clients’ fear of law enforcement, and in turn made workers feel safer by alleviating some of the anxieties that may increase client unease or aggression.

“And the ones that were bringing [end-demand legislation] up with me, I told them, ‘I will always protect you.’ I started telling [clients] what to say. ‘We just hooked up. I met you online.’ I started physically telling them what to say […] I will go the full nine yards for my clients to protect these individuals who are my

bread and butter.” Sex worker, racialised, im/migrant woman.

Importantly, the care that this participant expressed for her clients’ well-being further complicates the negative way that clients are conceptualised through end-demand laws, and reinforces the findings outlined in the micro section that most clients are not predatory or exploitative.

Macro environment
The impact of end demand legal frameworks on clients and sex workers

Participants’ were overwhelmingly opposed to an end-demand legislative approach and emphasised how end-demand reinforces negative societal notions about sex work, resulting in enduring and damaging consequences for both sex workers and clients. Participants especially pointed to the harmful effects that criminalisation had on those involved in the sex industry, and highlighted the social and structural vulnerability experienced by sex workers and clients as a result. Frustration around the impact of such structural conditions was expressed by several sex workers and third parties:

“To criminalise all the men [clients] […] you’re creating monsters. You’re creating people who think that sex is dirty and that sex workers are dirty and, that you can hurt them.” Sex worker, racialised, im/migrant woman.

“When they’re [clients] thinking it’s illegal or something’s wrong with it, they take more advantage of the [worker].” Sex worker, racialised, Canadian-born, woman.

Consistently, participants also suggested that widespread negative social reactions to sex work, which are informed by and reinforced through the law, have resulted in pervasive experiences of structural stigma for sex workers and clients. Paralleling the narratives presented in the micro and meso sections, participants felt that clients often internalised the structural stigma associated with purchasing sex, which heightened their fear of being ‘outed’. The influence of structural stigma under end-demand legislation was discussed extensively by workers:

“So for whatever reason, a man comes into a place and he gets caught and he’s now, you know, considered a deviant and a pervert—it will affect everything in his life.” Sex worker, white, Canadian-born, woman.

“They [clients] are very paranoid […] You know because in some ways I think the stigma that they bear is worse than ours. They can’t tell anybody.” Sex worker, white, Canadian-born, woman.

Structural interventions to improve occupational health and safety

In order to meaningfully address the threat that the explicit targeting of clients poses to workers and improve sex worker safety, participants repeatedly suggested the need for broad, structural interventions.
“Now, it’s put our women [sex workers] in danger […] because we have angry clients running around […] You gotta think, if you’re telling a client if we catch you doing this you could potentially get a minimum, mandatory 4–5-year sentence. He’s gonna take you out, before he loses his life […] So, we are in such a level of danger now due to this new legislation, they need to change it. They need to decrim everything.”

Owner/manager, white, Canadian-born, woman.

“If you don’t legalise it, […] you’re forced to become criminal. You act like a criminal, it’s for no reason.”

Owner/manager, racialised, im/migrant, woman.

Participants also spoke to the need to address the power imbalance inherent in end-demand legislation, which often places workers in more vulnerable positions. Instead of “protecting” workers, a few participants felt that these laws bestowed more power to clients. With clients taking on the majority of the criminal risk in the transaction, workers described feeling forced to meet clients’ demands in order to do their work, leading some clients to become more aggressive. The danger reinforced by this power imbalance was articulated by several participants:

“No that only one party can take the fall for it, I feel like, any precautions that women [sex workers] wanna take, is […] pushed aside because the men [clients] are like well I’m taking all the risk. It’s all on me now […] it doesn’t matter if you screen my number or, you don’t need any other information, things like that because it’s only me who’s gonna get in trouble.”

Sex worker, white, Canadian-born, woman.

Notably, these lived experiences directly contradict the claims made by some end-demand supporters that these laws reduce harms and improve the safety of sex workers.7 14 33

DISCUSSION

The lived experience of sex workers and third parties participating in this study illustrate the risks and harms that prohibitive sex work laws pose to indoor sex workers. The explicit targeting of clients under end-demand legislation and the continued criminalisation of nearly all aspects of the sex industry, restricts worker and client access to protective services and safe working conditions, exacerbating experiences of industry-wide stigma, impacting client-sex worker interactions, and undermining the well-being and human rights of sex workers.

Drawing on intersectionality and a structural determinants framework, our findings move beyond individually focused approaches to understanding sex workers’ experiences with clients and highlight how social and structural forces such as laws, stigma, social location, cultural perceptions of purchasing sex, and carceral interventions intersect and jointly shape clients’ behaviour, significantly impacting sex workers’ occupational health and safety.

Evidence in both Canada and globally has demonstrated clear ties between end-demand legislation, stigma and indoor sex workers’ experiences of violence1 3 10–12 22 24–26 32 35 36 with clients—or predatory people posing as clients—and police being the most likely perpetrators of harm.5 10 11 18 22 24 36 Building on this previous work, our analysis illustrates how violent actions and decisions made by some clients are shaped by structural factors, including criminalisation, social conditions and cultural norms around purchasing sex, that influence work environments, venue-level policies and interpersonal dynamics between sex workers and clients. The findings of this study highlight that laws that target clients both inform and reinforce negative societal perceptions of clients, creating a context in which violence against indoor sex workers is sustained and facilitated. For example, many participants indicated that client criminalisation exacerbated clients’ experiences of internalised stigma, fear and shame leading some clients to redirect their frustration and concern of being ‘outed’ back on to workers, while others suggested that these laws led some clients to embody their criminalised identity, emboldening them to behave more aggressively or recklessly.

While end-demand legislation is based on pervasive social representations of exploitative and predatory clients,4 our findings are consistent with past research14 15 17–20 37 38 demonstrating that client characteristics, demographics, attitudes and relationships are diverse, and tend to parallel those of the general public. Despite being a heterogeneous group, participants indicated that end-demand’s unilateral conceptualisation of clients as dangerous made it challenging for them to manage their work environments and intensified experiences of harm.

Previous research has identified that criminalisation and policing restrict street-based sex workers’ ability to implement critical safety strategies, increasing workers’ risk of violence and harm.23 In line with this, the findings of this study show that client criminalisation resulted in clients in indoor environments becoming highly concerned with maintaining anonymity, making it difficult for workers and third parties to adequately screen clients or negotiate the terms of the transaction. Participants suggested that their clients’ reluctance to adhere to screening protocol or take the extra time to negotiate the terms of the transaction is largely due to fear of criminalisation, stigma or being ‘outed’ to friends and family, thus compromising workers’ ability to establish safety conditions, such as type of service and condom use, identification of violent perpetrators or access to legal or other recourse in case of fraud or assault.

Consistent with research by Bungay and Guta,10 participants described adopting safety strategies to prevent and mitigate the effects of workplace violence, including coaching clients about what to say in the case of police intervention or being purposefully vague about the laws. Significantly, these strategies placed the onus for occupational safety fully on individual sex workers, requiring sex

McDermid J, et al. BMJ Open 2022;12:e061729. doi:10.1136/bmjopen-2022-061729
workers to put in additional labour in order to protect themselves. This contradicts the assumptions embedded in end-demand laws that client criminalisation will improve sex workers’ safety.

Client criminalisation has also been shown to further inculcate sex industry stigma, expanding discriminatory policing practices and infringing on workers’ ability to trust or access police. 20 23 39 Significantly, recent research by Crago et al. 41 highlights that one-third of Canadian sex workers would not call the police even when confronted with a safety emergency. The findings of our study extend this research, demonstrating that current laws and resulting enforcement practices deter workers and third parties from accessing police supports out of fear of being confronted with discriminatory or stigmatising treatment from the police, or be faced with arrest or im/migration related consequences. In some cases, clients’ knowledge of this provided them with leverage to harm indoor workers with impunity, placing indoor workers at greater risk of violence.

Our results especially indicate that racialised and im/migrant indoor workers, third parties, and clients face greater barriers to accessing police supports, highlighting the way that criminalisation intersects with other structural forces, such as racism, sexism and xenophobia, to shape experiences in the industry. Fear of loss of immigration status, criminalisation, and stigma or being ‘outed’, in tandem with past discriminatory, gendered and racist experiences with law enforcement, often discouraged racialised and im/migrant participants and clients from reporting crimes. While more research is needed to explore in-group differences among racialised im/migrant and racialised Canadian-born sex workers, these results affirm the findings of previous studies indicating that the harms embedded within client criminalisation, including the reliance on carceral interventions and punitive policing, disproportionately impacts the occupational health and safety of racialised and im/migrant workers and clients. 1 2 32 36 40

The findings of this study should be interpreted in light of the following limitations. The lived experiences of participants represented in this study reflect those working in indoor environments and may not be representative of the experiences of sex workers in other segments of the industry, including sex workers who primarily solicit clients in street-based settings or online. Further, although this work highlights the impacts of client criminalisation and the involvement of clients in the sex industry, client perspectives are not included. We also were unable to analyse how racism is differently perpetuated amongst Asian, Black and Latinx sex workers. More research is needed to better understand the prevalence of racism within the sex industry. Finally, the majority of participants in this qualitative study are women. Greater research is needed to understand the way that client criminalisation impacts men, non-binary, or gender diverse sex workers.

Collectively, this evidence demonstrates the critical need to implement policy interventions that address the structural conditions that harm sex workers by moving away from criminalisation and enforcement-based approaches to sex work. Despite rhetoric in some settings of intending to prioritise the safety of sex workers, 2 33 our findings show that criminalisation strategies that target clients not only reproduce the harms created by other forms of criminalisation of sex work, but may further exacerbate risks for violence and abuse, and contribute to the precarity of sexual labour. In line with global human rights and policy bodies including the WHO, UNAIDS and Amnesty International, 41-45 our findings highlight the critical importance of removing laws, policies and practices that seek to criminalise clients and highlight the urgent need to fully decriminalise sex work in order to improve the occupational health and safety of indoor sex workers. There is significant evidence to suggest that in jurisdictions where decriminalisation has been implemented, such as New Zealand and New South Wales, decriminalisation has created many benefits for sex workers and their clients, including protecting the rights of sex workers through labour law and workplace health and safety regulations. 2 33 41 By prioritising workers’ well-being over moralistic concerns, decriminalisation is a vital intervention that has been shown to have a positive impact on sex workers’ health, safety and well-being. 44

CONCLUSION

Findings of this study demonstrate that the explicit targeting of clients under end-demand legislation do not protect sex workers. Instead, client criminalisation is linked to reduced occupational health and safety for sex workers by impeding client screening and service negotiation, increasing risk of robberies due to high cash flow and reinforcing a reluctance to seek police protection. Legislative reforms that enhance sex workers’ rights, rather than limiting their freedoms under the guise of protection, are urgently needed to allow for safer working conditions. In particular, this study points to the need to decriminalise sex work in order to begin to improve sex workers’ occupational health and safety and support the well-being and human rights of all those involved in the Canadian sex industry.

Acknowledgements We thank all those who contributed their time and expertise to this project, particularly participants, AESHA community advisory board members and partner agencies, and the AESHA team, including: Kate Lumsdon, Jennifer Morris, Shannon Bundock, Sylvia Machat, Christie Ngozi Gabriel, Natasha Feuchuk, Lois Luo, Minshu Mo, Emma Ettinger, Zoe Hassall, Florencia Caceres, Brett Koenig and Jennie Pearson. We also thank Peter Vann, Megan Bobetis, Hanah Damot and Arveen Kaur for their research and administrative support.

Contributors AK is the principal investigator, senior author and guarantor of this study and takes full responsibility for the integrity of the study procedures and data collection, management and analysis. JM, AK and AM conceptualised this study and oversaw the field team carrying out the study. AM and SW conducted the interviews. JM analysed the data using NVivo software, wrote the original draft of the article and incorporated feedback from all coauthors. AM, BM, SW, SMG, KS and AK provided content expertise and critical feedback on the analyses and interpretation. All authors read and approved the final manuscript.

Funding This study was funded by a Canadian Institutes of Health Research (CIHR) Project Grant [PJ165875] and the US National Institutes of Health [R01DA028648].
Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

Ethics approval This study was approved by the Providence Healthcare/University of British Columbia Research Ethics Board (Ethics ID # H12-01558). Participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement No data are available.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

ORCID iDs
Shira M Goldenberg http://orcid.org/0000-0003-1633-9749
Andrea Krüsi http://orcid.org/0000-0002-2531-8192

REFERENCES

1 Machat S, Shannon K, Brascel M, et al. Sex workers’ experiences and occupational conditions post-implementation of end-demand criminalization in Metro Vancouver, Canada. Can J Public Health 2019;110:575–83.
2 McBride B, Shannon K, Murphy A, et al. Harms of third party criminalisation under end-demand legislation: undermining sex workers’ safety and rights. Cult Health Sex 2021;23:1165–81.
3 Le Bail H, Giametta C, Rassouw N. What do sex workers think about the French prostitution act? Médecins du Monde; 2019.
4 Birch P. Why men buy sex: examining sex worker clients. Routledge; 2018.
5 Argento E, Goldenberg S, Braschel M, et al. Why men buy sex: examining sex worker clients. Routledge; 2018.
6 Argento E, Goldenberg S, Braschel M, et al. Why men buy sex: examining sex worker clients. Routledge; 2018.
7 Bruckert C, Hannem S. Rethinking the prostitution debates: transcending structural stigma in systemic responses to sex work. Can J Law Soc 2013;28:43–63.
8 Casavant L, Valiquet D, Bill C-36: an act to amend the criminal code in response to the Supreme Court of Canada decision in attorney General of Canada v. Bedford and to make consequential amendments to other acts. Library of Parliament; 2014.
9 Belak B, Bennett D. Evaluating Canada’s sex work laws: the case for repeal: let’s open the discussion Pivot Legal Society; 2016.
10 Bargum V, Guta A. Strategies and challenges in preventing violence against Canadian indoor sex workers. Am J Public Health 2018;108:393–8.
11 O’Doherty TC. Victimization in the Canadian off-street sex industry: Arts & Social Sciences. School of Criminology; 2015.
12 Platt L, Grenfell P, Meiksin R, et al. Associations between sex work laws and sex workers’ health: a systematic review and meta-analysis of quantitative and qualitative studies. PLoS Med 2018;15:e1002680.
13 Brents BG, Yamashita T, Spivak AL. Are men who pay for sex sexist? Masculinity and client attitudes toward gender role equality in different prostitution markets. Men and Masculinities 2020.
14 Bruckert C. Protection of communities and exploited persons act: misogynistic law making in action. Canadian Journal of Law and Society / Revue Canadienne Droit et Société 2015;30:1–3.
15 Krüsi A, Kerr T, Taylor C, et al. ‘They won’t change it back in their heads that we’re trash’: the intersection of sex work-related stigma and evolving policing strategies. Social Health Illn 2016;38:1137–50.
16 Benoît C, Jansson M, Smith M, et al. ‘Well, it should be changed for one, because it’s our bodies’: sex workers’ views on Canada’s punitive approach towards sex work. Soc Sci 2017;6:52.
17 Benoît C, Atchison C, Casey L. “A working paper” prepared as background to Building on the Evidence: An International Symposium on the Sex Industry in Canada; 2015.
18 Lowman J, Atchison C. Men who buy sex: a survey in the greater vancouver regional district. Canadian Review of Sociology/Revue canadienne de sociologie 2006;43:281–96.
19 Atchison C. Report of the preliminary findings for Johns’ Voice: A study of adult Canadian sex buyers. Vancouver, BC Funded by the Canadian Institute for Health Research and the British Columbia medical services, Foundation; 2010.
20 Sterling A, van der Meulen E. “We are not criminals”: sex work clients in Canada and the constitution of risk knowledge. Canadian Journal of Law and Society / Revue Canadienne Droit et Société 2018;33:291–308.
21 NSWP. Briefing Paper #02: The Criminalisation of Clients, 2011.
22 Manning E, Bungay V. ‘Business before pleasure’: the golden rule of sex work, payment schedules and gendered experiences of violence. Cult Health Sex 2017;19:338–51.
23 Krüsi A, Pacey K, Bird L, et al. Criminalisation of clients: reproducing vulnerabilities for violence and poor health among street-based sex workers in Canada—a qualitative study. BMJ Open 2014;4:e005191.
24 Crago A-L, Bruckert C, Braschel M, et al. Sex workers’ access to police assistance in safety emergencies and means of escape from situations of violence and confinement under an “end demand” criminalization model: a five city study in Canada. Soc Sci 2021;10:13.
25 Mackenzie K, Clancy A. Im/migrant sex workers, myths and misconceptions: realities of the anti-trafficked. SWAN Vancouver Society, 2015.
26 Lam E. How Anti-Trafficking Investigations and Policies Harm Migrant Sex Workers Toronto. In: Butterfly: Asian and migrant sex worker support network; 2018.
27 Tihomirka A, Huijts T, Beckfield J, et al. Understanding the micro and macro politics of health: Inequalities, intersectionality & institutions - a research agenda. Soc Sci Med 2018;200:92–8.
28 Crenshaw K. Mapping the margins: intersectionality, identity politics, and violence against women of color. Stanford Law Rev 2021;63:1241.
29 Hankivsky O, Cormier R, De Merich D. Moving women’s health research and policy forward. Vancouver: Women’s Health Research Network; 2009.
30 Shannon K, Goldenberg SM, Deering KN, et al. Understanding the micro and macro politics of health: Inequalities, intersectionality & institutions - a research agenda. Soc Sci Med 2018;200:92–8.
31 Bradley EH, Curry LA, Devers KJ. Qualitative data analysis for health services research: developing taxonomy, themes, and theory. Health Serv Res 2007;42:1758–72.
32 Goldenberg SM, Krüsi A, Zhang E, et al. Structural determinants of health among Im/Migrants in the indoor sex industry: experiences of workers and managers/owners in metropolitan vancouver. PLoS One 2017;12:e0170642.
33 McCarthy B, Benoît C, Jansson M, et al. Regulating sex work: heterogeneity in legal strategies. Annu Rev Law Soc Sci 2012;8:255–71.
34 Maynard R. Policing black lives: state violence in Canada from slavery to the present. Fernwood Publishing; 2017.
35 McBride B, Goldenberg SM, Murphy A, et al. Third parties (venue owners, managers, security, etc.) and access to occupational health and safety among sex workers in a Canadian setting: 2010-2016. Am J Public Health 2019;109:792–8.
36 Anderson S, Jia JX, Liu V, et al. Violence prevention and municipal licensing of indoor sex work venues in the greater Vancouver area: narratives of migrant sex workers, managers and business owners. Cult Health Sex 2015;17:825–41.
37 Milrod C, Weitzer R. The intimacy prism: emotion management among the clients of escorts. Men and Masculinities 2012;15:447–67.
38 Benoît C, Shumka L. Sex work in Canada. understanding sex work; 2015.
39 NSWP. Policy Brief: The Impact of ‘End Demand’ Legislation on Women Sex Workers; 2016.
40 Bungay V, Haplin M, Haplin PF, et al. Violence in the massage parlor narratives of migrant sex workers, managers and business owners. Cult Health Sex 2015;17:825–41.
41 Amnesty International. Amnesty international policy on state obligations to respect, protect and fulfil the human rights of sex workers; 2016.
42 UNAIDS. The gap report 2014 – sex workers; 2014.
43 World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations; 2016.
44 Abel GM. A decade of decriminalization: sex work ‘down under’ but not underground. Criminology & Criminal Justice 2014;14:580–92.