Safety and Access to Justice among Transgender and Non-binary Sex Workers in Canada under PCEPA: Findings from the Trans PULSE Canada Study

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Trans PULSE Canada

Trans PULSE Canada (www.transpulsecanada.ca) is a national community-based study of the health and well-being of transgender and non-binary people, including survey data collected from 2,873 participants living in Canada in 2019. Trans PULSE Canada has a focus on nine priority populations, including trans and non-binary people who are sex workers, Indigenous, and racialized. The study grew from Trans PULSE (Ontario), a study that collected focus group, survey, and interview data from trans people in Ontario in 2009-2010, and informed provincial and federal policies on human rights, health care, and gender markers on documents. Trans PULSE Canada is funded by the Canadian Institutes of Health Research.

Aim

This report draws on data from the Trans PULSE Canada study to describe the violence- and safety-related experiences of transgender and non-binary sex workers over a five-year period during which Protection of Communities and Exploited Persons Act (PCEPA) was in effect.

Study Overview

Trans PULSE Canada is a national community-based study of the health and well-being of trans and non-binary people. From August to October 2019, the Trans PULSE Canada team collected survey data from 2,873 trans and non-binary people age 14 years or older and living in Canada. Participants were able to complete the full survey or a 10-minute short form online, on paper, via telephone (with or without a language interpreter), or on a tablet with a Peer Research Associate (in 10 major cities across the country).

The 10-minute short form contained key items from the full survey, and both versions were available in English or French. The Trans PULSE Canada survey included questions from Ontario's Trans PULSE project, questions from Statistics Canada surveys to allow for comparisons to the general population, and questions developed by trans and non-binary people based on community priorities. Questions specific to sex workers were developed with the project's Sex Work Priority Population Team. To ensure policy relevance, a standardized five-year recall period was chosen for most questions in the survey, meaning that responses reflect the period in which the Protection of Communities and Exploited Persons Act (PCEPA) was in effect (November 2014 - Fall 2019).

This brief summarizes findings from a 2021 Trans PULSE Canada report (attached as appendix) comparing health and well-being of current sex workers to other Trans PULSE Canada participants,¹ and from a manuscript in preparation examining intersectional inequalities in safety and access to justice comparing participants who had ever done sex work to others.²

These are the first national quantitative data on trans and non-binary sex workers in Canada.

¹ F.S.E. Arps, S. Ciavarella, J. Vermilion, R. Hammond, K. Nation, S. Churchill, M. Smith, J. Navarro, P. Thaker, G. Bauer, & A. Scheim. (2021). *Health and well-being among trans and non-binary people doing sex work*. Trans PULSE Canada. https://transpulsecanada.ca/results/report-health-and-well-being-among-trans-and-non-binary-people-doing-sex-work/

² Scheim AI, Santos H, Ciavarella S, Vermilion J, Arps FSE, Adams N, Nation K, Bauer GR. (2022). *Intersecting Inequalities in Access to Justice for Trans and Non-Binary Sex Workers in Canada* [Manuscript in preparation].

Findings

Characteristics of Trans and Non-Binary Sex Workers in Trans PULSE Canada

Of 2,873 Trans PULSE Canada participants, 133 (5%) had done sex work in the previous year.³ Those who completed the full-length survey were also asked about lifetime sex work, which was reported by 280 of the 2,012 full-survey participants (16%). Participants who had ever done sex work ("lifetime sex workers") had a median age of 30. Similar to Trans PULSE Canada participants overall, a majority of those who had ever done sex work (64%) were assigned female at birth and 54% identified as non-binary. Participants who had done sex work in the previous year were more likely to identify as women or girls than were other Trans PULSE Canada participants (35% vs. 24%). With regard to race and ethnicity, 73% of lifetime sex workers and 83% of non-sexworkers were white; a higher proportion of participants who had ever done sex work were Indigenous (15% vs. 7%).

Of participants aged 25 and older, 58% of current sex workers lived in low-income households, as compared to 39% of non-sex-workers. Current sex workers also reported higher levels of housing (19% vs. 9%) and food insecurity (32% vs. 14%). The most common reasons for beginning sex work included that it was necessary for living expenses (54%) and a lack of employment or income (48%). Other common reasons (not mutually exclusive) included "to feel attractive" (48%) and "good pay" (39%). Only 14% reported that they felt forced or pressured to begin sex work.

Health and Well-Being

Despite high levels of unmet healthcare need among trans and non-binary people overall, current sex workers reported even more barriers to access.⁴ These included not having a primary care provider (26% of sex workers vs. 19% of others), unmet health care need(s) (63% vs. 44%), and having avoided needed emergency department care in the past year (20% vs. 11%). Current sex workers tended to report poorer physical and mental health, including fair or poor self-rated mental health (72% vs. 54%) and past year suicide attempts (10% vs. 5%), than non-sex workers.

³ F.S.E. Arps, S. Ciavarella, J. Vermilion, R. Hammond, K. Nation, S. Churchill, M. Smith, J. Navarro, P. Thaker, G. Bauer, & A. Scheim. (2021). Health and well-being among trans and non-binary people doing sex work (p. 2). Trans PULSE Canada. https://transpulsecanada.ca/results/report-health-and-well-being-among-trans-and-non-binary-people-doing-sex-work/

⁴ F.S.E. Arps, S. Ciavarella, J. Vermilion, R. Hammond, K. Nation, S. Churchill, M. Smith, J. Navarro, P. Thaker, G. Bauer, & A. Scheim. (2021). *Health and well-being among trans and non-binary people doing sex work* (p. 4-5). Trans PULSE Canada. https://transpulsecanada.ca/results/report-health-and-well-being-among-trans-and-non-binary-people-doing-sex-work/

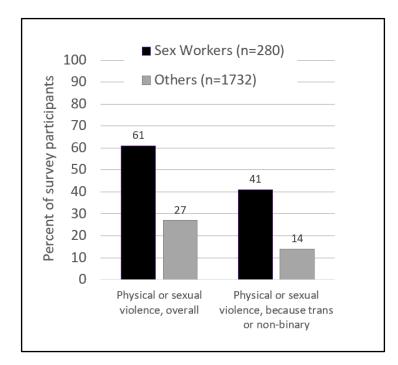


Figure 1. Experiences of physical or sexual violence in the past 5 years, among trans and nonbinary people in Canada

Experiences of Violence and Safety

The abovementioned differences in health should be understood in the context of socio-economic disparities and higher levels of violence and harassment facing sex workers. Participants who had done sex work were over twice as likely (61% vs. 27%) to report physical and/or sexual violence in the previous five years (corresponding to PCEPA implementation) as compared to other participants (Figure 1). Notably, even the frequency of violence faced by non-sex-workers was high relative to the Canadian population: 37% of heterosexual, cisgender Canadians report ever having experienced physical or sexual violence since age 15.5 As compared to other participants, trans and non-binary sex workers were also far more likely to report experiencing violence due to being trans or non-binary (41% vs. 14%). Street-based sex workers (54%) and trans women or other sex workers assigned male at birth (57%) reported the highest levels of such hate-motivated violence in the previous five years.

With regard to workplace safety, among current sex workers who saw clients in-person, only a minority felt at least "mostly safe" negotiating rates (44%) or condom use (38%) with clients.

⁵ Jaffray, B. (2020). Experiences of violent victimization and unwanted sexual behaviours among gay, lesbian, bisexual and other sexual minority people, and the transgender population, in Canada, 2018. *Juristat*, 40(1). Available from: https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00009-eng.htm

⁶ F.S.E. Arps, S. Ciavarella, J. Vermilion, R. Hammond, K. Nation, S. Churchill, M. Smith, J. Navarro, P. Thaker, G. Bauer, & A. Scheim. (2021). Health and well-being among trans and non-binary people doing sex work (p. 7). Trans PULSE Canada. https://transpulsecanada.ca/results/report-health-and-well-being-among-trans-and-non-binary-people-doing-sex-work/

Access to Justice: Expectations, Trust and Experience with Police or Emergency Services

Despite potentially having greater need for police and emergency services due to high levels of violent victimization, most trans and non-binary people who had done sex work reported mistrust and avoidance of police. Figure 2 compares trans and non-binary sex workers to other participants with regard to anticipated and experienced police mistreatment, avoidance of emergency services, and expectations of fair treatment in cases of violence. We note that anticipated mistreatment and mistrust of police and the justice system were common among trans and non-binary people overall, for whom past personal or community experiences shape anticipation of future negative experiences and inform who may be trusted. Even in this context, perceived and experienced access to emergency response and to justice was substantially worse for sex workers.

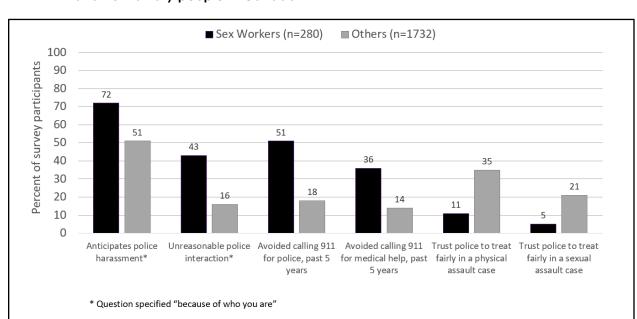


Figure 2. Expectations, trust and experience with police or emergency services among trans and non-binary people in Canada

Trans and non-binary people who had done sex work were more likely to anticipate police harassment (72% vs. 51%) and to have been unreasonably stopped, searched, and/or arrested by police (43% vs. 16%) because of who they are. Sex workers commonly avoiding calling 911 in an emergency; in the past 5 years, 51% had avoided calling for police and 36% had avoided calling for emergency medical services (versus 18% and 14% among other participants). Of sex workers who had experienced violence, only 18% had reported at least one act of violence to the police. Trust in police and courts was correspondingly low, with only 11% of trans and non-binary sex workers trusting in fair treatment by police and/or courts if they were to be physically assaulted, and 5% trusting in fairness if they were sexually assaulted.

These experiences were not distributed equally across all trans and non-binary sex workers. While experiences of police mistreatment, mistrust and avoidance were similarly high among trans and non-binary people regardless of sex assigned at birth, they were markedly higher for those who are Indigenous or racialized than for white sex workers (Figure 3).

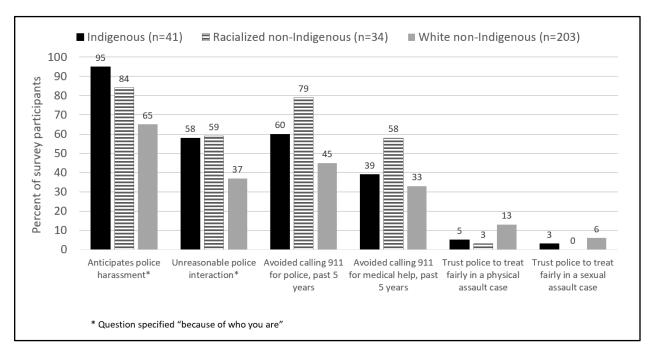


Figure 3. Expectations, trust and experience with police or emergency services among trans and non-binary sex workers in Canada, by ethnoracial group

For instance, the vast majority of Indigenous (95%) and racialized non-Indigenous (84%) sex workers anticipated police harassment and more than half had already experienced unreasonable police stops, searches, or arrests. Fewer than 5% of Indigenous and racialized sex workers anticipated fair treatment from police and/or courts in cases of physical or sexual violence.

We note that 19% of all sex workers in the Trans PULSE Canada survey had done street-based sex work and that this group reported the highest levels of police mistreatment and mistrust (e.g., 71% had an unreasonable police interaction). Although we did not have sufficient sample sizes to examine the intersection of type of work and race/ethnicity, it is likely that these patterns would be compounded for Indigenous and racialized street-based workers.

These findings demonstrate the disproportionate burden on sex workers who are also Indigenous or racialized, with regard to their ability to trust in and access services needed to address safety or health emergencies.

Conclusion and Recommendations

The Government of Canada has claimed that the *Protection of Communities and Exploited Persons Act* (PCEPA) aims to "protect the dignity and equality of all Canadians" - particularly women and girls - and to "encourage victims to report incidents of violence to the police".⁷

⁷ Department of Justice Canada. (2018). Fact Sheet—Prostitution Criminal Law Reform: Bill C-36, the Protection of Communities and Exploited Persons Act. Available from: https://www.justice.gc.ca/eng/rp-pr/other-autre/c36fs fi/

We collected data from 2,873 trans and non-binary Canadians, including 280 sex workers, and asked them about their safety and access to justice, with a focus on a five-year period in which PCEPA was in effect. Contrary to the stated goals of the legislation, we found that trans women, men, and non-binary people who do sex work experienced extremely high levels of violence but did not feel encouraged to report violence, and in fact often avoided calling 911 in emergency situations.

Contrary to the principles of equality PCEPA purports to uphold and that are enshrined in Canadian human rights legislation, Indigenous and racialized sex workers were most severely impacted by police mistreatment and barriers to justice. Street-based sex workers were also disproportionately affected by violence and police mistreatment. To the extent that PCEPA impedes sex workers from safer working conditions by criminalizing third parties and advertising, it exposes them to this heightened vulnerability. Further, belying the notion that only people who pay for sex are criminalized under PCEPA, the figures in this brief are not substantially different from results of research with trans sex workers in the United States, where sex work is fully criminalized in most jurisdictions. For example, in a U.S. survey of 694 trans sex workers, 58% were somewhat or very uncomfortable seeking help from the police and 64% reported being mistreated by police.⁸

These findings demonstrate that PCEPA has failed to realize safety and access to justice for trans and non-binary sex workers in Canada. Although we do not have access to pre-PCEPA data for comparison, it would be difficult for the situation to be worse than we observed under the current framework. For example, not a single racialized sex worker surveyed anticipated fair treatment from the police or courts were they to be sexually assaulted.

Therefore, we recommend the repeal of PCEPA and introduction of legislation that decriminalizes all aspects of consensual sex work. The 2003 Prostitution Reform Act in New Zealand⁹ provides one model of such legislation, but ultimately Canadian sex workers, particularly trans and non-binary and other marginalized workers, must be meaningfully consulted if the law is to protect their dignity, equality, and safety.

⁸ Fitzgerald, E., Patterson, S. E., Hickey, D., Tobin, H. J., & Cherno Biko. (2015). Meaningful Work: Transgender Experiences in the Sex Trade (p. 5). Available from: https://transequality.org/sites/default/files/Meaningful%20Work-Full%20Report_FINAL_3.pdf

⁹ Gilmour, F. (2020). The Impacts of Decriminalisation for Trans Sex Workers. In G. Abel & L. Armstrong (Eds.), Sex Work and the New Zealand Model: Decriminalisation and Social Change (pp. 89–112). Bristol University Press. Available from: https://www.cambridge.org/core/books/abs/sex-work-and-the-new-zealand-model/impacts-of-decriminalisation-for-trans-sex-workers/1B5A39800E4CB1B7A5C29942CA5BE9C9

References

- Department of Justice Canada. (2018). Fact Sheet—Prostitution Criminal Law Reform: Bill C-36, the Protection of Communities and Exploited Persons Act. https://www.justice.gc. ca/eng/rp-pr/other-autre/c36fs fi/
- Fitzgerald, E., Patterson, S. E., Hickey, D., Tobin, H. J., & Cherno Biko. (2015). Meaningful Work: Transgender Experiences in the Sex Trade (p. 36). Retrieved February 11, 2022, from https://transequality.org/sites/default/files/Meaningful%20Work Full%20ReportFINAL_3.pdf
- F.S.E. Arps, S. Ciavarella, J. Vermilion, R. Hammond, K. Nation, S. Churchill, M. Smith, J. Navarro, P. Thaker, G. Bauer, & A. Scheim. (2021). Health and well-being among trans and non-binary people doing sex work (p. 10). Trans PULSE Canada. https://transpulsecanada.ca/results/report-health-and-well-being-among-trans-and-non-binary-people-doing-sex-work/
- Gilmour, F. (2020). The Impacts of Decriminalisation for Trans Sex Workers. In G. Abel & L. Armstrong (Eds.), Sex Work and the New Zealand Model: Decriminalisation and Social Change (pp. 89–112). Bristol University Press. https://doi.org/10.46692/97815292057 70.006
- Jaffray, B. (2020). Experiences of violent victimization and unwanted sexual behaviours among gay, lesbian, bisexual and other sexual minority people, and the transgender population, in Canada, 2018. *Juristat*, 40(1), 27. Retrieved February 11, 2022, from https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00009-eng.htm
- Scheim Al, Santos H, Ciavarella S, Vermilion J, Arps FSE, Adams N, Nation K, & Bauer GR. (2022). Intersecting Inequalities in Access to Justice for Trans and Non-Binary Sex Workers in Canada [Manuscript in preparation].



No. 5 March 30, 2021

The Trans PULSE Canada project collected survey data from 2,873 trans and non-binary people in 2019. This report presents results from the first national data on health and well-being among trans and non-binary sex workers.

HEALTH AND WELL-BEING AMONG TRANS AND NON-BINARY PEOPLE DOING SEX WORK

Highlights

Among trans and non-binary participants:

- 58% of sex workers reported living in low-income households.
- 72% of sex workers had fair or poor self-rated mental health.
- Two times as many sex workers as non-sex workers reported having experienced physical or sexual assault in the past 5 years.
- 87%-96% of sex workers did not anticipate fair treatment from police and the legal system if they were to be assaulted.

Context

Transgender (trans) and non-binary people appear more likely than cisgender people to do sex work. 1,2 A previous study estimated that 14% of trans people in Ontario had ever done sex work and 3% were current sex workers. Trans-specific reasons for doing sex work may include employment discrimination, housing insecurity, the need to fund genderaffirming care, and benefits including access to community and affirmation of gender identity. Much existing research on trans sex workers focuses on human immunodeficiency virus (HIV) risk, 2,5 but has also identified other important health concerns and social determinants of health including high levels of violence, limited access to justice, and stigma in healthcare settings. 12,4,6,7

The health of sex workers in Canada is shaped by the criminalization of sex work. In 2013, the Supreme Court struck down Canada's previous sex work criminalization laws as unconstitutional. In response, in 2014 the government passed legislation that criminalizes sex workers' clients. Sex worker rights organizations opposed this legislation, and recent studies indicate it has negatively impacted health and safety among marginalized sex workers.8 Despite these important policy changes, Canadian research on trans and non-binary sex workers is limited, and research inclusive of trans men and nonbinary sex workers is scarce globally. 5,6 This report provides the first quantitative nationwide profile of the health and well-being of trans and non-binary sex workers in Canada.

Trans PULSE Canada

Over a 10-week period in 2019, the Trans PULSE Canada research team collected survey data from 2,873 trans and non-binary people age 14 years or older and living in Canada. Participants were able to complete the full survey or a 10-minute short form online, on paper, via telephone (with or without a language interpreter), or on a tablet with a Peer Research Associate (only in major cities). The 10-minute short form contained key items from the full survey, and both versions were available in English or French. The Trans PULSE Canada survey included questions from Ontario's Trans PULSE project, questions from Statistics Canada surveys to allow for comparisons to the general population, and questions developed by trans and non-binary people based on community priorities. This report especially highlights questions developed by the team's Sex Work Priority Population Team.

How to Interpret

This report presents results comparing those who did sex work in the past year to those who did not do sex work in the past year. Sex work was not defined for participants, though those who reported doing

Table 1: Distribution of sex workers and non-sex workers across provinces and territories

	Sex workers n=133 %	Non-sex workers n=2236 %
Current province/territory		
Alberta	10	19
British Columbia	15	19
Manitoba	2	3
New Brunswick	4	2
Newfoundland and Labrador	0.8	1
Nova Scotia	2	4
Ontario	33	36
Prince Edward Island	8.0	0.5
Quebec	31	11
Saskatchewan	2	4
Northwest Territories	0	0.1
Nunavut	0	0.04
Yukon	0	0.3

sex work were asked to indicate the types of work they were doing. Questions on employment and income, including sex work, were limited to participants aged 16 and older. 4.8% (n=133) of all survey participants were current sex workers.

Although Trans PULSE Canada used multiple approaches to make the survey accessible, it was not possible to conduct a random sample of the trans and non-binary population. Thus, results cannot be assumed to represent true population demographics. For instance, that 4.8% of participants were doing sex work, does not mean exactly 4.8% of all trans and non-binary people in Canada are doing sex work.

The final column of all comparative tables in this report contains a p-value. A p-value indicates whether there is a statistically significant difference between groups - here, the groups are current sex workers and non-sex workers (Tables 2, 3, 5, 6, 7) or gender identity groups (Table 4). P-values that are less than 0.0500 indicate that differences between groups are statistically significant, while p-values that are greater than or equal to 0.0500 indicate that there is no statistically significant difference.

Table 2: Socio-demographics

	Sex workers	Non-sex workers	
	n=133 %	n=2236 %	P-value ^a
Age			0.024
14 - 19	5	10	
20 - 24	30	22	
25 - 34	44	37	
35 - 49	17	21	
50 - 64	4	8	
65 +	8.0	1	
Gender			0.003
Woman or girl	35	24	
Man or boy	13	25	
Indigenous or cultural gender	3	2	
Non-binary or similar	50	50	
Sexual orientation (d	check all t	that apply)	b
Asexual	7	14	0.017
Bisexual	32	28	0.360
Gay	10	13	0.249
Lesbian	20	16	0.256
Pansexual	41	31	0.016
Queer	47	54	0.090
Straight or			
heterosexual	10	7	0.206
Two-Spirit	2	4	0.482
Unsure or questioning	7	8	0.561
Relationship status			0.007
Not in a relationship	47	46	0.007
In a monogamous relationship	23	33	
In a non-monogamous or polyamorous rela- tionship(s)	31	21	
Legal marital status			0.003
Single, never married	78	63	
Separated or divorced	8	11	
Widowed	0.8	0.4	
Married or common- law	13	26	
Indigenous in Canad	la		0.692
Indigenous in Canada	7	8	3.072
Not Indigenous in Canada	93	92	

Table 2: Socio-demographics, continued

	Sex workers	Non-sex workers	
	n=133 %	n=2236 %	P-value ^a
Racialization			0.077
Racialized	19	13	
Not racialized	81	87	
Immigration history			0.846
Newcomer (past 5 years)	4	4	
Immigrant (non- newcomer)	11	9	
Born in Canada	86	87	
Urban / rural ^c			0.394
Rural or small town	5	7	
Not rural or small town	95	93	
Parent (including ad	ult childr	en)	0.039
Parent	10	17	
Not a parent	90	83	
Disability identities	(check all	that apply	r) b
Autistic	14	14	0.891
Blind	0	0.4	1.000
Crip	2	2	1.000
Deaf	0	1	0.642
Disabled or living with a disability	28	19	0.019
Chronic pain	23	22	0.814
Neurodivergent	38	31	0.094
Psychiatric survivor, mad, or person with mental illness	57	44	0.002
Other	5	7	0.539
Education (age ≥ 25)			
< High school	6	2	0.005
High school diploma	12	3 7	
Some college or uni-	12	,	
versity College or university	31	21	
degree Grad/professional	43	48	
degree	8	21	
Employment situation	on (age ≥ 2	25) ^d	0.0004
Permanent full-time	24	44	
Employed, not perma- nent full-time	53	33	
Not employed or on leave	19	16	
Not employed and student or retired	3	7	

Table 2: Socio-demographics, continued

	Sex workers	Non-sex workers	
	n=133 %	n=2236 %	P-value ^a
Personal annual in	come		
(past year, age ≥ 25)) ^d		0.001
None	1	2	
< \$15,000	34	23	
\$15,000 - \$29,000	26	24	
\$30,000 - \$49,000	31	21	
\$50,000 - \$79,000	5	18	
\$80,000 +	4	12	
Income from social disability (past year Public social assis-	ar, age ≥ 16)	е	<0.0001
tance or welfare	28	8	
Public disability sup- port	7	7	
Both	4	3	
Neither	60	82	
Portion of income in (past 3 months, age		cash	<0.0001
Most	14	4	
Above half	9	2	
Less than half	37	15	
None	40	79	
Low-income house (past year, age ≥ 25)			0.001
Low-income house- hold	58	39	

- a Values <0.0500 indicate that differences between groups are statistically significant.
- b Participants could select more than one option, so total will be more than 100%.
- c Rural and small town includes participants who reported a postal code or forward sortation area for a town or municipality with population <10,000.</p>
- d Personal income, education, and employment are reported here for those age 25 and older; additional data on student status and other factors will be reported in our youth report.
- These variables were missing for 10% of participants or more.

Socio-demographics

Table 1 shows that sex workers were similarly distributed across Canada to other Trans PULSE Canada participants but there was a notably higher proportion of sex workers living in Quebec (31% vs. 11%) and a lower proportion living in Alberta (10% vs. 19%).

Table 2 describes the sociodemographic characteristics of sex workers, as compared to non-sex workers. Most current sex workers were between 20-24 (30%) or 25-34 (44%) years old. Half of the sex workers identified as non-binary or a similar identity, as did Trans PULSE Canada participants overall. Sex workers were more likely to identify as women or girls than non-sex workers (35% vs. 24%). Over half (54%) of sex workers were in relationships and one in ten was a parent. Seven percent of sex workers were Indigenous and 15% were born outside Canada, similar to non-sex workers; however, sex workers were more likely to be racialized (19% vs. 13%). Sex workers were more likely than non-sex workers to identify as disabled (28% vs. 19%) or as psychiatric survivors or people with mental illness (57% vs. 44%). Sex workers differed from other Trans PULSE Canada participants with regard to education, employment, and income. Fewer sex workers reported full-time permanent employment (24% vs. 44%) and personal annual incomes above \$50,000 (9% vs. 30%). Sex workers were more likely to have received social assistance in the past year (28% vs. 8%), receive more than half of their income in cash (23% vs. 6%), and live in low-income households (58% vs. 39%).

Health & Well-being

As shown in Table 3, sex workers had greater barriers to health care than other Trans PULSE Canada participants, including not having a primary care provider (26% vs. 19%), unmet health care need(s) (63% vs. 44%), and emergency room avoidance in the past year (20% vs. 11%). In contrast, sex workers were more likely to have been tested for HIV or other sexually transmitted infections (STIs): half had been tested for HIV within the previous year, and 73% for

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Table	3:	He	aith	æ	we	II-b	eina

Table 3: Health &	Sex	Non-sex	
	workers	workers	
	n=133 %	n=2236 %	P-value a
Has primary health o	are provid	ler	0.038
Yes	74	81	
No	26	19	
Unmet health care n	eed(s) (pas	st year)	<0.0001
Unmet need(s)	63	44	
No unmet need	37	56	
Avoided emergency	room (pas	t year)	0.011
Yes	20	11	
No	64	68	
Never needed ER care	17	21	
Gender-affirming me	edical care	status	0.898
Had all needed care	26	26	
In the process of com- pleting	32	32	
Planning, but not begun	14	14	
Not planning	14	12	
Unsure if going to seek care	14	16	
Self-rated health			0.033
Excellent or very good	26	38	
Good	42	36	
Fair or poor	32	27	
Self-rated mental he	alth		0.0003
Excellent or very good	10	17	
Good	18	29	
Fair or poor	72	54	
Considered suicide (past year)		0.026
Yes	39	30	
No	61	70	
Attempted suicide (p	ast year)		0.015
Yes	10	5	
No	90	95	
Experienced violence		sment (pas	st 5
years, check all that	apply) ^b		
Verbal harassment	80	68	0.002
Physical intimidation or threats	52	37	0.0004
Physical violence	29	15	<0.0001
Sexual harassment	71	41	<0.0001
Sexual assault	52	24	<0.0001

Table 3: Health &	well-being.	continued
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	Sex workers	Non-sex workers	
	n=133 %	n=2236 %	P-value ^a
Avoided public space	s for fear	of har-	
assment or outing (pa			0.236
No avoidance	20	15	
1 or 2 types of spaces	17	20	
3 or more types of spaces	63	64	
Avoidance of specific	spaces fo	or fear of	
harassment or outing	_		
check all that apply)	b		
Public spaces	36	26	0.012
Public bathrooms	55	62	0.098
Schools	24	11	<0.0001
Housing security			0.001
Secure	81	91	
Insecure d	19	9	
Household food secur	rity (past y	year)	<0.0001
Always had enough to eat	68	86	
Sometimes did not have			
enough	20	11	
Often did not have enough	12	3	
Timing of most recen	t HIV test		<0.0001
Less than 1 year ago	50	21	
1 to less than 2 years ago	10	9	
2 or more years ago	11	19	
Has never had an HIV test	29	51	
Timing of most recen	t STI test		<0.0001
Less than 1 year ago	73	27	
1 to less than 2 years ago	7	12	
2 or more years ago	6	21	
Has never had an STI test	13	40	
Ever taken PrEP for H	IIV preven	ition	<0.0001
Yes, currently	6	0.8	
Yes, in the past	8	1	
No	86	98	
a Values <0.0500 indicate statistically significant.	that difference	es between gro	ups are
 b Participants could select be more than 100%. 	t more than on	e option, so to	tal will
c Of 14 spaces given as or rooms, schools, being or			vash-
d Includes living in shelters rarily with partners/frien an abandoned building.	s, motels or bo ds/family, on t	arding houses he street, in a o	, tempo- car, or in

Table 4: Sex work experiences by gender identity among current sex workers

	All sex workers	Women	Men	Non-binary, In- digenous, or cul- tural gender	
	n=133 Mean (SD)	n=46 Mean (SD)	n=17 Mean (SD)	n=70 Mean (SD)	P-value ^a
Age first started sex work					
Age	23.14 (6.65)	26.55 (10.32)	18.72 (5.92)	21.78 (5.50)	0.010
	%	%	%	%	
Types of sex work (past year) ^b					
Escorting	44	57	49	33	0.152
Camming	37	36	49	35	0.820
Sugar baby	32	26	34	36	0.757
Domme-ing	28	30	0	31	0.345
Porn	27	26	17	28	1.000
Subbing	25	19	32	28	0.661
Massage	17	20	17	14	0.787
Modelling	16	13	32	16	0.510
Phone sex	13	10	16	14	0.775
Street-based	8	17	16	0	0.012
Dancing	5	10	0	2	0.496
Other(s)	5	3	19	5	0.376
Reasons for starting sex work ^b					
Necessary for living expenses	54	58	17	57	0.208
Lack of jobs/income	48	32	65	57	0.079
To feel attractive	48	38	65	52	0.378
Good pay	39	36	34	41	0.935
To affirm gender identity	22	31	0	19	0.198
Suggested by friend or lover	23	32	17	17	0.302
Community	17	14	16	19	0.896
Felt forced or pressured	14	14	16	14	1.000
Learned from those around me	14	28	0	7	0.029
Necessary for gender-affirming medical care expenses	12	14	32	7	0.129
Other(s)	15	14	19	15	1.000

a Values <0.0500 indicate that differences between gender groups are statistically significant.

b Participants could select more than one option, so total will be more than 100%.

Table 5	5: Su	pport	and s	afety
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Sex workers
n=133
%

Primary health care provider's support for your sex work ^a

Very or somewhat supportive	11
Not very supportive	3
Not at all supportive	0
They don't know	86

Spouse or partner's support for your sex work b

Very or somewhat supportive	76
Not very supportive	4
Not at all supportive	4
They don't know	16

Your child(ren)'s support for your sex work ^c

Very or somewhat supportive	9
Not very supportive	0
Not at all supportive	0
They don't know	91

Works with clients in-person

Has in-person clients	62
Does not have in-person clients	38

Perceived safety when negotiating rates d

Very or	mostly safe	44
Neithe	r safe nor unsafe	25
Somev	vhat unsafe	25
Very u	nsafe	6

Perceived safety when negotiating condom use e

Very or mostly safe	38
Neither safe nor unsafe	25
Somewhat unsafe	30
Very unsafe	6

Condomless sex with regular or casual partner(s) (past year) ^f

Had condomless sex	61
No condomless sex	39

Condomless sex with client(s) (past year) f

	 -	*
Had condomless sex		32
No condomless sex		68

- a Among those who have a primary care provider (n=73).
- b Among those who have a spouse or partner (n=50).
- c Among those who have a child or children (n=11).
- d Among those working with in-person clients who negotiate rates (n=32).
- e Among those working with in-person clients who negotiate condom use (n=29).
- f Among those working with in-person clients (n=48).

other STIs. They were also more likely to have ever used pre-exposure prophylaxis (PrEP) for HIV prevention (14% vs. 2%).

Sex workers tended to report poorer physical and mental health, including fair or poor self-rated mental health (72% vs. 54%) and past year suicide attempts (10% vs. 5%), than non-sex workers. These differences should be understood in the context of lower well-being experienced by sex workers, including higher levels of violence and harassment: sex workers reported about double the proportions of physical (29% vs. 15%) and sexual assault (52% vs. 24%) reported by non-sex workers. Housing (19% vs. 9%) and food insecurity (32% vs. 14%) were also more common among sex workers.

Sex Work Experiences

Table 4 focuses on participants' experiences doing sex work, stratified by gender group (women, men, and non-binary genders). On average, participants started doing sex work at the age of 23. In the past year, participants had engaged in many types of sex work with the most common roles being escorting (44%) and camming (37%). Types of sex work did not differ by gender with the exception of street-based work, which only trans women and men reported. The most commonly reported reasons for starting sex work were to cover necessary living expenses (54%), lack of jobs/income (48%), and to feel attractive (48%).

Table 5 describes the support and safety available to sex workers. Most (86%) had not told their primary care provider about their work. Of sex workers with partners, most were supportive or very supportive of their work (76%). Among sex workers with in-person clients (62%), less than half said they felt very or mostly safe negotiating rates (44%) or condom use (38%) and 32% reported condomless sex with a client (s).

Table 6: Lifetime experiences of discrimination ^a

	Lifetime- Sex workers	Non-sex workers	
	n=337 %	n=1736 %	P-value ^b
Refused care by hea	lth care pr	ovider	<0.0001
Yes	39	21	
No	61	79	
Fired, dismissed, or	turned dov	wn for a	
job			<0.0001
Yes	55	24	
No	45	76	
Evicted or denied ho	ousing		<0.0001
Yes	23	8	
No	77	92	
Unreasonably stopp searched, or arrested			
rity	40		<0.0001
Yes	43	16	
No	57	84	
Unable to open bank	account,	cash a	
cheque, or get a loan	L		<0.0001
Yes	20	5	
No	80	95	
Unreasonably expelled or suspended			
from school			<0.0001
Yes	11	5	
No	89	95	

- a Experiences happened "because of who you are," including how you describe yourself and how others might describe you. For example, skin colour, ancestry, nationality, religion, gender identity, sexuality, age, weight, disability or mental health issue, income, or source of income.
- b Values <0.0500 indicate that differences between groups are statistically significant.

Discrimination and Access to Justice

Lifetime experiences of discrimination among sex workers and non-sex workers are shown in Table 6. When asked about discrimination "because of who you are," sex workers consistently reported much higher levels than non-sex workers, including denial

Table 7: Interaction with and avoidance of legal and emergency response systems

	Sex workers	Non-sex workers	
	n=133 %	n=2236 %	P-value ^a
Worried about being assed by police or a		or har-	0.015
Agree	84	69	
Neutral	8	14	
Disagree	8	17	
Avoided calling 911 for police services			
(past 5 years)			<0.0001
Yes	48	22	
No	16	23	
Has not needed police services	35	55	
Anticipated fair tre	eatment fro	m police	
& legal system if pl	nysically a	ssaulted	0.0004
Yes	13	33	
No	87	67	
Anticipated fair treatment from police & legal system if sexually assaulted			0.001
Yes	4	19	
No	96	81	

- a Values <0.0500 indicate that differences between groups are statistically significant.
- b Experiences happened "because of who you are," including how you describe yourself and how others might describe you. For example, skin colour, ancestry, nationality, religion, gender identity, sexuality, age, weight, disability or mental health issue, income, or source of income.

of health care (39% vs. 21%), employment discrimination (55% vs. 24%), and discriminatory treatment by police (43% vs. 16%). Table 7 describes interaction with and avoidance of legal and emergency response systems. The results demonstrate substantial mistrust of police and emergency response. 84% of sex workers were worried about being stopped or harassed by police or security. Over the past five years, almost half (48%) of sex workers had avoided calling 911 for police services when they might be required, as compared to 22% among non-sex workers. Relatedly, the vast majority (87-96%) of sex workers did not anticipate fair treatment from police and the legal system if physically or sexually assaulted.

Conclusion

About 5% of Trans PULSE Canada participants were current sex workers. Participants of all genders, including non-binary people and trans men, did a variety of types of sex work. Overall, this group experienced higher levels of poverty, disability, poor selfrated health, discrimination and violence as compared to trans and non-binary people who were not sex workers. Although Canada's current sex work laws purport to target clients rather than sex workers themselves, we found that most trans and non-binary sex workers surveyed were worried about being stopped or harassed by police or security. Trans and non-binary sex workers who are Indigenous, Black, racialized, and/or immigrants to Canada may be disproportionately or differently impacted. Future research (including qualitative studies or quantitative studies with larger samples) should take an intersectional approach to the health and well-being of trans and non-binary sex workers in Canada.

These findings have implications for practices and policies impacting trans and non-binary sex workers. For example, sex workers reported more health care barriers than other trans and non-binary people and most had not told their health care provider about their work. This indicates that efforts are needed to reduce sex work stigma in healthcare settings; even providers who are trans-affirming may not be sex work-affirming. Sex workers reported limited safety to negotiate the conditions of their work, high levels of experienced and anticipated discrimination and violence, and a lack of access to justice. Human rights and labour protections for sex workers, including full decriminalization of sex work, are needed and the unique experiences of trans and non-binary sex workers should be centered in discussions of sex work law and policy in Canada.

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References

- Fitzgerald E, Patterson SE, Hickey D, Biko C, & Tobin, HJ. Meaningful work: Transgender experiences in the sex trade. Washington, DC: National Center for Transgender Equality. 2015. Available from: https:// www.transequality.org/sites/default/files/ Meaningful%20Work-Full%20Report_FINAL_3.pdf
- Poteat T, Wirtz AL, Radix A, Borquez A, Silva-Santisteban A, Deutsch MB, Khan SI, Winter S, Operario D. HIV risk and preventative interventions in transgender women sex workers. The Lancet. 2015;385(9964):274–286. Available from: https:// doi.org/10.1016/S0140-6736(14)60833-3
- 3. Bauer GR, Travers R, Scanlon K, Coleman TA. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: A provincewide respondent-driven sampling survey. BMC Public Health. 2012;12(292):1–12. Available from: https://doi.org/10.1186/1471-2458-12-292
- Sausa LA, Keatley J, Operario D. Perceived risks and benefits of sex work among transgender women of color in San Francisco. Archives of Sexual Behavior. 2007;36(6):768-777. Available from http:// doi.org/10.1007/s10508-007-9210-3
- Jones A. Where the trans men and enbies at?: Cissexism, sexual threat, and the study of sex work. Sociology Compass. 2020;14(2):284–315. Available from: http://doi.org/10.1111/soc4.12750

- Lyons T, Krusi A, Pierre L, Kerr T, Small W, Shannon K. Negotiating violence in the context of transphobia and criminalization: The experiences of trans sex workers in Vancouver, Canada. Qualitative Health Research. 2017;27(2):182–190. Available from: https:// doi.org/10.1177/1049732315613311
- Roche K, Keith C. How stigma affects healthcare access for transgender sex workers. British Journal of Nursing. 2014;23(21):1147–1152. Available from: https://doi.org/10.12968/bjon.2014.23.21.1147
- Argento E, Goldenberg S, Braschel M, Machat S, Strathdee SA, Shannon K. The impact of end-demand legislation on sex workers' access to health and sex worker-led services: A community-based prospective cohort study in Canada. PLOS ONE. 2020;15(4):1– 10. Available from https://doi.org/10.1371/ journal.pone.0225783

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