

Improving health outcomes for im/migrant sex workers

INSIGHTS AND RECOMMENDATIONS FROM
SWAN VANCOUVER'S ADVISORY GROUP

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About SWAN Vancouver

With deep gratitude, we acknowledge that SWAN Vancouver is situated on the stolen ancestral lands of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tseil-Waututh) Nations. We're also honoured to work in the territories of the QayQayt First Nation, Kwantlen, qíćəy̓ (Katzie), Semiahmoo, Tsawwassen First Nations, kʷikwəłəm (Kwikwetlem) and Stó:lō Nation

SWAN Vancouver promotes the rights, health, and safety of im/migrant women and marginalized genders engaged in indoor sex work through frontline service and systemic advocacy.

Since 2002, SWAN has provided direct support to im/migrant sex workers in the Greater Vancouver area. We offer low-barrier, culturally specialized, and non-stigmatizing services through our programs and services. Our Outreach program

delivers safer sex supplies and personal protective equipment to im/migrant sex workers working in massage parlours or independent apartments across 13 municipalities in BC. We also provide low-barrier mobile STBBI testing in the community and provide one-to-one case management for individuals who need more specialized support in navigating our healthcare, legal, or immigration systems. SWAN's Community Program offers low-barrier, free, and confidential English classes, as well as other social and educational activities that address stigma and isolation, and build community and solidarity among participants.

SWAN also works in partnership with community organizations and the women we serve to advocate for systemic change. Our research, advocacy, and law reform efforts aim to dismantle policies and practices that contribute to the marginalization of im/migrant sex workers.

Executive Summary

Canada is a country that is highly regarded for their universal healthcare. Despite this, as is the case with even the best healthcare system, there continue to be health inequities among systemically marginalized populations. Universal healthcare is, unfortunately, not enough to ensure optimal health outcomes for all, and certain communities face more barriers than others when trying to access the care they need. Immigrants and migrants (im/migrants) engaging in sex work experience multi-layered criminalization, as well as discrimination, racism, and immense stigma about their work.

SWAN Vancouver has been supporting this community since 2002, and our long-standing healthcare advocacy often focuses more on the structural inequities of health systems and institutions. With funding from Vancouver Coastal Health for this one-time-only Health Promotion Project, we aim to “go upstream” and pivot our focus onto the broader social determinants of health that affect this population of im/migrant sex workers, and to call for systemic change, not only in the healthcare sector, but also within other systems that shape the social, economic, environmental, and political conditions impacting this group.

A key challenge for the im/migrant sex working community we support is the impact of criminalization on all aspects of their lives, which deepens existing health inequities.

Criminalization – both within the criminal justice and immigration systems – exacerbates barriers to essential support like housing, employment, and healthcare. For im/migrant sex workers, especially those with precarious or no immigration status, these barriers are even more pronounced. Decriminalization would not only improve safety but also access to housing, employment, healthcare, and other supports, all of which are vital to addressing the broader social determinants of health.

We hope that this brief will provide policymakers, government officials, funders, healthcare policymakers and institutions, social service providers, law enforcement, and anyone else who believes in equitable healthcare for marginalized communities, the opportunity to learn directly from our community of im/migrants engaged in sex work about their unique experiences, so that we can work together toward health equity for all.



Improving health outcomes for im/migrant sex workers

INTRODUCTION

Im/migrant sex workers face significant barriers to accessing healthcare due to their complex and intersectional identities, multi-layered criminalization, and stigma relating to their work. This population is systemically marginalized, especially migrant (non-citizen or permanent resident) sex workers, who face potential arrest and deportation if they are found to be doing sex work. Because of this, it is also risky for im/migrant sex workers to organize or advocate for their own needs, which is why SWAN has undertaken this project to consult in-depth with the im/migrant sex working community, learn from their experiences, and gather insight for these policy briefs and recommendations. This project is generously funded by Vancouver Coastal Health as a One-Time-Only Health Promotion Project.

Defining 'immigrant' and 'migrant'

SWAN differentiates between immigrant and migrants. Different immigrant statuses exist in relation to one another in shaping people's access to rights and safety. People with more secure immigration status such as Canadian citizenship or permanent residents generally have more stable access to healthcare and other types of

support, and are not at risk of deportation. Migrants such as people with travel visa, work visa, international student visa, or with precarious immigration status or no status often have limited access to essential services, where access to services might depend on their employer, visa type. For the community that SWAN support, the immigration prohibition on sex work means that if a migrant engages in any form of sex work, they risk detention and deportation. Recognizing the distinction of immigrant and migrant helps us to understand how systemic inequalities and immigration policies create vulnerability. It also allows service providers to support more effectively the specific needs and barriers faced by this community.

The legal context for im/migrant sex workers

PROTECTION OF COMMUNITIES AND EXPLOITED PERSONS ACT

The Protection of Communities and Exploited Persons Act (PCEPA) criminalizes many activities related to sex work, putting sex workers at risk of violence, exploitation, and other crimes and human rights violations. Because PCEPA views sex work as exploitation, it aims to reduce demand for sexual services and ‘protect’ women and girls. However, the provisions within PCEPA make sex work more dangerous and have not proven to reduce demand.

Among other ways, PCEPA provisions cause harm to sex workers by:

- driving the industry underground, which increases the risk of violence, exploitation and poor working conditions
- preventing sex workers from hiring security/bodyguards, drivers, receptionists or anyone else that may assist in the course of their work and help keep them safe
- conflating sex work and human trafficking
- unfairly targeting street-based sex workers by diverging from asymmetrical criminalization and making communication for the purposes of selling sex illegal in ill-defined public spaces

IMMIGRATION AND REFUGEE PROTECTION REGULATIONS

Migrant sex workers experience multi-layered criminalization. Even if sex work was decriminalized in Canada, migrant sex workers would still be criminalized through the Immigration and Refugee Protection Regulations (IRPR) prohibition on sex work. Sections 183(1)(b.1), 196.1(a), 200(3)(g.1), and 203(2)(a) of the IRPR prohibit temporary residents from engaging in sex work. Non-compliance may lead to arrest, detention, and/or deportation. In order to avoid detection, migrant sex workers are unlikely to report violence or exploitation when it occurs. In SWAN’s experience, reporting violence can inadvertently incriminate a migrant sex worker, leading to a criminal investigation and/or deportation. As a result, perpetrators of violence and exploitation target migrant sex workers, taking advantage of their exclusion from legal and labour protections and ability to seek legal recourse.

The IRPR sex work prohibition violates the Charter Rights and Freedoms of migrant sex workers. The Government of Canada has acknowledged the harms of this legislation but has yet to take action to address them.¹ To learn more about the IRPR, read SWAN’s report, [“You’re always on edge”: Sex Work, Immigration, and Canadian Law.](#)

¹ House of Commons Standing Committee on Justice and Human Rights. (2022). Preventing Harm in the Canadian Sex Industry: A Review of the Protection of Communities and Exploited Persons Act (Recommendation 10).

MUNICIPAL BYLAW ENFORCEMENT

Municipal bylaws vary from city to city and are often leveraged to crack down on sex work, often under the guise of combatting exploitation. Body rub or massage business bylaws generally dictate how businesses must operate, including restrictions on opening hours, lighting, locks on doors, and even clothing of staff. In some cities, these rigid restrictions were explicitly put in place with the goal of driving body rubs out of business.² Depending on the city, bylaws departments may work closely with local law enforcement and provide opportunities or even request for police to accompany them for their inspections. Often these inspections involve compelling workers to show their IDs and asking them to open up personal lockers or drawers for inspection, and workers are afraid to refuse or exert their rights in the presence of a police officer. Frequent bylaw inspections can also deter workers from accepting safer sex supplies, as they may be seen as evidence of sex work. Often, workers at massage businesses are thought to be trafficking victims, but in SWAN's experience, it is extremely rare for trafficking to occur in a licensed business.

ANTI-TRAFFICKING ENFORCEMENT

While human trafficking is a crime that certainly must be addressed, most anti-trafficking campaigns mistakenly conflate sex work with trafficking and end up

causing significant harm to marginalized communities, including im/migrant sex workers, that are not trafficked. Misguided anti-trafficking operations that target massage businesses often turn up no trafficking victims but may result in migrants engaged in sex work being arrested, detained, and deported. For similar reasons, im/migrant sex workers are afraid to have other service providers know they do sex work, as they are often perceived as being trafficked due to being a racialized newcomer doing sex work.

² Ydenberg, E., J. Knowler, K. MacKenzie, R. McCormick. (2016). "Regulating indoor sex work in Richmond BC: Striking a balance and promoting health and safety". Simon Fraser University, School of Public Policy.



Approach to gathering information

SWAN is deeply committed to amplifying the voices of our community, who have experienced structural and systemic barriers, and identifying creative ways to support them to exercise their collective power. In late 2024, we launched a monthly Advisory Group for im/migrant sex workers, which meets once a month to engage in meaningful discussions with our members on various important topics. These conversations have covered issues such as barriers to healthcare access, legal and immigration concerns, workplace safety, policy recommendations, and much more. The primary goal of the advisory group is to ensure that the community we serve is at the forefront of shaping our services and advocacy efforts. By centering their voices, we ensure that our initiatives are guided by the needs and experiences of the community. During these meetings, members share their questions, concerns, and suggestions, helping us identify gaps in services and priorities for systemic change.

An equally important aim of the advisory group is to create a safe and supportive space for community members to connect, build solidarity, and share experiences. Members have shared that they look forward to these monthly meetings not only because they enjoy spending time together,

but also because they find them beneficial for exchanging safety tips, sharing strategies for navigating complex systems, and learning from one another.

Beginning in 2025, with funding from Vancouver Coastal Health, the Advisory Group met to provide insights and recommendations relating to upstream causes of health inequities, with focus on the following social determinants of health:

- Laws and criminalization
- Racism, discrimination, and stigma
- Employment and working conditions
- Access to health
- Language accessibility
- Economic security
- Resiliency to climate change and/or health emergencies
- Mental health and wellness
- Social connectedness (sense of belonging and community)



Findings

LAWS AND CRIMINALIZATION

Im/migrants engaged in sex work are grappling with the complexities and contradictions in Canada's sex work laws and policies. The legal status of sex work in Canada is confusing and ambiguous, such as the contradiction between the legality of selling sex but the illegality of purchasing it. Participants expressed deep concern about how involvement in sex work might affect other legal matters, such as immigration status, citizenship applications, or criminal records, and have a general fear about the potential negative impact of conservative policies or political shifts on the legality and enforcement of sex work. Mainstream services lack understanding of how im/migrant sex workers experience criminalization and are not equipped to provide support and protect the community from criminalization at the same time. Though policymakers insist the laws do not criminalize sellers of sex, there are enough loopholes within PCEPA, along with the IRPR prohibition on sex work, that allow for im/migrant sex workers to experience criminalization anyways. Even if the intent of the law is to fully decriminalize sex work for the seller, this is not carried out consistently enough by law enforcement for sex workers to be able to trust it.

KEY POINTS:

Immigration

- Concerns about accessing healthcare

and legal resources, especially for those without permanent residency or citizenship.

- A strong desire for clearer, more accessible legal advice and resources, such as immigration-specific workshops and lawyer consultations.
- Access without fear policies to ensure equitable access to necessary services for those with precarious immigration status.

Violence and exploitation

- Understanding the legal context of their work empowers their decision-making, especially during situations when their safety is at risk
- Laws, criminalization, and stigma contribute a lack of safety and impact the well-being of individuals working in sex work.
- Criminalization is often leveraged by clients to harm workers (e.g. non-payment, sexual assault, robberies, etc.), knowing that they are unlikely to call the police.
- Fear of being exploited due to lack of immigration status and the IRPR prohibition on sex work.
- With the current legal context, the community must find alternative strategies to protect themselves, as they cannot access legal protections offered to the general public.

RACISM, DISCRIMINATION, AND SEX WORK STIGMA

Im/migrant sex workers experience layered forms of racism, discrimination and stigma that intersect with gender, class, immigration status, and sex working status. These experiences shape every interaction with institutions. Im/migrant sex workers described racism as a constant presence in daily life, ranging from microaggression to overt hostility. Many shared they are treated as less competent, less deserving of patience or viewed only through stereotypes about Asian women and sex work. Racism also shows up in systemic ways, through immigration laws that criminalize migrant sex work, health policies that exclude those without status, and popular discourses that conflate sex work with trafficking. This is also evident in how public perceives im/migrant sex workers as victims in need of rescue. Racism, discrimination and stigma intersect in ways that are pervasive and damaging. Workers described being talked over or infantilized in healthcare settings, with healthcare providers assumed they were trafficked, completely disregarding their agency and self-determination. Participants emphasized that stigma is not just interpersonal but built into systems that criminalize their work and mobility. There is a constant need to obscure the nature of their work, avoid disclosure which leads to chronic stress and fear.

Equity requires moving beyond symbolic inclusion to address these systemic barriers. Anti-racism efforts must recognize how

immigration status, sex work status, class, race, criminalization intersect. Confronting these structural inequities is essential for improving broader social determinants of health.

KEY POINTS:

Racism and discrimination

- Widespread experiences of racism and discrimination through their work.
- General sense that White, Canadian sex workers have more power than racialized, im/migrant sex workers to influence systemic change.
- When accessing law enforcement, there is a fear of anti-Asian racism. One participant noted that they feel they will have a higher chance of a good outcome if they have a non-racialized friend with them.

Sex work stigma

- The conflation of sex work and trafficking in Canada's laws and policies contribute to sex work stigma.
- Sex workers are treated as "dirty" or "undeserving" of protection if they choose to do the work.
- Workers would not tell anyone about their sex work involvement, even if supports say they are sex work supportive.

EMPLOYMENT AND WORKING CONDITIONS

Participants described a lack of protection and safety in their workplaces. Many expressed frustrations with the police and the legal system, highlighting that they often cannot rely on law enforcement for protection.

Participants emphasized that truly safe and equitable working conditions require comprehensive labor protections and human rights. This includes workplace safety and health measures, financial and legal protections such as benefits, retirement plan, health & safety, wage protection, and protections from racism and discrimination. Equally important are secure immigration status, reduced fear of police, stronger support networks with other workers and decreased isolation resulting from language barriers. These priorities highlight how decriminalization is central to ensure safety in workplace without the fear of arrest and other legal consequences.

Despite systemic barriers and lack of protection, the community has many strategies to protect themselves and each other. These strategies are in lieu of access to justice due to criminalization and discrimination, and demonstrate the resilience of this community.

“To be honest, I am not proud of my job. But when it comes to safety, we should be treated equally.”

“Can't wait or rely on others for my own safety.”

“When I call the police, I hope the police will protect me and keep me safe.”

“If police treated us well, perpetrators would not be so bold.”

“I do not have any sense of protection or safety here.”

KEY POINTS:

Lack of safety and labour protections

- Participants express frustration over the lack of police protection and the need to implement safety measures on their own, like self-defense mechanisms or abuser alert systems.
- In the absence of workplace safety and protections, im/migrant sex workers rely on themselves and their colleagues to create safety.
- Workers prefer working with others; however, working together can be risky under the current laws.

Lack of access to justice or legal recourse

- When workers do report crimes to the police, there is rarely any justice and it can have negative consequences, such as workplaces being closed down or workers being deported.
- Clients frequently steal worker's wallets/money, knowing that they will not call the police.

EMPLOYMENT AND WORKING CONDITIONS CONT.

Violence and exploitation

- General resignation that they will experience violence: *“If I am working in this industry, I am not scared of anything, I am not scared of dying.”*
- Common experiences of condom stealing or clients demanding sexual services that were not previously agreed upon.
- Clients can be violent, knowing that workers are unlikely to call the police.
- Predators take advantage of people with no immigration status.
- Shared experiences where managers created unfair and, at times, unsafe working conditions.
- They felt unable to report or leave exploitative situations due to criminalization, as well as lack of knowledge around safe community supports.

Ideal working conditions

- Benefits, retirement plan, health & safety, wage protection
- Less fear of police and legal action
- Less fear of other members of the public
- More support from other workers and workers in other sectors
- Less isolation due to language barriers
- Less fear of racism and discrimination
- More protection for those with temporary immigration status

Community strategies for protection

- Workers try to know where friends are working and the time they expect to be done.
- Advice to each other not to fight with clients if they are robbed or assaulted, to let things go.
- Some workers just give money to the robbers to get them to leave.
- Save the phone numbers of bad clients and will refuse them, not even allowing the person to come to the door.
- SWAN's Abuser Alert is important to the community so that they can identify and avoid perpetrators.

ACCESS TO HEALTH

Im/migrants engaged in sex work experience significant barriers to accessing healthcare, including language barriers, discrimination, long wait times, and cultural challenges. The community has concerns about the attitudes and assumptions made by healthcare providers, particularly related to sex work, and emphasize the need to normalize and reduce barriers to STBBI testing for sex workers so that it is not too stigmatizing to access. Service providers frequently ask invasive and seemingly unnecessary questions, especially with relation to STBBI testing, which discourages the community from seeking the care they need. Participants expressed feeling unable to share any critiques about their experiences because their connection to healthcare is so delicate.

Understanding low-barrier care

The term low-barrier means different things to different communities. For im/migrant sex workers, true low-barrier care goes beyond anonymous testing. Many community members access healthcare out of necessity, not because they trust the system. For example, someone with limited English may agree to use a translation device to enter an exam room alone even when uncomfortable, because refusing could risk losing access of care or risk more surveillance from healthcare. This dynamic reveals how power imbalances and bureaucratic processes, such as rigid clinical procedures, can reproduce harm in well-intentioned settings.

Trust is not built through assumptions of safety, it is built when barriers are removed, when people's comfort is prioritized and when feedback leads to real change.

KEY POINTS:

Language barriers

- It is important to be able to access a doctor who can speak their language (Mandarin, Cantonese, or Japanese), even for people who can speak conversational English
 - For example, one person shared that they could say in English that their stomach hurts but would not know how to say which specific area.
- Some doctors seem to not like having a translator present.

Long wait times and scheduling conflicts

- It is difficult and takes a lot of time to get connected to a family doctor.
- Specialists especially have extremely long waitlists
- For those with precarious immigration status, no status or no identification, it is extremely difficult to be referred to a specialist. Even when referrals are possible, they must pay out of pocket for consultations.
- Many walk-in clinics are no longer walk-in clinics and now require appointments.

ACCESS TO HEALTH CONT.

Power imbalance between healthcare providers and the community

- Afraid to jeopardize their healthcare by pushing back or giving feedback on care. This results in a “take what I can get” mentality.

Stigma and criminalization

- Concerns about the stigma and assumptions made by healthcare providers, particularly related to sex work, and the need to normalize health testing for sex workers.
- General feeling that healthcare providers will blame sex workers for their own health issues - “well, you work in this industry, what did you expect?”
- General fear of healthcare professionals knowing about their work.

LANGUAGE ACCESSIBILITY

Newcomers to Canada experience language barriers when trying to navigate everyday tasks. This is amplified for im/migrant sex workers who must also obscure the nature of their work in order to protect themselves. Accessing traditional settlement agencies can be difficult for im/migrant sex workers, especially migrants with precarious or no status. Most English as an additional language (EAL) courses are run by settlement or government-funded agencies and require disclosure of immigration status. There are few low-barrier and safe options for im/migrant workers engaged in sex work to learn English. Additionally, there is fear among the community about being asked what they do for work and having to lie and/or risk outing themselves.

KEY POINTS:

Language barriers

- Some workers have shared that despite having a basic grasp of English, they have trouble interacting with people and cannot connect as deeply.
- Needing a translator makes accessing healthcare more difficult as appointments are often already rushed, and translation takes twice as long.
- There are very few low barrier, sex work supportive EAL classes available for im/migrant sex workers to access without fear. Participants expressed having few options outside of SWAN's program.

Importance of English capacity

- Having a working English capacity allows them to handle situations more confidently, whether at a walk-in clinic, navigating public transit, or speaking to a bank teller.
- Workers shared that having good English meant they could better understand and communicate with clients, a skill that is critical when needing to deescalate potentially violent situations.
- Many workers are interested in improving their English skills not just for communication during work, but to better integrate into society and feel a sense of belonging.
- Customer service workers and other service providers are more willing to extend time to someone with considerable English fluency.
- People are more generous and patient, overall, more respectful of someone with speaks English well.

ECONOMIC SECURITY

While the community repeatedly expressed that they are grateful to be living in Canada, they noted that it is difficult to make a living here. The cost of living is high, and because sex work is a form of informal work, there are no labour regulations to protect their job or wage security. For instance, when the pandemic hit, workers were unable to access traditional employment support, such as the Canada Emergency Response Benefit (CERB). Additionally, there are few opportunities for jobs, especially for those who have limited English capacity. Even for newcomers with a degree or specialized skills, there is no guarantee they can work in their area of expertise. Many im/migrants engaged in sex work express feeling financially insecure and anxious about their and their families' futures.

KEY POINTS:

Overall cost of living

- There are many concerns about financial stability, especially related to healthcare, the cost of living, and the challenges of working in the sex industry.
- Concerns about the high costs of dental and healthcare services.
- The financial strain of living in Canada, with many participants highlighting the lack of wage increases compared to other industries.
- While workers feel that Canada values freedom and autonomy of seniors more than their home countries, they are unsure if it is possible for them to retire here.

Housing precarity

- Rents continue to increase.
- Unsure of where to access support for issues with rentals and landlords.
- Fear of being found out to be doing sex work and evicted.
- Shelter access is limited and difficult to access – invasive intake questions, immigration status requirements, restrictions on sex work, and language barriers.

RESILIENCY TO CLIMATE CHANGE AND HEALTH EMERGENCIES

COVID-19 pandemic highlighted the unique vulnerabilities of im/migrant sex workers during public health crises. Health emergencies and severe climate events exacerbate the precarity of informal work; for example, access to healthcare, sick leave and social support is limited or often non-existent for those engaging in sex work, especially with precarious or no immigration status.

KEY POINTS:

Climate change

- Participants expressed worries about the increased signs of climate change, especially as events and stories become increasingly common in the news.
- Participants highlighted concerns over air quality/pollution, potential flooding, and the increase of wildfires.
- If their workplace is affected by a climate event, there are no wage or job protections in place for sex workers.
- Access to healthcare is already difficult, and increased health issues stemming from climate crises are an additional concern.

Health emergencies

- Participants shared their experiences during the pandemic, finding the balance between protecting themselves from getting sick and maintaining their livelihoods.

- Many people in the community were not eligible for government COVID-19 relief programs. In response, SWAN created its own low-barrier COVID-19 relief fund for the community.
- Since their job requires them to be in-person, and relies on face-to-face contact, it comes with increased risk during public health emergencies.
- One participant expressed how wearing PPE can affect business, turning clients away, as they assume workers are sick when they are just protecting themselves.

MENTAL HEALTH AND WELLNESS

Emotional well-being, mental health, and the psychological toll of working in the sex industry are significant concerns for im/migrants engaged in sex work. Participants noted that through their work, they take care of the health of other people but often forget about taking care of their own health and wellness. The community experiences immense stress from their experiences of racism, discrimination, sex work stigma, financial constraints, and unsafe working conditions, as well as fear of arrest, detention, and deportation, and fear of being exposed to their loved ones.

These themes reflect the complex intersectionality of being an im/migrant, sex worker, and someone navigating legal, economic, and social challenges in Canada. The discussions also reveal a deep need for education, safety, and community support.

KEY POINTS

Community support and solidarity

- The importance of community support and solidarity among sex workers, with workers sharing experiences and advice on how to navigate the challenges of the industry.
- The community wants low-barrier access to social activities that promote mental and physical health and wellness.
- A sense of camaraderie in the advisory group, where workers can share advice and provide mutual support, emphasizing the value of community and collective empowerment.

- Safe programs and low-barrier capacity building opportunities are integral to the mental health and wellness of the community.
 - Low-barrier and safe STBBI testing and healthcare services
 - Educational opportunities like English classes; legal workshops focused on immigration, family law, and workplace rights; workshops on health and wellness
 - More practical support such as food, legal clinics, housing that are safe for im/migrant sex workers to access.

Emotional and mental health

- Mental health impacts, such as the stress of dealing with racism, discrimination, unsafe work environments, and the fear of being stigmatized or exposed.
- Participants shared that they cannot talk about what happens at work with anyone, even their loved ones. They feel a heavy emotional burden, because they are unable to freely share about negative experiences or feelings.
- The trauma associated with abusive clients or the threat of exposure through platforms like TikTok, which causes emotional harm to workers.

SOCIAL CONNECTEDNESS

Migrating to a new country is challenging in and of itself, due to cultural differences and language barriers. But for im/migrants engaged in sex work, it is even more difficult to make meaningful social connections in their new home. The multi-layered criminalization and stigma experienced by this community contributes to their isolation in society, as they lack access to mainstream supports and services. Advisory Group members shared that they were even afraid of accessing SWAN at first.

Participants expressed that often people will assume they must feel belonging within groups from their own country and culture, but that their sex working status isolates them even from those circles. Many workers shared that they feel unsafe to access mainstream settlement agencies, even though they have programs in their own language.

KEY POINTS:

- Im/migrants engaged in sex work struggle with isolation, a lack of belonging, and challenges in fully integrating into Canadian society.
- Struggles with feeling excluded or disconnected due to language barriers, cultural differences, and the predominantly white Canadian society.
- Participants express a desire for a stronger sense of community support and connection, including through

SWAN's programs.

- More practical support such as food, legal clinics, and housing.
- Educational opportunities like English classes or workshops on health and wellness.
- On-site STBBIs testing and healthcare services.
- Legal workshops focused on immigration, family law, and workplace rights.
- The importance of community support and solidarity among sex workers, with workers sharing experiences and advice on how to navigate the challenges of the industry.
 - The use of SWAN's Abuser Alert to warn others about problematic clients.
 - A sense of camaraderie in the advisory group, where workers can share advice and provide mutual support, emphasizing the value of community and collective empowerment.
 - Activities that facilitate cultural and social connection such as shared meals, traditions help workers to feel more included and less alone.

Recommendations

FOR POLICYMAKERS AND GOVERNMENT OFFICIALS:

1. Decriminalize sex work in Canada to ensure sex workers have access to their basic human rights including health, safety, and justice.
 - Repeal PCEPA
 - Repeal the IRPR ss. 183(1)(b.1), 196.1(a), 200(3)(g.1), and 203(2)(a), provisions that currently put migrant sex workers at increased risk of violence, as well as risk of subsequent arrest, detention and deportation.
2. Training for policymakers and other government officials on how current laws impact im/migrant sex workers and do not achieve their intended goal to protect marginalized women.
3. Training for municipal staff, including bylaws officers, on sex worker safety.
4. Establish access without fear policies for government programs and services.
5. Shift human trafficking policy to include more critical approaches that address root concerns of exploitation and ensure marginalized groups are not inadvertently targeted.
6. Emergency preparedness plans such as climate and public health emergencies must include im/migrant sex workers.

FOR FUNDERS:

7. Fund community-based organizations like SWAN, who have built trust within the community, to support with increasing access to healthcare services.
8. Provide core and/or operating funding that is rooted in trust with funded organizations.
9. Reduce bureaucratic barriers for funding applications.
10. Ensure funding reporting requirements are flexible and take into consideration the precarity of marginalized communities.
11. Continue funding the BC Bad Date and Aggressor Reporting (BC BDAR) system that is working to create a province-wide bad date reporting system for sex workers across BC.
12. Support community-led initiatives to ensure no community is left behind.

FOR HEALTHCARE POLICYMAKERS AND INSTITUTIONS:

13. Adopt access without fear policies to ensure that marginalized groups with precarious or no status can still access their rights to health.
14. Develop sex work position statements to signal a commitment to safety and accessibility for sex workers.

RECOMMENDATIONS CONT.

15. Mandatory training for healthcare professionals, including physicians, nurses, pharmacists, medical office assistants, operational staff, etc, to better understand sex work criminalization, stigma, and other barriers faced by this community.
16. Policy changes to include health access for all, including for those with precarious or no status. Lifesaving tests, including for cervical/HPV, HIV and HCV should be readily available to all people who reside in BC, regardless of status.
17. Make low-cost dental and essential healthcare available to all residents, regardless of immigration status.
18. More social supports for people working in informal sectors, including sex work, especially through public health emergencies. Otherwise, the community must choose between their health and their livelihoods.
19. Reduce barriers for health navigators and/or peer support.
20. Explore task-shifting models, that leverage existing trust between community organizations and marginalized populations to get necessary healthcare services to them in a low barrier way. Ensure that community organizations are resourced and funded to do this work.
21. Train frontline staff, including within housing services, who interact with newcomers to better understand sex work criminalization and stigma.
22. Reduce barriers to accessing social services, especially for newcomers.
23. For programs that focus on fostering a sense of belonging among newcomers, understand that belonging can look different for each person and may involve maintaining cultural identity than assimilating.
24. Adopt access without fear policies to ensure that marginalized groups with precarious or no status can still access services.
25. Develop sex work position statements to signal a commitment to safety and accessibility for sex workers.
26. Create more opportunities for low barrier English classes that do not require disclosure of immigration status.

FOR SOCIAL SERVICE PROVIDERS:

21. Audit existing programs, especially ones targeting newcomer communities, to address barriers to access for sex workers and establish sex worker safety measures.

FOR LAW ENFORCEMENT:

28. Ensure officers receive training on the British Columbia Association of Chiefs of Police Sex Work Enforcement Guidelines, as well as general best practices for sex worker safety.
29. Ensure officers can differentiate between trafficking and sex work.
30. Ensure officers receive anti-racism training.
31. Establish policies that result in more consistent interactions with marginalized communities.
32. Establish complaint and accountability mechanisms that accessible for marginalized communities to access recourse.

Closing

“I hope people can better understand and respect us.”

When we convened the Advisory Group, we did not expect it to have so much of an impact on the community itself. Our original hope was to gather the community so that they could share insights with SWAN and engage in our advocacy in a safe way. A very pleasant, but unexpected, outcome of this project was how much it meant for the Advisory Group members to be in community with each other, building camaraderie and solidarity and collective action.

“There is a family feeling, like catching up with friends. I really look forward to it.”

“I feel better after chatting. There are some things you cannot share even with people you are closest with, [like family].”

Our hope with this brief is to support policymakers, government officials, funders, healthcare policymakers and institutions, social service providers, law enforcement, and anyone else who believes in equitable healthcare for marginalized communities, to learn more about our community and their

experiences. We understand that this will not happen overnight, but it is the first step is to make connections and open up opportunities to collaborate towards improved health outcomes for all people living in Canada, regardless of their occupation, intersectional identities, or immigration status. SWAN welcomes continued dialogue with those reading this brief – let's work together to ensure that im/migrant people engaging in sex work are not left behind.

To learn more about SWAN's community, visit swanvancouver.ca. If you are interested in setting up a training or informational session, email info@swanvancouver.ca.