

# Building Partnerships for Service Provision to Migrant Sex Workers

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# Executive Summary

## Study Objectives

The objectives of the study were as follows:

- To collect information on the nature and extent of health and social service provision to migrant sex workers in the Greater Toronto Area (GTA).
- To increase awareness and facilitate information exchange among Toronto's health, social service, and community organizations and academics regarding various issues surrounding service provision to migrant sex workers.
- To ascertain areas of concern that merit further research and programming.
- To initiate strategic community-academic partnerships around areas of concern.
- To prepare grant proposals to further the partnerships and research agenda established by the study.

The project represented a follow-up to the 1999-00 study on migrant/trafficked sex workers from the former Eastern Bloc in the GTA (McDonald, Moore, & Timoshkina, 2000).

## Target Population

The term 'migrant sex workers' was used in the study as an umbrella term to describe foreign nationals classified as trafficked, smuggled, non-status, illegal, undocumented or irregular migrants, and legal newcomers working in the sex trade. The primary focus of the project was on service provision to women and trans-women migrant sex workers over the age of 18.

## Method

The study employed multimethod design which included: a targeted telephone inquiry, with a standardized set of screening questions, of 92 GTA health and social service organizations that were expected to deal with migrant sex workers; and 3 focus groups with a total of 19 representatives from 13 organizations, most of whom had direct experience with the population in question.

## Findings

The research findings pointed to a dramatic increase in the number of migrants in all sectors of the local sex industry. Countries of Asia (especially China, Thailand, the Philippines, and Korea), the former Eastern Bloc, and Latin America were named as the primary ‘suppliers’ of migrant sex workers. In addition, the agencies reported seeing dozens of cases of trafficked women, many of whom had been brought to Canada on the visitor visas by members of extended family for the purpose of “helping out” around the house, and later forced into prostitution. Most of these women were purportedly very young and faced almost insurmountable odds in trying to escape their situation and re-build their lives. One of the service providers conveyed: “I’ve seen young women age very quickly from the experience that they’re having.”

The project also identified a significant increase in the number of organizations that provided or could provide services to migrant sex workers: of the 92 organizations that participated in the targeted telephone inquiry, 60 (65%) either already had some involvement with the population in question or were interested in getting involved, while in our 1990-00 study, only 5 agencies (5.26% of the 95 agencies contacted) had reported dealing with migrants in the sex trade.

### *Problems Facing Migrant Sex Workers*

The study found that migrant sex workers faced multiple and intersecting problems, such as: (1) illegal or unstable immigration status; (2) criminalization of the sex trade; (3) language and cultural barriers; (4) lack of education; (5) lack of information; (6) lack of accessible and specialized services; (7) control and exploitation; (8) isolation; (9) poor working conditions; (10) violence; (11) lack of the overall safety; (12) health problems, particularly HIV/STI risks and substance abuse; (13) stigmatization; (14) negative internal dynamics of the sex industry; and (15) lack of opportunities to exit the sex trade. As summarized by one of the study participants: “They lack education. They lack information. They lack resources, trust, health care.”

### *Barriers to Service Provision to Migrant Sex Workers*

The findings suggested that service provision to migrant sex workers remained sporadic and fragmented due to many serious barriers, including: (1) difficulty accessing the population; (2) difficulty building trust with the population; (3) difficulty maintaining contact with the population; (4) nocturnal lifestyle of the population; (5) lack of funding for services targeting migrant sex workers; (6) internal agency resistance to working with this population; (7) difficulty providing safe environment for the population; (8) lack of relevant professional expertise and cultural competence on the part of the service providers; (9) lack of training opportunities for service providers interested in working with migrants involved in the sex trade; (10) ideological differences between service providers; and (11) lack of collaboration between service providers.

### ***Key Components of Effective Service Delivery to Migrant Sex Workers***

The analysis of several reported examples of successful engagement with migrant sex workers allowed to discern the following key components of effective service delivery to this population: (1) the ability to offer a wide range of useful services on a 'one-stop' basis (e.g., drop-in; health services; food; basic necessities; laundry; safe housing; referrals); (2) the ability to provide services in a respectful, nonjudgmental manner; (3) the ability to ensure safe physical environment for migrant sex workers, and to protect their confidentiality and privacy; (4) having the support of sex workers themselves; and (5) having a good reputation in the community.

### ***Priorities for Future Service Delivery to Migrants in the Sex Trade***

The service providers participating in the study named the following priorities for future service delivery to migrants in the sex trade: (1) immigration assistance; (2) legal assistance; (3) outreach initiatives; (4) development and distribution of various information materials in multiple languages; (5) cultural interpretation services; (6) provision of basic necessities; (7) multi-stage housing; (8) HIV/STI prevention; (9) general health promotion; (10) language training; (11) educational and vocational programs; (12) comprehensive exit/transition/career change programs; and (13) overall empowerment of migrants in the sex industry.

While there was an overlap between perceived service needs of those migrants in the sex trade who could be classified as trafficked and those who were not, several priorities were named specifically for service delivery to the victims of sex trafficking: (1) rescue and protection; (2) psychological counselling; (3) assistance with repatriation for those wanting to return home; and (4) reintegration into society.

The study participants voiced their frustration with the lack of assistance to the victims of trafficking in Canada. The virtual absence of specialized services for trafficked persons, poor cooperation between the service providers and the law enforcement, limited understanding of the phenomenon of trafficking on the part of many officials, inadequate immigration laws that made it extremely difficult for the victims of trafficking to regularize their status in the country, and numerous difficulties associated with charging and prosecuting traffickers – all of that called for more coordinated anti-trafficking advocacy initiatives.

## Recommendations

### ***For Service Providers: Strategies for Future Service Delivery to Migrants in the Sex Trade***

Recommended strategies for future service delivery to migrant sex workers involved: (1) conducting direct outreach; (2) mailing relevant information to the sex trade establishments; (3) organizing public education and community awareness campaigns; (4) using mainstream and ethnic media to spread the word; (5) offering various resources online and through telephone information services; (6) involving current and former migrant sex workers into the service delivery; (7) building productive relationships with the law enforcement; (8) creating training opportunities for service providers in order to increase their cultural competence and the overall knowledge base in the area of service delivery to migrant sex workers; and (9) building inter-organizational partnerships and collaborations.

### ***For Service Providers: Potential Organizational Models for Service Delivery to Migrants in the Sex Trade***

The service providers acknowledged the necessity to develop new organizational models for more comprehensive service delivery to migrant sex workers. Several possible models were suggested: (1) a designated central agency for migrant sex workers; (2) a designated central agency for migrant *workers*; (3) a decentralized, loose network of community agencies (which may have designated public spokespersons); (4) an organizational network with a central office, coordinator or facilitator; and (5) an electronic listserv for information exchange among relevant stakeholders.

### ***For Academics***

It was recommended that academics should: (1) utilize university resources and infrastructure to help facilitate and sustain community-academic partnerships; (2) conduct more health studies and participatory (action) research projects in the areas of migrant sex work and sex trafficking in order to generate social change and empower communities; (3) hire former and current (migrant) sex workers as Research Assistants and Co-investigators on research projects; (4) pay consulting fees to sex worker groups and community agencies participating in research projects; (5) pay at least \$100 to each individual research participant (sex worker) for a one-hour research interview; (6) offer technical expertise to community organizations, such as help with writing grant proposals, program development and evaluation, and securing funding; (7) document and disseminate best practices of service delivery to migrant/trafficked sex workers; (8) prepare annotated bibliographies, fact sheets and other resources that could be useful to service providers; and (9) lobby on behalf of (migrant/trafficked) sex workers and service organizations.





## Study Impact

The study resulted in the initiation of several new research projects and in the formation of a community-academic Working Group on Service Provision to Migrant Sex Workers, which plans to facilitate the development of coordinated efforts around areas of concern identified in the course of the study.

Considering that migrant sex workers are one of the most hard-to-reach, under-served and poorly studied populations, information provided in this research report should be particularly useful to health and social service providers, social work students, and academics. The report also may be of interest to the representatives of the media and the general public.

# I. Context and Rationale for the Study

The Royal Canadian Mounted Police (RCMP) estimates that between 600 and 800 foreign women and girls are trafficked into the Canadian sex industry each year, although the authorities admit that these figures could be only a fraction of the actual total (Canadian Press, 2004; Gordon, 2006). The estimates from other sources are, in fact, much higher: the Salvation Army, for example, pegs the yearly number of women and children trafficked for the purposes of the sex trade to or through Canada at 2,500 (Cook, 2007); some American government analysts suggest that as many as 5,000 women are being trafficked annually to the United States or Canada from Russia and Eastern Europe alone (Miko, 2000); and one of the leading Ukrainian anti-trafficking NGOs recently reported that over 15,000 girls have been trafficked from Ukraine to Canada since the collapse of the Soviet Union (Munroe, 2007). Sex trafficking to Canada is expected to increase dramatically with the approaching 2010 Olympic Winter Games in Vancouver (Campion-Smith, 2006; Penner, 2007). The principal source regions for trafficking in migrants to Canada are China, Thailand, Cambodia, the Philippines, Russia, Korea, Eastern Europe, and Malaysia (RCMP, 2004).

But the involvement of migrants in the local sex trade is not limited to those who are classified as trafficked or smuggled: many new landed immigrants – women primarily – turn to sex work due to the lack of viable economic alternatives, often exacerbated by family breakdown (McDonald et al., 2000). The migrant sex trade is considered almost exclusively an urban phenomenon, concentrated in Toronto, Montreal and Vancouver (RCMP, 2004). And while there are no official statistics on the number of migrant sex workers in the GTA, anecdotal evidence coming from various sources, including law enforcement and sex worker organizations, suggests that there are several thousand migrants working in Toronto's strip clubs, massage parlours, escort services, underground brothels, and street prostitution.

Studies conducted in various parts of the world consistently show that migrant sex workers remain largely outside of the legal, medical and social services structures of the host nations. Poor language skills, usually undocumented status, limited understanding of foreign laws and regulations, absence of support networks, and subjection to xenophobia result in the extreme marginalization of migrants, putting them at a greater risk of abuse and exploitation. Migrants are also more likely to be affected by the negative social dynamics of the sex trade, marked by discrimination on the basis of race, nationality, class, age, and specific place in the industry's hierarchy (Morgan Thomas et al., 2006).

In addition, several socioeconomic factors put migrant sex workers at higher risks of sexually transmitted infections (STIs) and HIV/AIDS. First, many migrants are new to the sex trade and lack awareness of the potential health risks and safe sex practices. Second, the illegal and clandestine status of most foreign sex workers prevents them from accessing health care services and makes them more vulnerable to sexual abuse from clients who refuse to use condoms. Last but not least, because of their desperate economic situation, migrants are more



likely to engage in unprotected sex if clients are willing to pay more (Apostolopoulos & Sonmez-Apostolopoulos, 2007; EUROPAP, 2000; Hamers & Downs, 2003; Matteelli & El-Hamad, 1996; Morgan Thomas et al., 2006; Nemoto et al., 2004; Novotny, Haazen, & Adeyi, 2003; UNAIDS & WHO, 2005; Remple et al., 2007; Williams et al., 2003).

To make matters worse, due to their widespread itinerant mobility, migrant sex workers may function as conduits for disease re/introduction into low prevalence, geographically disparate populations – essentially bridging otherwise sociospatially isolated groups with regard to epidemiologically relevant links required to transmit pathogens, which poses potentially explosive public health risks (Apostolopoulos & Sonmez-Apostolopoulos, 2007; Hamers & Downs, 2003; Novotny et al., 2003; Williams et al., 2003). The fact that many migrants come from the regions with rapidly growing HIV/AIDS epidemics (such as Sub-Saharan Africa and the former Eastern Bloc) only adds to the problem.

In 1999-00, our research team conducted a study on migrant sex workers from Eastern/Central Europe and the former Soviet Union in the GTA (McDonald et al., 2000). The study interviewed 20 female sex workers who were employed in local strip clubs and massage parlours, 15 health and social service providers, and 15 key informants (e.g., immigration and law enforcement officials, journalists, agents/brokers and proprietors of the sex trade establishments). We found that most service providers had little or no knowledge of migrant sex workers. Of the 95 local health and social service agencies who responded to our phone calls (the agencies chosen were the ones we had reason to believe provided or would be expected to provide services to the women in question), only four agencies/services actually dealt directly with the target population on a relatively regular, albeit mostly superficial, basis and one agency had a case-specific, short-term involvement with a group of women trafficked into the sex trade in 1991.

To our surprise, health issues surrounding migrant sex work, trafficking or prostitution were barely acknowledged by the service providers interviewed for the project (including those from health services) or by the migrant women themselves. Areas of concern such as reproductive and general health, STI/HIV, contraception, pre-and post-abortion counseling, the effects of physical violence, emotional and mental health, post-traumatic stress disorder (PTSD), and substance abuse were rarely mentioned by anyone in the study – a situation found in existing international discourses on migrant sex workers, where health matters are overshadowed by immigration and criminal justice concerns (Limanowska, 2002). We discovered that migrant women had virtually no information about Canadian health and social services in terms of their existence, how they functioned, and their availability. Plus, since most women were illegal, they did not think they could access services. But even those sex workers, who were in Canada legally/permanently and were covered by health insurance, admitted that they hardly ever went to doctors. We got a sense that in the women's countries of origin, health and social services were in a shambles and were not something they would turn to if they were in trouble; as well, the women seemed to be sceptical about the quality of services provided free of charge. The migrants were not well informed about various STIs (particularly those that could be transmitted through hands), how to prevent them, or how to deal with them if they got them. At the same

time, there was plenty of evidence of unsafe sex practices happening in the women's workplaces. For example, massage parlour attendants mentioned that they were not allowed to wear latex gloves while giving 'hand jobs' because the owners were concerned that it would drive away clients. Most importantly, women could not bring condoms to work because, in case of a police raid, condoms would have been considered as hard evidence of illegal sexual acts happening on the premises, which would have subsequently led to the closing of the establishment and criminal charges being laid against the women as inmates of a common bawdy house.

The women did not use services from ethnic community agencies because of the stigma attached to their involvement in the sex trade, and the fear of being judged and treated like prostitutes. The negative attitudes toward the sex workers expressed by the Eastern European key informants and service providers in the study proved that the women's distrust of ethnic services was justified, and was flagged as a main obstacle for them to overcome in seeking services in their own language. The migrants also were not eager to utilize services provided by sex worker organizations, which was consistent with the observations found in the literature (e.g., Brussa, 1998). The women did not seek help from these organizations because they did not know about them, because of the problems with language and the existence of competition between local and foreign women, and because they perceived their involvement in the trade as temporary and did not wish to identify themselves as sex workers.

During research interviews with the women, we found ourselves being constantly asked for information about general health services (particularly community health centres offering free services to undocumented migrants), affordable dental services, and services to treat drug addiction. Other frequently asked questions were about immigration and legal assistance, employment assistance, education, and language training – services that would be instrumental in helping women exit the sex trade or give them more control over their lives if they remained in the industry. The women's exceptionally keen interest in the information we provided and the fact that they acted on the information indicated that ordinary health and social services would be used if they only knew about them, and if the services were nonjudgmental and easy to access *while* the women worked in the sex trade.

In light of these findings, we offered a list of recommendations for addressing health and social service needs of migrant sex workers. These recommendations included: training for service providers; development of outreach programs; preparation and distribution of information materials about various services in foreign languages; amelioration of unfavourable working conditions in the sex trade establishments; and changes to various immigration, health, and labour policies and regulations.

Our research findings and recommendations were supported by three more studies that looked at migrants in the Canadian sex trade (GAATW Canada, 2003; LACEV, 2002; TNTW et al., 2000), and by the 1998-03 multi-site Sex Trade Advocacy and Research (STAR) project, which examined the general situation of sex workers – primarily exotic dancers – in Canada from the standpoint of public policies and their effect on sex workers' health and well-being (STAR,



2004). Yet at the time this project was proposed, there was virtually no information on the current situation with health and social service provision to migrant sex workers, and if any progress had been achieved in addressing the complex needs of this highly vulnerable and marginalized population – nationally and, specifically, in the GTA.

Because the presence of migrants on the Canadian urban sex trade scene has been recognized as a permanent fixture rather than a temporary phenomenon (e.g., STAR, 2004), there was an urgent need to address the existing knowledge gap. The goal of our study was to take an important step towards accomplishing this goal.

## II. Methodology

### II. 1. Research Objectives

The objectives of the study were as follows:

- to collect information on the nature and extent of health and social service provision to migrant sex workers in the Greater Toronto Area;
- to increase awareness and facilitate information exchange among Toronto's health, social service, and community organizations and academics regarding various issues surrounding service provision to migrant sex workers;
- to ascertain areas of concern that merit further research and programming;
- to initiate strategic community-academic partnerships around areas of concern;
- to prepare grant proposals to further the partnerships and research agenda established by the study.

### II. 2. Target Population

The term 'migrant sex workers' was used in the study as an umbrella term to describe foreign nationals classified as trafficked, smuggled, non-status, illegal, undocumented or irregular migrants, and legal newcomers working in the sex trade. At the point of inception, the primary focus of the project was on service provision to female migrant sex workers over the age of 18. Because during the first phase of the project we discovered that agencies have been seeing a large number of transgender/transsexual migrants involved in the sex trade, trans-women migrant sex workers were also included in the target population for the study.

### II.3. Design

The study employed multimethod design which included: (1) a targeted telephone inquiry, with a standardized set of screening questions, of 92 health and social service organizations in the GTA that were expected to deal with migrant sex workers; and (2) three focus groups with a total of 19 representatives from 13 organizations, most of whom had direct experience with the population in question.

The goals of the telephone inquiry were to determine if any changes had occurred since our last study in terms of the number of organizations working/interested in working with migrants in the sex trade and the nature of services provided to this population, and to solicit participants for the focus groups.

Upon completion of the targeted telephone inquiry, three focus groups with service providers were conducted around the primary areas of concern identified in the course of the telephone inquiry. The focus group methodology was chosen as the most effective and efficient way to

obtain rich qualitative data on the subject, considering financial and time constraints. Unlike other methodological approaches, such as individual qualitative interviews, focus groups could also afford participants certain distance from their specific circumstances, allowing them to jointly reflect on common problems and challenges (Globerman & Bogo, 2002; Morgan, 1997). As well, the focus groups gave service providers an opportunity to meet face-to-face to discuss strategies for developing/improving services for migrant sex workers and to help build strategic academic-community partnerships.

## II.4. Sampling and Data Collection

Between July-October 2007, the research team worked on securing approval of the project by the University of Toronto Health Sciences I Research Ethics Board and developing sampling frame for the study. The initial sampling frame was developed using the following sources: the list of organizations contacted for our 1999-00 project on migrant sex workers; the *Blue Book: Directory of Community Services in Toronto (2006-07 edition)*; and the Ontario Ministry of Health list of community health centres for Toronto. As we expected, our initial contacts produced snowball effect, with service providers recommending others who might be interested in participating in the focus groups.

The targeted telephone inquiry was carried out between October 2007 and February 2008. The researchers contacted the Executive Director of each organization included in the sampling frame. Some organizations (such as sex worker groups) were voluntary collectives without traditional hierarchical structure and formalized position for the Executive Director; in those cases, we asked an equivalent to the Executive Director – e.g., a designated public spokesperson, coordinator, a founding member or co-chair – to answer our questions. As anticipated, in many cases the Executive Directors referred us to front-line staff members and program supervisors who were in a better position to provide us with the necessary information. The inquiry was conducted using a phone script and a standardized set of screening questions (see Appendix A).

Overall, 112 health and social service organizations of the Greater Toronto Area were contacted. These organizations included: (1) health organizations/services (including ethno-specific, outreach, and research), such as community health centres, mobile clinics, HIV/AIDS services, addiction services, and agencies working with street populations; (2) housing services, such as shelters and hostels; (3) sex workers' and adult entertainment organizations; (4) services linked to the legal system (including ethno-specific); (5) services for the victims of physical and sexual violence/assault (excluding shelters); (6) ethno-specific immigration, settlement and refugee service organizations; (7) non-ethnospecific/multicultural immigration, settlement and refugee services; (8) multiservice women's centres; (9) general social services and multiservice community agencies; (10) religious organizations; and (11) research, information and advocacy organizations (excluding health related) not involved in direct service provision.

Of the 112 organizations contacted, 20 did not return our repeated phone calls. Of the 92 organizations that ended up participating in the targeted telephone inquiry, 32 (35%) reported that they deal or at some point have dealt with migrant sex workers (or issues pertaining to migrant sex workers – for organizations not involved in direct service provision); 28 (30%) either have never dealt with the target population or were not sure if any of their service users were migrant sex workers, but expressed interest in getting involved; and 32 (35%) indicated that, to the best of their knowledge, they did not have any dealings with migrant sex workers and were not planning on getting involved with this population in the near future (see Table 1).

Twenty-seven service providers were invited to participate in the focus groups. The majority of these providers were people who had direct experience with the population in question and with whom we spoke during the targeted telephone inquiry. The service providers participated in the focus groups not as private citizens, but as representatives of their respective organizations.

**Table 1.** Profile of the health and social service organizations that participated in the telephone inquiry in terms of their experience with migrant sex workers (MSWs) (N=92)

Types of Organizations/Services	Deal/have dealt with MSWs (or issues pertaining to MSWs - for non-service providing organizations)	Don't/not sure if deal with MSWs but (may) want to get involved	Don't/not sure if deal with MSWs and don't plan on getting involved	Total
Health organizations/services (including ethno-specific, outreach, and research)	8	9	16	<b>33</b>
Housing (shelters, hostels)	1	5	7	<b>13</b>
Services for victims of violence/assault (other than shelters)	1	6	1	<b>8</b>
General social services and multiservice community agencies	4	2	1	<b>7</b>
Multiservice women's centres (including ethno-specific)	3	1	2	<b>6</b>
Services linked to the legal system (including ethno-specific)	3	1	2	<b>6</b>
Sex workers' and adult entertainment organizations	4	1	-	<b>5</b>
Ethno-specific immigration, settlement and refugee service organizations	3	2	-	<b>5</b>
Non-ethnospecific immigration, settlement and refugee services	2	-	1	<b>3</b>
Religious organizations	1	1	2	<b>4</b>
Non-service providing research, information and advocacy organizations (excluding health related)	2	-	-	<b>2</b>
<b>Total:</b>	<b>32 (35%)</b>	<b>28 (30%)</b>	<b>32 (35%)</b>	<b>92 (100%)</b>



The focus groups took place during the last week of March 2008. Two weeks prior to their respective focus groups, all of the participants were mailed consent forms which explained once again the purpose of the study, research procedures, possible risks, and the participants' rights (see Appendix B). Along with the consent form, each participant received a list of focus group discussion questions and topics, which were based on the information collected during the targeted telephone inquiry and the literature reviewed for the project (see Appendixes C, D, E).

Each focus group centered around one of the key topics identified during the telephone inquiry. The first focus group addressed the problem of trafficking in migrant women into the Canadian sex trade (see Appendix C). The second focus group was devoted exclusively to the situation of migrant exotic dancers (see Appendix D). Focus group number three discussed a broad spectrum of issues pertaining to the provision of health and social services to migrants in the local sex industry, with particular attention paid to those working on the street and in massage parlours, as well as transgender/transsexual and drug using migrant sex workers (see Appendix E). Yet there was a striking degree of overlap between many issues and themes brought up in different focus groups.

Of the 27 service providers who agreed to attend the focus groups, 8 had to cancel their participation at the last moment due to illness, work-related emergency, or for family reasons. This left a total of 19 providers from 13 health and social service organizations. Two members of the research team were active participants in each of the focus groups and facilitated the discussions (see Table 2).

**Table 2.** Breakdown of the focus group participants by the type of organization

Types of organizations/services represented in the focus groups	Number of individual participants			Total
	Focus group # 1	Focus group # 2	Focus group # 3	
Health organizations/services (including ethno-specific)	3	4	2	<b>9</b>
Sex workers' and adult entertainers' organizations	-	2	1	<b>3</b>
Multiservice community organizations	-	-	3	<b>3</b>
Ethno-specific immigration and settlement organizations	-	1	-	<b>1</b>
Women's shelters	1	-	-	<b>1</b>
Services for the victims of violence (excluding shelters)	-	1	-	<b>1</b>
Services linked to the legal system	1	-	-	<b>1</b>
University of Toronto - members of the research team (same in every focus group)	2	2	2	<b>2</b>
<b>Total:</b>	<b>7</b>	<b>10</b>	<b>8</b>	<b>21</b>

The service providers who participated in the focus groups included: 7 front-line staff; 6 Executive Directors and their equivalents; 5 managers; and 1 Board member (see Table 3). Of the total 21 focus group participants, 19 were female and 2 were male.

Those focus group participants who were unpaid volunteers received an honorarium of \$60 per person to compensate for their time; professional/salaried service providers received no honoraria. All participants were provided with a free lunch on the day of their respective focus groups. To compensate for transportation to and from the focus groups, each participant also was offered either two public transit tokens or reimbursement for the cost of parking or cab fare.

**Table 3.** Breakdown of the service providers who participated in the focus groups by job category/title

Job category/title	Number of individual participants			Total
	Focus group # 1	Focus group # 2	Focus group # 3	
Front-line worker	1	4	2	<b>7</b>
Executive Director or equivalent	3	2	1	<b>6</b>
Manager	1	1	3	<b>5</b>
Board member	-	1	-	<b>1</b>
<b>Total:</b>	<b>5</b>	<b>8</b>	<b>6</b>	<b>19</b>

Each focus group lasted for about three hours. The focus groups were digitally recorded and the recordings were transcribed for analysis. Every participant received a copy of the transcript of her/his respective focus group for review to ensure accuracy of transcription and to fill in possible gaps where transcriber had been unable to decipher what the participant was saying. The participants' feedback was incorporated into the final versions of the transcripts.

It should be underscored that migrant sex workers themselves did not participate in the study due to the ethical concerns regarding their confidentiality, privacy, and potential imbalance of power between them and the service providers in the focus groups, and because financial and time constraints prevented us from recruiting migrants. However, the research team is planning to carry out several new projects that, similarly to the 1999-00 study, will directly involve migrant sex workers.

## II.5. Informed Consent Procedure, Risks and Benefits

Participation in both the targeted telephone inquiry and the focus groups was completely voluntary, and agencies and their service providers had the right to refuse to participate. The participants also had the right to withdraw from the study at any point before its official completion on May 30, 2008, without any penalty.

No consent forms were required for the targeted telephone inquiry, because its primary objective was to solicit focus group participants, and because we did not plan to use the names of the organizations that chose not to participate in the focus groups in any of the documents resulting from the study. Moreover, the information provided by the organizations during the telephone inquiry – i.e., the types of clients served and the nature of services provided – was generally considered a matter of public record, since most agencies contacted were registered charities. However, the researchers began each telephone conversation with agency representatives with an opening statement, which explained the nature and goals of the study; each agency representative was asked to verbally consent to participation in the inquiry and the researchers proceeded with the questions only after the representatives agreed (see Appendix A).

Each focus group participant was mailed two copies of the informed consent form two weeks prior to their respective focus group. The consent form once again explained the purpose of the study, research procedures, possible risks and the participants' rights, and indicated that participants should bring one signed copy of the form to the focus group and keep another copy for their personal records (see Appendix B). The list of focus group discussion questions and topics was sent to each participant together with the consent form (see Appendixes C, D, E).

Because all study participants were health and social service providers, the identified potential risks to them were minimal. The participants were not required to disclose their possible current or previous involvement in the sex trade, but could volunteer such information. The issue of self-disclosure was drawn to the participants' attention in the consent forms, so they could make an informed decision as to their participation. The possible risks associated with the study, as well as the strategies researchers planned to use in order to minimize those risks, were clearly explained in the informed consent forms for the focus groups.

The participants were asked to keep the focus group discussions confidential. However, the researchers could not guarantee that all participants would abide by this request, and therefore they could not guarantee complete confidentiality: they could only assure it to the extent that participants co-operated. This was specified in the consent form as well. To further minimize potential risks, the names of individual study participants do not appear in any of the documents resulting from the study.

Files of the digital recordings of the focus groups were password protected, and only members of the research team and two professional transcribers had access to them. The recordings were erased three months after the project completion and transcripts of the focus groups will



be destroyed seven years after the project completion. Further, copies of the transcripts mailed to focus group participants were stripped of most identifiers (such as the participants' last names and the names of their agencies).

While there were no significant direct and immediate benefits for the individuals participating in the study, the participants' organizations benefited from establishing connections and developing collaborations with other health and social service agencies, which should help improve service provision to migrant sex workers in the long-run.

## II.6. Data Analysis

Thematic coding was used for the data analysis. The focus group transcripts were read by the research team several times and preliminary thematic codes were developed. The team then discussed the themes and identified theme clusters, particularly around areas of concern that merit further research and program development.

## III. Findings

### III.1. Overview

The information acquired from the service providers in the course of the study suggested that the number of migrants in all sectors of Toronto's sex industry is staggering. Some agencies have noticed a particularly "shocking" increase in the number of Chinese women in the trade; other countries of origin most commonly mentioned were Thailand, the Philippines, Korea, and nations of the former Eastern Bloc. About 75% of exotic dancers in the city's strip clubs are purportedly foreign nationals (a situation that is apparently unique to Toronto): 40%-45% of them hail from Eastern Europe, another 40%-45% from Latin America, and the rest from Asia. Significant numbers of migrant trans-women in the local sex trade have been reported as well: these migrants come from all over the world and work mostly on the street or as escorts. In addition, the agencies are seeing dozens of cases of trafficked women – primarily from the Philippines, Thailand, and the former Eastern Bloc – many of whom are brought to Canada on the visitor visas by members of extended family for the purpose of "helping out" with housekeeping and babysitting, and then are forced into prostitution. Most of these women are purportedly very young.

The study also identified a dramatic increase in the number of organizations that provide(d) or could provide services to migrant sex workers: of the 92 organizations that participated in the targeted telephone inquiry, 60 (65%) either already had some involvement with the population in question or were interested in getting involved. Considering that in our 1999-00 study, of the 95 agencies/services we spoke with only 5 (5.26%) had some experience with migrant/trafficked sex workers, such an increase is an important development. Yet, it should be reminded that neither study was randomly sampled and that our previous research focused exclusively on Eastern/Central European female sex workers, so we did not contact agencies who we knew were unlikely to deliver services to this particular population.

We were quite surprised to discover that many more ethno-specific organizations were now dealing or willing to deal with migrant sex workers, since our previous project had found that ethnic agencies were not interested in working with the target population and generally held very negative views of the women in the sex trade. At the same time, it became apparent that service provision to migrant sex workers in the GTA could be best described as representing isolated pockets of activity. Almost half of the organizations who reported dealing with migrant sex workers (including ethnic agencies and sex worker groups) had only sporadic, short-term or case-specific involvements, and several actually had stopped working with this population several years ago due to the lack of staff and funds or because such services did not fit organizational mandates. Some agencies' involvement with migrant sex workers was limited to failed outreach initiatives.

We found that service providers lacked awareness of each others' experiences and had very few opportunities to get together face-to-face, reflect on the successes and challenges of their work, and build partnerships and collaborations. Most providers admitted needing more specialized training to be able to work effectively with migrants in the sex trade – particularly in regards to overcoming cultural and language barriers, establishing trust, and involving migrants themselves into the service delivery. Yet, the providers were not sure where or how they could receive such training.

The study participants called for the development of new knowledge base on the situation of migrant sex workers and service provision to this population at the local, provincial, national, and international levels. Overall, our study proved to be very timely, as it determined the pressing need for coordinated efforts in the development and delivery of services to migrant sex workers.

The main themes identified through the analysis of data collected from the focus groups are discussed below.

### III.2. The Service Providers' Experiences with Migrants in the Sex Trade

The service providers participating in the focus groups reported a wide range of experiences with migrant sex workers from different parts of the world – primarily Asia, Eastern Europe, and Latin America – and from various sectors of the sex industry. Most providers worked with female and transgender/transsexual migrants. The main services offered to migrant sex workers by the participants' organizations included: health services, particularly around HIV/STI prevention and substance abuse; immigration and legal assistance; safe housing; the provision of basic necessities; and referrals:

*In the last three years, I've had women from the Asian community contact me, who have worked for escort agencies. I have one girl in particular, she's a Korean girl, and she comes and picks up condoms for seven other women. She's Korean, but the other girls are of various Asian backgrounds. Some are Chinese, some are Korean, one girl is Japanese, so it's a mix. Generally, when I have contact, it's usually with one, and it's usually over a long period of time, and they tend to pick up for other girls. And it changes over time. Like, in the late 1990s, I had very little contact [with Slavic women]. And then, all of a sudden, for a number of years I had contact from Ukrainian girls [escorts]. That was about a four-year period – probably between 2001 to about 2005. And again, it's generally one of them that will reach out and make the phone call. And generally when one of them calls, they ask a variety of questions for more than themselves: they usually ask questions for other girls that they may be assisting by picking up condoms. ... A lot of [immigration related] or legal questions – about the legality of sex work. A lot of [Eastern European girls] are [exotic] dancers, so we've tried to refer them to the*



*[dancers' organizations]. ... And if they were sex workers and, you know, if they could afford it, they would get their own lawyer or they would go to a legal clinic. That's the other thing. And there's a variety of legal clinics all over Toronto, but the ones, certain ones only do criminal law. Like, I never had anybody call me and say they were arrested – they were just afraid of being arrested. ... It's always the fear of arrest: they want to know what their status should be if they got arrested – how that would affect their status. And I tell them, you know, I have very little knowledge in the [area of immigration] – we try to refer them to, um, people. Here's the difference: with the Asian community, it was mainly health issues, you know, the condoms, they were more concerned with condoms. And I think a lot of that had to do with the language barrier. Eastern European women – I guess they could have very heavy, thick accents, but most of them learned English before they came here. ... I guess because they were more likely to have university backgrounds. So there was a difference in education level too. Almost every [Eastern European] girl I ran into, that I can think of at the top of my head, had some formal education, whereas the Asian women tended to have very little education. (Participant from a sex workers' organization)*

*I coordinate a harm reduction program, and I've had some experiences with migrant sex workers. ... I've been there for 10 years, and in 10 years I've seen four or five. ... Mostly they have been Eastern European. Russian, yeah. ... They usually are brought in by other sex trade workers, because a lot of them are new, they're not necessarily drug users, but they don't know, you know, the community very well, the resources very well. So other sex workers would come and bring them in, and introduce them to other programs... (Participant from a health organization)*

*We have a large number of trans-women in the program that I supervise... And a lot of sex workers do come through our program on a given day. ... On a regular [weekly] basis, we have about 15 to 20 trans-women coming through the drop-in, from various backgrounds. And out of the 20, I would say about a good 12 of them are sex workers. I'd also say that about 30% of the [migrant] women that come to a drop-in are involved in sex trade work. And that's a high number. You know, for us that means, like, 30 women average [weekly]... And I think it's much higher... I think it's way higher. Because we have women that are coming from so many different places, you know: they're on the street, they live in the shelters... If I was to go in and check in with the shelter system, they'll give me a higher number, because the women come in by, after meal time – women are dressed up, they're ready, and they're going out to do their work... Mostly the women are from East Asia right now – like, the Chinese, the Thai, Philippine. But also from Eastern Europe. ... We have a large number of, I'm going to say, Chinese women coming from Mainland China in our program... We are now seeing a large number of the younger ladies coming into the drop-in for health and HIV/AIDS related kind of information, and even issues around pregnancy. ... So we are having that influx. But more so, in the last little while, we've had a large number of women and trans-women from Thailand coming in. And the stories that we're hearing have just been, like, oh, my God! You know, kind of like mind-blowing and eye-opening. ... So that's where*

*most of our women are coming from at this point in time. And seemingly very young women. ... But yeah, we are seeing a large number of Chinese women and women from Thailand coming in here. (Participant from a multiservice community agency)*

*We do HIV/AIDS work with East and Southeast Asian populations. ... We work right now mainly with Asian transgender women in the sex trade. And most of them work as independents, or they put their own advertisement. And I think very few work on the street... And we used to work with the Thai migrant sex workers as well – female and also male at one point in time of the agency’s history. ... And we have some connections with Thai exotic dancers at this point. They don’t need any services. If they do, they would come in. (Participant from a health organization)*

*I know there’s an increased number of [migrant trans-women in the sex trade], and more young trans-women [especially Filipino]. ... Some of them have tourist status, and they would travel from Europe, America, Canada. And sometimes they stay in Canada with friends... I think that’s a way for them to make money. ... And another group that we also know is the [Filipino] live-in caregivers – some of them, whose contract failed or whatever, either by choice or they’re forced to do it, but they end up in the sex trade. (Participant from a health organization)*

*There were a few women from Mexico who came. Just like a large, a largish – considering – a large population of trans- folks who were coming and were dealing with a lot of persecution in their home country and came and were, you know, struggling with accessing services and making a living by working on the street and often being sent back. I think a number of them were sent, were deported. (Participant from a health organization)*

*Some of the [Spanish-speaking] women [exotic dancers] became interested in our organization... The women didn’t know what services they could access, especially there’s women who struggle a lot with the language – they wanted to go to a place where they could be served in Spanish. So at the time, it was a good place for them, and they went there, some of them. (Participant from an ethno-specific agency)*

The service providers also reported experiences with trafficked migrants in the sex trade:

*The trafficked women – we have dealt with quite a few over the years. And, in particular, right now there seems to be a trend that we’re dealing more and more with women who have been trafficked across the country, you know, from province to province: from the West Coast to here, from the East Coast to here. ... In terms of migrant women, we see Asian usually. ... Great successes in some areas, and some Crowns who we don’t get any success with, but if there’s an opportunity to help these women, that it’s something for them, we’ll go and fight for them. (Participant from an agency linked to the legal system)*



*[We] did a study on [Spanish-speaking] exotic dancers. That study was a consequence of another study we did before – on sponsorship breakdown. And in that study we found so many cases of women being forced into the sex trade and the sex exploitation... And we tried to offer later some sort of support things. (Participant from an ethno-specific agency)*

Sex trafficking to Canada has been associated mainly with the recruitment of women by agents or brokers for work in strip clubs and massage parlours, frequently under false pretences – e.g., with promises of modeling jobs. Our study, however, found more complex scenarios of trafficking. Specifically, several service providers reported dealing with a growing number of family (or familial) trafficking cases, where young women were brought to Canada on the visitor or student visas by relatives for the purpose of “helping out” with housekeeping and babysitting, and then forced to provide sexual services to single male relatives, friends and/or strangers. In some scenarios, the women were used as “housekeepers during the week and whores on the weekends”; these women had very minimal control over their life and believed they had no choice but to accept their situation out of economic necessity. In other scenarios, the women were kept essentially as sex slaves: they were locked up in the basements, fully controlled, not given any money, and abused. If the women managed to escape, it was usually by chance, and they had to leave behind all their possessions and documents:

*[Some girls] also are fleeing, unfortunately, family members, extended family who brought them here – and then they're put in this position where they're not actually 'working,' and they're fleeing that situation – to kind of find a safe place for them to be. ... It's a bit of a mind bender for me – to see some of those very, very young girls. In particular, two of the ladies – if I remember correctly, they came as students to family members, and then something went totally wrong. And [they were] threatened that if they were to call home or tell their parents anything, what would happen to them, and all these privileges would be taken away, they'll be sent back. It's just been like these stories that are coming at you – like, oh shit! ... I've seen young women age very quickly from the experience that they're having. ... [But] we were really surprised [to see so many], cause it's not been our history. And how we actually, how it's started – 'cause we're realizing, why are these young girls here? 'Cause they're really young, you know, from our perspective, just really young, should be in high school, right? And then we started talking, you know, we're saying, well, this is not the service for you, we do service, you know, for adults and so forth. And then one of the young ladies started talking – she had actually, how she got out: fortunately, someone left the door open and she literally escaped, like, you know, and then ended up in our shelter system, and someone brought her over to us. So we just started talking, and she told another person, and then that person told another person, and then we just saw... It was ongoing for a while, and then, all of a sudden, everybody just disappeared. We don't know where people are. So it's, like, oh my God, what has happened? I can say, since January [2008], we've had two women come in back into the drop-in that had used the service before. And now I'm understanding that something went wrong, so they're now hiding. ... So what happens – we try through some of the services [to offer help] ... Anywhere*



*where we can get people serviced, we'll push people in. Because of that, too, we've actually had to make a program adjustment in that ... you can come in, get information about – this is what you need to do to look after yourself, and these are some of the health concerns, and so forth. So it's kind of forced us to kind of adjust our program to accommodate a group of people that cannot really access anything because they're underground. (Participant from a multiservice community agency)*

In some cases, women got involved in the sex trade *after* escaping their initial situations of family trafficking, wherein they might have been exploited as unpaid domestics or in other ways:

*I'm actually now trying to get a woman to go, um, I want to say 'Czechoslovakia,' but... I think that's just what I remember as a point of origin. But I think she wanted to go somewhere else, but then she's concerned about, you know, family and going back empty-handed. She told us a two-hour story about what happened: she was an artist, she came here to stay with family, and blah-blah-blah, things just fell apart, and she got into the sex trade business, and cops came in... It was just a horrific story. So here is this woman now, needing to get back home. (Participant from a multiservice community agency)*

A few service providers were not sure if they had migrant/trafficked sex workers among their clientele, since the workers did not wish and were not required to disclose their identity. Some providers also conveyed that they might have missed some migrants who have been in the trafficking situations simply because human trafficking in Canada was considered a relatively new phenomenon, so many agencies did not know much about it and did not have the language or terminology to talk about the issue:

*We know that in ESL classes or in some of our programs there may well be sex workers. ... But there is no need for them to disclose. (Participant from a multiservice community agency)*

*We believe we've seen people who have been trafficked, but they don't stay long enough for us to be able to get to know them and to find out what's going on with them. ... I have a feeling that some of the street sex workers were trafficked at one time and they've become so dependent on, you know, their drug of choice that they're just turfed out, that they're no good anymore. 'Cause most of the people that are staying with us are in their 40s-early 50s. So they're used... They're no good to the traffickers. ... It's [also] the terminology: we didn't really talk about trafficking four or five years ago. And there was an influx of immigrants that used to stay at [our shelters] when they first opened eight years ago, and now that, you know, we're doing this work, they're thinking back – you know what, I think we've dealt with a lot of trafficked people, and it was just the terminology wasn't out, the resources weren't out there; we just didn't talk about it. And I think that was one of the things, when we talked to the staff about some of these questions was, they're sure that we've dealt with more trafficked people than what we know. And they would go across the street and they would actually see vehicles come and pick them up and then drop them off at night. (Participant from a women's shelter)*

A participant's comment about women becoming less 'useful' to traffickers as they got older was interesting to us, as it was somewhat at odds with the information coming from other parts of the world, such as Europe, where some of the women have been integrated into the trafficking infrastructure as they got older – e.g., by being 'promoted' to recruiting roles because they have demonstrated their allegiance to the traffickers. For many trafficked women it appears to be one of the very few ways of bettering their situation.

Several participants had no direct experience with migrant/trafficked sex workers in Canada, but were interested in providing services to this population – especially to migrants from China and other Asian countries:

*We don't really have a lot of our own experience of working with migrant sex workers, even though we're trying. ... Right now we're trying to explore the opportunity to work with sex workers, but we really didn't get into it yet. But we attended a conference in Hong Kong last year about service provision to migrant sex workers... (Participant from a multiservice community agency)*

*We have a strong interest in working with migrant sex workers, particularly from Mainland China, because what we learned ... is that there's a lot of women from Mainland China who are in Hong Kong, who are in other Asian countries, who are in Europe, who are in Canada, um, engaged in the sex trade. (Participant from a multiservice community agency)*

*We've sort of talked about in developing the work we're doing ... just how we can work, how we can open up the doors to migrant sex workers, how we can do outreach to that population, is that population accessing our services and just not disclosing? We work with a quite large Asian population, although very few of them access the harm reduction program. So just understanding sort of how we can make services more accessible, what are the specific issues that we need to know about in order to make services relevant. (Participant from a health organization)*

*[In terms of] domestically trafficked – that's something we see a lot of: women being trafficked from one province to another, and being kept, sort of, forcibly confined. ... We don't currently work with any [migrant] trafficked women. However, over the last, I would say, year and a half we have done some research – the work I do is specifically around women who are involved in sex work and who use drugs. So it's a harm-reduction based program, and over the last year we've done some community research looking at what are the issues that women are facing, what are the needs, what are the needs for service development and accessible services? So one of the main things that came up – there was a number of groups of women specific within that population who were identified as particularly at risk, and migrant sex workers or trafficked sex workers were amongst those. (Participant from a health organization)*

The focus group discussions confirmed that, with a few notable exceptions, the service providers' contacts with migrants in the sex trade were minimal, short-term and superficial.

### III.3. Sex Work vs. Sex Trafficking

The focus group participants discussed a number of conceptual issues pertaining to sex trafficking and sex work. Several service providers were highly critical of the existing trafficking frameworks and anti-trafficking laws, and emphasized the need to distinguish between migrants who have at least some degree of agency in terms of their involvement in the sex trade and the ‘unequivocal’ victims of trafficking who are forced into the sex trade and have no control over their conditions:

*The problem with law enforcement agencies across Canada is, the attitude now is – we’re either internationally trafficked or inter-trafficked within provinces, that we’re all victims. There is no room for manoeuvring and saying, ‘There are women who choose.’ Well, if you choose, you’re still a victim and you don’t know. It’s kind of that feminist kind of thought – and the police have even adopted it. ... The stereotypes do exist, you know, for the enslaved. And that’s not prostitution: we have to quit referring to those traffic... -- they may be forced to work under the guise of prostitution, but it’s not, you know – essentially it’s sexual exploitation and we have to quit framing it as prostitution because prostitution is choice, you know? Even though they may end up working in prostitution. It’s the same thing – if people are sewing clothes against their will, you know, we don’t call them seamstresses, do we? We call them sweatshop labour. Like, we have specific terminology. And, I mean, I don’t want to start labelling everything, but at the same time I’m really pissed off with this whole victimization thing. ... And believe me, I sincerely have nothing but empathy for women who are being trafficked. Like, I mean, it happens. Personally, in my building, on my floor, two doors down, there were Asian women – they were being kept in the closet. Like, I mean, I flipped out. I didn’t deal with it as an outreach worker, I dealt with it as a human being. ... When I heard that, I thought, ‘Oh, no!’ Because before, it was like, okay, they keep to themselves, they do their business, whatever. But when I found that out, I was, like – I had a human response. (Participant from a sex workers’ organization)*

*When I look at the anti-trafficking, I call it, discourse, or framework, or policy now – now it became policies – I find it doesn’t fit neatly to the women’s lives I know. ... Lots of people came here to work no matter what the condition was... And there’s some exploitation, there’s some abuse, but it may not fit into, like, [notions of] abduction, outright deception, forced, indentured... Indentured – that is problematic, because if you talk about indentured, that means that you will never get out of your debt, for the rest of your life, but it may not be that extreme. It’s problematic and challenging because the majority of sex workers – at least the people I know – are not in the conditions that would be considered traffic. (Participant from a health organization)*

These participants also pointed out that, by and large, trafficking frameworks and discourses failed to consider the roles of the state, legal system and immigration authorities in the process of trafficking – e.g., that migrant and trafficked sex workers were often subjected to harassment and coercion by the police and government officials, and that anti-trafficking laws were routinely

used to curb the sex trade in general and to keep poor migrant women out of prosperous industrialized nations under the guise of protecting them from exploitation:

*When you think of the trafficking in women framework, there's no framework to look at the police officer's sides or immigration officers who would exploit these women's situations. ... It doesn't recognize the exploitation from government officers... Because it's labelled, you know, that traffickers are the bad guys. But the bad guys are everywhere when you think about it, right? So I think that's another weakness that I see, that I really find problematic because I don't know where to put it in.... And you can see that in the trafficking laws, there is no mentioning about the power abuse of the other side, the 'good side'... about the state powers and exploitation... Another thing that I find a challenge because these two acts of the Criminal Code ... which give 25 years – I think that's the immigration act – to life imprisonment of traffic, traffickers, and up to 15 years for abduction and stuff like that, give a lot of powers to the police... And if we look at the global picture, lots and lots of brothel raids and stuff like that happen because of these anti-trafficking policies – and which just track women. ... Many sex workers' rights groups already say that it disrupts their workdays, because when you raid – yeah, okay, they release, you're not traffic victims, you go back to work, but you waste your time in jail or whatever. So that's already evident – because these anti-trafficking policies for the past few years, pushed by the US government so much – ... it does more harm than rescuing, than good, to the majority of the women. I didn't say there's no trafficking cases. But how many? And in what circumstance? ... There's already law on abduction and kidnapping, right? Which is already a very severe punishment – if you kidnap somebody, children or adults, right? You also have other things in the criminal code. I'm sure every country has that. So my question is, why there got to be the trafficking law and policy? Except only to curb sex workers? (Participant from a health organization)*

These service providers observed that trafficked women represented the minority of migrants in the sex trade and were most likely women from poorer backgrounds, with limited education, and with little experience and connections in the industry:

*I would suspect that the less education, the less language spoken, the more likely you are to be trafficked because you're easily controlled, as somebody who's a migrant worker. (Participant from a sex workers' organization)*

*I think it [trafficking] could happen if there's a big gap of information on, like, what it would be like in the receiving country or receiving city, right? But after a year, I don't think it would happen because now there's cell phones everywhere. Women have their own connection. They may say, wow, you know, this company is good, this boss is good, this exotic dancers' place is not good, don't go with them, don't go with this agent, and stuff like that. It turned to be more the pattern of migration, I would say, not that the first group who came will never ever be, like, they will be fine, right? There might be some problems but, from my experience, from my understanding, after a year or two women develop their own social network and also information network. So I think it depends where the point of moving. Again, migration – we're talking about safe*

*migration, right? That might happen, but my challenge is that the majority of the workers are not trafficked... (Participant from a health organization)*

Thus, the participants argued that it was unfair and inappropriate to focus attention on and provide services only to those migrants who could be classified as trafficked:

*The majority of sex workers are not traffic victims. Not that they don't have a problem, right? They might have some issues. Exotic dancers – like, dilapidating workplace, which could be occupational hazard and safety. And, yeah, in the sex trade, you may have some deception, you may have some contract agreement which is not honoured, you can have here and there – like, okay, you're supposed to buy me some food and then you didn't, or got the food that I don't like, you know, that kind of thing. ... I think that's the main problems we have: because if all the attention goes to probably 0.001 trafficked victims, and then the majority of the people might have issues here, problems here, little thing there – and what are we going to do with the majority? Not that they don't need help, right? And you can ignore lots and lots of women because you're looking for traffic victims. ... (Participant from a health organization)*

Overall, the service providers stressed the need to look at migrant sex workers and trafficked persons in the context of global labour migration:

*There is this whole area of migrant sex workers that all get lumped in with being trafficked, as opposed to, you know, human smuggles or migrant in the sense that they're here on a visa – student, or whatever it be, work visa – and they're doing this because, all of a sudden, the Great Canadian or American Dream didn't turn out the way they thought it would be, you know. They decided that working for \$10 an hour or, you know, looking after somebody else's kids, you know, and having to fuck their employer... People say you choose certain work due to lack of choice. But that almost sounds like you have no control. I mean, you do have control: you can work for minimum wage, you know, and you'd feel less good about yourself... A lot of the guilt and shame comes from the whole trip that society puts on women and sex work. And especially if you're an immigrant, a migrant. Because it's more expected of you – oh, well, you know, she is an immigrant, so that's part of their culture and their country – which is true, depending on the place where – if you're coming from the Philippines, they have a saying, 'I go because of the family.' ... Some immigrants are highly educated, you know. But again, for men, the equivalent is driving taxi; for women, the equivalent is working in a massage parlour or at an escort agency. That's the way I see it. I draw the analogy there. (Participant from a sex workers' organization)*

*...At one point or another, whether they're trafficked or not trafficked, they're migrant workers, in a sense, because they came here and either intentionally or not, they work, right? So I think I would rather put this in a context of migration, whether this is a safe migration or not safe migration... (Participant from a health organization)*

### III.4. Issues and Problems Facing Migrants in the Sex Trade

The study participants agreed that migrants involved in the sex trade faced multiple and intersecting problems that had to be considered in developing services for this population.

Problems related to the migrants' illegal or unstable status in Canada and the general criminalization of the sex trade were seen by many providers as the underlying reasons for the migrant sex workers' unenviable situation in Canada:

*I guess I'm also answering from the viewpoint of a sex worker, and right now a big issue with all of us is the law. It doesn't matter if you're a migrant worker or you're born here in Canada. Certainly, if you're a migrant sex worker, it's going to make it even more difficult if you're arrested. You know, you're going to be deported. And that's another thing -- you know, even if the law changes, if the laws fall, how will that affect people who are migrant sex workers who are still arrested? ... It's not all the laws pertaining to prostitution. The other thing too is the trafficking initiative, the bill – specifically what they use, how the women have to testify against their traffickers. (Participant from a sex workers' organization)*

Even for those migrants who were classified as trafficked, there was no straightforward option to regularize their immigration status, because Canada did not have a special visa program for trafficked victims (unlike T-visa in the U.S.) aside from a 120-day temporary resident permit (which was recently extended to 180 days), and because migrants often had to leave behind their documents while escaping their captors or did not have proper documentation to begin with. Consequently, the situation of most trafficked migrants was extremely precarious:

*Nothing happens. A lot of the women still are – something might have been started and it stopped, because now they're not where they're supposed to be, right? They've left the home and the papers are being held... And a lot of women don't have documentation, to be quite frank. Like, the documentation is somewhere else, so these women actually left, they have no I.D., nothing to verify that they came here legally. Like, there's nothing. So our job then is to figure out how do we get the stuff without having the women deported or arrested, which is just a nightmare: no identification, nothing to say you should be here legally. We can't call the people that are sponsoring them, because it's going to be the problem of, 'We have a legal right to this person: we sponsored them, and immigration is going to come after us.' And there's all these kind of complicated pieces that just makes the work seem so overwhelming. (Participant from a multiservice community agency)*

Language barriers and lack of information about Canadian laws, services, the migrants' rights, etc. only added to the problem, making migrant/trafficked sex workers even more vulnerable to control and exploitation:

*One of the very important issues that we found is the lack of information. Especially for women who come to the country without speaking any English whatsoever. So they, usually their contact, or the information is getting through a client, through the agent,*

*who'd be ... a person who knows the language, the culture and so on. But this person would have complete monopoly on the information that the women get. So a lot of the time they are lied to... (Participant from an ethno-specific agency)*

*Even if they don't have insurance, there's services where they can access health care, although it's the information, right? How do you get information out to a population that's really, sort of, kept in secrecy? (Participant from a health organization)*

This went hand-in-hand with the lack of accessible and specialized services for migrants involved in the sex trade – and for trafficked women in particular:

*I'm not here for trafficked women – as advocate for sex workers' rights. Unfortunately, we end up, by default, speaking for them. ... There is no one who speaks for them, you know: there is one or two agencies here or there, but, you know, you can't trust them as far as you can throw them... (Participant from a sex workers' organization)*

*I heard about these women from Serbia – that, you know, most of them go to church. And they [churches] are not ready, they have this kind of thinking. So they don't really get the help. (Participant from a health organization)*

Some service providers also suggested the existence of cultural barriers in terms of the migrants' willingness to discuss sex related issues:

*I also wonder about the culture – in terms of ability to speak about sex. (Participant from a health organization)*

Consequently, migrant sex workers were characterized as a group that was very isolated:

*Isolation is a problem even for the ones that are Canadian, so I can only imagine how much greater it must be for someone, you know, who is a migrant worker. Because many of the [exotic] dancers that we see, that are Canadian, don't disclose: their families don't know, their doctors don't know, no one knows that that's how they earn their living. (Participant from a health organization)*

In light of the aforementioned problems, the service providers felt that migrant sex workers were especially vulnerable to HIV/AIDS/STI risks and other health problems, such as those related to substance abuse:

*We see newcomer status as a risk factor, because when people come from their countries of origin, they don't know the basics about HIV/AIDS, so most of our work in the ESL classes is kind of HIV 101. ... I think also it's harder to negotiate [condom use] if you don't have a common language. ... What we've also had around HIV/AIDS – sometimes they [migrants] may have concerns about confidentiality within their community, even if talking to a professional within their community, that there wouldn't be the expectation that they would maintain confidentiality. (Participant from a multiservice community agency)*



*What I have seen in the last year is an increase in drug abuse and actual sex acts – it's very visible in the [strip] clubs. Which I wouldn't say I've seen three to five years, two to five years ago: I've seen more of the dancing. And you know exactly where it's coming from in the club: it's a regular that's in the club, that's there all the time, that's providing it. I get that first they will entice them to become addicted – and then they're exploited... (Participant from a health organization)*

*One of the things that I've noticed – we haven't had many, but those [migrants] that have started using drugs, the [downward] spiral is much faster than what happens to a person who has been using drugs all her life or... Because people, after they start using drugs, they in time start to negotiate, and they know safer drug use – you know, not to use in the morning, for example, use in the evenings, or not to use too much... But when people start using drugs after, like, when they're 25, 27, 30, and they don't have the knowledge around drug use – the spiral is much faster: like, in a few months, you can see the difference in their health, in their appearance. And we had actually one die about seven or eight months ago. She was a Russian woman. You know, we were seeing [her] health decline very fast. I mean, there wasn't much we could do, and she didn't want a lot of help either... The next thing, we heard that she had died of overdose. I actually was not even sure she might have overdosed: she may have died of other complications. But, you know, we're not even sure. (Participant from a health organization)*

The service providers also pointed to the poor working conditions prevalent in the sex trade establishment employing migrant women:

*I had the privilege of going into some of the massage parlours... Some of them, skilled ones – like, you walk in the door, impeccably clean, just beautiful, beautiful women standing there in little gowns, and gorgeous. And then you walk in the other ones, where they've got table cloths covering up the back room, plastic table cloths covering, and those are the foreign women. A lot of the Eastern European women were working in places like that... Old couches with holes in them and stuff. (Participant from an adult entertainers' organization)*

As summarized by one of the focus group participants:

*They lack education. They lack information. They lack resources, trust, health care. (Participant from an adult entertainers' organization)*

The study participants also acknowledged that migrant sex workers were subjected to multiple stigmas: they were stigmatized as sex workers, as illegal aliens, as carriers of AIDS and other diseases, and so on. What is more, migrants commonly internalized this stigmatization, and coped with it by stigmatizing and ostracizing each other – e.g., based on race/ethnicity/nationality and specific place in the sex industry's hierarchy. Competition, discrimination and other negative internal dynamics of the sex trade created yet another problem in the already complicated lives of migrant sex workers:



*There are levels of the sex trade – like, you know, from the five-dollar up. And they hear the competition, right? ‘I’ve made, like, a \$1,000’ ... And what happens is that these are the behaviours that come out now. And, like, oh, and the name calling that comes with that – it’s just, oh my goodness! You’re in a very crisis situation anyway, but then you’re also doing the same thing to each other... (Participant from a multiservice community agency)*

*The problem is – I’m working with them for a while, but I still find, it’s still complicated to understand the trans-women, ‘cause they have some competition among themselves, especially the Filipino. ... And they like to talk about beauty and stuff. ... One thing I also heard is: if one of trans-women is kind of, quite educated, knows something – other trans-women would say, ‘Oooh.’ You know, if you’re not in the sex trade, they’re like, oooh, you know. So it’s really hard for them. (Participant from a health organization)*

*There’s a lot of finger-pointing. (Participant from an adult entertainers’ organization)*

*They always say, ‘It’s the other’ [who is doing sex], that we should talk with the other dancers. ‘Oh, they’re worse than we are’ kind of thing. It’s self-preservation. (Participant from a health organization)*

The service providers noted that one of the main problems for sex workers was the lack of opportunities to exit the sex trade. It was seen as especially problematic for migrant sex workers because most of them had to support families back home and working in the sex trade allowed them to make more money than any ‘straight’ job:

*A couple of ladies that we’ve seen were older than 25 and had been in the business for a longer period. And it could be, like, that’s what they came in for. But now, the demands on the body – it’s just becoming so incredible that they’re no longer able to keep up. And so now the issue is – what do I do? How do I maintain my life style, what I’ve been living, with a job that’s going to wear me out or kill me at some point? I remember speaking to a couple of a ladies about that. (Participant from a multiservice community agency)*

*When you get [exotic] dancers that are trying to even quit the business, when drugs and alcohol take their toll, they have huge problems exiting the business. They don’t want to be there – but, for example, my sister is 48 years old and she still goes into the clubs to work, and she’s got seizures, she’s got blood leaking out of her, fluid in her brain. Very sick. And she still goes in the clubs cause she thinks she has no choice. A lot of dancers that quit or try to quit – instead of looking for a job that would make them feel better about themselves, they usually start at the bottom. You know how many dancers I’ve talked to that have tried to quit dancing that started cleaning houses? They start cleaning houses, and then they can’t stand it, and the chemicals and stuff. And then they get frustrated and then they go back. So it’s a vicious circle. Exiting the business, for dancers, is very, very difficult. (Participant from an adult entertainers’ organization)*



*The reality is, there's big money in that industry. And for some people ... it is a better life for them and, in their description, that's what they have left. (Participant from a health organization)*

*The Asian women [exotic dancers] – and not to generalize, but they're a little bit older and are sending a lot of money home. So they're putting their grandchildren through school, they're putting their children through school, they're paying for weddings, they're doing this and that. So when you're talking about exit strategy – if they've got a family that's relying on them, they can't decrease what they're sending back home. It's just not going to happen. (Participant from a health organization)*

Overall, the observations offered by the focus group participants regarding problems facing migrants in the sex trade coincided with the findings of our 1999-00 study on migrant/trafficked sex workers from the former Eastern Bloc.

### III.5. Migrant Exotic Dancers: Controversies and Contradictions

Special attention was paid by the study participants – both during the telephone inquiry and in the focus groups – to the situation of migrant exotic dancers, particularly in light of the discussions around proposed federal Bill C-57 – legislation aimed at further curtailing the exotic dancer visa program by giving immigration officers the right to deny temporary work visas to “strippers” under the guise of protecting them from being “trafficked” and “humiliated.”

The presence of foreign women in the Canadian strip clubs and strip bars has been a subject of heated debates since the early 1990s, at which time the number of migrants entering exotic dancing had increased dramatically. This increase was due to the perceived “shortage” of dancers: the owners of strip clubs complained that due to the stigmatized nature of stripping, few Canadian women were going into the business; thus, foreign workers had to be brought in to keep the industry going. The Canadian dancers, however, argued that this “shortage” was due to the changing nature of the industry, which evolved from burlesque entertainment to sex trade.

After making its Ontarian debut in 1950s as erotic burlesque, with showgirls performing on stage in theatres, striptease gradually moved into smaller venues, such as bars and clubs. The 1960s-70s brought with them greater nudity and greater physical contact with the customers; the dancers were now “paid based on the number of shows they performed, or they were touring a circuit of clubs where they performed for a set number of shows as feature performers” (STAR, 2004: 5). In the 1980s, the clubs started opening private VIP or “champagne” rooms, “where a customer and dancer were away from the view of other patrons. Table, and later lap-dances and VIP room dances, each came with a set fee per song and the possibility of additional tips based on the customer’s satisfaction with the performance” (STAR, 2004: 5). Instead of being paid weekly wages, most dancers were now working on “shift pay” and earning most of their income from customers’ tips for private dances. The final change came in the 1990s when

dancers started working as freelance entertainers, which meant they were not paid by the clubs but rather had to pay the clubs for the right to use the premises; these payments were made through a variety of club fees (e.g., disc jockey fees, bar fees, VIP room fees). Not only did the dancers lose control over their working conditions and saw them rapidly deteriorate, but they also became fully dependent on customers for income and were under constant pressure to offer sexual “extras” (STAR, 2004). As fewer and fewer Canadian women were willing to work under those conditions, foreign women were brought in en masse:

*The problem was that club owners were screaming that there’s no dancers: ‘Canadian women don’t want to work, do this, we need more women!’ ... But what was happening was – there were dancers, but dancers were quitting, or dancers started to go into massage parlours to work, because why should they give somebody a hand job in the V.I.P. room – no sinks, no soap, no water in the toilets? They preferred to go to the massage parlours: you got showers in there, you got all the amenities that you need, and they’re doing what they’re doing in private, nobody can see them. So the risk of them getting caught or seen in public was a lot less by them going to massage parlours. And they figured: if I’m going to give a guy a hand job, might as well do it in private. And at the same time, when they started openly accepting sex acts in strip clubs ... a lot of sex workers off the street were coming off the street and working in the clubs. So the dancers that just wanted to dance couldn’t just dance anymore, because sex started becoming common in the clubs. ... The foreign workers were more apt to go along with the flow than the Canadian workers were. ... So their [the owners’] intent was just to get foreign women to come to Canada because they would work for free. And the Canadian women wouldn’t work for free, they wanted to get paid. And so that’s how the whole thing started. (Participant from an adult entertainers’ organization)*

Migrant women were routinely exploited in the strip clubs, and many found themselves in the situations of trafficking (see McDonald et al., 2000; LACEV, 2002; STAR, 2004). In light of the criticism from the public, the federal government put various restrictions on the exotic dancers’ visa program, making it more difficult for foreign women to come to Canada. As a result, the number of dancer visas drastically declined – from 2,834 in 1998 (Poplewell, 2008) to 17 in 2006-07 (Taylor, 2008).

According to the Adult Entertainment Association of Canada (AEAC), an organization representing 53 of the 140 clubs in Ontario (Taylor, 2008), the situation in the clubs – at least those belonging to AEAC – had improved significantly since the end of the 1990s: the business has cleaned itself up, illegal sexual acts in the clubs are absolutely forbidden, working conditions meet all required labour standards and regulations, foreign women now receive hourly wages (\$12/hour) plus tips, are provided with information about their rights, obligations, health care, etc. (in English, Hungarian, Romanian, and Spanish), and have a toll-free number they could call if they wish to complain, raise concerns or discuss any issues. What warrants attention and improvement is the immigration law.

The restrictions placed on the exotic dancers' visa program meant fewer legal immigration opportunities for foreign women who wanted to come to Canada in search of a better life, which made women more vulnerable to traffickers and smugglers. Although there were only few new dancer visas issued in the past several years, hundreds of foreign women continued working in the strip clubs on employment authorizations: while in 2006-07 the rate of denial for new dancer visas stood at 98%, 97% of dancers' applications for employment authorization renewal were approved. That meant that foreign dancers who were already in Canada could legally stay and work in the country; however, if they were to leave Canada for whatever reason (e.g., to visit family back home), they were required to apply for a re-entry visa and pay a \$500 application fee (50% of it non-refundable) – and at that point their application would most likely be denied. This put foreign women in a position where they could not risk leaving Canada, even in a case of family emergency, as they were afraid they would not be allowed back in.

Migrant dancers also were not eligible to work anywhere else but the club that had hired them, and were thus dependent on the club owners and reluctant to complain even when their working conditions were poor:

*They're not renewed by themselves: they need to keep an offer of job, otherwise they will not renew it. ... The club, the owner of the club – they decide if they want to hire them or not. ... This is exploitation, this is not right for the women, the safety situation... (Participant from an ethno-specific agency)*

*The job offer comes from one club owner. So even if the club owner doesn't pay them or something, they're stuck there. They're stuck there, they can't go work anywhere else. But the club owner won't fire them because he needs a body there, so he's going to abuse them, and they're trapped in the bar. That's a big problem. (Participant from an adult entertainers' organization)*

Furthermore, migrant women did not have access to education and language training, and had no avenues for becoming landed immigrants in Canada, aside from marrying Canadian men they met in the strip clubs. Migrant women who married their customers often fell victim to domestic violence. Yet the study participants emphasized that this was not unique to foreign exotic dancers, but applicable to virtually all temporary migrants in Canada:

*If you think about this, this is not specifically only for the exotic dancers. Except for the live-in caregivers who have the right to apply for permanent residency, any other migrant workers – they have to go back. So it is bigger, the issue is bigger, it's not only... Of course, I understand that exotic dancing has, is a specific issue, which is working in the sex industry or in the sex trade industry, but also it's inscribed into a bigger concern, which is the migrant work, temporary migrant visas. (Participant from an ethno-specific agency)*

*There are domestic workers who suffer amazing exploitation, you know, by the owners, and there are no rights for them either. So this is a similar situation... (Participant from an agency serving victims of violence)*

What emerged during the study was the lack of clarity and solid empirical data on the current situation of migrant exotic dancers. The information obtained from various participants was rather contradictory. On the one hand, there were claims that the business has cleaned itself up; since migrant women were now being paid hourly wages, the Canadian dancers complained that foreigners were in a better situation than the locals. On the other hand, there were arguments that migrant women were still subjected to exploitation by the club owners, and that the owners were involved in the trafficking of women:

*The club owners have just gotten so greedy. ... [We] actually calculated how much money each dancer pays the club owners in fees. And it came out to thousands of dollars a year – cash money in the club owners pockets. Cash. Tax free. ... They're using them [migrant dancers], they're taking their money. There was one [strip] club owner that owns a club right here, in the City of Toronto, that has trapped workers in the club, taken away their passports; will not hire any Canadian women. It's almost like you're in one of those Asian foreign countries, where they've got photo albums with the Polaroids of the dancers, and the guys come in, they pick the dancer out of Polaroid pictures. This is right here, in Toronto: the dancer gets paid by chips; the customer buys chips, they're not allowed to pay the women with any money. No cash. The dancers have their chips, and they get – the chips are \$10... I think the club gets \$6, the dancer gets \$4 a dance. So at the end of the day, she can't even cash them in. 'At the end of the day' – it's end of the week. So she has no money till the end of the week. He feeds her, gives her a room, she hands in her chips, she gets four bucks for every chip. And you're not allowed to talk to the customers: you're supposed to do your dance and that's that. Most of the women in this club are from Korea and places like that. They're Asian women. And there was one from Mexico. And the one from Mexico is the one that actually came forward and told us her story of how they trapped her in there, and wouldn't let her leave. And she ended up befriending one of her customers, and she trusted that he wouldn't get her into any trouble. And he got her out of there – a customer helped her escape. And this is right here, in Toronto! And this club owner ... says, 'I treat my women like fine race horses.' 'Fine race horses!' Well, what do they do with fine race horses? They lock them up to make sure nobody steals them, 'cause they're so expensive and precious, they make sure they're not allowed out unless they're supervised. (Participant from an adult entertainers' organization)*

*Something that is constantly underseen is that [strip] club owners are actively involved in, if you want to call it trafficking, trafficking then. Because they are the ones who finance the agents to go to their countries to recruit the women. ... So the ones who are making a lot of money out of all this are the 'respectable,' usually white men, owners of these clubs. It's interesting because we tend to think that these are just traffickers, you*

*know, usually who are invisible... But they're all connected. (Participant from an agency serving victims of violence)*

It was unclear, however, if this was true for all the clubs, those that were not members of AEAC, or vice versa.

As well, the information coming from the club owners suggested that foreign women made up to 75% of all exotic dancers in the country, while Canadian dancers argued that this situation was unique to Toronto:

*What's happening is, the club owners are screaming again, 'shortage of women.' But if you look across Canada, the only place that they're screaming 'shortage of women' is a handful of clubs in the Toronto area, not even anywhere else in Ontario – only in Toronto. ... The majority of the migrant women are in the clubs in Toronto. There's a handful of clubs in Toronto that cater to the migrant women. Those are the only clubs that are bitching about this problem. (Participant from an adult entertainers' organization)*

This contradictory information signalled the need for new empirical research on the situation of migrant exotic dancers in Toronto and Canada – research that would collect data from the migrant women themselves.

### III.6. Service Provision to Migrants in the Sex Trade: Barriers and Challenges

The focus group participants identified many barriers and challenges that impeded service provision to migrants in the sex trade.

The biggest challenge by far was the actual inability of most service providers to access the population: due to criminalization and stigmatization of the sex trade, and control often exercised over them, the majority of migrant sex workers tended to hide their identity and did not access formal health and social services:

*That's our biggest challenge – to locate, to build up the trust, to know where they are. (Participant from a multiservice community agency)*

*How would we access them? Like, that's my biggest thing. How? ... Like, if we were to implement these services and these resources, how would we spread the word? (Participant from a health organization)*

*Most of them don't see themselves as sex workers when they're in that position. (Participant from a sex workers' organization)*

*In my experience, the reality is – it's true amongst all the sex workers it seems – there's very few who are empowered sex workers, who are happy to identify as sex workers, although there are some. But, you know, in my experience, most women will be hesitant to admit that that's what they're doing, for a range of reasons. ... So just figuring out ways to encourage or to connect with those women.... (Participant from a health organization)*

*I think another big factor is the role of the police: that if people are engaged in activity that could end up in arrest, they're going to be less likely to [come forward]. So I think the illegality is a huge hindrance to working with this population. (Participant from a multiservice community agency)*

This was particularly true for trafficked women:

*Because of the criminalization of the issues of sex trade, you cannot just be talking about trafficked victims as, like, floating around... (Participant from a health organization)*

*The only way I know how to sort of contextualize it is: the average white community has very little contact with that community, other than customers. ... So I rarely run across the actual trafficking, because unless you are ... a customer and part of that ethnic community and have that ability to access, it's very hard to access these women, very hard. ... Trafficked women – they're hard to access, because why? A lot of them tend to be independent, just as much as work for agencies or massage parlours, and they keep to themselves. Keep your head down, keep your nose to the grindstone, you know what I mean? Don't call attention to yourself. So therefore, you know, it's like any other agency trying to access them for other stuff – immigration, related kind of social*



*services. It's the same thing: you usually end up accessing them because they access you, they find you, you know, and most of the time it's by accident. (Participant from a sex workers' organization)*

As well, a nocturnal life style of sex workers' conflicted with the official business hours of most community agencies, thus making it difficult for migrants to access services:

*In terms of providing services, a lot of the times the timing is a problem, because most of them work at nights – and that conflicts with the office hours. (Participant from a health organization)*

Because of all that, migrant sex workers purportedly gave preference to their own informal peer support networks:

*It's so hard. I mean, they don't even want to come, right? They have their own places. If they know someone, they come, they go directly [to them]. ... And they help each other: they see a newcomer from the Philippines, right, and they would help them – you know, give them clothes, or sometimes let them stay in their house until the person gets into the trade. And that's how they come to [our agency]: it's basically just to have a nice time together. (Participant from a health organization)*

Several focus group participants, who were involved in outreach to (migrant) sex workers in strip clubs and massage parlours, reported facing additional barriers and challenges, as the proprietors of those establishments were extremely reluctant to grant service providers access to the workers:

*It's very, very difficult to get into a [strip] club. ... We're running into problems. ... And I think one of the things that makes it difficult for us to get into the clubs is that we align ourselves with the dancers ... because it's not a project that we're doing to the dancers, it's a project that we're doing with the dancers. And I think that that creates some barriers, because they see that we're a threat – in that it doesn't matter what kind of information you're sharing, you're still providing information that could in some way empower them... (Participant from a health organization)*

*We had a hell of a time when we used to go to do outreach [in the strip clubs]... Sometimes, as soon as they found out that we were involved, they would say, 'No way.' ... And it's the same problem getting into the door of the owner or the person paying for advertising in the massage parlours as it is to get to the club owners... They just hide, you can't get at them. (Participant from an adult entertainers' organization)*

Many migrant women working in these establishments also were very private and suspicious of outsiders who they thought could be police officers or immigration authorities, so it was very challenging for the service providers to establish trust with this group:

*One [strip] club that I regularly go to has, like, a handful of [mostly Asian] migrant dancers who are actually quite verbal. And they communicate lots, and we chat often about our services. The other club has predominantly Eastern European migrant*

*dancers. I find they don't really talk as much. And you try really hard to engage them, 'cause you see the need is there, and you got all this [information] literature ... that's a hit at the club that I go to. And it's just really difficult, and you don't know what the barrier is. Like, is it fear? They definitely seem very rushed. I think they don't know they can trust us. And I wonder if it's immigration as well. Like, there's fear that we're government... They think you're linked to everything. I think it's trust whenever you're dealing with this. Because I've been in whenever there's been the odd migrant workers or somebody even new, and they – you introduced yourself and, of course, you're in these funny little cubicles, you kind of step in, step out – but who I am, why I'm here? 'I've been invited here by the dancers, etcetera, etcetera.' ... And they shoot out. The next thing you know, you have a group kind of standing around you asking questions – that is familiar with you being in routinely – and you see them [migrants] standing, eye-balling situation, and listening to what's going on. And the next thing you know, it's, 'Can I talk to you for a minute?', you know, kind of thing. So it is definitely a trust thing. (Participant from a health organization)*

Even when contacts have been established, the service providers found it very difficult to stay in touch with migrant sex workers due to the instability of their situation in Canada:

*These women are so unstable in the situation in Canada, so it's difficult to maintain this connection. (Participant from an ethno-specific organization)*

Yet another serious barrier faced by the service providers interested in working with migrants in the sex trade was the lack of available funding: since these sex workers were largely invisible and considered illegal or temporary migrants, they were not prioritized by the funders:

*Because they're underground and they're not always seen, it's never prioritized. And so it's almost impossible to get funds. (Participant from a health organization)*

*We are very interesting in doing work particularly on migrant sex workers. But we have not been successful in finding a good funding source for it. (Participant from a multiservice community agency)*

*We had a huge proposal for the Attorney General and the Victim Services – to support the women. Because we are a very small agency and we don't have funding. And then it was denied, they didn't give us the money. ... They said that, no, they are not a priority, because those women are migrant women, they're not going to stay forever here. (Participant from an ethno-specific agency)*

*There's not much money to work on a sex workers' issue anymore, except HIV/AIDS, right? I think that's the main thing, because they're afraid that they're going to spread the disease, that's all. (Participant from a health organization)*

The lack of funding opportunities was sometimes exacerbated by the internal resistance of the agency boards or administration to offering services to sex workers:

*I know I have to go back to [our agency] and present it. We are a church-based organization. This is not going to go over in a big way. Even though we're working in very, like, groundbreaking ways, there's still that issue that we're coming from that United Church background. And so when it gets up to the members, some member from the church is going to come and say, 'What are you all doing?!' Just like they did around the harm reduction. Like, it's going to be, 'Ah ahh ahhh!', you know. (Participant from a multiservice community agency)*

Furthermore, not every agency was able to provide safe environment for migrant/ trafficked sex workers:

*Safety is a big issue. You know, we're fortunate 'cause you have to buzz to get in, so we had all the mechanisms for people just not walking in. I think safety is huge, because people can still come and take them. (Participant from a women's shelter)*

*Just in terms of our program too: I mean, this information gets out... Somebody can show up and start hanging out, just kind of waiting around and, you know... We see it everyday: guys pull up in a nice car, the woman looks out, she's gone out, he takes off, comes back an hour or two later, drops her off, and he goes about his business. So for us that would be really big issue around safety. (Participant from a multiservice community agency)*

In one reported case, a young migrant woman, who had escaped situation of sexual enslavement by her family, thought that she found a safe haven at a local community agency – only to come face to face with a former john who happened to be working for the agency as a contractor: “So it was just, oh my God! Here's this person that, you know, is going to go back and let someone know that I'm here!” (Participant from a multiservice community agency). On a number of occasions, the whereabouts of the women who escaped became known through the word-of-mouth in their respective ethnic communities, and traffickers came to the agencies looking for them.

Lack of cultural competence and the overall knowledge of the issues of migrant sex trade and human trafficking were described by the service providers as a major barrier to their work. Due to the lack of expertise, the providers kept making mistakes in their dealings with migrant/trafficked sex workers, which led to the loss of contact with the population. At the same time, the providers were unaware of any specialized training opportunities that would help them work more effectively with migrants in the sex trade:

*It's very new for us, so one of the things that we did – which we quickly found out we were not supposed to do – was to call the [ethno-specific] agency, cause we're like, oh my God, we don't speak any of the languages! Oh my God, what are we going to do! And then we had the experience where people left. And then, you know, we had to go back and do – well, we didn't know, we thought this is best for you, because we don't speak the language and we're trying to facilitate, you know, what you needed to do. ... So one of the obstacles that I think is the knowledge base. Like, not a lot of people know this, right? And so there are a lot of agencies that are working and are making those kind*

*of small, huge, little mistakes – which are big mistakes in long ways. I think for me, one of the greatest obstacles is being able to kind of work with agencies that are actually working with the population – for them to understand that you’re not going to apply the same kind of mainstream principles to this group as you’ve always done, and to kind of get that information out there. For me that would be more helpful to be able to service people. ... If I had some of [the necessary] information, I could have done a whole bunch of things differently, right? So, I’m finding that, for me – I recognize all of the issues that are there, but it’s that one piece that just kind of drives me insane. (Participant from a multiservice community agency)*

One focus group participant seemed to capture the essence of the service providers’ collective experience of trying to deliver services to migrant/trafficked sex workers as “jumping through hoops”:

*[We are] trying to figure out how to kind of give best services to this group that we’re seeing coming through the drop-in and how to make the connections. ... And just trying to provide services – it’s just been, like, trying to jump through these little tiny hoops to kind of make sure it’s secure and safe, that information’s not flowing out... So it’s been just really this huge experience with the community that is really so underserved, you know: it’s big, but it’s not big enough to get the big attention that it should get. (Participant from a multiservice community agency)*

### **III.7. Developing Services for Migrants in the Sex Trade: Priorities and Strategies**

The study participants offered many suggestions regarding the development of services for migrants in the sex trade. There was a general consensus that for migrants classified as unequivocally trafficked – i.e., those who were forced into the sex trade under completely false pretenses and/or subjected to slavery-like conditions – identifying escape routes and offering rescue services would be the top priority. However, it was stressed that all migrants in the sex trade, whether trafficked or not, required a wide range of services because their general problems and needs were very similar.

Since most migrant/trafficked sex workers lacked English language proficiency, the service providers put emphasis on distributing a variety of helpful information materials in relevant foreign languages and making interpreters available to migrants, especially in case of arrest:

*I would really, really would like to see the information packages appear in different languages – the languages of the different communities who are more prominent in this. I don’t know – Russian, but also Spanish. (Participant from an agency serving victims of violence)*

*The language is obviously a big part of that... I think there needs to be interpreters for migrants, immigrants who are arrested, no matter what they’re accused of. One of the*

*things the police do is – they provide their own interpreters. ... [But] there has to be an objective agency that exists to interpret for migrants... Maybe making sure that if you're being arrested ... as part of when they read people their rights, they tell them they have a right to an interpreter. But I guess if they don't speak English in the first place, it's a moot point, right? But they could give them a card that's in various languages. ... And having a list of lawyers available to migrant workers if an arrest [happened] – regardless of what they've been arrested for. ... Like, [this] Korean girl [sex worker] – her boyfriend punched her a few times, called the cops on her, and due to the language barrier -- I understand her fine, you know, she doesn't speak English that bad, but maybe she doesn't explain herself as well as somebody like me could – but she's almost been arrested and held overnight because of the violence, because he was able to say, 'Oh, it's her, she's...' – because there's mandatory arrest policy, right? And because she's a migrant woman, they're less likely to make arrests of both of them – she's more likely to get arrested. (Participant from a sex workers' organization)*

But the providers also agreed that distributing information was a challenging task, since migrant/trafficked sex workers represented population that was largely hidden and reluctant to access formal health and social services. Hence, the development of outreach programs to migrants in all sectors of the sex industry was named by the participants as an absolute priority:

*They need more outreach... (Participant from an adult entertainers' organization)*

*Oh, definitely outreach. Because how do you get them to access more services? ... I think even basic outreach is a priority because to even let people know that there's somebody there available for them – whatever their issues may be. (Participant from a sex workers' organization)*

It was recognized that as with any population involved in a clandestine activity, the success of the outreach programs for migrant sex workers depended heavily on the organizational reputation, the ability to establish trust with the workers, and positive word-of-mouth:

*...They're all afraid... So they want to make sure that they are not going to be put in any danger and something, like, happens. (Participant from an ethno-specific agency)*

*It's [about] reputation. It's the same thing for us: how do they handle things. You know, one immigrant turns to another immigrant and tells them their story, and the other immigrant says, 'Well, you know what? I ended up at this agency and this is my outcome.' Basically, yeah, word-of-mouth and reputation. But in order to get word-of-mouth, you have to establish your reputation. ... I think I'm the only person who has ongoing contacts with migrant girls. ... Because I'm the same person that they're dealing with. It takes years to build up a degree of comfort with these women. It's like women who are a part of the group that we consider, you know – I have a pimp, I have a man, you know, that kind of thing. It's kind of like a secreted society. And again, because they've been seeing me for 14, 15, 16 years, that's why I still have a relationship with them. (Participant from a sex workers' organization)*

*It's important for us to do outreach and get to know the people who are out on the street. ... We're currently working with street sex workers. ... We go out once a week, so I go out myself every third Tuesday kind of thing, from 3 to 6, trying to build relationships on the street, because it's all about trust. And if you don't have that relationship, they're not going to just come and tell you what's going on with them. So that's been a real, something very important to us. (Participant from a health organization)*

*We find on the street that even though we are a well-recognized agency for the women who want to exit or at least come and get some help, we also find that if somebody goes back on the street and says, 'I wouldn't go there because don't you know that they're connected with [the police], don't you know that they have some affiliation with the court system?' And the next thing you know, 'Geez, we're not going there.' So, you know, you can really get messed up that way. (Participant from an agency linked to the legal system)*

In light of this, several participants stressed that having positive and productive relationships with the law enforcement could be extremely helpful:

*There's good ways that they break up the rings, and there's horrible way, and there's ways that they entrap them and use the sex trade worker to get more... But then there is the element of – I've had the police cars come in and bring in the girls to us and say, 'This girl, we're not going to charge her, we want you to chat with her,' you know what I mean? So, I mean, there's a good side and a bad side, you know? (Participant from an agency linked to the legal system)*

*I think having a relationship with the police – if, and only if, that relationship is supported by the women, either in the clubs or on the streets, then that's a really good thing. ... There's this brand new amazing officer... She's doing some amazing work with women who are doing street sex work, and she's doing some amazing work with trafficking. Trafficking more inside of Canada though. ... She's helping us to find women when they are lost, when we can't find them... And I've never had a negative response. (Participant from a health organization)*

*We've been really lucky to build a really healthy relationship with two officers. ... [And one female officer, in particular, has been] very, very supportive, very helpful, particularly with trans-women. And she's come in, and she's kind of followed through, and called back, and just really provided a really safe way for the women to kind of interact with the penal system, and then to be able to tell their stories. So that was, they've been really helpful, and I think the women know that. So they come in and go, they'll tell us a story, we'll try to document as much as they want us to document, then we sit and we help them to call [the officer], and she comes in – and she never shows up, like, in any kind of formal uniform or anything, she just walks in like anybody else. And it creates such a huge difference. Because then, you know, people recognize her as just one of the workers: she comes in, she sits down in the office, she's not making any waves about*

*anything, and she talks to the women and, you know, helps out quite a bit. (Participant from a multiservice community agency)*

Yet the study participants emphasized that the most crucial component of reaching out to, and establishing trustworthy relationships with, migrants in the sex trade would be the involvement of the current and former sex workers themselves in the programming – e.g., as outreach workers, peer educators, and liaisons:

*I think that the best way to reach that population is to involve the population themselves. You know, massage parlours, they have their own network: a lot of these women who work in different massage parlours, they know different people working in different places, so they know how to connect network. I mean, with sex trade workers – we are there working on the street but, of course, sex trade work is also happening in homes, through escort services – there's all kind of stuff. So I think it's really important to reach this population, get this population to do some of the outreach themselves. (Participant from a health organization)*

*What I fear is that somehow we're going to create, you know, another public health outreach worker ... to be doing this outreach. ... This has to be a member of the community. And I don't see this person as a peer, I see this person as a professional. I think if we use the word 'peer,' there's a different flavour... But they have to have experience in the industry. I don't think it's that hard to find. I mean, in the years that we've done the work, we've had a number of women who were [exotic] dancers who have gone through school and become social workers, and lawyers, and teachers. And then we have people who have, who are so professional in the industry that no, I don't think it's that hard. (Participant from a health organization)*

*I think outreach workers are always important. Especially people who serve their current or former communities. I think that's always important to have that – you know, people who come from experience. (Participant from a sex workers' organization)*

*It's [helpful] having a dancer or someone else that feels comfortable with you going in. ... We got into [strip] clubs in different ways: we got in using police in some, we used health inspectors in some, and we used the dancers in some because they had connections and introduced us personally to owners to get us in... And the response when we go in with a dancer is so much better. (Participant from a health organization)*

Equally important, in the participants' opinion, was to have former sex workers in agencies as counsellors and intake staff:

*The one thing that we had some really positive feedback on is that when a woman comes in, or a girl comes in, or a guy comes in, transgender – that we have that type of counsellor, somebody who has experience, the same thing. And that intake process and what that woman is willing to tell you is so different than if I sit there with a PhD and say, you know, 'I'm going to take your intake' – it's absolutely dead. But when the girl says, 'Hey, you know, I was in the same business you were in for 13 years, and I'm now out of*

*it' – there's this safety thing that comes with that. You know, your intakes could take two days, but it's because finally they got somebody to talk to that really identifies with what the situation they're in. And I think that's crucial. ... [So with migrant sex workers], you need an Asian person, you need a Mexican person, and so on. That would be wonderful if you could do that! And then you would, you know, have all the cards to call them in... At the present time, there's only one foreign [African American] woman that's working for me – and, yeah, it's been a great benefit. (Participant from an agency linked to the legal system)*

Another suggested strategy was involving migrant sex workers through participatory research projects:

*One of the things that I noticed is that if you ask for people's input in program development or research or in whatever way, if you're saying, 'You're an expert at this, can you give us information' – that's an empowering piece in and of itself, and that is a really good way to actually build that connection ... and do outreach to that population. So just even by doing participatory research, by asking people questions and telling them they're the experts on the information, it seems often that that's the way to link people. And then, if you're able to link people that way, then those people can take information back and share it as well – and word-of-mouth seems to be one of the most effective ways to share information. (Participant from a health organization)*

Some providers felt that outreach services – particularly health services – should be mobile (e.g., mobile clinics):

*It would have to be on wheels. (Participant from a health organization)*

Overall, it was stressed that the target population had to be involved in the programming from the very beginning – e.g., at the point of writing proposals for funding:

*I think it would really also be beneficial if right at the outset, when developing some things, that person is already there. So that even when you talk about finances, budget, what types of expenses are we talking about, so that whole proposal could be, could hear from all the partners around the table. 'Cause, I mean, I've done a few grant proposals, and there are various ways you could put it in: transportation, you could put it in consultants' fees, you could put it in honorariums. Like, all of those interpreters, you might say. (Participant from an agency serving victims of violence)*

Much attention was paid by the service providers to the importance of outreach programs around HIV/AIDS and STI prevention and general health promotion, such as providing basic information and distributing condoms and other supplies.

*They [the dancers] are quite clear that there's sex going on [in the clubs]. And they take the flavoured condoms, they take the dental dams, they take lubricated condoms, and lubrication that I can bring. And even the bartender guy will come to me and take bags of it and say, 'You know, I'll just hang on to some back here, because they're always wanting it' – which I don't have a problem with, because some horde and don't give it out*



*to the women. ... And they swarm us for all the freebies. (Participant from a health organization)*

*I think other STIs are a problem before HIV/AIDS, to tell you the truth. Just any – take your pick of any one of them. Because we know that if you use a condom correctly and it doesn't break, your chances of getting HIV are pretty slim, and if you use a condom and it doesn't break, you can still pick up an STI. There's no guarantee, you know: venereal warts, herpes, syphilis, gonorrhoea – they all have sore components to the disease, so it makes them more transmissible. (Participant from a sex workers' organization)*

In fact, safe sex education and health promotion programs were seen as yet another potential avenue for engaging migrant sex workers into the service delivery:

*Condoms – it's just a way of making contact: we can all buy our own condoms. But literally, it's a way to do health promotion. It's a tool to help engage people in health promotion. (Participant from a sex workers' organization)*

At the same time, the service providers acknowledged the difficulties of conducting safe sex outreach, primarily due to the 'criminalization of condoms' – i.e., the use of condoms as evidence against sex workers in cases of street arrests and raids on the sex trade establishments:

*I see a slogan, 'Decriminalize Condoms!' Because it's insane! I think that should be a really big issue here. (Participant from a multiservice community agency)*

*Some of the clubs don't let us bring condoms in there. ... [This club] is charging \$100 to the dancers to go to the V.I.P. room upstairs. They say that the room has cameras. Well, guess what, there's one camera that's off, and the dancers know where to go so they don't get caught on camera. One of the bouncers at that strip club said to me that the girls are constantly going downstairs to him, going, 'Hey, man, do you have any condoms?' And he goes, 'What do I look like? I don't have any condoms.' ... 'Oh, what am I going to do, man? I need a condom.' 'Well, I don't know what to do.' And they pay a hundred bucks to the manager, that alcoholic, and he splits it with the owner. A hundred dollars! So you tell me, what are they going to do up there – dance? (Participant from an adult entertainers' organization)*

Another obstacle to effective health promotion was associated with the copyright and intellectual property laws and regulations that made some essential health information materials difficult to access and distribute – a situation that, according to participants, had to be remedied in an urgent manner:

*The one thing that's very important is health information, intellectual property to do with health promotion -- it can't be owned, it should be anti-copyrighted. Of course, people should always be given ... acknowledgment: as long as you're acknowledged that you either produced or wrote [them] ... All those health cards [we've developed] ... - we've always put anti-copyright logo on the back of them, because you can't own intellectual health promotion material. How can you say, 'We own this, you can't publish it, produce*

*it, disseminate to other portions of the population, other places – whether it be in the City of Toronto or outside, in the world,’ you know? This is people’s livelihoods in the balance! (Participant from a sex workers’ organization)*

Considering that migrant/trafficked sex workers were extremely hard to reach, the study participants felt that in addition to doing direct outreach on the street, in massage parlours, strip clubs and the like, many more creative strategies should be utilized to provide information to this group. Organizing public education and community awareness campaigns and initiatives – which could involve delivering presentations, putting up posters in public places and in various sex trade establishments, and distributing matches with agencies’ contact information – were among those strategies, although the participants noted that there could be some drawbacks:

*Community awareness is important too. Part of our ... mandate is to actually go to the ... congregations and educate – from young people and up... (Participant from a women’s shelter)*

*I also would agree with the outreach piece, whether it’s street outreach, or whether there could be kind of public education campaigns, whether it’s sort of posterizing. Like, if there were some dance clubs that would go for it – which maybe not – in the women’s washrooms. Or the other thing that I think of often is that, I think the women who are trafficked often do use the TTC to travel on outcalls, and if there could be a way, that’s a very powerful way of public education to do it through TTC posterizing. Although, I don’t know, there’d be some cons also associated with that. (Participant from a health organization)*

*We put together a whole program some years ago where we were putting up posters in the subways, bus stops, and little things that we could hand to the women when we’re doing our outreach – a package of matches with our phone number... But, you know, when you stop and think about all that, if a girl goes home at night, she’s got matches that say [name of the agency], and her pimp or her boyfriend finds that – well, you know, she could be looking at some severe punishment for that. (Participant from an agency linked to the legal system)*

Acquiring addresses of various sex trade establishments, such as massage parlours, and mailing agency information to them was seen as another way to reach out to migrants:

*You can’t just go by and drop out pamphlets... Try and get the addresses of the places [like massage parlours] and mail them out. That’s a start, because it has the information about [the agency], it’s in their language, right? And they will contact you. (Participant from a sex workers’ organization)*

One of the most powerful outreach strategies, in the participants’ opinion, was the use of both mainstream and ethnic media, particularly through advertising and newspaper and television interviews. Even though there was always a risk of misrepresentation and sensationalism, and agencies had to be extremely careful to not jeopardize sex workers’ safety and to ensure their

confidentiality and privacy, developing ongoing relationships with the media was viewed as essential:

*[We can do outreach] through the newspaper. We did articles in the Toronto Sun. As much as I am not a fan of the Sun, every time we went into the [strip] club, the only paper we would ever see there would be the Toronto Sun. ... I mean, we didn't like the headlines ... but the articles were really good. (Participant from a health organization)*

*Media is really, really helpful. ... The dancers actually call in... It's just very helpful, media. There's no bad media. All media is good media. Even if they twist your words around. I get really pissed off sometimes: 'I didn't say that!' But you know what, it gets some of the point across. So they might misconstrue some things, but they might get something else right, and at least it lets them know that you're out there. (Participant from an adult entertainers' organization)*

*What about paid media, like advertising? They can't manipulate that, right? (Participant from a health organization)*

*We used to have an ad in the back of NOW magazine for about seven years ... [but] they stopped putting in our ads for free. (Participant from a sex workers' organization)*

*One of the things that we've been using a lot of, ... we did as much TV as we could... If a gal is sitting in some house in Markham and she's trapped in this brothel – hey, you know what, there's something I can remember: I can phone Global, maybe they can tell me, you know, where that place was... So that's a way where you can just give them flashes. I mean, they're going to remember a TV station, they're not going to remember my phone number. ... If you get the news media on your side, you can really get some stuff out there. (Participant from an agency linked to the legal system)*

Yet another strategy was to offer various resources online and through telephone information services:

*Maybe there should be something available online. Because again, we make these assumptions that most immigrants, you know, they're poor, uneducated. We can't assume that: it depends on where they come from in the world. Some immigrants are highly educated. ... And also 211 information – they have a website, so when you call 211 information, they access different databases to find services in the system, so that's another way people find us. (Participant from a sex workers' organization)*

The study participants stressed that in addition to the outreach initiatives, distribution of information, and health promotion programs, migrants in the sex trade (and trafficked women in particular) needed other forms of assistance – around legal issues, immigration, housing, basic necessities, psychological counselling, education, and overall empowerment:

*There's much more than health that needs to be addressed. That's part of it but, like, with me, it's the law. And the knowledge of immigration, and housing maybe. (Participant from a sex workers' organization)*

*I've been a part of an anti-trafficking [group] for about two years. ... And what we were talking about [there] was a safe house. We wanted to see a three-phase safe house where the first phase is just giving them their basic needs – the food and clothing, which [our shelter] is really just doing right now. The second phase was about the medical care and helping them, because the majority will suffer from post-traumatic stress disorder, so we need adequate medical care which we don't seem to have in that area. But the third phase being the re-education and giving them some education to get back into the work field outside of the sex trade. (Participant from a women's shelter)*

*One of the things that's just sticking out in my head is that often we think about trafficked workers as victims, and rightly so, although there's a big element of needing to empower that population – and I don't hear very much about that. ... I mean the reality is, there's big money in that industry and for some people ... it is a better life for them and, in their description, that's what they have left. And if there's a way to do that, that piece of empowerment and education-building about – whether it's disease prevention, or safety, or, you know, making your own money and not being exploited by your pimps or your owners per se. I think that's an important part for us also to consider. Not just to consider it in a nature of victims. (Participant from a health organization)*

The development of exit, transitional or career change programs for sex workers was identified by the service providers – particularly by the representatives from sex workers' and adult entertainers' organizations – as one of the top programming priorities. It was reminded that the majority of individuals are in the sex trade out of economic necessity and do not intend to stay there forever, and that even those who like their work have to eventually move on to something else, since the industry favours workers of younger ages. Yet exit programs for sex workers are virtually non-existent – a cruel irony considering that the trade is criminalized and stigmatized, and that popular public sentiment seems to be that sex workers should get 'honest jobs' and do 'something better' with their lives. The few known exit programs are very basic and geared towards (female) sex workers who are poor and confined to the lower echelons of the sex industry. Such programs are not suited for many migrant women who are highly educated, and do not guarantee adequate income for those who are used to making good living in the sex trade. Thus, the service providers emphasized that exit programs for sex workers would have to be comprehensive, comprising educational components, vocational and professional training, life skills counselling, as well as motivational public speaking, role modeling and mentoring by former sex workers who have built successful careers after leaving the business:

*I know some women want to get out at one point of time because this profession is very short-lived: they have to be fresh and young all the time. (Participant from a health organization)*

*We need an organization that exists to support women's and children's activism and advocacy, and we also need an organization that helps people make, that gives them that stepping stone of moving on in a different direction if they choose to decide to either go back to school, or go back to their old job. Because we have to realize that a lot of women in sex work didn't necessarily always work in sex work: for some people it was*

*by circumstance. So that's the other thing we have to support and honour. I think we need that – that needs to be brought to fruition and actualized... I think the time has come that there needs to be an organization that kind of meets all those priorities and goals. (Participant from a sex workers' organization)*

*If there's some sort of an exit program, it would be huge, huge, huge! Education and exiting: there's so many women that don't know where to go when they have had enough and don't want to do it anymore. They have nowhere to go. And they're the ones that get sucked down the toilet, you know, cleaning houses and then getting on welfare, and feeling low and depressed... What about helping those women get out? (Participant from an adult entertainers' organization)*

*Another issue that's important is, if there are some kind of programs for exit, for the [exotic] dancers, or support programs. And education, life skills are absolutely necessary... Education – in terms of re-entry, you know, to re-educate the women: maybe they have a skill, they can't use it anymore or etcetera, but at least to have a life skill, to learn. ... Because we found it was very important to do something in that direction. 'Cause women worry about their health problems, about their future, where are they going to go, what are they going to do, who is going to respect them. It's hiding information from the lovers or boyfriends or whoever, because they are ashamed to say they're exotic dancers, or all of these things. ... Because of the society's, you know, victimization of women because they're doing this job. So that's important to have this component of education considered for them. (Participant from an ethno-specific agency)*

*Public speaking is huge. I think it's huge. ... The role modeling, inspiring... (Participant from a health organization)*

In light of the multiplicity and complexity of the migrant/trafficked sex workers' problems and service needs, much of the discussion in the focus groups was devoted to identifying potential organizational models for comprehensive service delivery to this population.

### III.8. Prospective Organizational Models for Comprehensive Service Delivery to Migrants in the Sex Trade

Reflecting on the experiences of service providers who were able to establish connections with migrant/trafficked sex workers, it was possible to discern several key components of successful service delivery to this hard-to-reach population: (a) the ability to offer a wide range of useful services; (b) the ability to provide services in a respectful, nonjudgmental manner; (c) the ability to ensure safe physical environment for migrant sex workers, and to protect their confidentiality and privacy; (d) having the support of sex workers themselves; and (e) having a good reputation in the community:

*I think part of the reason is that we service women, and when you come in, the way the centre is set up – we have a nurse with a doctor, we have a share care team that's in there, we have a counsellor, the drop-in downstairs that provides services throughout the day, we also have a lunch program, laundry – like, it's pretty well-serviced in terms of what you can get immediately. And so the information there is that it's, like, non-judgemental: you come in, you ask for [whatever], you can be anonymous – like, people don't have to ask you a lot of questions, just come in and get what you need and leave. ... If women weren't going to tell us [their full story], we weren't going to push, cause we wanted the women to feel like, you know, it's their choice and they still have some control over the information that they let out. So we're really mindful about how we actually ask the questions. And sometimes we're, like: we're not going to record anything, just so you feel better, we're not writing this down anywhere, and when you're ready – tell us what we can do with the information. It's really important that we give the women back some choices about how their stories are being told. ... But there's also issue of safety: once the women have come in to our centre, chance of anybody else getting in is very slim. There's a reception area, you literally have to buzz in order to be let into the building. And so there's a higher degree of safety for the women to come in, and I think that has to do in part with it as well. And I think through community as well. And some of the trans-women that are also sex workers, they've spread the word around that if you come in there, you will be able to get some help – like, with the police, stuff around immigration. Like, there's so many things that are in there. .. And we're also connected to [hostels] ... which is, like, immediately, a space, a place to go to to sleep, and get some food, and clothing. ... And even how we provide service, right – you're trying to work with the whole person... (Participant from a multiservice community agency)*

*As an organization, we respect their rights, their decisions. We're not there to tell them, you know: this is another job, get a job... We provide support, we acknowledge their own rights. We don't question about their status: they come, they access our services, we provide support. We have a settlement program for newcomers, and we do a lot of outreach. ... We have women, trans-women who have been in domestic violence, so we*

*do provide referral. ... We do a lot of referral: we only do supportive counselling, so we network with other organizations. (Participant from a health organization)*

*We don't push, because it's really hard – because, you know, HIV/AIDS, stuff like that. But we work with other trans-women, so that the word goes out there and they just come to us. ... There were some safety issues, so we have some buzzer. Women just come in and get condoms. I always specify the flavoured condom and the lube – and we have that. So they can just go in there and get what they need, and go out and, you know, nobody asks questions – nothing to sign ... And we encourage everybody to just come in. And also we have, like, heterosexual men identify themselves, but having sex with men. Or other men having sex with men. So they just come and get condoms. Or if they need to ask or talk to someone. We don't have an intake really... (Participant from a health organization)*

*When we first started going into the [strip] clubs, we were going in because of this initial dancer that ... said to us, 'You need to go into clubs.' And she would literally come in, as a dancer, she wouldn't tell anyone she was affiliated with us. And this was really good: it saved her reputation, but it was good for us too because when we left, she could call us and tell us what they were really saying about our relationship in the clubs. But what we found really interesting initially – of course, we got the reaction, 'You're here because you think all we do is fuck, and you're here because blah, blah, blah.' And it took a while, you know: 10-15 minutes of listening and being responsible and then saying, no, you know what, we're here because every woman that is sexually active – and we go out and do presentations to the Girl Scouts and the PTA, and the whatever, and we know that you're not coming to those presentations, so we have a workplace strategy that says, we should come to you. And so once that started happening ... [we got] so busy with questions that would begin with, you know, healthy eating and then move to, 'I think I might have an STI' or 'I'm being sexually assaulted' or... And so once they realized that they had specialists at their disposal – and how many people get that opportunity? It was amazingly well used, to the point where we would get phone calls if [we] hadn't been there for a period of time. People would call and say, 'Where are you? We miss you!' And I would see people in the community, and they'd say, 'Where is [name of the outreach worker]? Why haven't we seen her?' So I think it did work very well, once we were there. Getting there [was a challenge]. (Participant from a health organization)*

But even those service providers who had some success working with migrants in the sex trade acknowledged the necessity to develop new organizational models for more comprehensive service delivery to this population. Several such models discussed in the focus groups included: (1) a designated central agency for migrant/trafficked sex workers; (2) a designated central agency for migrant workers; (3) a decentralized, loose network of community agencies; and (4) an organizational network with a central office, coordinator or facilitator. Each of those models had its advantages and disadvantages.

The primary advantage of having one central agency for migrant/trafficked sex workers was the perceived convenience and clarity:

*I would recommend a drop-in centre where they actually can just go to. (Participant from an adult entertainers' organization)*

*Should there be one central agency? I think it would be a lot less complex for the woman if she decides that, you know, I'm trafficked, I got an opportunity here, I'm going to go somewhere – well, where do I go? You know, it may not be easy to get the phonebook out and look up [somebody] ... But if there was a central agency that, you know – if we go there, we can get help and then they would determine who can help in certain areas. ... You know, if you've been held in a brothel in some part of Toronto and you finally get out the door – of course you've not heard of [our agency]: it's not posters that would direct you there. But a central agency would probably be the answer. Who runs it? I don't know. Probably somebody that can stand back and say, 'I'm not part of the law enforcement agency' — because there's always a great fear there, no matter where the woman is from, particularly if she doesn't have any documents, she's going to say, hey, if I go in there without documents, I'm going to be arrested, I'm going to be charged, things are not going to get better, they're going to get worse, and then they'll probably end up sending home and, you know, end up back here again, or something... (Participant from an agency linked to the legal system)*

Some participants suggested that there should be a central agency for migrant workers in general, regardless of whether or not they are involved in the sex trade:

*I think there just needs to be an agency for migrant workers, period. Not migrant sex workers, but migrant workers. It shouldn't matter what your job is. Because, I think, your circumstances are different, you know, specifically the immigration issue – whether you're here legally or not legally – and I think people who are migrant workers would be much more comfortable speaking to somebody in their own language. So again, it has nothing specifically to do with being a sex worker: I think it has more to do with just being a migrant worker – whether you're here illegally, legally, smuggled or you're trafficked, you know, I think it would be important to have an agency that's there to help out. ... I know there are various agencies that deal with -- they're more community oriented too, which I think is good, but at the same time, I don't want people in my community to see me going there. (Participant from a sex workers' organization)*

At the same time, a central agency model had obvious disadvantages: the study participants felt it would be difficult for a single organization to provide all the necessary services to sex workers who were coming from so many ethnocultural and linguistic backgrounds, were working in different sectors of the industry and in multiple geographic locations, and who had varying service needs depending on their individual circumstances (e.g., age, substance abuse issues, trafficking):

*...The sex trade ... is very diverse. In the sense, when you say, 'people work on the street' – well, you have a more affluent street, a less affluent street, people who use drugs, people who don't use drugs, underage youth, and, you know, also other things, right? So I don't think we can generalize that. I think it's very complex and diverse...*



*Because you have so many things – like, I mean, exotic dance is one thing, but even exotic dance you can re-categorize: if you're in Windsor and in Toronto, the municipality, whatever regulations are different... Or people in the street – then ... all the bylaws, right? (Participant from a health organization)*

*It's not like every agency can employ 20 people that speak various languages, you know. A lot of it is due to your funding, and we have no funding. (Participant from a sex workers' organization)*

Furthermore, central agency could potentially become an easy target for traffickers or pimps looking for women who had escaped:

*That would be my concern: that they [traffickers] would be right out there ready to snatch them back. So do you want something that public? Or does that agency have to be sort of underground as well, like the people being trafficked? Because it is about safety. It's sort of a two-fold: that would be great to do that, but what about the safety? (Participant from a women's shelter)*

Yet some study participants still felt that, with the right approach, a central agency model would be very beneficial:

*I think if you build yourself on the right platform – that you're there to help the women and children who want to escape, but also that you're powerful enough ... Even if it has to be the police department, I don't know, but there has to be a fear for the trafficker, and it has to be a safe place for the women to come to. Otherwise, we're all a bunch of small agencies, we're still going to have the same problem. (Participant from an agency linked to the legal system)*

*It doesn't necessarily mean that the women have to stay with the agency that's doing it. It could be referrals. That maybe it's not the place to stay, but the place to go and be placed somewhere that's anonymous, that's safe. That probably is the better [way]. (Participant from a women's shelter)*

Other service providers, however, expressed preference for a loose, flexible network of different community agencies that would allow for multiple points of entry/access and linkages, and make it easier to deal with the cases of sex trafficking in particular:

*If it's more than one agency, it's decentralized and not specifically for sex workers – maybe people might be more comfortable accessing the services... (Participant from a sex workers' organization)*

*What comes to my mind is a network or a group of agencies who are all aware of the issues and able to respond to them and link. So for example, if it was [this agency] – knowing that they could go to it for support in terms of housing and having a safe place to stay and food to eat, and then connecting also, you know, with [another agency] for healthcare and knowing that they can access healthcare through it without having any identification and that that's fine, and other services as well, it even can be connected to*



*colleges and other opportunities for skill building or education or counselling or that sort of thing. The thing is, often I struggle just around ... centralized intake processes, because I find that they become very restrictive or exclusionary – without probably the intention of being that... I mean, one thing that strikes me is that if there was a network of organizations that could work together and any of those networks could do sort of intake and then be able to partner and link with other organizations without it being sort of a really formalized process... Because I feel like, because this population is frequently so marginalized or, you know, not accessing services, that keeping it that way allows it to be flexible and also allows for, if women are accessing particular services – for whatever reason, because often we don't know – then it can be linked in from whatever the touch point is, or the contact point is without sort of saying, well, you have to go here, and you can do intake and then, you know... But just being qualified at any of those points of contact. And ... around ... domestically trafficked, because that's something we see a lot of, is women being trafficked from one province to another, and being kept, sort of, forcibly confined. So there's that piece too. (Participant from a health organization)*

*I see it as a language question to some extent: there's so many languages to cover, you couldn't really have one coordinator who would know what to do. But also I see it in terms of the setting – like, what setting would we be working in? Well, clearly, with trans-women, it sounds like they tend to hang out in certain locations. And so you have the brochures, or the outreach workers, or somebody who can touch those locations. But we also need to be in the general population of each language group. And, you know, other, some agencies are well-positioned for that: [our agency] is very well positioned for that, because we see so many newcomers. But then [another agency] is in a different setting, so it's really good that we have a relationship with each other, where we can pass information back and forth, and do things together, because the direction that each agency is looking is slightly different. Or that the stance, that where we are located is different. So I like the idea of a more decentralized [network] for that reason. (Participant from a multiservice community agency)*

*As a network, we can connect with whether it's the police or whoever and offer supports if that's helpful or necessary. I mean, the last thing probably some trafficked woman wants, when she's turned herself in, is dealing with a lot of politics around it, is someone who's ignorant to the issues to be offering things like health care or counselling or support, right? So if there's agencies that specifically work with that population, or have training... (Participant from a health organization)*

Of course, this model had its disadvantages as well. The providers recognized that the network might implode due to the ideological differences between the members:

*Because you have a wide spectrum of agencies that work with sex workers – from sex workers' rights group to purely services, HIV/AIDS, and also exit program – I'm not sure they want to sit in the same network. That would be my concern. And the network may not work out. You might miss a few people because of the, well, you can say political stand or the philosophical stand, and also the mission of each organization is different,*

*right? Like, for our agency – we’re sex positive, we believe in a person’s agency. So if we join the group that says, well, you know, they’re victims, it poses certain people as victims – it may be problematic. Because there’s a difference then of how you understand sex work... We use the same term ‘empowerment,’ we use the same women’s agencies, right? But when we do work, we do it differently. (Participant from a health organization)*

*...There’s a continuum of ideas about what and who and how we’re helping, and what we’re doing, what we’re not doing, what exploitation means, and who’s being exploited and that sort of stuff. So I would think that however the network sets up that would be one of the discussions. (Participant from a health organization)*

In particular, there were disagreements among the participants regarding the involvement of ethno-specific agencies in the service provision to migrant sex workers:

*Not all of the agencies are – like, the ethno-specific agencies are not the places that should be doing this work. (Participant from a health organization)*

*Maybe sometimes it’s different for the migrant worker to communicate with someone from their own culture, and I think that is what made our project possible: the fact that I am a Latino woman and I come from a Latin American country, and there is this bond – just because we are able to speak the same language. Because, of course, the first questions would be always around, ‘Where do you come from?’ ... So perhaps it’s also useful to work with people who are with their own culture. ... [But] I think that it would have to be a person who is removed enough from their own circle – person who is interviewing them or working with them, directly. (Participant from an ethno-specific agency)*

*But I’ve also heard from other cultures, specifically the South Asian culture, that sometimes the last person you want to talk to is someone from your own culture, because you’re concerned that somehow it will get out in your community – what you’re doing. (Participant from a health organization)*

The providers also acknowledged that it would be much more difficult for a looser entity to obtain funding, that the network could become too big and disconnected, and that things would end up falling through the cracks:

*The problem is, unless there’s funding out there for various agencies to have people -- and we all seem to have different approach... (Participant from a sex workers’ organization)*

*I guess when I think about how we can move forward or just an idea around it, that whole piece of different people doing different piece of or loosely clustered kind of project is a bit worrisome for me, ‘cause stuff falls off and people are not able to... (Participant from a multiservice community agency)*

That is why some service providers were in favour of a more centralized and more coordinated organizational network, possibly modeled after certain well-established and successful inter-organizational bodies, such as Toronto Drop-in Network:

*I guess to me, the reliance on the network would be that you'd coordinate that piece. And, you know, you come, and it's there and ready for discussion, and we can move forward, right? ... The experience that I've had being on the Toronto Drop-In Network ... is that in terms of funding, and being able to keep the community and all of that stuff going, and keeping members actively participating, and agency kind of remaining independent – they've done a really good job of how they've been able to kind of be a centralized body, but also keep all the different drop-ins within the city operating in their own unique way. ... They've actually been able to support the academic side of the research and then also support agency to remain independent and do their own job, but still be a part of this group. They've been effectively able to access funding that probably, as an individual or small group, we might not have been able to. ... So ... I see the centralized body in that way, and that it will create opportunities for the funding sources to be, you know – this is your job, this is what you focus on, you get it and still be able to support the different agencies to do what they do best. And through the drop-in, as an example, they've been able to support, like, training dollars for agencies to go in and do it. This is something we all have problems – trying to get from our funders, right? And also been able to, like, support or look into ways of creating a learning experiences maybe. Even going someplace else and doing those kind of experiences. ... And I'm totally hearing, I'm with you around how we work differently, who we are, as an agency... But what I like in the Drop-in is that you still have a choice to opt out of something if you don't agree with it, but there's still a larger body that you can pull from, that can support something and move it forward. And if somewhere down the line you still kind of think, okay, maybe now I want to participate in this aspect of it, you're still able to do that. ... I'm also impressed with how [their facilitator] is able to keep, like, 32 different agencies coming and going and still being on top of things, still knowing what's going on, and still remaining independent. ... It's a very, very effective model. ... The kind of changes that I've seen, just having that place to kind of go and say, okay, you know, this is what's coming up, the agency is kind of okay with it, we're not quite sure, we need more work, can you look into it? And then, in the meeting, it's presented to the large bodies, and people can decide. People have said, 'You know what, I don't know if my agency is going to support this, I need to take it back, I'll let you know.' But there's that option to kind of do that, right? But the force that we have [together] is much larger than a smaller agency could ever pull off. (Participant from a multiservice community agency)*

Another suggestion was for a network to have public spokespersons to ensure accurate representation of the network's mission:

*If it becomes sort of an organizational network kind of thing, then people would be identified, I think, to speak on behalf of members. So that not every member, unless it's agreed to, would speak. 'Cause it may not be, depending on how agreed each member*

*has to be to the network purpose, there might be a difference in around who would get to speak... It seems to be the situation with a lot of networks, you know – who can speak and who can't. (Participant from a health organization)*

All in all, the service providers felt that both centralized and decentralized organizational models had their pros and cons, but that both could work – depending on specific issues and tasks at hand:

*Both [models] are workable. I think both can work. Decentralized – it will be better, but it's more work. It will need more work. ... I think that for the purpose of research and development it probably is a good idea to have a leader – one agency taking a leadership role. But in terms of service provision, I think there has to be different places. Because, you know, they [migrants] have a community... And the realities [of different ethnic groups] may be different. And they may need different kind of services... (Participant from a health organization)*

Most importantly, everybody agreed that building inter-organizational partnerships and collaborations was imperative and essential to the effective service provision to hard-to-reach populations such as migrant/trafficked sex workers:

*...Collectively we can do a lot better and bigger things. But if we go in silos, it's not going to accomplish a whole lot. So we really welcome partnerships... (Participant from a women's shelter)*

*One of the things I'm just looking forward to, you know, having contact with other people who are part of the group, over an extended period of time, and just listening to each other and our experiences, and giving suggestions and trying to act upon them as best as we can. (Participant from a sex workers' organization)*

*We are very interested in doing work particularly on migrant sex workers. ... We're also very interested in working with partners around that kind of stuff. (Participant from a multiservice community agency)*

*It's very labour intensive obviously, and the funding [may not] cover half of the work that people actually do, but I think it's a very fertile kind of situation where agencies are coming together and working in different languages, different cultures. (Participant from a multiservice community agency)*

*There's a lot of work that goes into it and one of the things ... is other agencies that can provide services that we can't, because we can't provide them all. A housing for these women, a safe place to live; other things that we need to know. Health care we've got pretty well in place; we can deal with the universities or colleges, the schools. We got lots going, but there's always other agencies that if there's something that we can't provide to them and we want to get it to them, whether we send them there or they, or somebody comes to us... It's a bit of a process, you know: we state that it's a four-week thing with the courts but, you know, they can stay too, for four years if they want to. We have women who still come back after 10 years and visit us on a regular basis - either*

*for food bank, for drop-in, for help applying for something, absolutely anything. But we're always short-staffed, you know, so we're all doing many, many things. And it's great to have help. (Participant from an agency linked to the legal system)*

One of the proposed ways for the organizational partners to stay in touch was to create an electronic listserv for information sharing:

*I think a listserv would be excellent. I think that would be a good way to pair up the academics with the people who work at the various agencies in various positions, you know, from outreach worker on up. I think it's important to have that listserv, people posting, so we know what's going on in that community or other places in the world. Because I think it's always good to have knowledge of your neighbours and their politics. (Participant from a sex workers' organization)*

At the same time, the service providers wanted to make sure that the information was shared carefully and appropriately, so it would not get into the wrong hands:

*It's just some of these similar kinds of struggles come up with other coalitions or committees... So often it will come up that we'll struggle with how that information [for sex workers] is distributed. I mean, sometimes it will get out to clients or pimps of women ... in a million different ways... And the struggle that I have with that is, there's a big list of people that are getting that [information] and there's probably less than 10 organizations that actively participate in the coalition. So at a table we can sit down and discuss ways to help keep that population safe by making sure we're distributing to only sex workers and that the information, that the leakage of information is minimized. But it's very difficult to do that when you have, like, a list of 50 different recipients of the information. Because, you know, there's no dialogue, there's no participation in how the information is being generated or distributed. So I would say, if there is a listserv per se being developed, I would like to see it being rooted in active participation because of the risks associated with it. So that way people who are sharing information or information's going out, if concerns are coming up – we can work together to minimize the risks associated with it. Whereas if there's people who are not participating actively in whatever it is – like, monthly, bi-monthly, quarterly meetings, or discussions – then it's much more difficult: information's going out and you don't know exactly where it's going, and there's no dialogue about how it's being used. (Participant from a health organization)*

In addition, some providers pointed out that ensuring the appropriate flow of information could be easier for small community agencies than for larger, structurally complex service organizations:

*There's another challenge to that too, 'cause the smaller agencies might have a bit more control over how well their agency realizes where all the workers are, but in big [institutions] it's very difficult to get that kind of commitment, organizationally – it's a lot longer process internally... (Participant from a health organization)*

The providers also expressed concern that certain information intended for distribution to sex workers would be misleading. For example, one of the goals of our study was to compile a list of Toronto's organizations providing/interested in providing services to migrants in the sex trade, and to distribute this list within the community. Yet the study participants pointed out that not only could it jeopardize the safety and confidentiality of sex workers – especially trafficked women – but that it would create a false impression that all organizations on the list have expertise working with migrants in the sex trade, while in reality many of the agencies have no actual experience working with this population and are merely thinking of getting involved:

*I mean, I don't have a problem with [our organization] being listed in your report but the implications of that listing should be clear. Because if you think that women who might need services would therefore come to [us] because we're listed in this report, than I think that they would be sadly disappointed at this point in time. (Participant from a health organization)*

Given these concerns, the research team decided to not include the organizational list in the final research report and to not make it public.

### III.9. The Role of Academics in Community-Academic Partnerships

Since one of the primary objectives of the study was to help build community-academic partnerships around service provision to migrant sex workers, the potential roles of academic partners received considerable attention in the focus group discussions.

The academia was heavily criticized by the participants for continuously “exploiting” sex workers and community agencies. The participants argued that academic researchers commonly used studies on sex work to build their own careers and scholarly reputations, yet offered no direct benefits to the sex workers and agencies participating in research projects, aside from an occasional small honorarium:

*I think one of the questions that I struggled a lot with when I did research was, like, 'What do I get from this?', right, which is a valid question. And it's hard to explain to people what research is all about. Because they're here to work. ... There's no direct benefit to this work. (Participant from a health organization)*

*This is a point we were talking about in many different scenarios and in different places. Because research in the academy versus agencies, community agencies, has always been there. And in my community, many agencies were not willing to cooperate anymore with this academic research. Because we had nothing back in this. (Participant from an ethno-specific agency)*

*We've been researched to death, and it still doesn't put [food on the table]. It's so frustrating. You [academics] get a paycheck at the end of every week. Try being me! (Participant from an adult entertainers' organization)*

*I've got to admit, I'm very jaded when it comes to the whole academic thing. ... Academic partnerships tend to make handshake agreements and don't stick to them. That's the first thing I'm going to say. Secondly, I think when you're doing studies, the participants need to be paid the same as the interviewers, and the interviewers need to come from the sex workers' community. Now, people will say that might, you know, affect the study, because there has to be objectivity, but you can say that about anybody who's working as an interviewer: you don't know everything in that person's background... So I think that's the problem. You know, we're the most highly over-studied group in the world, in the history of the world. I'm serious, I believe this. Same thing with when it comes to interviews: I think we're one of the most interviewed groups of people. I can tell you that: I've done over 700 interviews in my career, both as activist and sex worker. So yeah, I think there is that attitude there that people are making money off of us in the academic community, and there have been some people who have. So it's like, well, put your money – and that goes both for the pro and the con group – like, as an academic, what are you doing to assist women? And are you employing them? ... \$20 an hour [for an interview] for the girl who's a crack addict, you know? ... Why shouldn't it be equal? (Participant from a sex workers' organization)*

The service providers noted that sex workers frequently participated in various research projects in hopes that it would somehow help improve their situation – only to see academics disappear once the data were collected:

*What's happened after we interviewed the women? We leave it there, you know. And we try to open the door a little bit – and then we offer nothing. You shut the door. (Participant from an ethno-specific agency)*

*It gives hope – and then you shut the door in the face. And that's exactly what happens. Very frustrating. (Participant from an adult entertainers' organization)*

What is more, the results of the research often have been used *against* sex workers – e.g., to support criminalization of the sex trade. It was also noted that many studies have pathologized (female) sex workers, portrayed them all as hapless victims, accused “happy hookers” of suffering from “false consciousness,” and so on:

*Sometimes the research can be taken and it can be turned around and, well, you know, proven – they're all victims, and there's proof here. ... All these studies that exist, I think they all can be turned around and used against us, you know, to support a form of the Swedish model. Oh, God! Yeah, take away my business, please! I really like that, or really need that or want that. (Participant from a sex workers' organization)*

The service providers felt it was time for the academics to do more for the community:



*Forgive me, but I'm going to be very honest: I think that we've used this group of women enough in the academia. It's now time to return it. And, you know, yes, there's been benefits to being researched, but it's not enough. You guys got to do more... (Participant from a health organization)*

*This is a situation where it really is necessary to do more work, it's not just to find information and put it in a report, you know. Because it's important, but it's not all. (Participant from an ethno-specific agency)*

The participants agreed that the academics' involvement in community partnerships and initiatives could be very useful. They noted that it was important to have various research studies at the agencies' disposal when developing new programs and services, and that it would be helpful for community organizations to have academic partners or collaborators when applying for funding, because it gave the agencies more credibility in the eyes of the funders, and because academics had the necessary expertise and could assist agencies with writing grant proposals:

*I think it's helpful because I look up the research to determine the program, you know, if it's needed. It sort of gives us that validity that we need – that, you know what, this is what's going on in our community, this is the area, the direction, or it confirms that we're going in the right direction, that we're helping people. And when we're going after funding, you know, the research piece could be really critical for that. So I think that research is still really important. It certainly drives the programming for me, you know, in what areas to go into. (Participant from a women's shelter)*

*I would agree that it's really important. The reality is that many of us, as community workers, don't have the capacity – as much as we'd like to – we don't have the capacity to do the academic, to organize in really powerful academic ways. And it's true, the ways that we get funding and that we become more established is often to have academic background to it. So I think in that way it's really important. (Participant from a health organization)*

*Writing a grant proposal is very difficult. And those of us who don't write for a living, don't do it as well as those of you who do write for a living. ... So my request would be that either through whoever employs you, whichever school, or on people's own time – because a lot of people do stuff on their own time... You guys know how to write grant proposals. I don't. ... I work with a lot of small agencies and they don't have the time to write the proposals, they don't have the knowledge to write proposals, they don't even know who to apply to. So if [academics] could offer that support and that resource to the smaller agencies... If you could work with these women and say, here's where you need to apply for funds, here's how, we'll help, we'll write it for you. ... I think that's what the primary role of academic partners could be. (Participant from a health organization)*

The service providers emphasized the need for academics to conduct more participatory and action research projects and health studies, in order to generate social change and empower communities:

*One of the best ways I think that, so that [exploitation by academics] doesn't happen is – research has to be action-based, so that, you know, when you're doing research, you're also helping the population. (Participant from a health organization)*

*I will say that I think that academics play or can play a very important role as facilitators – not so much just as working sort of in an ivory tower somewhere developing academic information, but also working very collaboratively with the community workers. But more so with the people who come in and access services from us, because I think that is a way of empowering people and linking people with programs, and that is one of the most sort of critical ways of creating change. (Participant from a health organization)*

*I think health studies are important no matter who the entity or the group of people we're looking at, because women are understudied when it comes to health. We know that it's so important to have those studies no matter whether we're sex workers or not sex workers. (Participant from a sex workers' organization)*

The participants were also concerned with the need to create training opportunities for service providers, and to increase their cultural competence and the overall knowledge base in the area of service delivery to migrant/trafficked sex workers:

*The knowledge base needs to be increased. It needs to be much broader and more, you know, targeted with language... (Participant from a multiservice community agency)*

*We need to be training people who work in the different agencies... (Participant from a multiservice community agency)*

In that respect, the participants suggested that academics could help document and disseminate best practices:

*Best practices – that seems good. I like that best practices policy because it covers the 'whys.' And you might want to look on the Internet for one in the States – I don't want to say as a template, but as a guide of starting and stopping points. (Participant from a sex workers' organization)*

Another suggestion was for academics to lobby on behalf of (migrant) sex workers and relevant community organizations:

*You know what you guys can do? You can lobby. You can use your studies to lobby the government for decriminalization of – um, I'm assuming some of you academics are getting standing in the civil court case against the Ontario government for the communicating and the living off the avails and procuring law, yes? ... That's what you can do. ... You know, you can put pressure on your MPs in the riding that your universities are in, too. And you can meet with them privately as an academic and say, you know, we've done this study and we really, you know... And find out what your MP's position is. That's another thing: find out what your local politician's position is on it. (Participant from a sex workers' organization)*



*Can you [academics] be lobbyists? Can you do what we can't do? Because if you're a government agency – forget it; if you're a small agency, you're having enough trouble just providing to your clients and you probably don't want to rock the boat too much because you're afraid of which funder you're going to upset. Whereas the academic community could take this research and ... start saying to the funders, 'You need to fund these women, in their organizations. Here's our research, and we are going to speak even if you don't like that.'* (Participant from a health organization)

The focus group participants also agreed with the members of the research team that academics could take on facilitative roles in community-academic partnerships such as organizational networks discussed above, since the academy offered many opportunities for obtaining internal and external funding, plus the necessary infrastructure and resources (e.g., office space, computers, online support, and student assistants) to keep the networks going.

## IV. Conclusion

The following section will provide a summary of the main research findings along with some concluding thoughts and observations. Please note that the lists presented below should not be treated as universally applicable rankings, because the individual circumstances of migrant sex workers vary and their needs may vary accordingly, and because service agencies may differ in their perceptions regarding programming priorities, most effective service delivery strategies and the like, depending on their respective organizational mandates, nature of services provided, financial and other resources, and/or ideological orientation.

### IV.1. Problems Facing Migrant Sex Workers

The study identified multiple and intersecting problems facing migrant sex workers, especially those who could be classified as trafficked. These problems included:

1. illegal or unstable immigration status;
2. criminalization of the sex trade;
3. language and cultural barriers;
4. lack of education;
5. lack of information (e.g., about Canadian health and social services);
6. lack of accessible and specialized services;
7. control and exploitation;
8. isolation;
9. poor working conditions;
10. violence;
11. lack of the overall safety;
12. health problems, particularly HIV/STI risks and substance abuse;
13. compounding stigmas (stigmatization as sex workers, as illegal aliens, as carriers of AIDS and other diseases, etc.);
14. negative internal dynamics of the sex industry (e.g., competition and discrimination);
15. lack of opportunities to exit the sex trade.

Many of these problems have been named also in our 1999-00 study on migrant/trafficked sex workers from the former Eastern Bloc. This time, however, health issues surrounding migrant sex work and trafficking received much more attention. Yet it was surprising to note that service providers participating in the study did not explicitly mention mental health problems facing migrant/trafficked sex workers; rather, those problems were implied in the discussion of issues such as isolation, stigmatization, and powerlessness. It would appear, however, that mental health is an important area of concern for migrant sex workers, many of whom are confined to the bottom of the sex industry hierarchy, and especially for trafficked persons, who are subjected to physical and sexual abuse, control and exploitation, and may suffer severe emotional and psychological trauma.

## IV.2 Challenges and Barriers to Service Provision to Migrant Sex Workers

It was clear that migrant/trafficked sex workers could benefit from a variety of services. At the same time, the study participants acknowledged the existence of serious challenges and barriers to service provision to this population, such as:

1. difficulty accessing the population;
2. difficulty building trust with the population;
3. difficulty maintaining contact with the population;
4. nocturnal lifestyle of the population that conflicts with the service organizations' official business hours;
5. lack of funding for services targeting migrant sex workers;
6. internal agency resistance to working with this population;
7. difficulty providing safe environment for the population;
8. lack of relevant professional expertise and cultural competence on the part of the service providers;
9. lack of training opportunities for service providers interested in working with migrants involved in the sex trade;
10. ideological differences between service providers;
11. lack of collaboration between service providers.

Furthermore, while the identified increase in the number of migrant sex workers in the GTA suggested a new sense of visibility of this population, some of the study participants' comments intimated that service engagement with migrant sex workers could be problematic for the very

same reason – risk of unintentionally ‘outing’ them. This implied that making migrant sex workers visible for service providers should be carefully thought through. The ideological differences existent between the service providers – particularly in terms of their conceptualizations of trafficking and prostitution – and the lack of collaboration between various agencies, combined with the absence of necessary training and expertise on the part of the providers, made the possibility of effective engagement with migrant sex workers even more questionable.

### **IV.3. Key Components of Successful Service Delivery to Migrants in the Sex Trade**

Despite the aforementioned challenges and barriers, several organizations managed to achieve some success in their work with migrants in the sex industry and trafficked women and girls who had escaped situations of sexual enslavement. The analysis of the reported success stories allowed us to discern the following key components of effective service delivery to these groups of migrants:

1. the ability to offer a wide range of useful services on a ‘one-stop’ basis (e.g., drop-in; health services, particularly around HIV/STI prevention, substance abuse and pregnancy; food; basic necessities; laundry; safe housing; referrals);
2. the ability to provide services in a respectful, nonjudgmental manner;
3. the ability to ensure safe physical environment for migrant/trafficked sex workers, and to protect their confidentiality and privacy;
4. having the support of sex workers themselves;
5. having a good reputation in the community.

### **IV.4. Priorities for Future Service Delivery to Migrants in the Sex Trade**

The service providers also named a number of priorities for future service delivery to migrants in the sex trade, such as:

1. immigration assistance;
2. legal assistance;
3. outreach initiatives (e.g., mobile clinics);
4. development and distribution of various information materials in multiple languages;

5. cultural interpretation services;
6. provision of basic necessities;
7. multi-stage housing;
8. HIV/STI prevention;
9. general health promotion;
10. language training;
11. educational and vocational programs;
12. comprehensive exit/transition/career change programs that would involve education, vocational and professional training, life skills counseling, as well as motivational public speaking, role modeling and mentoring by former sex workers who have built successful careers after leaving the business;
13. overall empowerment of migrants in the sex industry.

While there was an overlap between perceived service needs of those migrants in the sex trade who could be classified as trafficked and those who were not, several priorities were named specifically for service delivery to the victims of sex trafficking. These special priorities included:

1. rescue and protection;
2. psychological counseling;
3. assistance with repatriation for those wanting to return home;
4. reintegration into society.

The study participants voiced their frustration with the lack of assistance to the victims of trafficking in Canada. The virtual absence of specialized services for trafficked persons, poor cooperation between the service providers and the law enforcement, limited understanding of the phenomenon of trafficking on the part of many officials, inadequate immigration laws that made it extremely difficult for the victims of trafficking to regularize their status in the country, and numerous difficulties associated with charging and prosecuting traffickers – all of that called for more coordinated anti-trafficking advocacy initiatives.

## V. Recommendations

### V.1. For Service Providers: Strategies for Future Service Delivery to Migrants in the Sex Trade

Strategies for future service delivery to migrant/trafficked sex workers recommended by the service providers involved:

1. conducting direct outreach;
2. mailing relevant information to the sex trade establishments;
3. organizing public education and community awareness campaigns (e.g., delivering presentations; putting up posters in public places and in various sex trade establishments);
4. using mainstream and ethnic media (e.g., through interviews and advertisements) to spread the word;
5. offering various resources online and through telephone information services;
6. involving current and former migrant/trafficked sex workers into the service delivery;
7. building productive relationships with the law enforcement;
8. creating training opportunities for service providers in order to increase their cultural competence and the overall knowledge base in the area of service delivery to migrant/trafficked sex workers;
9. building inter-organizational partnerships and collaborations.

Because distribution of information for migrant sex workers – and health-related information, in particular – was recognized as a top priority, some participants called for waiving copyright and intellectual property privileges when it came to essential materials, so they would be easier to access.



## V.2. For Service Providers: Potential Organizational Models for Service Delivery to Migrants in the Sex Trade

The service providers acknowledged the necessity to develop new organizational models for more comprehensive service delivery to migrant/trafficked sex workers. Several possible models were suggested:

1. a designated central agency for migrant/trafficked sex workers;
2. a designated central agency for migrant *workers*;
3. a decentralized, loose network of community agencies (which may have designated public spokespersons);
4. an organizational network with a central office, coordinator or facilitator;
5. an electronic listserv for information exchange among relevant stakeholders.

While all of the suggested models had certain advantages and disadvantages, most providers seemed to be more in favour of an organizational network connected through a listserv.

## V.3. For Academics

The service providers felt it was time for the academia to do more for the community. It was recommended that academics should:

1. utilize university resources and infrastructure (e.g., internal funding, office space, computers, online support, student assistants) to help facilitate and sustain community-academic partnerships (e.g., by managing electronic listservs, offering meeting rooms, taking on various administrative duties such as organization and hosting of meetings, minute-taking, etc.);
2. conduct more health studies and participatory (action) research projects in order to generate social change and empower communities;
3. hire former and current (migrant) sex workers as Research Assistants and Co-investigators on relevant projects;
4. pay consulting fees to sex worker groups and community agencies participating in research studies;
5. pay at least \$100 to each individual research participant (sex worker) for a one-hour research interview;
6. offer technical expertise to community organizations – e.g., help with writing grant proposals, program development and evaluation, and securing funding;

7. document and disseminate best practices of service delivery to migrant/trafficked sex workers;
8. prepare annotated bibliographies, fact sheets and other resources that could be useful to service providers;
9. lobby on behalf of (migrant/trafficked) sex workers and service organizations.

As well, our study confirmed that there was a lack of solid, up-to-date empirical – especially statistical – data on migrant sex workers in Canada. It was particularly apparent when it came to specific sub-groups of migrants involved in the sex industry, such as exotic dancers, since information about this population offered by different sources was rather conflicting. The reported new trends in the sex trafficking to the country – i.e., the increasing number of familial trafficking cases – also caught us by surprise. This signaled the need for new, multimethod research studies that could gather both qualitative and quantitative data on the circumstances of migrants in various sectors of the Canadian sex industry.

However, academics should be mindful of the serious challenges associated with conducting research on migrant sex workers. Because this population is extremely hard to reach, recruiting migrant sex workers for academic studies requires not only a lot of effort, but also a lot of time and budgetary and methodological flexibility, which researchers may not have due to the necessity to meet strict deadlines and follow often rigid guidelines set by the funders.

Since the subject of (migrant) sex trade is extremely sensitive, academics should anticipate a difficult and lengthy process of ethics review, as multiple revisions to the study protocol may be required, especially when it comes to community-based and participatory (action) research projects which deviate from the mainstream methodological approaches and are still poorly understood by academic human subjects review boards (our research team can attest to that).

Research on (migrant) sex workers brings with it many ethical dilemmas. The age-old controversies and ideological disagreements surrounding sex work may result in conflicts between and among academic and community partners, and even lead to the dissolution of partnerships. Researchers should be mindful of the power inequalities between them and the study participants, and avoid exploiting sex workers for the sake of academic career advancement. Sex workers may be given a false sense of hope that participation in a study will somehow help improve their life – and instead may see research findings being used against them in a variety of ways (e.g., to pathologize and criminalize them). This danger is always present, since researchers cannot predict or control how their work will be used and interpreted. Thus, monetary compensation to sex workers as study participants and their active involvement in the research projects as community partners can offer only partial solution to the problems associated with research on (migrant) sex work.

## VI. The Study Impact and Utilization of Results

Although our study was small in scale and did not involve migrant sex workers themselves, it still represents the most comprehensive effort to date to assess the situation with migrant sex trade in Toronto. Considering that migrant sex workers are one of the most hard-to-reach, underserved and poorly studied populations, information provided in this research report should be particularly useful to health and social service providers, social work students, and academics. The report also may be of interest to the representatives of the media and the general public.

One of the most positive and encouraging results of the project was a multidimensional snowball effect generated by our investigation. Not only did various organizations we contacted keep recommending others who might help us, but the word about the study quickly spread beyond the GTA, and we received inquiries and requests for updates from sex worker groups and other organizations in Montreal, Edmonton and Vancouver. Some GTA agencies also invited us to attend their board meetings to talk about the study.

As a result of the study, a community-academic Working Group on Service Provision to Migrant Sex Workers was formed. It includes representatives of eight community organizations (three health agencies, two sex workers' groups, a multiservice agency, a religious organization, and a women's shelter), along with researchers from the University of Toronto Institute for Life Course and Aging and the Faculty of Social Work, and York University School of Social Work. The group plans to facilitate coordinated efforts around areas of concern identified in the course of the study, and to develop a long-term, multidimensional community-academic initiative for service provision to migrants in the sex trade.

In addition, our team prepared three grant proposals to further the research agenda established by this project. Our proposal to Joint Centre of Excellence for Research on Immigration and Settlement (CERIS) – The Ontario Metropolis Centre for a study "Sex Trafficking of Women to Canada: A Qualitative Metasynthesis of Empirical Research" was funded. The following proposals are currently under review: "Designing a Service Provider Learning Academy on HIV/STI Prevention among Migrant Sex Workers" (submitted to the Ontario HIV Treatment Network), and "Human Trafficking from the Former Eastern Bloc to Canada" (submitted to the Social Sciences and Humanities Research Council of Canada). Three more proposals are in the works.

The study findings will be disseminated also through peer-reviewed publications, and presentations at academic and community forums.

## References

Brussa, L. (1998). The TAMPEP project in Western Europe. In K. Kempadoo, & J. Doezema (Eds.), *Global sex workers: Rights, resistance, and redefinition* (pp. 246-259). New York: Routledge.

Campion-Smith, B. (2006). Olympics a magnet for sex traffickers: Activists warn of 'explosion' of illicit trade in women. *Toronto Star*, November 22, p. A1.

Canadian Press. 2004. Foreign women forced into sex trade: RCMP report. *Toronto Star*, December 6. Retrieved December 6, 2004 from <http://www.thestar.com/NASApp/cs>.

Cook, M. (2007). Stemming the flow of human traffic. *Ottawa Citizen*, January 19, p.A1.

European Network for HIV-STD Prevention in Prostitution (EUROPAP). (n.d.). *HIV infection: Screening, treatment and support*. Retrieved November 1, 2005 from <http://www.europap.net/rep.html>.

GAATW (Global Alliance Against Trafficking in Women) Canada. (2003). *Transnational migration, trafficking in women, and human rights: The Canadian dimension*. Victoria, BC, Canada: GAATW Canada.

Globerman, J., & Bogo, M. (2002). The impact of hospital restructuring on social work field education. *Health and Social Work*, 27(1), 7-16.

Gordon, J. (2006). RCMP sees no terrorism-trafficking link. *Ottawa Citizen*, June 10, p.A1.

Hamers, F. F., & Downs, A. M. (2003). HIV in central and eastern Europe. *Lancet*, 361, 1035-1044.

LACEV (Latin American Coalition to End Violence against Women and Children). (2002). *Coming to dance, striving to survive: A study on Latin American exotic dancers*. Toronto: LACEV.

Limanowska, B. (2002). *Trafficking in human beings in Southeastern Europe*. (n. p.): UNICEF.

Matteelli, A., & El-Hamad, I. (1996). Asylum seekers and clandestine populations. In M. Haour-Knipe, & R. Rector (Eds.), *Crossing borders: Migration, ethnicity and AIDS* (pp. 178-192). London; Bristol, PA: Taylor & Francis Ltd.

McDonald, L., Moore, B., & Timoshkina, N. (2000). *Migrant sex workers from Eastern Europe and the former Soviet Union: The Canadian case*. Ottawa: Status of Women Canada.

Miko, F. T. (2000). *Trafficking in women and children: The U.S and international response. (Congressional Research Service Report 98-649-C, May 10)*. Retrieved January 18, 2002 from <http://www.usinfo.state.gov/topical/global/traffic/crs0510.htm>.

Morgan, D. L. (1997). *Focus groups as qualitative research* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

Morgan-Thomas, R., Brussa, L., Munk, V., & Jirešová, K. (2006). Female migrant sex workers: at risk in Europe. In S. Matic, J. V. Lazarus, & M. C. Donoghoe (Eds.), *HIV/AIDS in Europe: Moving from death sentence to chronic disease management* (pp. 204-216). Copenhagen, Denmark: WHO.

Nemoto, T., Iwamoto, M., Wong, S., Le, M.N., & Operario, D. (2004). Social factors related to risk for violence and sexually transmitted infections/HIV among Asian massage parlor workers in San Francisco. *AIDS and Behavior*, 8, 475-483.

Novotny, T., Haazen, D., & Adeyi, O. (2003). *HIV/AIDS in Southern Europe: Case studies from Bulgaria, Croatia, and Romania*. Washington, D.C.: World Bank.

ORCHID Project (2007, April 17). *Bi-annual update*. Vancouver: University of British Columbia Centre for Disease Control.

Penner, D. (2007, November 2). Human trafficking a Games pitfall, researcher warns. *Vancouver Sun*, p. A1.

Popplewell, B. (2008, April 28). Bye lap dance, hello laptop: Strip clubs are chafing under a proposed federal crackdown on dancers and the lure of the Internet. *Toronto Star (online edition)* <http://www.thestar.com/article/419049>

Remple, V., Thindla, S., & Tello, M. (2007). Podcast interview transcript. *Progress in Community Health Partnerships: Research, Education, and Action*, 1(2), 169-173.

Remple, V.P., Patrick, D.M., Tyndall, M.W., & Jolly, A.M. (2007). Conducting HIV/AIDS research with indoor commercial sex workers: Reaching a hidden population. *Progress in Community Health Partnerships: Research, Education, and Action*, 1.2, 161-168.

Royal Canadian Mounted Police (RCMP). (2004). *Environmental scan – June 2004*. Ottawa: RCMP.

Sex Trade Advocacy and Research (STAR) Project. (2004). *Exotic dancing in Ontario: Health and safety*. ([www.uwindsor.ca/star](http://www.uwindsor.ca/star))

Taylor, L. C. (2008, June 10). Strip clubs 'get creative': Foreign-dancer shortage forces owners to find loopholes in the rules. *Toronto Star (online edition)* <http://www.thestar.com/article/440206>



TNTW (Toronto Network Against Trafficking in Women), Multicultural History Society of Ontario, and Metro Toronto Chinese and Southeast Asian Legal Clinic. (2000). *Trafficking in women, including Thai migrant sex workers, in Canada*. Ottawa: Status of Women Canada.

UNAIDS (Joint United Nations Programme on HIV/AIDS). (2004). *2004 report on the global AIDS epidemic (4<sup>th</sup> global report)*. Geneva: UNAIDS.

UNAIDS & WHO (World Health Organization). (2005). *AIDS epidemic update: December 2005*. Geneva: UNAIDS.

Williams, M.L., Bowen, A.M., et al. (2003). Drug injection and sexual mixing patterns of drug-using male sexworkers. *Sexually Transmitted Diseases*, 30, 571-574.

## Appendix A

### Phone Script and Standardized Set of Screening Questions for the Targeted Telephone Inquiry

#### Opening Statement:

Hello, my name is \_\_\_\_\_. I am a researcher with the University of Toronto Institute for Life Course and Aging. We are conducting a study titled “Building Partnerships for Service Provision to Migrant Sex Workers,” with funding from the Wellesley Institute. The Principal Investigator on the study is Dr. Lynn McDonald, the Director of the Institute and Full Professor with the Faculty of Social Work. Our primary objective is to collect information on the nature and extent of health and social service provision to migrant sex workers in the GTA. Specifically, we plan to conduct focus groups with service providers who have experience working with this population and those who are interested in getting involved. The purpose of the focus groups is to discuss various issues pertaining to service provision to migrant sex workers, so we can identify areas of concern and possibly establish a Working Group and an electronic listserv in order to build partnerships and facilitate information exchange between the service providers. We have identified your organization from lists (Blue Book) of service providers in the GTA and would appreciate your participation in our study if it is relevant to service delivery. May I ask you a few questions on the subject of service provision to migrant sex workers? (Proceed only if the person agrees).

Can you please tell me if your organization deals or has ever dealt with migrant sex workers?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don't know/Not sure

#### Questions for organizations who deal/have dealt with migrant sex workers:

- Please describe the nature of your organization's involvement with this population group.
- Approximately how many migrant sex workers have you dealt with so far?
- What can you tell about the sociodemographic characteristics of the migrant sex workers you deal/have dealt with – e.g., their countries of origin/ethnocultural backgrounds; immigration status; approximate age and income groups; marital status; if they have any children; category of the sex industry they work in?
- Would you or other members of your organization be interested in participating in our focus groups on health and social service provision to migrant sex workers?



- If yes, could you please identify several members of your organization who might like to participate?

Questions for those who have never dealt with migrant sex workers:

- Why do you think it is that you don't see this population among your service users?
- Will you consider working with this population?
- If no, why?
- If yes, would you or other members of your organization be interested in participating in our focus groups on health and social service provision to migrant sex workers?
- If yes, could you please identify several members of your organization who might like to participate?

Questions for those who are not sure:

- Please elaborate on what you mean by that. (*Probe: We think/know that some of the people we see are migrant sex workers, but they don't identify themselves as such.*)
- Would you or other members of your organization be interested in participating in our focus groups on health and social service provision to migrant sex workers?
- If yes, could you please identify several members of your organization who might like to participate?



## Appendix B

### Focus Group Consent Form

Title of the Study:	Building Partnerships for Service Provision to Migrant Sex Workers
Principal Investigator:	Lynn McDonald, Ph.D., Director Institute for Life Course and Aging University of Toronto [Contact information]
Research Coordinator:	Natalya Timoshkina, Ph.D. Cand. Institute for Life Course and Aging University of Toronto [Contact information]

You are invited to take part in a study on service provision to migrant sex workers. This study is being conducted by researchers from the University of Toronto, with funding from the Wellesley Institute. We plan to hold two focus groups, with approximately 10 service providers in each, to discuss various issues pertaining to service provision to migrant sex workers. The primary objective of the focus groups is to ascertain areas of concern that merit further research and program development, and to determine strategies for building academic–community partnerships around the areas of concern. Please bring one signed copy of this consent form to your focus group and keep another copy for your personal records.

I understand the following:

1. My participation in the study is completely voluntary. I may refuse to answer any or all of the questions asked. I have the right to withdraw from the study at any time, without any penalty. I can request to withdraw from the study and can ask that all my data be withdrawn. I can express my request either verbally, by calling the Principal Investigator or the Project Coordinator, or in writing – by fax, email or regular mail (see contact information above). I will then receive an official, written confirmation of my withdrawal from the Principal Investigator. I will not be able to withdraw from the study after May 30, 2008, at which point the project will be officially completed and the final report will be submitted to the funder.
2. I will participate in the focus group discussion for about 3 hours. The focus group will take place at the University of Toronto Institute for Life Course and Aging [address] on \_\_\_\_\_, at \_\_\_\_\_.  
(date) (time)
3. The focus group will be audio-recorded, and tapes will be transcribed and analyzed. If I

do not wish to be tape-recorded, I should reconsider participating in the focus group.

4. I will be participating in the focus group not as a private citizen, but as a representative of my organization. As such, I will have to use my real name and the name of my organization during the focus group discussion. This is necessary because the primary objective of the study is to help build strategic academic-community partnerships around service provision to migrant sex workers, and in order to build such partnerships, the service providers have to be familiar with each other. If I am not comfortable with these conditions, I should reconsider participating in the focus group.
5. If I do choose to participate in the focus group, I will not be asked and will not be required to provide any personal information, especially regarding my possible involvement in the sex trade, whether previous or current. However, I will have the right to volunteer any such information, if I wish to do so.
6. The focus group will be facilitated by the members of the University of Toronto research team.
7. The focus group may include both female and male participants, trans-people and those not necessarily supportive of sex trade workers. Some of the participants may be or may have been sex trade workers, although this will not be routinely identified.
8. I understand that I also have the right to leave the focus group at any point, without any penalty.
9. My name will not be mentioned in any of the documents resulting from this study. The researchers may quote some of what I say in their report, but it will not be attributed to me by name.
10. The participants are asked to protect the anonymity of consumers who may be referred to by service providers in the focus group discussion. If I wish to refer to specific individuals who are using services of my organization, I should omit their real names from the focus group discussion.
11. The participants are asked to keep the focus group discussion confidential. However, the researchers cannot guarantee that all participants will abide by this request, and therefore they cannot guarantee complete confidentiality – they can only assure it to the extent that participants co-operate.
12. The focus group audiotapes and transcripts will be kept in a locked cabinet at the University of Toronto Institute for Life Course and Aging. The tapes will be destroyed three months after the study's completion. The transcripts will be destroyed seven years after the study's completion. Only members of the research team will have complete access to the data.
13. I will be provided with a copy of my focus group transcript, and will be given an opportunity to review it to ensure accuracy of transcription and to fill in possible gaps, where transcriber was unable to decipher what I was saying. The transcript will be sent to

me by mail, in an envelope stamped 'Personal and Confidential.' My feedback will be incorporated in the final version of each focus group transcript. In each transcript, the participants will be identified only by their first names. The research team will have a master list of all focus group participants with their full names and the names of their respective organizations; the master list will be kept under lock and key at the University of Toronto Institute of Life Course and Aging. Because the researchers cannot guarantee that transcripts mailed to the focus group participants will be seen only by them, the master list will not be included with the copies of the transcripts to ensure participants' confidentiality.

14. Unpaid volunteers participating in the focus groups will be given an honorarium of \$60 per person to compensate for their time; professional/salaried service providers will receive no honoraria. During the focus group, all participants will be provided with a free lunch. To compensate for transportation to and from the focus group, each participant will be either given two TTC tokens or reimbursed for the cost of parking. If I choose to withdraw from the study during or after the focus group, I will not have to reimburse any compensation received.
15. Although I may not benefit personally from the study, its results should foster collaboration between health and social service agencies, and help improve service provision to migrant sex workers.
16. Upon completion of the study, I will be provided with a copy of the final research report, which also will be posted on the websites of the Wellesley Institute and the University of Toronto Institute for Life Course and Aging.
17. I may ask the focus group facilitator(s) any questions that I have about the study. I am welcome to contact the Principal Investigator or the Research Co-ordinator (see contact information above) with any questions or concerns that I have about the study.
18. If I have questions about my rights as a research participant, I can contact the Director of the Ethics Review Office [contact info].
19. My signature indicates my agreement and consent to be involved in this study.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix C

## Focus Group # 1: Developing NGO Responses to Sex Trafficking of Women to Canada

### Discussion Topics and Questions

#### Part I

(1) Research team:

- introduction of the members of the research team;
- brief overview/reminder of the ethics protocol and the focus group agenda;
- brief project update.

(2) Participant introductions:

- name of the participant;
- name and type of the organization the participant represents;
- the organization's experience with trafficked women – as much information as the participant can provide (e.g., approximate number of cases seen; the trafficked women's sociodemographic backgrounds; types of the sex industry represented; types of services the organization was able to provide; etc.);
- what does the participant hope to get out of the focus group discussion?

#### Part II

(1) What are the main problems and challenges surrounding service provision to trafficked women in the sex trade?

(2) Development of which services for this population should be given priority?

(3) What are the outreach strategies that could be implemented?

(4) What types of materials should be developed?

(5) Should there be one central agency for the trafficked women to turn to?

(6) What types of academic-community and inter-agency partnerships for service provision to trafficked women in the sex trade can be developed:

- Electronic listserv for information dissemination and knowledge exchange?
- Working Group?
- An inter-agency coalition?
- More collaborative research projects?
- All of the above?
- Other?

(7) Who may take on leadership or coordinative/facilitative role in the partnership initiative(s)?

(8) What should be the primary role of the academic partners?

(9) What about funding?

(10) The research team has compiled a list of health and social service organizations in the GTA that work(ed) and are open to working with migrant sex workers, including those who could be classified as trafficked. Should this list be disseminated and, if yes, how widely?

### Part III

(1) Research Team: Short presentation on the models of intervention with the victims of (sex) trafficking developed in the United States, Europe, and other parts of the world.

(2) To which extent could any of these models be adopted locally?

(3) What do you think about organizing a learning academy during which international experts could offer special training to service providers?

Conclusion: Participants' feedback and networking.

# Appendix D

## Focus Group # 2: Health and Well-being of Migrant Exotic Dancers

### Discussion Topics and Questions

#### Part I

(1) Research team:

- introduction of the members of the research team;
- brief overview/reminder of the ethics protocol and the focus group agenda;

(2) Participant introductions:

- name of the participant;
- name and type of the organization the participant represents;
- the organization's experience with migrant exotic dancers – as much information as the participant can provide (e.g., types of services requested by and/or provided to migrant exotic dancers);
- what does the participant hope to get out of the focus group discussion?

(3) Research team: brief project update and overview of the current controversies and contradictions surrounding migrant exotic dancers.

#### Part II

(1) What are the main problems and challenges surrounding service provision to migrant exotic dancers?

(2) Development/improvement of which services for this population should be given priority?

(3) What types of outreach programs should be created for this population?

(4) What types of materials for migrant exotic dancers should be developed?

(5) Should there be one central agency for the migrant exotic dancers to go to?

(6) What types of academic-community and inter-agency partnerships for service provision to migrant exotic dancers can be developed:

- Electronic listserv for information dissemination and knowledge exchange?
- Working Group?
- An inter-agency coalition?
- More collaborative research projects?
- All of the above?
- Other?

(7) Who may take on leadership or coordinative/facilitative role in the partnership initiative(s)?

(8) What should be the primary role of the academic partners?

(9) What about funding?

(10) What do you think about organizing a learning academy during which international experts could offer special training to service providers on how to work with migrant exotic dancers?

(11) The research team has compiled a list of health and social service organizations in the GTA that work(ed) and are open to working with migrant sex workers, including exotic dancers. Should this list be disseminated and, if yes, how widely?

Conclusion: Participants' feedback and networking.

# Appendix E

## Focus Group # 3: Health and Social Services for Migrant Sex Workers

### Discussion Topics and Questions

#### Part I

(1) Research team:

- introduction of the members of the research team;
- brief overview/reminder of the ethics protocol and the focus group agenda;
- brief project update.

(2) Participant introductions:

- name of the participant;
- name and type of the organization the participant represents;
- the organization's experience with migrant sex workers – as much information as the participant can provide (e.g., approximate number of cases seen; migrant sex workers' sociodemographic backgrounds; types of the sex industry represented; types of services migrant sex workers were looking for; types of services the organization was able to provide; etc.);
- what does the participant hope to get out of the focus group discussion?

#### Part II

(1) What are the main problems and challenges surrounding service provision to migrant sex workers?

(2) Development/improvement of which services for this population should be given priority?

(3) What are the outreach strategies that could be implemented?

(4) What types of materials should be developed for migrant sex workers?

(5) Should there be one central agency for the migrant sex workers to go to?



(6) What types of academic-community and inter-agency partnerships for service provision to migrant sex workers can be developed:

- Electronic listserv for information dissemination and knowledge exchange?
- Working Group?
- An inter-agency coalition?
- More collaborative research projects?
- All of the above?
- Other?

(7) Who may take on leadership or coordinative/facilitative role in the partnership initiative(s)?

(8) What should be the primary role of the academic partners?

(9) What about funding?

(10) The research team has compiled a list of health and social service organizations in the GTA that work(ed) and are open to working with migrant sex workers. Should this list be disseminated and, if yes, how widely?

### Part III

(1) Research Team: Short presentation on the models of service delivery to migrant sex workers in Europe and Asia.

(2) To which extent could any of these models be adopted locally?

(3) What do you think about organizing a learning academy during which international experts could offer special training to service providers?

Conclusion: Participants' feedback and networking.



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