

# **Community-Based Sexual Health Research with Marginalized and HIV Affected Communities: Strategies for Translating Research to Policy and Practice**

**MSFHR KT Connects – April 27<sup>th</sup>, 2018**

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# Objectives & Overview

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- ④ Sharing KT strategies with marginalized populations
- ④ Integrated KT and the “linkage and exchange model”
- ④ Specific case examples of developing KT strategies to share research with policy makers, practice leaders and other knowledge users
- ④ Lessons learned & challenges in KT

# Knowledge Translation

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## ❁ What is KT?

- ❁ *Canadian Institutes of Health Research (CIHR) Definition:* KT is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve health, provide more effective services
- ❁ KT takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user.

## ❁ Integrated vs. End-of-Grant/ Project

- ❁ “Linkage and Exchange Model” of KT= embedded within and throughout research process
- ❁ Importance of “Knowledge Users”



## Sexual Health & HIV/AIDS: Women's Longitudinal Needs Assessment

- Following 6 months of community consultation on research priorities and gaps, with cis and trans women living with HIV (WLWH) and HIV providers
- Focuses on the social, policy, legal, gender, geographic gaps in women's sexual health & HIV care for cis and trans women living with HIV who live and/or access services in Metro Vancouver
- Participant recruitment through leadership of PRAs, HIV care providers, HIV service organizations and clinical outreach by our team
- Includes baseline and semi-annual interview questionnaires and a clinical research visit with a sexual health RN
- Qualitative/arts-based component with a subset of 80-90 WLWH
- Committed to GIPA/MIPA principles which ensures meaningful inclusion of the experiences of cis and trans women living with HIV in all stages of research



# 1. Bringing Academics & Knowledge Users Together: Building a Research Agenda

## 2015 Research Roundtable: Criminalization of HIV and Women in BC –Women Living With HIV, Community, Clinical & Academic Experts



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# Concept Mapping



# Concept Mapping: Research and Advocacy for HIV Care Providers

## Brainstorming

- What are South Asian women's thoughts on bringing charges forward against their spouse who infected them? How can we engage South Asian women in research? How are they coping? Their only engagement with the HIV community is when they visit the clinic; no emotional support.
- Homeless population – how is previous trauma, addiction, mental health linked to the current trauma they are dealing with around an HIV diagnosis – how does this impact their mental health and addiction?
- What do healthcare providers know about HIV and criminalization and how do they currently counsel their patients on this topic?
- Develop an online training program for healthcare professionals and assess pre- and post-test knowledge.
- Who is the best person to counsel on criminalization and how? Healthcare providers? Social workers?
- Develop clear guidelines for healthcare providers on the messaging they are giving about criminalization.
- Are healthcare providers talking to patients about their legal obligation to disclose prior to testing and disclosure, testing to evaluate pre- and post-test counseling.
- Duty to report – research about the misinformation regarding the duty to report non-disclosure.
- More youth and indigenous-led research.
- Youth born with HIV – navigating their sexuality and the criminalization laws.
- Health and wellness of women living with HIV – how do we live with the criminal laws, and how does it affect our health and sex lives?
- How do we navigate the system for someone who has been charged with nondisclosure?
- Exploring ways to protect people's autonomy when they test.
- Find ways to effectively communicate the law, tailor it for different populations.
- Measuring and studying HIV disclosure and its impacts without compromising confidentiality.
- Roots of criminalization – how do we reduce HIV stigma?
- How does criminalization produce/reproduce social inequities? How are bodies impacted (e.g. Aboriginal woman in sex work vs. Jamaican male)? Does disclosure look different for different populations?
- Immigration – PHAs get informed of HIV status and the law when they test positive – work needs to be done about the process of immigration and the law, and how this process happens.
- In Ontario, done surveys and focus groups with MCFD workers and social work students to test knowledge about HIV and criminalization – they know nothing! This needs to be done at other schools in other provinces – need to link research to training, education – applied research!
- Knowledge, attitudes and behaviours of healthcare workers, social justice workers.
- Get into spaces where workers do not go, e.g. prison system – action research project to find out how they want info on criminalization.
- Highlight the fact that as HIV moves into the chronic disease realm, and being managed by





# Building in more equitable structures to ensure “integrated KT” with affected populations

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## SHAWNA Advisory Board Structures & Positive Women’s Advisory Board (PWAB)



# SHAWNA Peer Research Associate (PRAs): 2015 – Present





# An Evaluation of Sex Workers' Health Access

- Longitudinal community-based prospective cohort funded by US National Institutes of Health, 2010-2020 (PI: Shannon, R01)
- NIH R01 renewal (2015-2020) to evaluate structural interventions including C-36 laws on sexual health, STI, and violence indicators, mortality and HIV outcomes
- Currently follows 900+ cis and trans women in street/off-street sex work across Metro Vancouver
- Cohort includes bi-annual interviews and clinical component with sexual health research nurse

**Since inception, women with lived experience (current/former sex workers) have been hired throughout all levels of project from interviewers/ outreach, sexual health nurses, data officers to project coordinators**

# AESHA

## Community Partners & Advisory Board Members

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- Sex Workers United Against Violence (SWUAV)
- Women's Information Safe Haven (WISH)
- Supporting Women's Alternatives Network (SWAN) Vancouver
- Pivot Legal Society
- PACE Society
- YouthCo AIDS Society
- Positive Women's Network
- BC Women's Hospital
- Options for Sexual Health
- Atira Women's Resource Society
- RainCity Housing
- HUSTLE/ Health Initiative for Men
- BCCDC Street Nurses Program
- Vancouver Coastal Health



# Street and Venue-Based Mobile Research/ Outreach Teams



- Onsite interviews & clinical sexual health component
- Fosters community connections, familiarity, & referral/ support and liaisons with other partners
- Critical to follow-up & retention efforts
- Mobile GSHI van gave out 90,000+ condoms/ year (between street & off-street)
- Accompaniment follow-up & reconnection with care



# Multi-Lingual Indoor Outreach Team

AESHA Indoor Outreach to  
*Sex Work Venues:*

- Massage Parlours, Health Enhancement Centres, Microbrothels
- Multi-lingual sexual health services (English, Mandarin, Cantonese)
- Interviewer/ outreach/ nursing staff



# **Knowledge Translation:** ***Research-to-Action***

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Engagement with Community

Engagement with Government,  
Municipal, Provincial, Police

Engagement with Health  
Authorities, Service Providers

Media Engagement

KT strategies  
Community

Public Messaging

Engaging with Legal,  
Human Rights Experts

Legal/ Policy Expert Evidence

Commentaries, Editorials, Op-Eds



# Canadian Socio-Legal Context of Sex Work: Research to Policy from Court Challenges to Evaluating Housing & Community-Led Programs



## THE CHALLENGE OF CHANGE: A STUDY OF CANADA'S CRIMINAL PROSTITUTION LAWS

Report of the Standing Committee on  
Justice and Human Rights

Art Hanger, M.P.  
Chair

Report of the Subcommittee on Solicitation Laws



# Criminalized Sex Work Laws in Canada & Unintended Consequences on Health, Safety & HIV



*"There are so many girls going missing. Yeah, they're getting away with it."*

*"We're the bottom of the barrel. Nobody will miss us."  
-Sex Worker Voices*



# Informing Policy Discussions: Media, Public



## Isolating Forcing New evidence c

Thursday, 13, Aug 2009 05:22

Derek Sp  
By Ian Dunt

Daily New

New evidence has been published criminalising those who pay for sex of British Colonial workers. The research paying for sex work upcoming policies

Friday, Fe

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*HTV This Week*: what scientific journals said



## Canada's prostitution laws push activity — and violence — underground: Sex-trade experts

BY DOUGLAS QUAN, POSTMEDIA NEWS AUGUST 31, 2010



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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UNICEF  
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ILO  
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# Media, Public Messaging to Support Evidence of Community Led-Initiatives

**THE GLOBE AND MAIL** 

## Bridging the gap between sex workers and police

**HEATHER ROY**

VANCOUVER — The Globe and Mail

Published Thursday, Feb. 28 2013, 8:00

Last updated Thursday, Feb. 28 2013, 8

Two Vancouver-based advocacy groups have launched a strategy to help sex workers in the city's Downtown Eastside.

Pivot Legal Society and the Downtown Eastside Sex Workers' Health and Rights Society launched the strategy as a way to reach police and help them develop policing guidelines.

"It provides a simple message that helps sex workers and, therefore, be able to go out and work safely," says Katrina Pacey, at a news conference.



The double-sided cards are small enough to fit in wallets and outline the law in simple terms, direct

# Expert Evidence & Legal Interventions

## Missing Women Commission of Inquiry

Dr.

Expert Re



## Missing Women inquiry hears more from prostitution expert

BY NEAL HALL, VANCOUVER SUN : Monday, October 17, 2011 12:00 AM

Recommend

One person recommends this.



VANCOUVER- The Missing Women inquiry today heard the third day of testimony of John Lowman, an expert on prostitution and a sociology professor at Simon Fraser University.

Lowman was questioned by lawyer Andrew G. Brown, representing Terri Jean Bedford, about the Vancouver woman's displacement and her strategy to keep herself safe in a poorly-lit industrial area.

Lowman said police would charge prostitutes to keep them out of the area.

Lowman said it was long to catch serial killer Paul Snider until 2002 despite tips.

Lowman disappeared from

Lowman goes against Pickton in

Lowman and bleeding from the

## News Release Communiqué

For immediate release

Également disponible en français

## HEALTH AND HUMAN RIGHTS ORGANIZATIONS TO INTERVENE IN LANDMARK SEX WORK CASE

*Experts to testify that sex workers dangerously persecuted under Canadian law*

**TORONTO, March 14, 2011** — The Canadian HIV/AIDS Legal Network (Legal Network) and the British Columbia Centre for Excellence in HIV/AIDS (BC-CfE) are among several organizations that have today been granted joint intervener status in a landmark case before the Ontario Court of Appeal aimed at protecting the health and human rights of sex workers. They will support Terri Jean Bedford, Amy Lebovitch and Valerie Scott in resisting the federal Government's attempt to overturn a favourable ruling from a lower court that could open the door to decriminalizing sex work — and very likely save lives in the process.

Sex work itself is not illegal in Canada, but provisions on communicating, procuring, harboring and living off the avails of prostitution in Canada's Criminal Code make it

Missi

Date:



# Editorials & Lay Media Op-Eds

Early release, published at www.cmaj.ca on August 16, 2010. Subject to revision.

CMAJ

SALON

## The hypocrisy of Canada's prostitution legislation

Often described as the world's oldest profession, the exchange of sex for money has always existed and will continue to exist worldwide. For many, the sex industry evokes a sense of moral unease, and divides feminists and society alike on whether it is an oppression and commodification of women, or a woman's right and choice to sell her body. Canada's federal legislation reflects this divide: The buying and selling of sex among consensual adults has always been legal, yet criminal code provisions on communicating, procuring, bawdy houses and living off the avails of prostitution make it virtually impossible to work legally in safer indoor settings.

Against this backdrop, the numbers of missing and murdered women continue to swell in Canadian cities and street-involved women engaged in sex work experience some of the worst health outcomes in our society, including drug-related harms, trauma, and HIV and other sexually transmitted infections.<sup>1-4</sup> Standardized mortality rates among female street-based sex workers are higher than any other population of women in North America, with homicide being the most common cause of death.

Sadly, there are multiple examples of convictions of serial murderers of sex workers over the last decade in North America and the United Kingdom, and ongoing concerns remain of potential serial murderers in Edmonton, Winnipeg and along the "Highway of Tears" in Northern British Columbia. The recent convictions for the gruesome homicides of women on the streets of Vancouver and Seattle — the largest serial murders in Canadian and American history — should be a vivid and chilling reminder.

Importantly, growing peer-reviewed research published in some of the top medical journals now suggest that enforcement of criminal sanctions targeting sex work, including communicating in public spaces, displaces sex workers to isolated alleys and industrial settings away from health and support services.<sup>1-4</sup> Enforced displacement and lack of

access to safer indoor work environments independently increase sex workers' risk of physical violence and rape, and reduces their ability to safely negotiate condom use with clients,<sup>1,2</sup> thereby protecting themselves from sexually transmitted infections and unwanted pregnancies. Qualitative evidence further describes how criminal sanctions limiting sex workers' ability to regulate safer industry practices (e.g., create unions, safer indoor work spaces, etc.) compound health-related risks.<sup>3</sup>



© 2010 Inpharmatrix Corp.

Globally, evidence-based public health research is being used in calls to remove criminal sanctions targeting sex work; one such call even came from the United Nations Secretary-General Ban Ki-moon. Yet in Canada this public health policy gap has been met with scaled up enforcement-based efforts targeting sex workers and their clients. According to the Canadian Centre for Justice Statistics,<sup>5</sup> following the enactment of the 1985 "communicating code" legislation designed to remove the visible presence of sex work, annual prostitution arrests increased nearly 10-fold from 1255 arrests in 1985 to 10 457 arrests in 1987. These rates have remained constant at about 10 000 arrests per year, with 97% occurring in Vancouver, Toronto and Montréal.

Despite three separate parliamentary sub-committees on prostitution since the mid 1980s, sex workers and human

rights experts are now being forced to challenge the criminal sanctions through the courts, as a violation of the Charter of Rights and Freedom.

Now, as we wait for the Ontario Supreme Court decision on one challenge, the federal government has taken another backward step, this time by reclassifying the Criminal Code on "keeping a bawdy house" (a place kept for the purpose prostitution) making it a serious crime with a maximum sentence of five years imprisonment.<sup>6</sup> This new Criminal Code regulation, introduced without Parliamentary debate, is in blatant disregard of the evidence and has the concerning risk of pushing sex workers further underground and outside the public health umbrella. In perhaps the saddest reflection of this public health policy gap, in 2008 sex workers in Edmonton began giving samples of their DNA to a community agency and RCMP network to ensure their bodies would be identified in case of future harm.

While rigorous evaluation of legal policy approaches to sex work remains critical, it is also time for government and policy makers to take into account the evidence of the failures of the criminalized approach to sex work on health and human rights in Canadian society.

**Kate Shannon PhD**  
Assistant professor  
Department of Medicine  
University of British Columbia  
Vancouver, BC

### REFERENCES

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6. Proulx L. Tory legislation takes aim at brothels and bookies. *The Globe and Mail* [Toronto] 2010 Aug. 5; Sect A:6.

COMMENTARY

JAMA

## Violence, Condom Negotiation, and HIV/STI Risk Among Sex Workers

Kate Shannon, PhD  
Joanne Csete, PhD

IN MOST PARTS sex work are c have few legal or abused by c officials. The isolates, enforced by th to negotiating safe for human immun ally transmitted inf ers by exploitive pimps) is enabled lers' rights in areas standing the link b condom use can b worker populatio rates of HIV/STI in lation, a reality do uralized HIV epid

Violence against ligious taboos asc of sex. Throughout become institution behavior, with en ten against sex wo sex workers is me and workplace fa gions. For exam ern Europe, and C municating (ie, sol and operating bro Criminalization to arrest and threat street-based sex w isolated spaces su tings where arrest formal tolerance o tings, however, c witnesses and plac ers who work in t clients often neg 6 with the manag

© 2010 American Med

## THE LANCET Infectious Diseases

### The politics and policies of HIV prevention in sex work

Decades into the HIV epidemic, we know surprisingly little about the relative burden of HIV among sex workers. UNAIDS estimates that less than 50% of sex workers have access to HIV prevention programmes worldwide.<sup>1</sup> HIV prevalence among sex workers is highly heterogeneous both across and within regions. In addition to individual and biological drivers (eg, the epidemic structure, co-infection with other sexually transmitted infections [STIs], and antiretroviral therapy [ART] coverage), structural features continue to play a crucial part in shaping risk of infection among sex workers and their clients, including work environment, violence, stigma, and the legal, cultural, and political contexts of sex work.<sup>2,3</sup>

In *The Lancet Infectious Diseases*, Stefan Baral and colleagues<sup>4</sup> report a systematic review and meta-analysis of HIV burden among female sex workers in 50 low-income and middle-income countries. Female sex workers had an overall increased odds of HIV infection (odds ratio 13.5, 95% CI 10.0-18.1) relative to the general female population of reproductive age, with the highest odds in Asia (29.2, 95% CI 22.2-38.4) and lowest in Latin America and the Caribbean (12.0, 95% CI 7.3-19.7). Baral and colleagues show substantially high HIV prevalence levels across geographical regions and epidemic structures, including both concentrated epidemics and mature, generalised epidemics, as in sub-Saharan Africa where the pooled HIV prevalence was 36.9% (95% CI 36.2-37.5).

The heavy HIV burden points to the crucial need for urgent scale-up of comprehensive initiatives simultaneously targeting HIV prevention, ART access, and care among female sex workers, especially in view of the established role of treatment as prevention. Of concern, two-thirds of countries have no data on HIV

rate with little to no control over selection of clients or negotiation of types of services. This lack of control may also increase the risk of episodes of violence. Where sex work is criminalized, sex workers may have to pay a fee or bribe

rescue operations aimed at eliminating sex work. The US antiprotection pledge enacted in 2003 continues to prevent non-governmental organisations from accessing funds from the US Presidents Emergency Plan for AIDS Relief if they did not oppose sex work. Evidence suggests that in settings where sex work is criminalised or heavily sanctioned (eg, mandatory testing), sex workers are pushed outside the public health system.<sup>4,5</sup> The common threat of violence towards sex workers by clients and third parties (eg, police, exploitative managers, pimps) are associated with increased risk for HIV infection.<sup>4</sup> Enforcement efforts (eg, police crackdowns, raids), punitive sanctions, and the threat of violence can deter sex workers from accessing HIV prevention services, constrain their ability to negotiate condom use, and prevent the roll-out and rigorous assessment of HIV interventions.<sup>6</sup>

Individual country and programme successes have made important progress regionally, but for the most part have not been met with global backing from international and governmental bodies, and face the same structural barriers to large-scale implementation and rigorous assessment. A systematic review<sup>6</sup> of HIV and STI intervention studies among female sex workers in low-resource settings showed significant use of multicomponent and structural interventions (policy change and sex-work collectivisation), with only modest effects reported for behavioural interventions alone. Multipronged HIV-prevention strategies have been adopted in several countries (eg, safer sex-work environments),<sup>7</sup> with the most well documented structural HIV interventions being those led by sex workers in India (Songachi and Avahan models).<sup>8,9</sup>

The results stand as an important marker of the sheer scale of the HIV epidemic among female sex workers

Comment



Published Online  
March 15, 2012  
DOI:10.1016/S1473-3099(12)70065-8  
See Online/Articles/  
DOI:10.1016/S1473-3099(12)70066-X

## Gender and Sexual Health Initiative: Informing evidence-based sexual health policy and practice to reduce health inequities.

NEW



Friday, December 20, 2013

### Supreme Court of Canada declares all three sex work laws unconstitutional: HIV Coalition News Release

This morning, the Supreme Court of Canada unanimously declared all three of the challenged sex work laws to be unconstitutional in *Bedford v. Canada*.

[Read More](#)



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### Media

CTV News Channel (National)  
interview with Dr. Shannon on  
safety of sex worker's who  
advertise online

CTV News Channel (National) | Tuesday,  
August 27, 2013 - [Read More](#)

B.C. police investigation after 2  
escorts found dead in same  
apartment complex



# Research to Action



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## Background

Around the world, sex workers have been shown to have many unmet reproductive and sexual health needs, including in Canada where sex workers experience high rates of unintended pregnancies, along with poor health access to contraceptives, and face barriers to accessing support and services.

## The Question

How do the social, policy and physical features of indoor venues, and social cohesion, impact sex workers' negotiation of condom use?

## The Study

The Gender & Sexual Health Initiative (GSHI) research team drew upon data from interviews with 588 indoor sex workers between January 2010 and February 2013. Researchers developed a 'Safer Indoor Work Environment Scale' to measure the 'structural support' of venues in promoting sex workers' ability to control their health and safety. This project is part of AESHA (An Evaluation of Sex Workers Health Access), an ongoing study on working conditions, health and safety in the sex industry led by GSHI/BCCFE and UBC, in collaboration with a range of community partners, with ongoing outreach to street and indoor sex work venues (by experiential and non-experiential team).

## The Results

Of 588 indoor sex workers interviewed, 63.6% reported using barrier contraceptives, such as condoms.

Using the 'Safer Indoor Work Environment Scale', features found to be associated with condom use included:

- Managers practices and venue safety policies, such as women's only spaces, posting 'bad date' sheets, and using video cameras;
- Access to sexual and reproductive health services/supplies, like condoms and STI testing;
- Access to drug harm reduction, such as safer injection supplies, and referrals to services; and
- Social cohesion among workers, including mutual aid, trust, connectedness and support.

## The Policy Implications

- This study shows that safer workplace models that include supportive venue and management practices, such as security policies and access to health resources and services, and where social cohesion between workers exists, are key to ensuring sex workers' health and safety and should be supported by any new legal and policy frameworks regulating sex work.

Duff P, Shoveller J, Ogilvie G, Montaner J, Chettiar J, Dobrer S, Shannon K. The Impact of Social, Policy and Physical Venue Features and Social Cohesion on Negotiation of Barrier Contraceptives Among Sex Workers: A Safer Indoor Work Environment Scale. *Journal of Epidemiology & Community Health*, 2014.

# The Impact of Social, Policy and Physical Venue Features and Social Cohesion on Condom Use

*'Safer indoor venues with supportive policies and practices, together with strong policy support for sex worker's to work collectively, represent structural avenues through which to promote and protect sex workers' safety and health.'*

# Research to Action



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## Criminal Laws Harmful to Sex Worker's Health and Safety: *Bedford v. Canada*

### The 'HIV Coalition'

The Gender and Sexual Health Initiative (GSHI) of the BC Centre for Excellence in HIV/AIDS (BCCfE), the Canadian HIV/AIDS Legal Network, and the HIV/AIDS Legal Clinic of Ontario, formed the 'HIV Coalition' to intervene in *Bedford v. Canada* at the Supreme Court. GSHI contributed evidence drawn from years of research and dozens of peer-reviewed publications that resulted largely from two major research projects: AESHA – An Evaluation of Sex Worker's Health Access: a longitudinal cohort of street and off-street sex workers; and the Ethnographic-Qualitative study of the physical, social and policy features of the work environment. These studies are led by GSHI of BCCfE and UBC, with a range of community partners, and include ongoing street/ off-street outreach.

### The Research

- **Policing, Fear of Arrest:** Under the current criminal laws in Canada, policing is both directly (violence, intimidation) and indirectly (displacement) linked to increased risk of physical violence and rape of sex workers (*Shannon et al., BMJ, 2009; Shannon & Csete, JAMA, 2010*) and reduced ability to negotiate condom use (*Shannon et al., AJPH, 2009*). Arrest and intimidation by police can cause fear and mistrust, and make sex workers less likely to report violence to authorities (*Shannon et al., SSM, 2008; Anderson et al., 2013*). These fears were amplified by distrust and apathy by police during the botched investigation of the Missing Women in Vancouver (*Shannon et al., SSM, 2008*).
- **Enforced Displacement:** The criminal law prohibiting communicating in public spaces for the purposes of sex work often pushes the most marginalized sex workers to dark alleys and industrial settings where they have little protection or ability to screen clients. Our longitudinal study shows that displacement is directly linked to increased risk of physical violence and rape (*Shannon et al., BMJ, 2009*) and HIV risks (*Deering et al., IJDP, 2013*), including reduced ability to insist on condom use by clients (*Shannon et al., AJPH, 2009*).
- **Violence:** The current criminal laws remove most protections for sex workers. Those working on the street or hidden indoor spaces are often forced to rush negotiations and have limited time to screen clients due to fear of arrest (*Shannon et al., SSM, 2008; JAMA, 2010*). Violence, intimidation and displacement by police, and lack of access to safer indoor work spaces are directly linked to increased risk of violence against sex workers (*Shannon et al., BMJ, 2009*).
- **Condom Use:** Heavy policing of the current laws, and extreme violence and murder of sex workers, have forced many to forgo condoms for fear of violence or arrest (*Shannon et al. SSM, 2008*). Court-ordered sanctions, police displacement, lack of access to safer indoor spaces, and elevated violence directly impact sex workers ability to negotiate condom use with clients (*Shannon et al., AJPH, 2009; Deering et al., JAIDS, 2013*).
- **Health Access, Stigma:** Stigma (fear of disclosing sex work status), social isolation and displacement, and language barriers are the strongest barriers to accessing health care for sex workers (*Lazarus et al., SSM, 2010*).
- **Youth:** Youth are more likely to be displaced away from health and support services (*Shannon et al., IJDP, 2009*) and arrested for prostitution as adults (*Goldenberg et al., JAIDS, 2013*) suggesting these laws are not only failing to protect vulnerable youth but are further criminalizing and isolating them.
- **Safer Indoor Work Spaces:** Indoor "in-call" venues with increased safety protections (e.g. managers/ security, client sign-in) and ability to work together promote sex workers ability to control transactions, including avoiding violence, refusing unwanted clients or risky services (*Krusi et al., AJPH, 2012*) and insisting on condom use (*Deering et al., JAIDS, 2013*). Removal of the criminal code prohibition on "bawdy houses" will allow formal implementation of indoor/in-call venues, in accordance with workplace safety standards, regulation and licensing as with other businesses, and ensure sex workers have the ability to access safety precautions.

*"The HIV Coalition respectfully submits that a concern for the health and welfare of sex workers is profoundly inconsistent with the criminalization of prostitution, which stigmatizes workers and gravely threatens their health and safety."*

– HIV Coalition Submission





- ❖ 性别及性健康计划新网站
- ❖ AESHA 外展工作团队信息
- ❖ CHAPS 项目
- ❖ 新闻提要
- ❖ 研究到策划
- ❖ 计划新信息
- ❖ Bedford v. Canada 贝福德案

欢迎阅读 2014 年冬季性别及性健康 Initiative- 缩写 GSHI) 社区通 Centre for Excellence in HIV/AIDS- 利用本中心所执行的本地及国际研 别, 健康, 和艾滋病的工作知识, 与大众的健康差距。GSHI 的研究 参与。今季的社区通讯内容包括有 的消息, CHAPS 项目的消息, 及

去年夏季, 我们开展了新的网站, 科研项目的最新消息, 活动, 和研

#### 跟 GSHI 连接的方法:

欢迎游览我们的网站:  
[www.gshi.cfenet.ubc.ca](http://www.gshi.cfenet.ubc.ca)

在 Twitter 跟我们联系:  
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在我们 Facebook 的网页按'赞':  
[www.facebook.com/GenderSexHealth](https://www.facebook.com/GenderSexHealth)

## Research-to-Action

Here are some of the exciting ways that our research has informed better policy and practice, and improved health and social justice, in the last 6 months!

### 1 GSHI'S LEGAL INTERVENTION: BEDFORD V. CANADA

- ❖ GSHI intervened in Bedford at the Supreme Court of Canada (SCC) in June 2013, and the Ontario Court of Appeal in 2012, based on over 30 of our peer-reviewed publications. *See more on page 6!*

### 2 PRESENTATIONS TO COMMUNITY

- ❖ Over the last year, the GSHI team has given over 40 presentations to the public, our community partners, policy makers and service providers, including: Pacific AIDS Network, SWUAV, SWAN, YouthCo., WISH, Atira/ RainCity Housing, dialogue on Better Services for Women Living with HIV.
- ❖ AESHA Outreach is excited to join the Pacific AIDS Network (PAN) Exploring Effective Interventions for Viral Hepatitis, STI and HIV Prevention conference on February 26-28, 2014.
- ❖ GSHI's Andrea Krusi presented at the Housing and HIV/AIDS Research Summit on the tensions between safety and security, and privacy, in housing programs for women living with HIV.

### 3 PRESENTATIONS TO POLICY MAKERS

- ❖ GSHI has provided regular research summaries to the City of Vancouver's Sex Work Task Force and licensing sub-committee on how better to support health and safety of indoor sex workers.
- ❖ We have met with health authorities and medical health officers to give input on barriers to primary care and HIV/STI testing for sex workers, such as stigma, language barriers, criminalization.
- ❖ GSHI joined Pivot Legal Society and SWUAV for a press conference on 'Know Your Rights' cards for sex workers, to speak to AESHA and Qualitative research evidence on the critical need for non-harassment of sex workers by police.



GSHI, Pivot, and SWUAV,  
Press Conference, February 27, 2013

### 4 INTERNATIONAL GUIDELINES

- ❖ The GSHI team reviewed global evidence on violence among sex workers and links to HIV infection, while GSHI Director Dr. Shannon joined the World Health Organization (WHO), United Nations (UN), and Global Network of Sex Work Projects (NSWP) consultations, to inform the joint WHO/NSWP guidelines and best practices on HIV prevention, treatment and care among sex workers in low and middle-income countries launched in December 2012 and the implementation tool launched in October 2013.

Implementing Comprehensive HIV/STI  
Programmes with Sex Workers  
PRACTICAL APPROACHES FROM COLLABORATIVE INTERVENTIONS



### 5 COMMUNITY-LED EFFORTS. INPUT & AUTHORSHIP

- ❖ GSHI helped secure funding from MacAIDS for HUSTLE/HIM to support online and venue-based outreach for CHAPS, and has also supported, collaborated or advised on a number of community-led project applications with WISH, SWAN, Pivot, SWUAV and HIM.
- ❖ GSHI publishes peer review research with affected community members as co-authors to ensure our research is engaged, inclusive and meets the highest ethical and scientific standards, including:
  - Ongoing consultation and co-authorship of four recent papers with SWUAV members.
  - Consultation with indoor sex workers on findings from our recent work environment project.
  - Input and co-authorship from two experiential experts and transgender individuals on two papers by Dr. Tara Lyons from interviews with transgender sex workers.
  - Collaboration with Pivot on the experiences of sex workers with the VPD's new non-harassment policy.

# Contributing to International Consultations & Policy Guidelines

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December



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## Implementation of the Report

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## UNDP and UNFPA Meeting of Experts to Reflect on the Recommendations of the Global Commission on HIV & the Law Related to Sex Work

Published on Saturday, 26 April 2014 14:22



Empowered lives.  
Resilient nations.

UNDP and UNFPA convened a meeting of experts on 24-26 April 2014 in New York to examine strategies to reflect on the recommendations of the Global Commission on HIV and the Law related to sex work. The participants were composed of experts from sex work communities, human rights and HIV, women's rights, anti-trafficking groups, academia, and donors and individuals from UN agencies working on sex work-related issues. Informed by the various disciplines and multiple perspectives of participants, the discussions aimed to

reflect on the Commission's recommendations and to deliberate on ways forward in advancing the best rights-based policy frameworks on the issue of sex work and HIV as well as the evidence available and required to inform robust and rational



**Specific KT Examples:**  
***What Works? Challenges?***

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# 1. Evaluating Community-Led Programming



## Drug and Alcohol Dependence

journal homepage: [www.elsevier.com/locate/drugalcdep](http://www.elsevier.com/locate/drugalcdep)



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THE GLOBE AND MAIL • 1

### PROSTITUTION

# Van patrol helps sex workers access drug treatment: study

Vehicle roams between 10:30 p.m. and 5:30 a.m. providing a safe space for prostitutes

TAMSYN BURGMANN VANCOUVER

A special van driven by former sex-trade workers that does late-night patrols of Vancouver's grim Downtown Eastside seven days a week has become a meaningful route for prostitutes to get drug treatment.

Women who sell sex from the city's shadowy alleys and hidden industrial areas are four times more likely to enter detox programs if they've crossed paths with the van and its staff, according to a study published this week.

"The van's been really effective in making connections with people who need them," Kate Gibson, whose drop-in centre, WISH, operates the vehicle, said of the findings published in the peer-reviewed journal *Drug and Alcohol Dependence*.

10:30 p.m. and 5:30 a.m. providing a safe space for prostitutes to rest, drink water, receive condoms and clean syringes and get referrals to health resources. Staff also take bad-date reports and bring them to police for women wary of directly contacting authorities.

The study, conducted from 2006 to 2008 by the BC Centre for Excellence in HIV/AIDS and the University of British Columbia, sought to evaluate the van's impact on the women it has served for most of the past 6½ years. The project began in 2003 in response to rising awareness of attacks and the murder of street prostitutes after charges were laid against serial killer Robert Pickton.

Of some 242 sex workers who were interviewed, the study



**It's sex workers reaching out, creating a very non-judgmental and safe place to access services.**

**Kate Shannon, the study's senior author and an assistant professor in the department of medicine at UBC**

never encountered it. Every month last year, women made about 1,300 contacts with the van, and staff distributed 8,000 condoms and 4,800 clean syringes.

"The peer-based component is certainly an important piece," said Kate Shannon, the study's

access services."

Which is crucial, because many of the women who actually meet the van's staff have been pushed to the extreme margins of society, Shannon said.

"(The van) can serve as their first and sometimes only point of contact."

Trust, and the ability of the female staff to relate to those in need based on their experiences, and the patrol's consistency, is the other grease that keeps the program rolling so well, Ms. Gibson added. Running the van costs \$250,000 a year, and is funded by the province and the city. Ms. Gibson said she believes the concept would be welcomed in other cities close to home.

"It's that direct contact that means a lot to the women and al



A peer-led mobile outreach van and resident Canadian set

Kathleen N. Deane  
Kate Gibson<sup>d</sup>, La

<sup>a</sup> School of Population and P

<sup>b</sup> BC Centre for Excellence in

<sup>c</sup> Department of Medicine, U

Canada V5Z 1M9

<sup>d</sup> Women's Information Safe

<sup>e</sup> Prostitution Alternatives C

### ARTICLE IN

#### Article history:

Received 25 February 2010

Received in revised form 3

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Available online 21 August

#### Keywords:

Mobile outreach

Female sex workers

Drug use

HIV risk

Addictions treatment



# 2. Evaluating the Unintended Impacts of Policies & Challenging Public Misconceptions

Epidemiology

BMJ 2012;345:e5845 doi: 10.1136/bmj.e5845 (Published 3 September 2012)

Page 1 of 2

## SHORT REPORT

Sex work and the public health

Of National Post

Kat  
Juli

# NEWS

ABS  
Obje

## Prostitutes at risk during study says

Tom Blackwell Apr 1, 2012 – 11:50 PM ET | Last Updated: Apr 1



Pre/Post  
Exposure

4x ↑ poli  
7x ↑ diff

No evidence  
No report

## EDITORIALS

### Fears of an influx of sex workers to major sporting events are unfounded

No evidence supports these recurrent moral panics

Kathleen Deering *postdoctoral research fellow*, Kate Shannon *assistant professor*

Department of Medicine, University of British Columbia, Vancouver, BC, Canada V6Z 1Y6

Sensationalised public messaging and media reports raised alarms about the potential for a massive sex work boom, intensified people trafficking, and sexual exploitation in the lead up to the 2012 London Olympics Games.<sup>1,2</sup> Fears of an influx of sex workers and increased demand for sex work during major sporting events are often raised in the context of increased public health risks for HIV and other sexually transmitted infections, both in terms of risk for local sex workers and for tourists. This was also seen in the lead up to other Olympic (Canada) and FIFA World Cup events (South Africa, Germany), and such concerns continue to be replicated despite a lack of public health evidence to support them.

Research that examined past events in Germany, South Africa, and Canada could not substantiate any of the myths about an increase in sex work and trafficking.<sup>3</sup> The 2006 World Cup in Germany resulted in a negligible increase in sex workers, and concerns about trafficking were deemed groundless.<sup>4</sup> No evidence of a mass influx of foreign sex workers advertising online and in local newspapers was seen during or after the 2010 World Cup in South Africa (compared with before).

Furthermore, no increase in sex work (numbers of clients) or an increase in risk of HIV transmission (reduced condom use) was seen among sex workers.<sup>5</sup> Similarly, a before-event versus post-event analysis found no evidence to support concerns of an influx of sex workers or reports of trafficking during the 2010 Olympics in Canada. Instead, these studies suggested that local planning and enforcement efforts (such as road closures, heightened security) had negative effects on the health and safety of sex workers, including increased police harassment

handed enforcement approaches.<sup>1,7</sup> Numerous botched police raids on brothels to combat alleged increases in sex trafficking were reported, with a dismal estimated 1% success rate of finding people who had been trafficked.<sup>7</sup> Accounts of street and indoor sex workers being targeted have been common as part of municipal clean-up efforts to hide visible homelessness and illegal substance use, with the most intensive policing occurring in east London in the vicinity of the Olympic Park.<sup>8</sup>

In England, sex work is quasi-criminalised: although the buying and selling of sex between consensual adults is not illegal, most key aspects of sex work are, which effectively makes the practice of sex work nearly impossible without breaking the law. The ramping up of policing and efforts to remove visible sex work are common practice during large scale sporting events, particularly in regions where sex work is criminalised or quasi-criminalised. Such tactics, rather than achieving the goals of reducing public harms, simply displaced sex workers in London to areas with no access to support and services, effectively placing sex workers at higher risk of violence, and increasing fear and mistrust of police.<sup>1,9</sup>

A growing body of peer reviewed research globally has linked criminalised and punitive approaches to sex work with increased risks for HIV and other sexually transmitted infections, violence (including murder), and reduced access to health and support service among sex workers.<sup>2,9-12</sup> Enforcement approaches to sex work (for example, police crackdowns, harassment, and tactics that increase fear of violence or arrest) such as occurred in the lead up to London 2012 can have substantial negative effects

<sup>1</sup>Division of AIDS, Department of Medicine, Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada V6Z 1Y6; gshi@cfenet.ubc.ca

<sup>2</sup>B.C. HIV/AIDS Column

<sup>3</sup>HUS Reso

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<sup>18</sup>Vanc

<sup>19</sup>Canada, V6Z 1Y6;

<sup>20</sup>gshi@cfenet.ubc.ca

<sup>21</sup>Accepted 20 February 2012

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<sup>23</sup>to 3.

<sup>24</sup>road

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<sup>27</sup>...

# 3. Evaluating Unsanctioned Housing Policies as Safer Sex Work Models

## Indoor sex work is safer than the streets: report

BY NEAL HALL, POSTMEDIA NE



Supreme Court  
of Canada

Cour suprême  
du Canada

### Negotiating Safety and Sex in Un A Qu

Legal questions arise as Vancouver housing turns blind eye to sex

BY TARA CARMAN, VANCOUVER SUN MAY 10, 2012

[Home](#) > [Cases](#) > [SCC Case Information](#) > [Summary](#)

### Cases

### SCC Case Information

### Summary

34788

**Attorney General of Canada, et al. v. Terri Jean Bedford, et al.**

(Ontario) (Criminal) (By Leave)

### Keywords

Canadian charter - criminal - Freedom of expression (s. 2(b)), Criminal law.

### Summary

**Case summaries are prepared by the Office of the Registrar of the Supreme Court of Canada (Law Branch) for information purposes only.**

Charter of Rights and Freedoms – Security of the person – Freedom of Expression – Criminal Law – Prostitution – Whether definition of “common bawdy house” and common bawdy-house offences as they relate to prostitution violate s. 7 of the Charter and are not saved by s. 1 of the Charter – Whether offence of living on the avails of prostitution violates s. 7 of the Charter and is not saved by s. 1 of the Charter – Whether offence of communicating in public for the purposes of prostitution violates ss. 2(b) or 7 of the Charter and is not saved by s. 1 of the Charter – If constitution is infringed, appropriate constitutional remedy or remedies – Criminal Code, R.S.C. 1985, c. C-46, ss. 197(1), 210, 212(1)(j) and 213(1)(c) – Canadian Charter of Rights and Freedoms, ss. 2(b) and 7.

The respondents, former and current sex trade workers, challenged the constitutional validity of s. 210



Janice Abbott, Executive Director at Atira Women's Resource Society, in an East-side neighbourhood.

**Photograph by:** Bem Nelms, National Post Files

VANCOUVER - Subsidized housing residences that

# 4. Evaluating Policing Strategy & Anticipating Laws

Open Access

Research

## BMJ Open Criminalisation of johns increases vulnerabilities for vulnerable sex workers

From: Canadian Association of  
Subject: [Test] New release  
Date: June 4, 2014  
To: kshannon@

# CANADA

TRENDING

Elijah | Silent No More | Adams | Fahmy | Oil prices | Oscars | Target | Leafs | NHL

### Criminalizing johns endangers sex workers, B.C. study says

News Release  
endangers Var



RACHEL BROWNE, NATIONAL POST STAFF | June 3, 2014 2:55 PM ET  
More from National Post Staff

Republish  
Reprint

To cite: Krusi  
Bird L, et al  
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BMJ Open  
doi:10.1136  
005191

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Received 5  
Revised 4  
Accepted 2



New  
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Dear Member

This morning  
research publ  
and co-autho  
publication is  
Andrea Krusi  
discussions. /  
evidence for  
entitled: 'My  
Canada'.



"Leslie" works the corner at Heatley and Cordova in Vancouver on March 13th, 2012

SIMON HAYTER FOR THE NATIONAL POST

A B.C. study suggests criminalizing johns endangers sex workers and fails to eradicate the demand for paid sex.



# 5. Coordinating an Academic Open Letter to MPs, Gov't Leaders



BRITISH COLUMBIA  
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in HIV/AIDS

Time for

**More than 300 Canadian academics call for the decriminalizing the**

*Open letter issued to the federal government this n  
critical evidence-based policy and strongly*

**Vancouver, B.C. [March 27, 2014]** — In an open more than 300 academics and researchers are calling Canada and voicing strong opposition to criminalizir

On December 20, 2013, in a unanimous decision, criminal laws relating to prostitution as causing h workers. The Government of Canada was given un choose to.

The signatories express their concern that the federal legislation that would criminalize the purchasing of Model, the letter states criminalizing the purchase strongly suggests it would recreate the same social an

“Evidence in Canada and globally has clearly showr whether targeting sex workers, their working coi devastating consequences on the safety, health, and h associate professor of medicine at the University o Sexual Health Initiative. “The Supreme Court of C government continues to ignore the science.”

The letter, addressed to the leaders of the five federa this morning, expresses concerns the Canadian gov Canada, Sweden, Norway, and globally demonstratin

## FULL COMMENT

TRENDING

Calgary stabbing | Canadians | Fisherly | MH370 | Ukraine | Rob Ford | Trudeau | BlackBerry

### Shannon, Bruckert & Shaver: Canada must set sex workers free



KATE SHANNON, CHRIS BRUCKERT AND FRANCES SHAVER, NATIONAL POST | April 7, 2014 | Last Updated: Apr 3 3:29 PM ET  
More from National Post



The evidence is overwhelming. Criminalizing any aspect of the sex trade puts sex workers at increased risk of violence.

REYTMAD LARSEN/OWIF/Getty Images

The unanimous decision by the Supreme Court of Canada in the Bedford case last December was a very clear: the current criminalization regime is not only ineffective at protecting sex workers but is having devastating consequences on sex workers' safety, health and human rights.

As the Global Commission on HIV and the Law so aptly stated: “the law is the torturer’s fist or the healer’s hand.” The law is a powerful tool to reduce global social and health inequities and ensure human rights for all, but it is also a dangerous weapon with which to limit the rights of

**Jesse Kline: The wrong way to deal with prostitution**

# 6. Press Conference with Community, Open Letter to Government Prior to Law Change

Open Access

Research

## BMJ Open Criminalisation of clients: reproducing vulnerability, poor health and poor health in Canada

A Krüsi,<sup>1</sup> K Pacey,<sup>2</sup>  
J S Montaner,<sup>1,4</sup> T

**To cite:** Krüsi A, Pacey K, Bird L, *et al*. Criminalisation of clients: reproducing vulnerabilities for violence and poor health among street-based sex workers in Canada—a qualitative study. *BMJ Open* 2014;4:e005191. doi:10.1136/bmjopen-2014-005191

► Prepublication history and additional material is available. To view please visit the journal (<http://dx.doi.org/10.1136/bmjopen-2014-005191>).

Received 5 March 2014  
Revised 4 May 2014  
Accepted 21 May 2014

### ABSTRACT

**Objectives:** To explore the policing of sex buyers (clients) shapes sex workers' work transactions including risk transmitted infections (STIs).

**Design:** Qualitative and triangulated with sex work data and publicly available data.

**Setting:** Vancouver, Canada. Opportunity to evaluate the criminalisation of clients as the 2013 that prioritises sex work while continuing to target sex workers.

**Participants:** 26 cisgender who were street-based sex workers in semistructured interview conditions. All had exchanged sex in the previous 30 days in Vancouver.

**Outcome measures:** Transcripts and ethnographic data on how police enforcement of working conditions and risk of violence and HIV/Syphilis postpolicy implementation.

**Results:** Sex workers' narratives indicated that the high level of visibility, they sex workers and showed increased vulnerability to police enforcement.

From: Canadian Academics & Researchers [gshi-ks@cfnenet.ubc.ca](mailto:gshi-ks@cfnenet.ubc.ca)  
Subject: [Test] New research/reports on criminalization of clients  
Date: June 4, 2014 at 9:17 AM  
To: [kshannon@cfnenet.ubc.ca](mailto:kshannon@cfnenet.ubc.ca)

CA

News Release: New research shows criminalization of clients endangers Vancouver sex workers and violates their human rights

[View this email in your browser](#)



Gender & Sexual Health Initiative



BRITISH COLUMBIA  
CENTRE for EXCELLENCE  
in HIV/AIDS



News Release: New research shows criminalization of clients endangers Vancouver sex workers and violates their human rights

Dear Member of Parliament,

This morning we held a press conference at SFU Harbour Centre to announce the release of a new research publication by the Gender & Sexual Health Initiative team of BCCfE and UBC, in collaboration and co-authorship with Sex Workers United Against Violence (SWUAV) and Pivot Legal Society. The publication is in one of the top global public health journals, *British Medical Journal (BMJ) Open*, by Andrea Krüsi of GSHI/UBC and colleagues, comes at a critical junction in Canadian sex work policy discussions. A second community report and legal analyses of the *BMJ Open* research, alongside evidence from Sweden and Norway, was also released today, by Pivot Legal Society, SWUAV and GSHI, entitled: 'My Work Should Not Cost Me My Life: The Case Against Criminalizing the Purchase of Sex in

# Lessons Learned in KT with Marginalized Communities...

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- ❁ Integrated KT is critical with marginalized populations & affected communities as is a process embedded in the research, not just an end-product
- ❁ Developing processes and structures (e.g. roundtables, inclusion of staff with lived experience, advisory boards) are critical to ensure research is reflective of current issues, ethically grounded in community, and that science can inform policy and practice
- ❁ Engagement with policy makers and practice leaders takes a diversity of approaches and methods
  - = There is no “one size fits all” in KT

# AESHA Project Team, Partners, & Advisories

---

**Co-Investigators:** Jean Shoveller, Gina Ogilvie, Steffanie Strathdee, Thomas Kerr, Evan Wood, Julio Montaner, Charlotte Reading, Silvia Guillemi, Deborah Money, Mary Kestler, Andrea Krusi, Kathleen Deering, Shira Goldenberg

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Women's Information Safe Haven (WISH), Positive Women's Network (PWN), YouthCO AIDS Society, Oak Tree/ BC Women's Hospital, Hustle/Health Initiative for Men (HiM), Options for Sexual Health, VCH, BCCDC, PACE, ATIRA, RainCity, Pivot Legal Society, Canadian HIV/AIDS Legal Network

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- Dr. Carmen Logie, University of Toronto

## Positive Women's Advisory Board Community Partner Advisory Board

### Knowledge Users & Co-Is cont'd:

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  - Sarah Chown, YouthCO
  - Jesse Brown, PAN
  - Terry Howard, GlassHouse Consultants
  - Andrea Langlois, PAN
  - Sandra Chu & Cécile Kazatchkine, Canadian HIV/AIDS Legal Network
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[www.gshi.cfenet.ubc.ca/SHAWNA](http://www.gshi.cfenet.ubc.ca/SHAWNA)



# For Questions, More Information...



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THANK YOU TO THE POSITIVE WOMEN'S ADVISORY BOARD,  
COMMUNITY ADVISORY BOARD, AND COMMUNITY PARTNERS!



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