



Brief

Submission to the House of Commons Standing Committee on the Status of Women

Human Trafficking of Women, Girls, and Gender Diverse People

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The Women and HIV / AIDS Initiative (WHAI) is a community-based response to HIV among Cis and Trans women, Two-Spirited and Non-Binary Femme people in Ontario, Canada. Our team works in 16 regions across Ontario with a focus on building community capacity to reduce HIV transmission, enhance local community capacity to address HIV, and build safer environments to support femme people living with HIV and who face structural risks related to HIV. In particular, our work focusses on populations disproportionately impacted by structural risk factors including those who are African, Caribbean, Black, Indigenous, newcomers, who use drugs, have experienced violence, sex work, and / or who have been incarcerated.

In my position as the Provincial Director of WHAI, I have seen a clear increase in funding, policy, and community organizing related to sex work criminalization and the surveillance, under the guise of addressing human trafficking - which has disproportionately impacted the populations identified above. In particular, Bill C-36 (Protection of Communities and Exploited Persons, Act 2014), Bill 251 (Combating Human Trafficking, 2021), the Immigration and Refugee Protection Act (2012), and Ontario's "Anti-Human Trafficking Strategy" (2021) have created comprehensive, moralistically based interventions framed as strategies to address human trafficking, which exacerbate health, safety, and economic risks for WHAI's priority populations. Examples of these interventions include screening protocols to assess if women may be trafficked, criminal raids to "rescue" trafficked women, and municipal by-laws to prevent sex work and unlicensed massage parlor work. More broadly, these systems of surveillance and criminalization result in sex workers working in isolation, without support, safety, and often without access to health care, resulting in increased experiences of violence, contributing the gender-based poverty, discrimination, and deportation of migrant women, and increasing risk for HIV and other STBBIs. These results directly contribute to the disproportionate burden of HIV impacting WHAI's priority populations. In particular, of the 4,288 women currently living with HIV in Ontario, the most recent epidemiological data shows that 44% of newly diagnosed women are Black, 13% are Indigenous, and 25% acquired HIV through shared drug use paraphernalia. The interventions noted above further risk for each of these populations specifically, heightening risk for HIV and other STBBIs alongside risk for violence, criminalization, deportation to unsafe living conditions, and more. Without access to health care, HIV testing, and harm reduction services, these numbers will continue to grow. The increase in systems of surveillance and criminalization contribute directly and indisputably to barriers these populations face in accessing these invaluable and critical services. In addition to these systems of surveillance and criminalization, over \$307,000 has been invested in this work Ontario-wide (and even more nationally), resulting in wide reaching community organizing towards these efforts, rooted in broad, moralistic, and paternalistic approaches to the criminalization of sex work and anti-human trafficking organizing, furthering stigma and discrimination and extending existing barriers to care for WHAI's identified priority populations.

Sex work has a long history in Canada, fostering women's economic autonomy and empowerment. As noted in "Sexualized Nationalism and Federal Human Trafficking Consultations: Shifting Discourses on Sex Trafficking in Canada" Durisin and van der Meulen, the history of repressive and damaging sex work law in Canada is extensive, dating back to the 1970s. For example, Bill C-49 (1985) criminalized communication about sex work, later becoming section 213 of the Criminal Code enacting systems of gentrification and criminalizing street-based sex workers. This law limited sex worker capacities to communicate in public (and safe) spaces about sex work, negotiate safety, and further, it established and extended state power for the criminalization of sex workers. Laws criminalizing sex work and creating systems of violence, health risk, and criminalization can be found throughout Canadian history, without success of ending sex work or human trafficking.





The decriminalization of sex work, and removal of systems of surveillance would promote safety, access to health care, reduce systemic racism, reduce HIV incidence, and risk, and ensure WHAI's priority populations autonomy, health, and Charter of Rights. As noted in "Global epidemiology on HIV among female sex workers: influence of structural determinants" (2015) "Female sex workers (FSWs) bear a disproportionately large burden of HIV infection worldwide" and modelling shows that the "elimination of sexual violence alone could avert20% of HIV infections in Canada ...through its immediate and sustained effect on noncondom use among FSWs and their clients in the next decade." Moreover, research clearly shows that the "Decriminalization of sex work would have the greatest impact on the course of HIV epidemic across all settings, averting 33-46% of HIV infections in the next decade. Multipronged structural and community-led interventions are crucial to increase access to prevention and treatment and to promote human rights for FSWs worldwide." Furthermore, as noted by the Canadian Legal Network, "So long as sex work is criminal in Canada, sex workers cannot enjoy their international and Charter rights to freedom of expression, freedom of association, security of the person, right to work, and right to enjoy just and favourable conditions of work" https://www.hivlegalnetwork.ca/site/our-work/sex-work/?lang=en.

Supporting sex worker organizing, safety, human rights, and access to health care is critical to safer communities, public health, and WHAI's priority populations safety. The removal of systems of criminalization related to sex work, ensuring immigration status for all without exception, and reframing funding for anti-human trafficking to support sex work organizing, rights and safety are critical to this work. WHAI stands in solidarity with the Canadian Alliance for Sex Work Law Reform and other sex work advocacy groups advocating for the decriminalization of sex work, and the right to safety, health, and economic autonomy of sex workers across Canada.

- 1. Remove criminal, immigration and municipal laws and regulations that contribute to the surveillance and criminalization of sex workers, including Bill C-36, Bill –251, and the Immigration and Refugee Protection Act.
- 2. Support immigration status for all in Canada, without exception and without limitation to health care and other community services.
- 3. Ensure strong and inclusive health care access for all in Canada.
- 4. Redirect and reframe funding away from human trafficking to ensure support for sex worker rights, safety, and health.
- 5. Invest in and ensure the leadership of sex workers and sex worker led organizations in legal, safety and health policy.
- 6. Invest in the leadership of Black, Brown, Asian, Indigenous and Migrant led sex work organizing and advocacy in policy change.

As the Provincial Director of WHAI, we call on the government to decriminalize sex work entirely, and to invest in systems of sex work driven health, safety, and autonomy. These actions would contribute directly and specifically to the reduction in HIV rates, the reduction of violence, women's health, and women's economic security.