A working paper prepared as background to

Building on the Evidence: An International Symposium on the Sex Industry in Canada

September 22-23, 2014

By

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Funded by

Institute of Gender & Health

Preamble

This working paper is an early output from a national research program that involves five interconnected studies. These studies have examined the perspectives and experiences of each of the following: 1) those who sell sexual services, 2) intimate partners of workers, 3) those who buy sexual service, 4) those who manage the services, and 5) those involved in regulating the industry or providing health and social services. Further information about the research program is available at http://www.understandingsexwork.com.

The ultimate goal of the project is to broaden the knowledge base relative to the sexual service industry in Canada and to produce knowledge that can usefully inform policies and practices aimed at improving the safety and health of *all* involved in the industry. This paper is a first step in fulfilling that mandate. But in order for us to reach our goal of broadening the knowledge base, we need to engage a wide network of collaborators (people in the industry, policymakers, providers of health and social services, and the community at large) in the process of reflecting on and understanding the emerging picture of the Canadian sex industry.

To start that process, we are hosting an international symposium and workshop in Ottawa on September 22-23, 2014. Whether you are able to participate in those events or not, we welcome your feedback related to the data presented in this paper. Please visit http://www.understandingsexwork.com/contact to find ways to send comments to us.

The Sex Industry in Canada: Summary of Early Findings

Most studies of the sex industry have focused on the individual characteristics of people working in the industry or on the immediate relationships in which these individuals are involved. Our national research program took a broader view.

Based on our study, many of the people linked to Canada's sex industry—workers and their intimate partners, managers and clients—have much in common with other Canadians. By and large, they are Canadian-born, Caucasian, in their 30s or 40s with a high school diploma and some form of post-secondary education or training.. Sex work, like many other types of personal care work is diverse and requires a variety of skills including the ability to interact and communicate effectively and be sensitive to non-verbal communication. The majority of sex workers we interviewed reported overall satisfaction with selling sexual services.

Nevertheless, people involved in the sex industry report poorer physical, emotional and mental health than do other Canadians. While we explored individual factors and noticed, for example, an association between an overall experience of childhood disadvantage and sex work involvement, our preliminary findings also point to the contribution of punitive laws and regulations, stigmatizing public attitudes and institutionalized practices that make it difficult for sex workers and others involved in the sex industry to access protections and supports like other Canadians. The emerging more-complete picture suggests several key messages.

Emerging messages

Most sex workers do not feel exploited and most sex buyers are not oppressors. While there are a small number of people who prey on the vulnerable in the sex industry, just as there are in almost any other industry, most of the buyers we surveyed are simply individuals seeking to purchase a service they feel they need. Most do not see themselves, nor are they perceived by those they pay, as exploiters or even as enjoying a position of power in the transaction.

Much of the vulnerability experienced by some sex workers has little or nothing to do with sex work. As a group, sex workers experience lower than average levels of physical and mental health, higher levels of stress, depression and post-traumatic stress disorder, higher rates of disability and a variety of other factors that contribute to poor health outcomes. For some, these health outcomes relate to various experiences of disadvantage in childhood and adolescence. While these factors frequently interact to constrain opportunities, increase risk and negatively impact health and wellbeing, they often have little or nothing to do with sex workers' interactions with clients which usually go smoothly for both parties.

Sex work provides an opportunity for some individuals. The two most commonly cited reasons for first selling sexual services are money and flexibility. The evidence suggests that many sex workers choose to sell sexual services because they are able to make more money and sex work provides them with more flexibility and autonomy compared to other jobs available to them. For many this means being able to care for themselves and their children. It is important to consider how this story of opportunity – often opportunity to meet basic human needs – operates across the age spectrum for those who engage in selling sexual services.

Tensions involving sellers, buyers and managers occur in the sex industry, but they are not endemic. Tensions and conflicts occur in all service industries. In the sex industry, whether interpersonal tensions develop into conflict and whether they escalate into violent victimization depends, to a large extent, on the service context that shapes the interactions between sellers, buyers and, in some cases, managers. Violence is relational and multi-directional and shaped by factors at personal, social and societal levels.

Service environments more removed from normal networks of social regulation and control increase the likelihood of escalating serious conflict. The current social and legal context provides little protection for workers, partners, managers or buyers thus increasing the likelihood that some tensions will escalate into conflicts. Some contexts (e.g., street level interactions) are clearly more risky than others.

Stigma, fear and isolation are common experiences in the sex industry. Stigma, discrimination, fear and isolation increase the potential for interpersonal tensions between sellers, buyers and managers to develop into conflict and escalate. Efforts to reduce stigma, increase social integration and reduce barriers to services and supports will decrease conflict and violent victimization. This will require attention to changing the social structures of power.

Punitive laws make it difficult for others to provide protection for those involved in sexual exchanges. Findings from across our projects show that punitive laws operate in a number of ways to reduce the safety of people connected to the sex industry: buyers are reluctant to inform police when they see a sex worker being harmed, managers cannot easily make condoms available in managed sex environments due to fear of being charged with running a bawdy house, intimate partners of sex workers find it difficult to enhance their partner's safety for fear of being charged with contributing to prostitution, police are constrained from reaching sex workers in need by the workers' fear of being charged, health and social service organizations find it difficult to reach many sex workers who prefer to remain hidden for fear of being apprehended or belittled, and legislators remain confused about who to help and who to punish.

Emerging questions

How do **social-structural issues such as gender, class and race** relate to experiences of exploitation and empowerment in the sex industry?

How do the **contexts of service encounter and community factors** influence experiences of exploitation and empowerment?

What role do factors such as **physical features, family values and beliefs, early life experiences and current life vulnerabilities** play in shaping exploitation in the sex industry?

How do **policing policies and practices** influence the sex industry and experiences of exploitation and empowerment?

Does **institutional collaboration and an emphasis on collective impact** make a difference to the health and safety of persons involved in the sex industry?

How can various **legislative and regulatory tools** (e.g., criminal justice, labour, health and safety, taxation) effectively improve outcomes for people involved in the sex industry?

Introduction

In recent decades, Canadians have experienced a dramatic decrease in premature mortality and an increase in disability-adjusted life expectancy. Yet these benefits are not universal. While workers in most industries have benefitted, some individuals involved in the sex industry still experience comparatively poor physical, emotional and mental health as well as elevated risks of violence, victimization and premature death. Many causes contribute to these differences. The trial of Robert Pickton and later the Missing Women Inquiry led by Commissioner Wally Oppal highlighted the contribution of public attitudes and institutionalized practices, while the recent rulings by Canadian courts, including the Supreme Court of Canada, underscored the negative consequences of current legal frameworks.

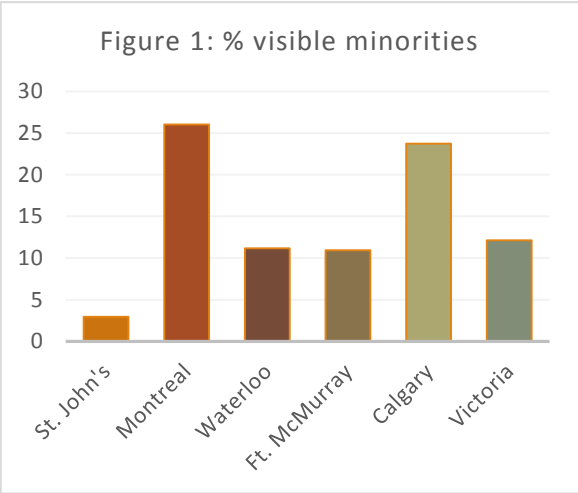
This report presents initial findings from a national research program, *Team Grant on Contexts of Vulnerabilities, Resiliencies and Care among People in the Sex Industry,* funded by the Institute of Gender and Health (part of the Canadian Institutes of Health Research). The research program brought together a heterogeneous team of knowledge users, collaborators, scholars and trainees to identify key social and individual factors linked to violence and vulnerabilities in the Canadian sex industry. The project developed a nuanced understanding of the industry's transactional dimensions (i.e., the buying, selling and managing of sex services) and the multidimensional relationships of those involved in the industry.

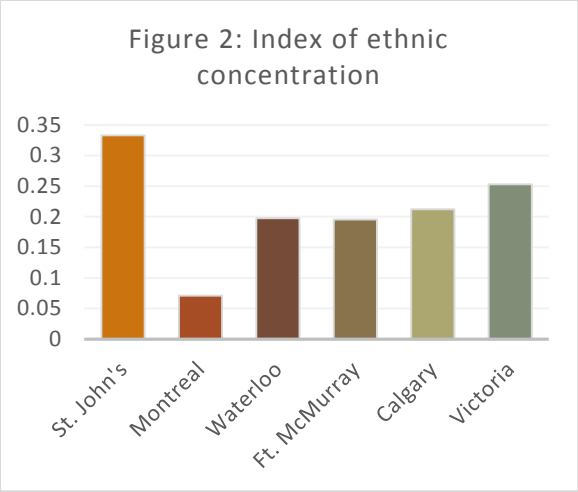
Most studies of the sex industry, as well as the preamble to the proposed new Canadian prostitution law, Bill C-36 (Department of Justice Canada, 2014), have focused on the individual characteristics of people working in the industry or on the immediate relationships in which these individuals are involved – usually on relationships in crisis. Our national research program took a broader view. It involved five studies that examined the perspectives and experiences of each of the following: 1) those who sell sexual services, 2) intimate partners of workers, 3) those who buy sexual services, 4) those who manage the services, and 5) those involved in regulating the industry or providing health and social services.

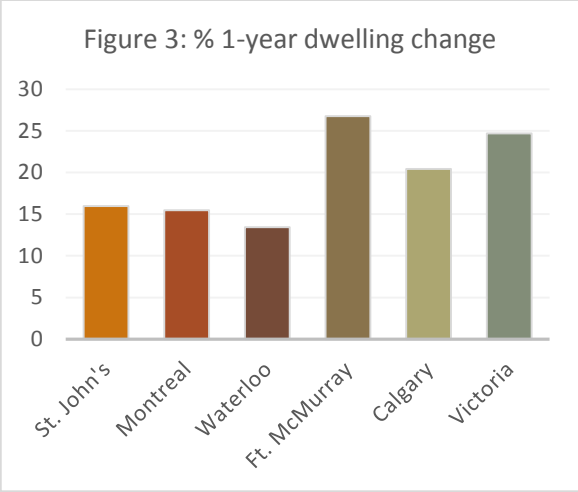
The ultimate goal of the project is to produce knowledge that can usefully inform policies and practices aimed at improving the safety and health of *all* involved in the sex industry. This report is a first step in fulfilling that mandate. We are presenting preliminary findings at this time in the hopes of engaging a wide audience in the process of reflecting on and understanding the emerging picture of the Canadian sex industry.

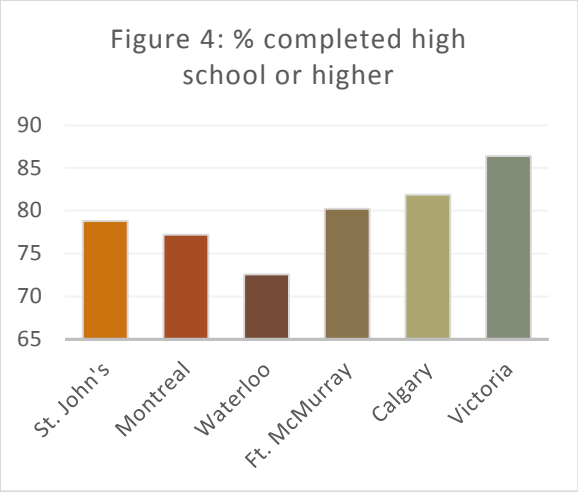
Research Sites

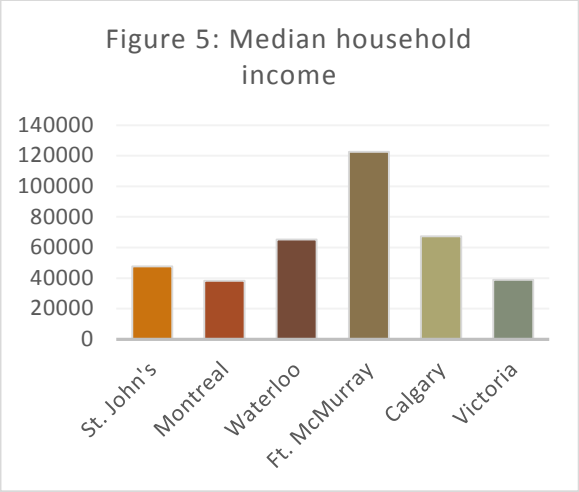
The projects' five separate but interrelated studies collected data from six urban or regional centres in Canada: St. John's, NL; Montréal, QC; Kitchener (including organizations in Waterloo and Cambridge), ON; Wood Buffalo (Fort McMurray), AB; Calgary, AB; and Victoria, BC. These research sites were selected from a sample of 93 Canadian cities on the basis of 14 census measures that reflect six social and institutional factors. Our objective was to represent, as much as possible, the diversity of social, political, and cultural contexts that are likely to condition the organization and practices relating to the sex industry in Canada. For example, there is considerable variation in the percentage of the population who are visible minorities (Figure 1), social/cultural homogeneity measured by ethnic concentration (Figure 2), population mobility, i.e., the percentage of people who report a dwelling change in the past year (Figure 3), educational levels (Figure 4), and median household incomes (Figure 5).











Participants

This project focuses on adult persons involved in the sex industry. Our operational definitions therefore reflect this focus whether they be about the services, participants, organizations or locations considered. The project used the following definition of sexual exchange: the exchange of sexual services for money which necessarily, but not exclusively, includes direct physical sexual contact between a sex worker and her/his client. Criteria for inclusion in the sex worker study were as follows: they a) were 19 years or older, b) were legally able to work in Canada, and c) received money for exchange of sexual services on at least 15 different occasions in the previous 12 months in one of the six geographical areas we studied. Workers who had lived with their spouse/partner for three months or longer were invited to participate in couple interviews where each partner was interviewed separately and then together. People were eligible for the manager study if they met the following criteria: they a) were 19 years or older, b) earned an income from managing sex workers for six of the last 12 months, including training, hiring, monitoring, disciplining and setting workplace standards, and c) instructed or directed sex workers in the performance of their duties. In order to be included in the client study, participants had to: a) be 19 years or older, b) be current Canadian residents, 3) live or primarily purchase sexual services in one of the six geographical areas, and, 4) have purchased sexual services on 10 or more occasions in their lifetime. Participants in the law and regulation study were selected through an interactive process. Since we were interested in the laws, regulations and services and their application to those working in the sex industry, we sought participants who were familiar with the agencies, organizations and groups implicated in their formulation, application and impacts. The only

other criteria for inclusion was direct or indirect contact with people involved in the sex industry through their work activities. We identified service providers, city councillors, licensing and justice officials, as well as police officers. Some were suggested as key stakeholders by our onsite community partners; others were recommended by those we interviewed.

In total, our investigators surveyed and conducted interviews with 218 sex workers, 258 clients, 35 spouses/ intimate partners of sex workers, 55 sex industry managers (38 escort services, 17 massage businesses), and 106 people involved with creating and enforcing laws and regulations or providing social services related to the sex industry.

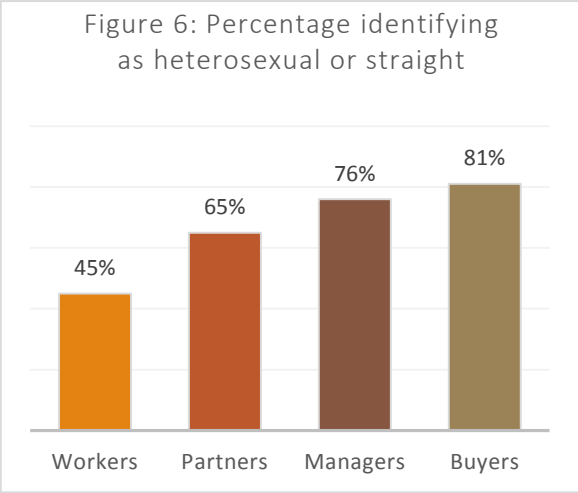
Demographics

Based on our study, many of the people linked to Canada's sex industry—workers and their intimate partners, managers and clients—have much in common with other Canadians. By and large, they are Canadian-born, Caucasian, in their 30s or 40s with a high school diploma and some form of post-secondary education or training completed or in progress. For example, 15% of the sex workers, 28% of managers and 33% of the sex buyers in our study had a bachelor's degree or higher. By comparison, 24% of the Canadian population between 25 and 64 years of age had these degrees in 2006 (Statistics Canada, 2008).

Just over half of the workers we interviewed were in a significant intimate relationships (27% of sex workers and 42% of managers were married or living common-law) and the majority of these described their relationships as a source of satisfaction (e.g., 70% of sex workers and 75% of intimate partners say they are satisfied or very satisfied with their relationship). Among the buyers we surveyed, 57% reported they were involved in an intimate or romantic relationship with someone who was not a sex worker (47% were currently married or living common-law) and most (64%) described these relationships as meaningful.

Many people who work in the sex industry indicated that they are raising children or financially supporting family members or others (e.g., 39% of the sex workers in our study and 62% of managers had at least one dependent person). Most lived in rental houses or apartments though some owned their own homes (e.g., 12% of sex workers, 33% of managers). This is, however, considerably less than the 69% of Canadian household that own their dwelling according to the 2011 National Household Survey (Statistics Canada, 2013).

While the majority of the sex workers in our study identify as women (77%), 17% identify as men, and there are some (6%) who identify as other genders, including those who see themselves as trangender or as gender-fluid. Conversely, 98% of clients identify as male, 1% as female and less than 1% intersex or transgender. As indicated in Figure 6, the majority of people we interviewed identify as straight (e.g., 65% of partners, 76% of managers, 81% of clients), whereas only 45% of sex workers identify themselves this way (38% identify as bisexual or bi-curious, 6% as gay or lesbian, and 11% reported other sexual orientations). It is important to note that 19% of clients identify as bisexual, gay or questioning.



A majority of sex workers interviewed (66%) said their gender presentation while working is different than in their personal lives. Most reported they are more feminine in their work lives. However, 21% of women, 30% of men and 40% of those identifying as another gender said they are more masculine in their work lives than in their personal lives.

Like sex workers, the clients/sex buyers we interviewed seem more flexible about gender and, while identifying as mostly masculine, many feel less need to fit within a rigid definition of masculinity.

As in other industries, annual income levels vary considerably among people involved in the sex industry. For managers in our study, the median personal income (the income level that separates the 50% with the highest income from the 50% with the lowest income) was $42,000 in the previous year, whereas the median income for the sex workers was $39,500 and the intimate partners was $35,000 (Table 1).

Income among sex buyers was notably higher, with a median of $60,000. In all cases, income levels are considerably higher than the national median personal income of $30,180 (Statistics Canada, 2014b). However, the median household income of sex workers was $54,640. This is lower than the median household income in Canada of $61,072 (Statistics Canada, 2014a). Of the sex workers interviewed, 35% were currently collecting income assistance, more than eleven times higher than the rate of sex buyers on assistance (3%).

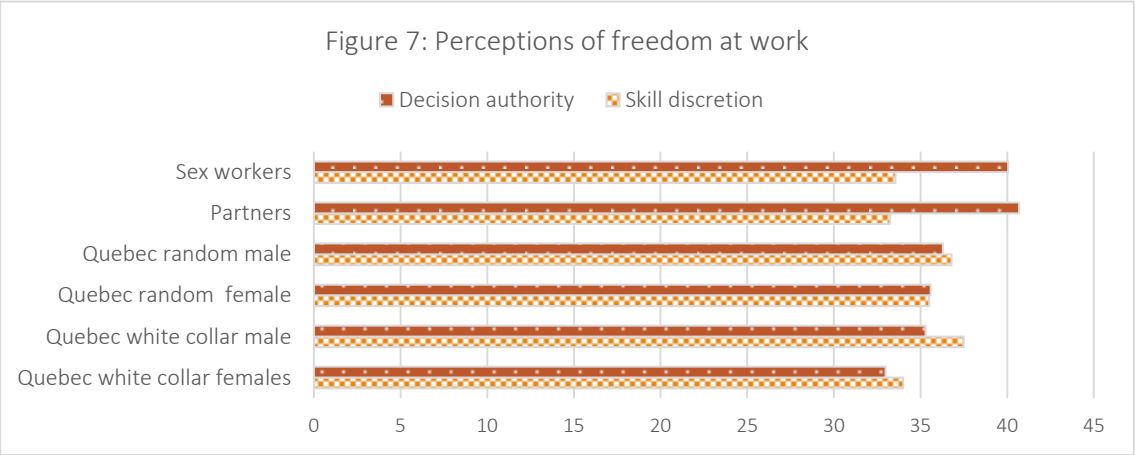
The people working in the sex industry who we interviewed share many similar demographic characteristics with other adults working in personal service occupations. For example, studies of sex workers, nurses' aides (Statistics Canada, 2011), hairstylists (Statistics Canada, 2011a), and food and beverage servers (Statistics Canada, 2011b) show that people in these occupations are similar in terms of average age, gender distribution, and percentage of immigrants. Yet on two factors they vary significantly: a smaller proportion of sex workers have completed high school and they have higher annual incomes (see Table 1).

Table 1: Sex workers compared to other personal service workers

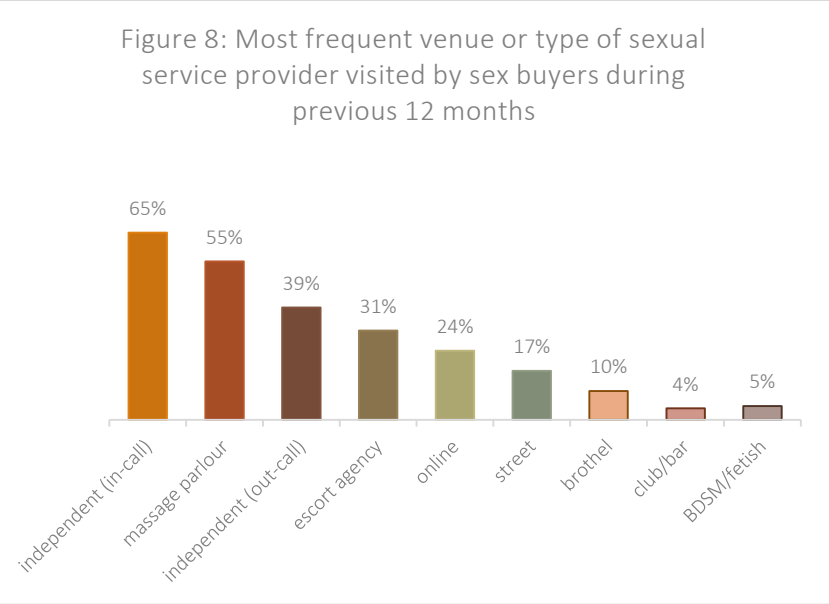
	From our study		Comparison professions		
	Workers	Managers	Servers	Stylists	Nurse aides
Born in Canada	89%	85%	90%	89%	84%
Age (mean)	34	38	33	39	42
Gender (women)	77%	63%	76%	85%	81%
Completed high school	67%	83%	79%	96%	88%
Income personal (median)	$39,500	$42,000	$13,807	$18,880	$31,501

Sex Work

Like many other types of personal care work, that is, labour that contributes to the well-being of other people (Dwyer, 2013), sex work involves diversity (Weitzer, 2009) . It requires the ability to interact and communicate effectively and be sensitive to non-verbal communication. It involves a fair degree of manual labour and a high degree of emotional skill. Data from the shortened version of the Job Content Questionnaire, which is an instrument designed to measure the demands, decision-making requirements, social support and (in)security of participants' employment, indicates that 70% of workers were satisfied with their job, 82% felt appropriately rewarded for their work, and 68% felt they had good job security. Figure 7 shows sex workers report a higher than average level of "decision authority" (the freedom to determine how work activities are carried out) and a level of "skill discretion" (the freedom to determine which skills to use) compared to white-collar female workers.



About half of the sex workers in our study work independently and provide services to clients in pre-arranged off-street locations such as hotel rooms or homes. About a quarter work in some type of "managed" location (e.g., escort agency, massage parlour), while the rest work in outdoor locations. Of the sex buyers we talked to, many had experienced purchasing sexual services in a variety of venues during their lifetime. Figure 8 shows that, during the previous 12 months, the most common venues or types of sexual service workers/sellers clients visited were independent in-call[1] (65%), massage parlour (56%), independent out-call (39%) and escort services (31.5%).



Like many occupations, sex workers often find work in places other than where they reside. Forty-two percent of sex workers said more than 20% of their past-year sexual transactions took place in an area outside their current municipality. This theme of delivering sexual services outside of one's place of residence is also reflected in the activities of sex buyers: 63% of the buyers said they prefer to purchase sexual services outside of their community, although 57% most frequently purchased services within their home province.

The average age of first sale of a sexual service among the sex workers in our study (who were 19 years or older when interviewed) was 26 years old, with 10 years being the average number of years of work experience. This is notably older than the average starting age of 14 reported in McIntyre's (1999) study of a group of Canadian sexually-exploited youth and the age of 18 reported in Farley et al.'s (2003) sample of mainly street-level sex workers (youth and adults) (McIntyre, 1999; Farley et al., 2003). As Lowman (2014) has noted, the variations in age of entry into sex work are largely explained by the focus of the research projects (e.g., on adolescents versus adults). In our study, potential income and the freedom to be independent were two of the most commonly reported reasons for originally selling a sexual service.

The first purchase of a sexual service for the participants in our study occurred when they were in their mid-20s. The median age of first purchase among buyers in our study was 25 years old. The average buyer had been purchasing services over a 16 year period and the median number of times a year buyers purchased a sexual service was four.

Overall, the sex workers in our study said their work is a bit stressful. But only 20% of sex workers rated their job as very or extremely stressful compared to 40% of workers in a Northwestern National Life Insurance survey or 29% of workers in a Yale University study (Barsade, 1997; Northwestern National Life Insurance Company, 1992). In their personal lives, however, sex workers tended to have more stress than others. About 43% of the sex workers we interviewed said their lives outside of sex work is very or extremely stressful compared to 24% of Canadians over the age of 15 years (Statistics Canada, 2011c). In other words, while stress is a major issue for sex workers, their stress is not primarily related to their work.

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[1] In-call service involves delivering services at the worker's location whereas out-call involves the worker going to the client's location.

Table 2: Mean level of childhood trauma							
	Substance using pregnant women	Sex workers, age of first sale under 19 (our study)	Sex workers, Age of first sale 19+ (our study)	Female substance users	Dutch female indoor sex workers	Partners (our study)	Headache treatment patients, Canada & US
Emotional abuse	15	14.4	12.7	10.7	11.4	10.4	8.9
Physical abuse	12.1	11.1	9.1	9	8.3	8.3	6.8
Sexual abuse	14	13.8	10.3	10.1	8.8	7.8	6.7
Emotional neglect	16.4	14.1	12.8	10.9	13.3	9.8	9.5
Physical neglect	11.7	10.6	8.7	7.1	9	6.8	6.5

Consistent with our earlier research (McCarthy, Benoit & Jansson, 2014), the sex workers we interviewed reported a number of childhood disadvantages that shaped their adult experiences. Almost one-third (29%) of sex workers spent some of their early childhood or adolescence in foster care or some other government care arrangement. Using a widely used measure of childhood trauma (Bernstein et al., 2003) our participants also reported a relatively high level of other childhood traumas (Table 2). Using comparative data, we found that, for sex workers in our study, the mean level of childhood abuse was higher compared to Dutch sex workers who worked exclusively indoors, intimate partners in our study, a sample of female adult substance users, and a large survey in Canada and the USA (Tietjen et al., 2010; Daalder, 2013; Linden, Torchella & Krausz, 2013; Grats, 2008). A study that included pregnant women who use substances indicated that these women had a higher level of trauma than the sex workers in the current study (Table 2).

Some researchers argue that this childhood trauma, and in particular sexual abuse, contributes to early involvement in the sex industry (Widom & Kuhns, 1996; Farley et al., 2003). In our study of sex workers, 29% first sold a sexual service before age 19. In this sub-set of individuals, the levels of childhood disadvantage and trauma are much higher than for those who first sold a sexual service in adulthood. Almost half (43%) of those who sold a sexual service before their 19th birthday have lived in government care during childhood compared to less than a quarter(23%) of those who first did so after turning 19. The level of childhood trauma is higher among those who sold a sexual service before age 19 (Table 2), although the magnitude of the difference between the two groups with regard to trauma is considerably smaller than the difference between the percentage who had lived in government care.

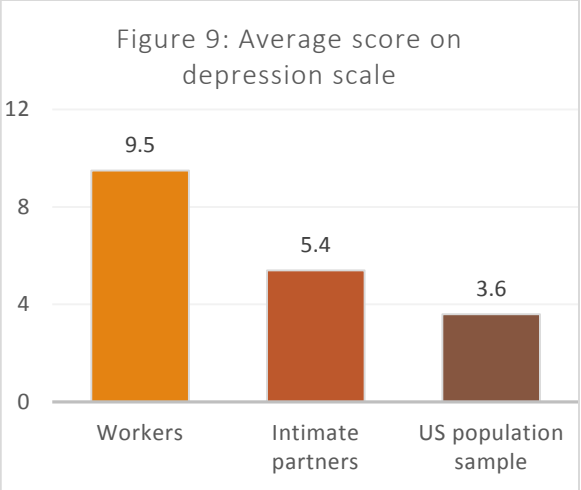
Although limited, these data suggest that the association between sexual abuse at a young age and sex work involvement is weaker than the association between an overall experience of childhood disadvantage and sex work involvement. This is an area that needs further investigation to determine if childhood trauma contributes directly to involvement in sex work or if childhood trauma is related to other factors that influence the decision to work in the industry.

Health

In general, people involved in the sex industry report poorer health than do other Canadians. Just over half (53%) of the sex workers in our study rated their health as excellent or very good, and 27% described it as good. These figures are almost identical for sex buyers. Managers and the intimate partners of sex workers reported higher rates of excellent or very good health, in line with national figures cited in the 2011 Canadian Community Health Survey. According to that survey, 69% of those aged 20 to 34, 65% of those aged 35 to 44, and 56% of those aged 45 to 64 rated their perceived health as excellent or very good (Statistics Canada, 2014c).

While three out of four Canadians consider their mental health as excellent or very good (Statistics Canada, 2014c), less than four out of ten sex workers (38%) in our study described their mental health as excellent or very good. In comparison, 58% of managers and 60% of intimate partners rated their mental health as excellent or very good. Regarding clients who were asked how often they felt mentally or emotionally unwell, 37% said never, 34% said not often, and 16% said sometimes, suggesting mental health rates in line with average Canadians.

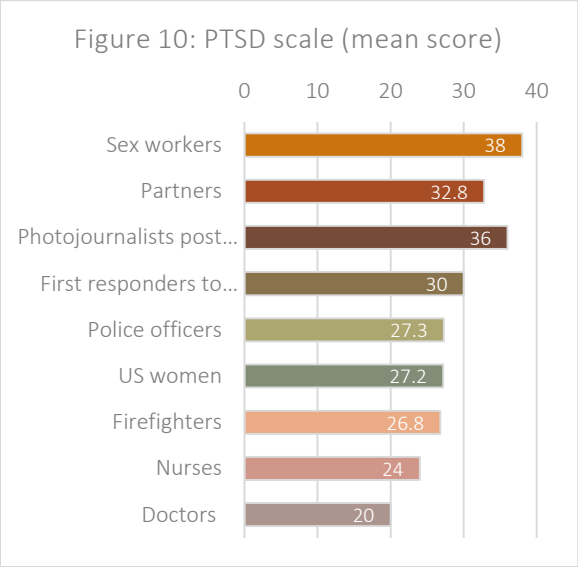
The relative mental health of sex workers is also reflected in measures of depression. Approximately 19% of sex workers, 14% of managers and 9% of partners were moderately or severely depressed at the time of our study. According to the 2011 Canadian Community Health Survey, 6% of women and 4% of men suffered from depression in the past year (Pearson, Janz & Ali, 2013). Figure 9 compares average scores on the depression scale for various populations within our study and those from a large US population sample.

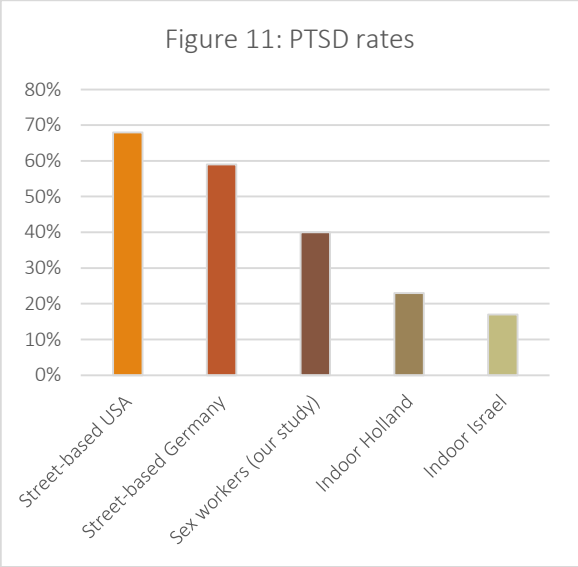


About 42% of sex workers and 54% of managers reported having had at least one work injury in their lifetime, and 15% and 35% respectively had at least one sex-work related injury. Few participants reported these injuries to the Workers Compensation Board. Only 37% of injured workers and 25% of managers had submitted a WCB claim and even fewer, 1% of injured sex workers and 11% of injured managers, had ever submitted a sex-work-related claim.

About one-third of managers (33%) and sex workers (35%) in our study, as well as one-quarter (25%) of intimate partners, said they had a long-term disability. These figures are well above the Canadian average. In 2012, Statistics Canada reported 14% of adult Canadians were limited in their daily activities due to a disability, with the prevalence of disability increasing with age, reaching 16% for those aged 45-64 (Statistics Canada, 2013a). Only 9% of sex buyers reported currently having a long-term disability or handicap.

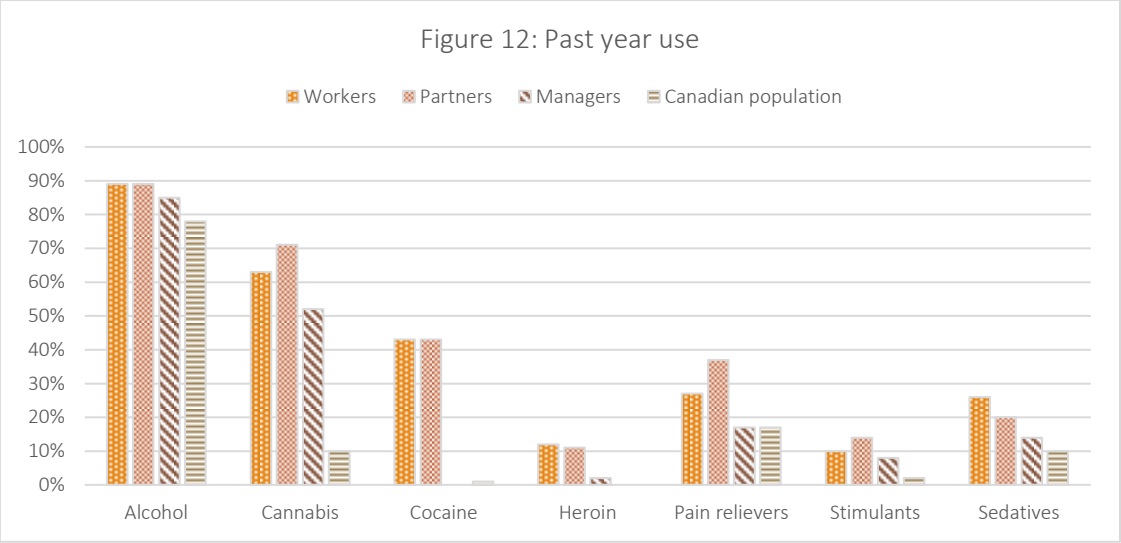
Data from a widely used measure of symptoms associated with post-traumatic stress disorders (PTSD) indicates that the rate of PTSD is high among our sample of sex industry workers and their intimate partners. For example, the mean scores for sex workers and their partners are very high compared to other professions such as police officers or firefighters but in the same range as photojournalists seeking help after witnessing a disaster (Figure 10) (Newman, Simpson & Handschuh, 2003; Osofsky et al., 2011; Chan & Huak, 2004; Witteveen et al., 2006; Walker, Newman, Dobie, Ciechanowski & Katon, 2002). A sizable proportion of sex workers in our sample are also above the cut-off score used to identify individuals with potential PTSD. This proportion is greater than that reported in research on indoor sex workers, but lower than that found in studies of street-based workers (Farley & Barkan, 1998; Chudakov, 2002; Daalder, 2013; Stein, 2000) (Figure 11).





Alcohol, marijuana and tobacco were the most commonly and frequently used drugs among sex workers, their intimate partners and managers. Fifty-seven percent of sex workers and their intimate partners said they used alcohol at least once a week. Thirty-eight percent of workers and 45% of intimate partners reported weekly use of marijuana. Rates for weekly tobacco use are 66% among workers, 55% for intimate partners. Among the general Canadian population 15 years and older, the estimated rates of weekly use are much lower: 37% for alcohol, 6% for marijuana and 17% for tobacco (Health Canada, 2012).

Other psychoactive drugs (both illicit and pharmaceutical) were also used at higher rates among people in the sex industry (Figure 12) (Health Canada, 2012). Our recent study of three lower-income feminized service occupations revealed that sex workers reported higher levels of using socially-less-acceptable drugs (e.g., heroin and cocaine), while food and beverage servers reported the highest levels of using socially-acceptable drugs (e.g., alcohol and marijuana) and hairstylists and barbers used less of each (Benoit et al., in press).

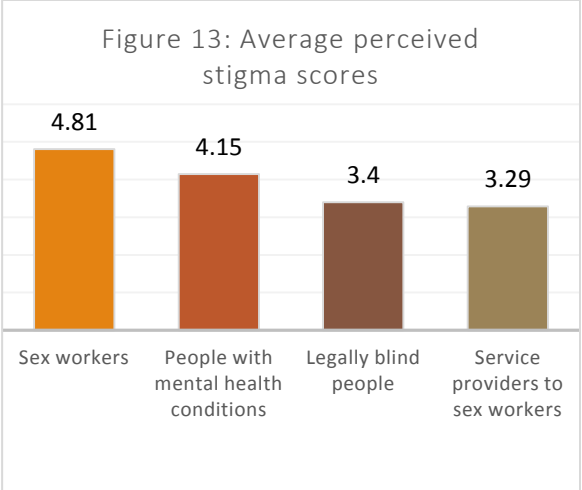


Popular perceptions of the sex industry see workers as a key vector for the transmission of HIV/AIDS and other sexually transmitted infections (Benoit et al., 2014; Faugier & Cranfield, 1995), yet most of the sex workers in our study reported having been tested for a wide range of sexually transmitted infections (STIs) and blood-borne viruses (BBVs): 97% were tested for HIV/AIDs, 92% for Hepatitis C, 92% for gonorrhea, 91% for syphilis, 90% for chlamydia, 90% for Hepatitis B, 90% for Hepatitis A, and 83% for herpes. Similar rates of testing were reported by the intimate partners. Among those who reported having ever been tested for the above STIs and BBVs, only 6% of sex workers and 13% of partners tested positive for herpes on their last test (lower than the 17% among pregnant women in British Columbia or 15% among Canadian street-involved youth). Four percent of sex workers and 9% of partners tested positive for chlamydia, and 2% and 3% respectively for HIV/AIDS. Among all sex workers we interviewed, 4% report that they are currently under treatment (including counselling) for an STI or BBV.

Approximately two-thirds of clients/buyers (68%) said they had been tested for HIV/AIDS at some point and only one had tested positive. When asked about the likelihood that they would get HIV/AIDS in their lifetime, 97% of buyers were convinced that there was little or no chance. Almost three-quarters of buyers (71%) had been tested for STIs at some point in their lives. Six individuals have had a positive STI test in the past six months, and three-quarters felt their chances of ever having an STI were slim to none.

Canada's publicly-funded healthcare system is designed to ensure that all services deemed to be "medically necessary" are universally available to Canadian citizens. Yet a substantial percentage (40%) of sex workers report that they have not received healthcare when they needed it at least once in the past 12 months. The most common reasons for not getting needed healthcare were that the waiting time was too long (35%), that they just did not get around to it (29%), and that they were too busy (24%). A sizable proportion of sex workers did not seek

healthcare that they needed because they were concerned they would be judged negatively by the healthcare provider (21%) or they thought the costs of healthcare were too much (20%).

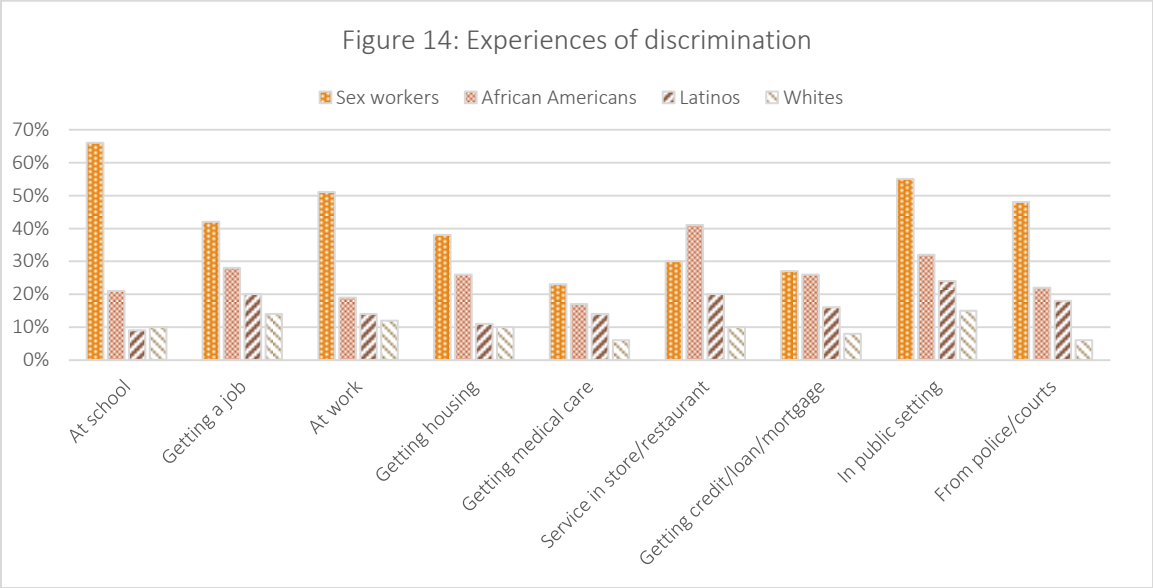


Stigma and Discrimination

Stigma and discrimination are unfortunate elements of the sex industry. Our study assessed stigma with an adapted version of the widely used *Perceived Devaluation-Discrimination* scale (Link, 1987). On average, sex workers scored 4.8 on a six-point scale. As shown in Figure 13, this level of perceived stigma is comparatively higher than scores reported in studies of other marginalized populations.

Sex buyers, too, are concerned about stigma, with most experiencing some degree of anxiety or worry at the thought of being "outed" as clients. Ninety percent of buyers with spouses or regular sex partners said they actively hide their purchases of sexual services. Eighty-five percent reported their immediate family would care if they knew about their sex purchasing habits, 56% said the people they work with would care, and 37% said their friends would not willingly accept their buying. Half of the buyers in our study agreed or strongly agreed that their family and friends would see sex buying as a personal failure.

Perceptions of discrimination among sex workers tell a similar story. We assessed lifetime discrimination using an adapted version of the *Experiences of Discrimination* scale (Krieger et al., 2005). Compared to African American, Latino and white people in a study of working class adults in Boston, the prevalence of discrimination experienced by sex workers is substantially higher (Figure 14). These data suggest that sex workers experienced very high levels of discrimination early in life during school, at work, from the police/courts and in public settings. In settings where their interaction with others is either structured by bureaucratic processes (healthcare, getting credit/loan/mortgages), they experience the least discrimination. They also suggest that the prostitute or “whore” stigma is one of the strongest societal stigmas an individual may ever face. It is important to note, however, that prostitution stigma is historically mutable (Hallgrimsdottir, Phillips, Benoit & Walby, 2008) and has been shown to be less intense in societies such as New Zealand where the industry has been decriminalized (Abel & Fitzgerald, 2010; Abel, 2011).



Laws, Codes and Regulations

The health, safety and vulnerability of people working in the sex industry are significantly conditioned by the laws, codes and regulations in which they operate – along with the social and institutional contexts by which these regulations are implemented. To investigate these contexts, we interviewed service agency, municipal, regulatory and policing representatives in each research site. These were augmented with information from available legislative, regulatory and historical documents, as well as media from each site. Material for inclusion included federal criminal codes, provincial statutes, municipal by-laws, law enforcement protocols, law enforcement reviews and arrest statistics, and media articles that may have had an impact, explicitly or implicitly, on the policing and regulation of sex work in Canada.

Our preliminary analyses indicate that provincial and municipal zoning, by-laws and licensing practices, as well as enforcement activities, create a legacy of demands and conditions for workers, managers, clients, and even police and other regulators. These codes, laws and regulations also vary considerably across our six research sites. Of the Canadian provinces represented in this research, Alberta has the greatest number of statutes that specifically address the sex industry above and beyond federal criminal law. Even those that do not target prostitution-related activities directly may be enforced to target persons involved in the sex industry. Such statutes include the Public Health Act, the Provincial Parks Act, the Trespass to Premises Act, and the Motor Vehicle Administration Act. Municipal by-laws enacted in Calgary mirror Alberta's approach to the sex industry. Some target sex business directly while others have been enforced against individuals in the sex industry. The latter mainly target those most visible or destitute, although they do not explicitly refer to sex work (e.g., by-laws dealing with panhandling, community standards, public behaviour, street regulation and smoking).

Our research locations also differ with respect to the specific provisions of by-laws relating to the licensing of sex businesses. For example, only two have licensing by-laws specifically for escorts—Victoria and Calgary. The Victoria by-law (The Victoria Escort and Dating Service By-Law) licenses businesses as well as those who provide direct services. It targets escort services as well as body-rub parlours and a number of other activities (model studios, model painting, etc.). In contrast, Calgary has four different by-laws. In addition to one designed to regulate escort services, dating and model studios, there is one regulating the business of body-rub parlours, another for the business of massage, and one regulating exotic entertainers and exotic entertainment agencies. In some cases, both individual and business owner licences are required. In other cases, it is just the owner who must have a licence.

We were unable to find any by-laws relating to sex businesses in either St John's or Montréal. In Montréal, however, it was clear that any businesses operating on the island must have a "*Certificat d'occupation pour activité commerciale, professionnelle ou industrielle*." Laval (which falls in the Greater Montréal area but not on the island of Montréal) has a by-law directed at massage parlours that falls under alcohol and tobacco legislation. In this case, licences are required for individuals ($100) and for business owners ($250).

Sex business by-laws in Kitchener-Waterloo regulate adult entertainment parlours and differentiate between two types of services: body-rubs (Class D) and striptease (Class E). It obliges the licensing of owners, operators and employees, and regulates business locations (areas within the city), the number of permissible businesses in operation (maximum 2 under Class D and 2 under Class E), the activities of all licensed persons employed (including areas of services rendered within the premises, types of services rendered, and areas of the body that cannot be revealed or touched), as well as the activities of patrons. Class D services (body-rubs) cannot be provided in Class E parlours and vice-versa. To our knowledge, this is the only by-law in our sample that builds in such limits.

A more detailed analysis of our documents and interviews is required before we can determine more precisely the extent to which the codes, by-laws and regulations vary across our six sites. Several examples hint that this may be important, however.

Victoria by-laws, for example, include licensing fees ($250 individual, $1,500 business owner) and are purchased from the city licensing office. They include provisions related to the display and renewal of licences and age (all licensed workers must be 19 years or older). Care is taken to keep names confidential. These procedures do not

stringently regulate sex work. As one Victoria licensing officer said, “I consider it just a business licence like any other licence, so I don't treat it any differently … I don't have any other issues with dealing with any sex trade workers.” Neither do these Victoria by-laws explicitly address the health and safety of sex workers. Enforcement is largely a matter of responding to complaints.

In contrast, the by-law in Laval is directed at massage parlours and falls under alcohol and tobacco legislation. Fees are lower than those in Victoria ($100 individual, $250 business owner). Provisions exist regarding clean linens, towels, attire (workers must wear a sarrau (lab coat) at all times) and the proper display of licences. The police in charge of enforcing the by-law make semi-regular visits to the parlours to ensure the regulations are being followed. The Laval officer we interviewed recognized that the activities in the parlour were also likely to violate the bawdy house section of the Criminal Code but suggested police had more important crimes to address.

In some cities, police, social service workers, faith communities and advocacy groups have congenial working relationships, whereas in others they seldom collaborate. The nature of these working relations is likely to affect the perceptions of persons working in the sex industry, the assessment of their activities and the options considered in the face of crises and challenges. In our interviews with police, justice and city officials and service providers, we have asked questions in order to ascertain the type and extent of these relationships.

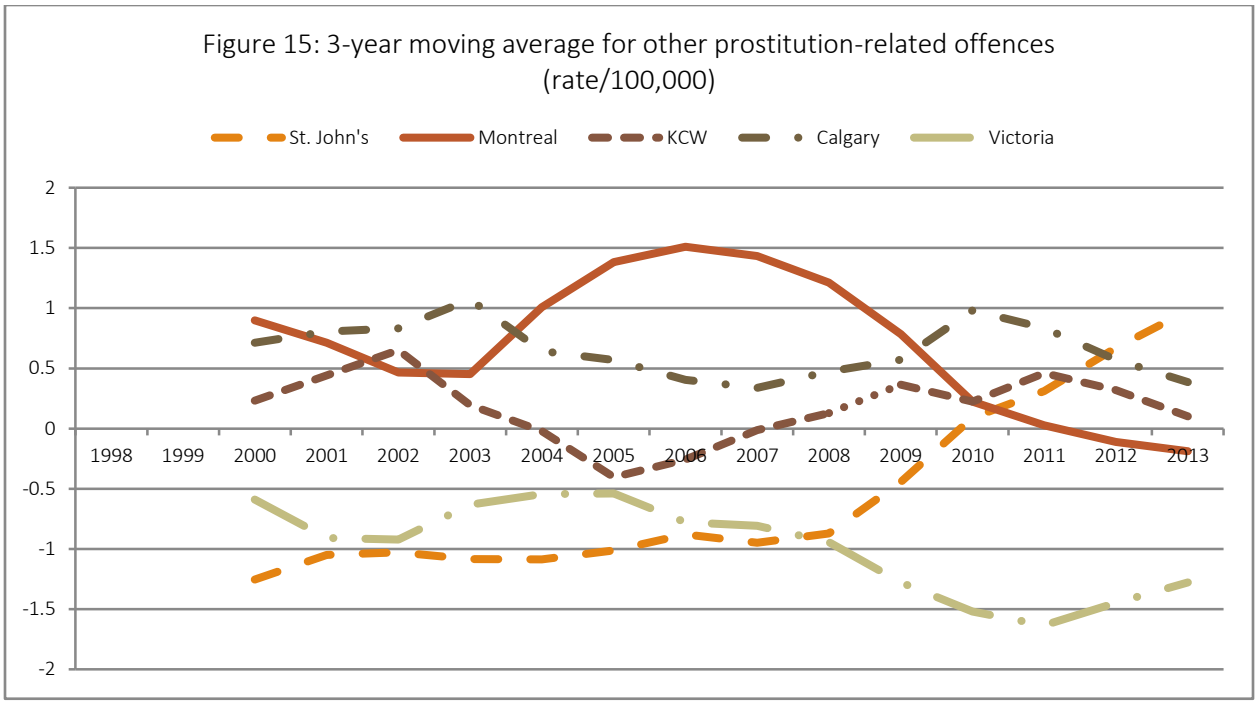
Police and regulatory officials perceive the laws and regulations associated with sex work in quite different ways. Anecdotal evidence from different cities suggests that the understanding and approach to sex work varies considerably from one police department to another. Some departments are supportive rather than regulatory, proactive rather than reactive, and some have developed innovative programs specific to assisting sex workers while others have not. Some have a higher proportion of people who are knowledgeable about the off-street industry than others.

In Calgary, the police chief has actively promoted Bill C-36 (*CBC News*, posted June 5, 2014) and appeared before the Justice Committee (July 8, 2014) to advocate for it. The Calgary municipal council has compiled a report *(The Prostitution Report)* and sent a team to Scandinavian countries to study prostitution. This contrasts with Victoria where the police culture seems to be one of support for workers rather than enforcement of criminal statutes. In Victoria, the municipal council recently passed a resolution urging the federal government to abandon Bill C-36 as fundamentally flawed (*Times Colonist*, August 29, 2014).

Police and by-law officers exercise considerable discretion in the application of laws and regulations. As one police officer in Montréal said, “Yes, prostitution is technically a crime, solicitation is a crime, but for now we work less on those than on other crimes that are more serious, such as the trafficking of crack cocaine and the trafficking in firearms.”

One way to illustrate the way in which the local regulatory context impacts sex work is to compare the dynamics of arrest and prosecution across the various sites. Figure 15 provides the three-year moving average in each of our research sites over the period from 1998 to 2013 for “other prostitution-related offences” (which includes arrests for communication).

These data show that there is considerable variation among the locations and, over time, regardless of common federal sex work legislation. In 2013, for example, there are major differences between St John’s and Victoria – in spite of their similarity up to 2008. Similarly, the pattern in Montréal is one of increase then decrease between 2003 and 2010, and Calgary has always been above the average over the years considered. It is unlikely that these differences are simply the result of location choices made by people working in the sex industry; instead, they are more likely a manifestation of the regulatory positions outlined above.



Managers, Buyers and the Law

Just under half of the managers (47%) said that the business they worked in had a current municipal licence. This represented 94% of massage businesses but only 27% of escort ones. Among those who did not have a licence, the majority (64%) said it was because it was not legally required. Twenty-two percent listed "not wanting to be identified" as a reason for not obtaining a licence.

Among licensed businesses, nearly three-quarters (72%) had received visits from the police and 64% had visits from by-law officers in the past 12 months. During these visits, just under half of the businesses had police review their records (e.g., business licences and identification of workers). Fewer unlicensed businesses reported visits by police (34%) or by-law officers (7%) and these visits only rarely involved any review of business records. These findings suggest, as other scholars have shown (Bruckert & Law, 2013), considerable variation in the way managed sex establishments across the country are regulated by police and municipalities.

Generally, buyers reported being aware of the current Canadian laws relating to prostitution (67%) and were in favour of legalizing prostitution (99%). If made legal, 79% believed that it should be regulated by the government in some way. Although less than 1% of buyers reported that they have ever been arrested for a prostitution-related offence, 48% of participants indicated that they worry about being arrested for soliciting sexual services.

This preliminary examination of laws and regulations reinforces the value of additional analysis of the legal, institutional and practical contexts of the sex industry and those related to it. Our strategy will be to consider these contexts with respect to five main conditions:

- the demographic composition of the location (e.g., the visible minority status, mobility, wealth, education and social or cultural heterogeneity of the local population)
- the organization and culture of police (e.g., the extent to which it is hierarchical/horizontal, formal/informal, supportive/regulatory, proactive/reactive, innovative/traditional or informed/uninformed)
- the structure of key institutions relating to the sex industry (e.g., their size, gender and ethnic composition, regulatory history, formality, missions and resource endowments)
- the nature of the relationships among the key institutions (including the police)
- the moral climate of the location

Managing Risk and Harm

Like many types of personal service work, sex work involves risk and the potential for harm (Benoit et al., in press). While some of the risks are related to the nature of the work, many relate to the legal or social context in which the work takes place (Lowman & Fraser, 1989). Other factors relate to the non-work lives of the individuals involved. As in other industries, there is growing attention in the sex industry to issues of risk management.

Most sex workers said that they use a variety of personal protective strategies. The most popular included having access to cell phones, screening clients, getting money upfront, and avoiding intoxication while working. We asked managers to rate the importance of various work-related safety strategies and asked workers about their use of these strategies (Table 3).

Table 3: Most important work-related safety strategies

	Rated somewhat or very important	Always or usually employed	
		By managers	By workers
Have a phone available	98%	100%	91%
Avoid working while intoxicated	98%	92%	72%
Have someone close by	98%	90%	18%
Screen clients	96%	88%	90%
Have a "check-in"	96%	90%	
Get money up front	92%	90%	82%
Avoid intoxicated clients	88%	65%	
Maintain a blacklist	88%	75%	66%
Have a driver	78%	72%	26%

The data from buyers corroborates the point that most sex workers are not intoxicated while they work. Only 5% of buyers said that the sex workers they visit were frequently or always under the influence of alcohol (8% of buyers think the workers were frequently or always using other drugs). Likewise, most buyers (65%) say they never drink more than three drinks before or during visits, and 87% never use illicit substances before or during visits.

Like many Canadians who have sex with several partners, most sex workers use condoms to reduce sex-related risks and harms. Sixty-nine percent of sex workers said they used a condom every time they had sex with a client in the last month, while 16% used a condom a lot of the time. Only 6% reported they used a condom rarely or some of the time and 8% say they never used a condom when with a client. Most of the times condoms were not used was during non-vaginal sex.

Managers of escort businesses report similar figures, with 88.2% of in-call escorts and 88.9% of out-call escorts reporting using condoms every time or almost every time. This is in contrast to massage businesses, where only 25% of sex workers use condoms the vast majority of the time. This variation may be related to the particular sexual services provided: vaginal and anal sexual service is more frequently provided by escorts than by those working in massage businesses, whereas the services provided in the latter more often involves manual stimulation.

Most buyers (94%) reported that they usually feel safe during their sexual transactions, but 64% said that they take some precautions to ensure their safety. The most frequently mentioned precautionary measures were securing belongings, taking only the agreed upon cash, only visiting safe locations or observing locations beforehand, and using safer sex supplies, including condoms, dental dams, gloves, etc. In terms of sexual safety precautions, 80% of buyers said sex workers always or usually provide these supplies; less than 5% of buyers reported that they had refused to use safer sex supplies when a worker asked.

People involved in the sex industry may or may not reach out for help or support from the social systems in the community. While most (63%) of the sex workers in our study feel their communities are welcoming, only 45% said they feel a strong sense of belonging to their community. By contrast, 65% of participants in the 2011 Canadian Community Health Survey said they felt a strong sense of community (Statistics Canada, 2013b). The lack of

belonging and trust is likely to prevent sex workers from accessing services that could reduce their risk of harm from violence and sexually transmitted infection.

Sex Industry: Exploitation or Empowerment?

Much of the research on the sex industry and much of government policy is based on the assumption that commercial sex relationships are by nature unequal, with female sellers forced to engage, and male buyers in control of the interaction. The Swedish gender equality policy, for example, "casts sex selling females as victims of "men's violence against women"" (Florin, 2112: 217). Similarly, the preamble of the proposed new Canadian prostitution law, Bill C-36 (Department of Justice Canada, 2014), states that "prostitution [is] a form of sexual exploitation that disproportionately and negatively impacts on women and girls." It is easy to understand why so many Canadians consider sex workers to be victims. Our media and entertainment channels are full of stories about the horrors of prostitution, leading many to assume that commercial sex relationships are by nature unequal, with sellers perpetually at the mercy of buyers. Many stories and academic studies suggest that sex workers are trafficking victims, forced by "pimps" or other oppressors to sell themselves (Farley, 2004; Perrin, 2010).

Our data show that this portrayal describes the experiences of a relatively small proportion of people in the sex industry. This narrative also ignores the majority of sex workers who are of legal age, born and raised in Canada or landed immigrants and, for a variety of reasons, choose sex work as a way to support themselves.

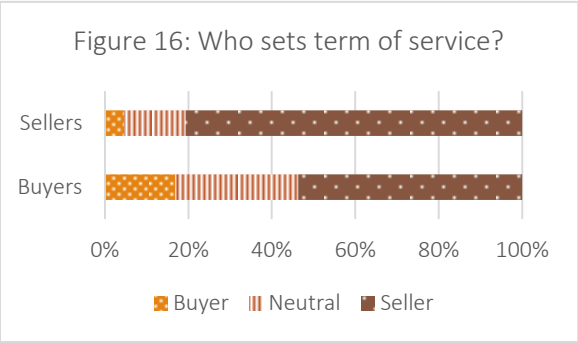
As noted earlier and contrary to popular belief, the decision to earn income as a sex worker is most often an adult decision for those we interviewed. The average age of entry into the sex industry in our study was reported as 24 years old, and 71% of the sex workers interviewed had not sold a sexual service before the age of 19. When asked about how they first became involved in sex work, the following were typical answers:

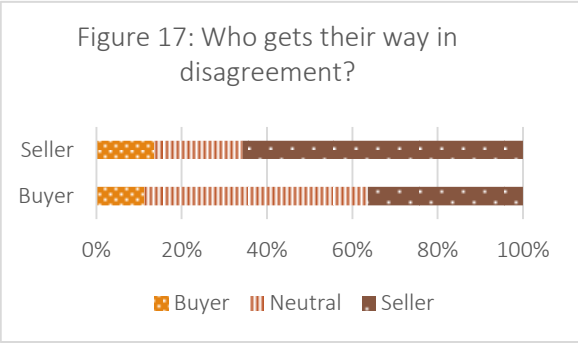
> "It was always something that I thought about getting into from when I started dancing but I made a lot of money when I was dancing so I didn't need to do more to make more money because I already had a lot of money. But then when I was in school, well, obviously that is expensive, and I thought that I could benefit from having the money."
>
> "I had lost my job in 2004 and I was working for a hotel at the time, so I put applications in at other hotels, but my heart wasn't in it. I had a very bad experience so I didn't want to repeat that. And I was afraid – I had a lot of bills to pay and I was really proud, I didn't want to go on social services and I didn't want to go pump gas or be a waitress. I knew that I had a lot of skills and those skills could be applied to sex work and I knew I could make a lot of money in a very short period of time, which was what I needed to do."
>
> "I was working, working as a waitress, no money. Had a baby, missed his first steps – frustrated. And it was just easier to go this way. The money was better; you made your own hours."
>
> "Because I've been able to be independent. I haven't worked. I haven't worked and I've been able to go to school and not rely on my dad or my ex-husband. That's the only reason I say it's empowering. It hasn't done anything for my self-esteem or, you know, the way that I think of myself hasn't really changed, but it's definitely given me more freedom to study and that's what's been empowering."

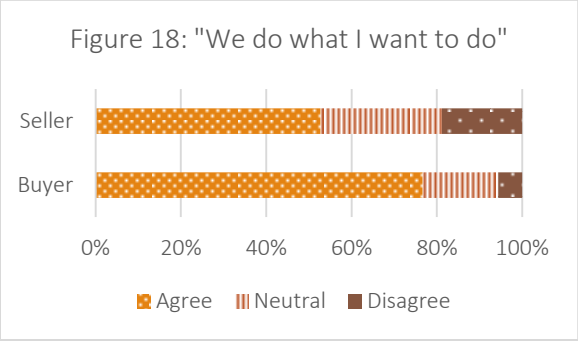
The sex workers we interviewed were also aware of the costs and of how there are different experiences within sex work.

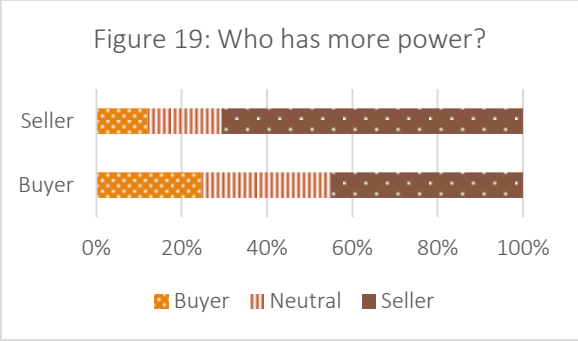
> "However, I sacrifice. I feel like, there I was sacrificing potential for having a future because there is such a stigma against it that if you are trying have a relationship with somebody in town, you can seriously compromise that. You know, you can compromise the relationship if they found out what you did. So I feel like it kind of closes some doors to your future, in a sense, or it has the potential to."
>
> "Yeah, there were definitely times when it was really bad. I think it's just now it's been actually pretty good, this last year for me. Because things have changed. But you know, back in the days where you had to be on the street and there was no internet, those were really hard days. If you were pimped… you know you're dealing with other girls out on the street and all these rules, and now you don't have that."

A central focus of our research was developing a nuanced understanding of the power relations among transactional sex parties and actors, in particular the relationship of buyer and seller. We explored who sets the terms of service, who gets their way in a disagreement and who has more power in the relationship. Data from both sellers and buyers provides interesting insights into sex industry transactions (Figures 16-19). The vast majority of sex workers (81%) agreed or strongly agreed that they feel empowered to set the terms and conditions when with a client and the vast majority of buyers (83%) agreed with them. Almost two-thirds of sex workers said they usually get their way when they have a disagreement with a client, and 52% of buyers reported that most disagreements are resolved amicably. More than three-quarters of buyers (77%) said that when they are with a sex worker, the worker usually does what the buyer wants, while about half (52%) of workers report they usually do what they want. Only 12% of workers said buyers have more power in their relationship, whereas 45% of buyers reported that sex workers have more power. Overall, the responses indicate that sex workers have a significant amount of control and that transactions are in most cases experienced by both sides as amicable.

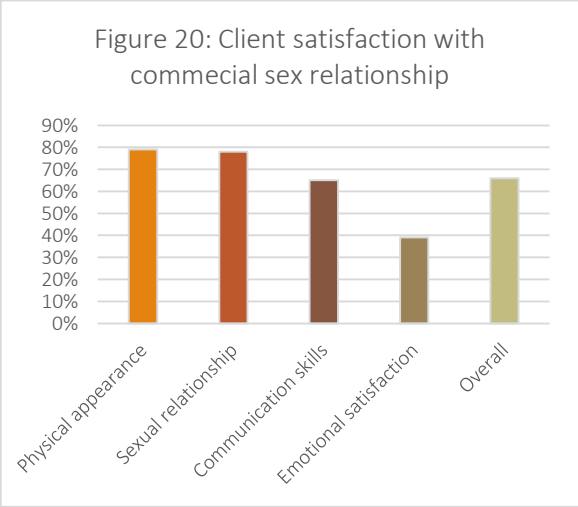








Our research also examined buyers' motivation. The most frequent service buyers purchased was the "girlfriend/boyfriend experience" (64%), a full service experience that generally involves providing aspects of social and physical interaction beyond pure sexual contact (Bernstein, 2007). What separates the "girlfriend/boyfriend experience" from other sexual services is the additional element of companionship and conversation and the fact that this type of exchange involves workers and clients spending more time together. Other popular services included conversation (39%) and companionship (38%). Data on buyer satisfaction helps fill in the picture as to what buyers look for and how well their expectations have been met (Figure 20).



Together, the foregoing highlights the simplistic character of binary paradigms based on concepts such as exploitation or oppression versus empowerment. How the relationship between sex workers and their clients is experienced depends on a range of factors related to the individuals involved, the contexts in which their lives are situated and the settings in which they interact. For workers, choices can be more or less constrained, and the experience can feel empowering or not, depending on the interplay of these complex factors. Buyers too come to the relationship with diverse backgrounds and expectations and their choices can be heavily influenced by factors external to them. While for the most part they are satisfied with the experience, there can also be frustration and disappointment that is produced by similar factors to those that constrain the choices of sex workers.

The relationships that transactional sex participants have with one another are situated within a nexus of wider structural conditions of power such as gender, race and class (Lowman & Atchison, 2006). The particular gendered, racial or classed position that a sex worker, manager or client occupies not only influences the relative individual power they have in different settings, but it also plays an important role in shaping the dynamics of the relationships that they have with one another. More sophisticated multivariate analysis of our data is required before we can determine more precisely how these structural factors influence the transactional relationships involved.

Conflict: Interpersonal and Structural Dimensions

Interpersonal tensions are common in any relationship and are an important factor in understanding interactions within the sex industry. Our focus is on how disagreements escalate into conflicts, how conflict is handled, and the consequences of conflicts for the health and safety of parties involved.

Two of the more common sources of conflict reported by sex workers were being verbally abused or harassed (25%) and being touched sexually against their will (19%). When asked about sources of tensions, the buyers surveyed most often (58%) reported having experienced the retail and service fraud of “bait and switch.” In the sex industry, this occurs when the services or the attributes of the sex worker do not match those advertised. Other sources of tension mentioned by buyers involved situations where the worker refused to provide negotiated or paid for services (20%), arguing with a seller over the terms of service, the price of the negotiated services, or over the length of the encounter (each reported by about 9% of buyers). A total of 14% of the buyers we surveyed admitted to having tried to get sexual services for free, but less than 2% claimed to have ever refused to pay a seller for their services.

Managers also reported on conflicts in their businesses. More than two-thirds (37 of 55) of the managers interviewed reported at least one incident, with an average of nine times in the past 12 months where a client ended service due to disagreement with a sex worker. By comparison, 41 of the managers reported at least one incident, with an average of 16 times in the past twelve months, where a managed sex worker ended service due to disagreement with a client.

A number of these conflicts escalated into aggression or violence and more than 40% of sex workers said they have experienced work-based violent victimization in the past year: 18% were robbed, 24% were attacked, and 29% sexually assaulted. Workers reported being victimized by managers, co-workers and clients. Regarding the latter, 14% of workers said a client had taken or tried to take something from them by force or threat of force at least once in the past year, 16% were attacked by a client, 8% were threatened with physical violence or a weapon, and 16% were forced or almost forced into unwanted sexual activity. Managers also commented on violence in their businesses and reported an average of nine physical attacks per worker and one incident of being threatened to be hit or attacked with a weapon per worker. The majority, although not all, of this victimization was from clients.

The most frequently experienced form of conflict reported by the buyers we surveyed came in the form of verbal insults or being put down by a sex worker (22%) or having been verbally harassed by a sex worker (12%). Few buyers reported ever being threatened with violence against their person or property. However, 13% reported having been robbed by a sex worker between one and five times in their lifetime. Only around 1% of buyers who provided information about physical victimization reported having ever been physically attacked or restrained by a

sex worker. When a tension or disagreement cannot be resolved, buyers reported that they most often simply left the encounter.

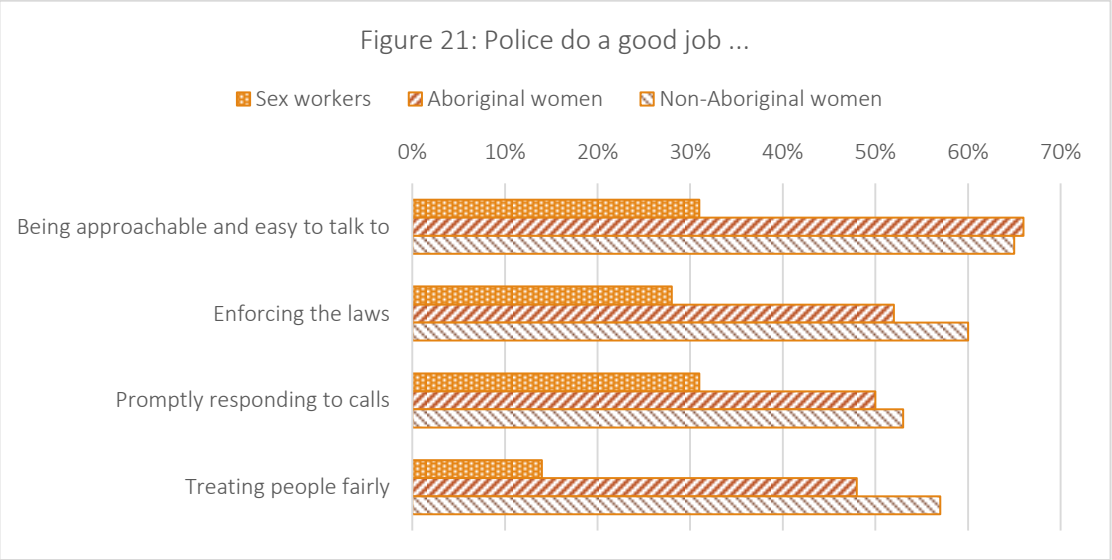
Managers also reported incidents of buyers' conflict with service providers, but in much smaller numbers than those reported for their employees. The most common forms of buyer victimization involved verbal abuse or harassment and theft or attempted theft with threat of violence.

Victimization at work is of course not exclusive to the sex industry. In a 2001 study on workplace violence in Alberta and British Columbia, emergency care nurses reported experiencing a much higher level of overall violence, although sexual assault is rare (Duncan, 2001). During the last five work shifts, 22% reported that they had been physically assaulted by a patient, visitor, co-worker or other person, 40% said they had been threatened with physical violence, 62% reported being emotionally abused, 13% reported verbal sexual harassment, and 0.5% said they had been sexually assaulted.

Victimization at work is only part of the exposure to violence for sex workers. For example, just over half (51%) reported being physically or sexually victimized by an intimate partner/spouse in the five years predating our study.

Several structural elements appear to influence how conflict is handled in the sex industry. The ability of workers, managers or buyers to exercise "choice" or to ensure that their interests and, in some cases, health and safety are respected or protected is greatly influenced by structural inequality (e.g., gender, race and class) as well as the context in which conflicts occur. Preliminary analysis of our interviews indicate that inequalities based on gender, race and class appear to have a much greater impact on the outcome of conflicts that occur on the street than they do for those in off-street spaces. As well, laws and their enforcement and social attitudes influence how conflict is produced and resolved. For example, the legal sanctions against communicating in public and the level of perceived stigma experienced by both sex workers and buyers limit the ability of sellers and buyers to reach mutually agreed upon terms of the proposed transaction. Knowing that the other party to the transaction is unlikely to seek restitution through the police and justice system can transform a normal interpersonal conflict into something more volatile.

Consistent with other research, we found that sex workers were reluctant to call the police when they were victimized (Wolffers, 2001; Katsulis, 2009). Of the 165 participants who reported any incidents of victimization while working in the sex industry in the previous 12 months, only 22% reported contacting the police at least once and just 16% said that at least one police report was filed in connection with their victimization. Sex workers are however not the only workers who are reluctant to contact the police. In a 2001 study of nurses in Alberta and British Columbia hospitals, the majority of nurses who experienced victimization at work did not report it (Duncan, 2001). Among emergency care nurses, the highest rates of reporting were regarding sexual assault (50%) and physical assault (32%). One reason for the low rates of reporting victimization is reflected in the data we collected about perception of police. Only 14% of sex workers said that they feel the police do a good job when it comes to treating sex workers fairly. Figure 21 provides further details on sex workers' low level of confidence in the police.



While we did not ask buyers specifically if they had contacted the police after being victimized while purchasing sexual services, we did ask open-ended questions about their reactions to confrontations with workers. Buyers reported that they most often left the scene or sent the sex worker away when they experienced verbal abuse or threats from a sex worker or third party. When they had property stolen, they tended to report that they filed an insurance claim where they lied about the context. In all cases where the victimization involved violence, clients reported they called the police.

We also asked buyers open-ended questions about what they would do if they witnessed or suspected another buyer or a sex worker was being victimized. If they witnessed another sex buyer being victimized, 28% stated they would report it to the police. If it was a sex worker that they witnessed being victimized, 31% indicated that they would call the police. When we asked clients why they wouldn't do anything, 20% said their fear of being "outed" or arrested would prevent them from reporting.

Messages Emerging from the Evidence

Most sex workers do not feel exploited and most sex buyers are not oppressors. Over-simplifications do not contribute to meaningful discussion or to effective policy. While there are a small number of people who prey on the vulnerable in the sex industry, just as there are in almost any other industry, most of the buyers we surveyed are simply individuals seeking to purchase a service they feel they need. The evidence is clear that most do not see themselves, nor are they perceived by those they pay, as exploiters or even as enjoying a position of power in the transaction. The evidence also suggests that many workers engage in sex work because it provides a level of freedom and self-determination not available to them in other available occupational settings.

Much of the vulnerability experienced by some sex workers has little or nothing to do with sex work. The evidence does suggest that, as a group, sex workers experience lower than average levels of physical and mental health, higher levels of stress, depression and post-traumatic stress disorder, higher rates of disability and a variety of other factors that contribute to poor health outcomes. For some workers, these health outcomes relate to trauma and chronic stress in childhood and adolescence. While these factors frequently interact to constrain opportunities, increase risk and negatively impact health and well-being, they often have little or nothing to do with sex workers' interactions with clients which usually go smoothly for both parties. Nonetheless, some risks are inherent in sex work itself. The evidence suggests that, for the most part, sex workers do a good job of mitigating those direct risks, but further gains can be made through self-empowerment, education, policy and regulation.

Sex work provides an opportunity for some individuals. The two most commonly cited reasons for first selling sexual services are money and flexibility. The evidence suggests that many sex workers choose to sell sexual services because they are able to make more money, and sex work provides them with more flexibility and autonomy compared to other jobs available to them. For many, this means being able to care for themselves and their children. It is important to consider how this story of opportunity – often opportunity to meet basic human needs – operates across the age spectrum for those who engage in selling sexual services. Sex workers are often aware of the sacrifices their choices entail, and for some the work may become more of a prison. But that is not the experience of the majority of the workers we interviewed.

Tensions involving sellers, buyers and managers occur in the sex industry, but they are not endemic. Tensions and conflicts occur in all service industries. In the sex industry, whether interpersonal tensions develop into conflict and whether they escalate into violent victimization depends to a large extent on the service context that shapes the interactions between sellers, buyers and, in some cases, managers. Violence is relational and multi-directional and shaped by factors at personal, social and societal levels.

Service environments more removed from normal networks of social regulation and control increase the likelihood of escalating serious conflict. The current social and legal context provide little protection for workers, partners, managers or buyers, thus increasing the likelihood that some tensions will escalate into conflicts and that some contexts (e.g., street-level interactions) are more risky than others.

Stigma, fear and isolation are common experiences in the sex industry. Stigma, discrimination, fear and isolation increase the potential for interpersonal tensions between sellers, buyers and managers to develop into conflict

and escalate. Efforts to reduce stigma, increase social integration and reduce barriers to services and supports will decrease conflict and violent victimization. This will require attention to changing the structural axis of power.

Punitive laws and their enforcement make it very difficult for others to provide protection for sexual exchanges. Findings from across our projects show that punitive laws operate in a number of ways to reduce the safety of people connected to the sex industry: buyers are reluctant to file a report with police when they learn of a sex worker being harmed because of their fear of being outed and shamed, managers cannot easily make condoms available in managed sex environments due to fear of being charged with running a bawdy house, intimate partners of sex workers find it difficult to enhance their partners' safety because of a fear of being charged with contributing to prostitution, police are constrained from reaching sex workers in need of help due to constraining Criminal Code sanctions and sex workers' fear of being charged, sex worker outreach agencies and health and social service organizations find it difficult to reach many sex workers who prefer to remain hidden due to fear of being apprehended or belittled, and legislators remain confused about how to assist those who need assistance from those who do not.

Further Questions and Potential Areas for Action

- What is the relationship between gender and other macro or social-structural systems such as class (e.g., income, education, occupational status) and race (e.g., Aboriginal status) and experiences of exploitation and empowerment in the sex industry?
- How do meso or middle-range contexts (e.g., venue of the service encounter, community or organizational settings/spaces) influence experiences of exploitation and empowerment?
- What is the relationship between micro or agency-level influences such as physical features, family values and beliefs, early life experiences, current life vulnerabilities, and likelihood of exploitation in the sex industry?
- How do community factors such as relative social/ethnic homogeneous, population/client/ worker mobility or economic status influence the vulnerability of those involved in the sex industry?
- In what ways does the organizational structure of police agencies (e.g., hierarchical/horizontal, formal/informal, supportive/regulatory, proactive/reactive, innovative/traditional, and informed/uniformed) condition their relationships with people and organizations in the sex industry?
- Do strict enforcement practices and selective toleration practices have different health and safety outcomes for those involved in the sex industry? In what ways?
- How do the targets of the enforcement practices vary across geographic regions, and what are the consequences for the health and safety of people involved in the sex industry?
- What types of legislative tools do various police forces use when managing people and organizations in the sex industry (e.g., criminal, health, taxation, municipal or other types of legislation), and how do they affect the health and safety of people involved in the sex industry?
- Does institutional collaboration make a difference to the health and safety of persons involved in the sex industry? If so, what are these differences and what are the processes by which they occur?
- What impact does moral climate have on the organizations and individuals involved in, or providing sevices to those involved in, the sex industry? What are the mechanisms for this influence?

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