Violence in the Massage Parlor Industry: Experiences of Canadian-Born and Immigrant Women

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We examined and contrasted 129 Canadian-born and immigrant women’s experiences of violence and associated structural and interpersonal factors within indoor commercial sex venues. The majority experienced at least one form of structural, interpersonal, or both types of violence, with the attempted removal of a condom during sexual services being cited most frequently. Canadian-born women reported more frequent violent assaults in the survey data. The women’s qualitative narratives illustrated that perceptions of violence differed significantly among Canadian versus non-Canadian born women. Findings concerning racialization and gendered relations of power have important implications for prevention and interventions to support victims of abuse.

Received 19 August 2010; accepted 5 July 2011.
This project was supported by the Canadian Institutes of Health Research and the British Columbia Medical Services Foundation. We thank the participants and outreach teams and leaders from the Asian Society for the Intervention of AIDS for their dedication and support in promoting women’s health and human rights.
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Given the dearth of understanding of the violence women experience within the massage parlor industry in Canada, we engaged in a mixed-method simultaneous study and explored 129 women’s experiences of violence and associated structural and interpersonal factors within 39 indoor commercial sex venues. Because a large percentage of women in these venues are immigrants to Canada, we compared and contrasted Canadian-born and immigrant women. The majority of participants had experienced at least one form of structural, interpersonal, or both types of violence, with the attempted removal of a condom during sexual services being cited most frequently. Canadian born-women reported more frequent violent assaults in the survey data. The women’s qualitative narratives illustrated that perceptions of violence differed significantly among Canadian versus non-Canadian born women. Findings concerning racialization and gendered relations of power have important implications for prevention and interventions to support women working in these venues.

Violence against women is a global health concern that violates women’s human rights and contributes significantly to poor physical and mental health outcomes (Farley, Lynne, & Cotton, 2005; Hankivsky & Varcoe, 2007; Roxburgh, Degenhardt, & Copeland, 2006; Watts & Zimmerman, 2002; World Health Organization [WHO], 2005). Although women within all social locations experience violence, those engaged in commercial sex work (the exchange of money for sexual services) are particularly vulnerable due to the isolating and potentially exploitive conditions of their work and their marginalized status within society (Watts & Zimmerman, 2002). To date, many researchers have documented the violent conditions of street-based sex work, reporting high rates of assault among women (Farley & Kelly, 2000; Farley et al., 2005) and homicide rates 60–120 times above the general population (Lowman & Fraser, 1996; Salfati, James, & Ferguson, 2008). There is limited but growing evidence that women working within indoor sex venues (e.g., massage parlors, escort agencies, and exotic dance clubs) also may be at noticeable risk for violence—particularly physical and sexual assault; emotional abuse; attempted condom removal; financial exploitation by clients, venue managers, or both; and harassment by law officials (Choi & Holroyd, 2007; Gagnon, Merry, Bocking, Rosenberg, & Oxman-Martinez, 2010; Lewis, Maticka-Tyndale, Shaver, & Schraam, 2005; Nemoto, Iwamoto, Wong, Nhung Le, & Operario, 2004; Raphael & Shapiro, 2004; Sanders, 2004; Vanwesenbeeck, 2005; Yang et al., 2005). In addition, researchers (Lowman, 2000; Weitzer, 2005) have illustrated that violence against indoor commercial sex workers intersects significantly with contextual features of the working environment and the criminal status of sex work. The practices of managers in condoning or preventing violence, safety features within rooms, and strategies of local law enforcement with regards to those who assault women, for example, have been cited as instrumental to sex workers’ experiences of violence (Brents & Hausbeck, 2005; Lewis et al., 2005).
Citizenship and immigration also are important contextual factors. Researchers (Bungay, Halpin, Atchison, & Johnston, 2011; Gagnon et al., 2010; Nemoto et al., 2004; Raj & Silverman, 2002) report social isolation, language barriers, normalized gendered relations of power, and lack of opportunity for alternative means of income among Asian-born immigrant women in North America as contributory factors for violence. Immigrant women also are frequently the target of police raids with a specific aim of identifying illegal immigrants for deportation (Brock, Gillies, Oliver, & Mook, 2000).

In Canada, it has been estimated that 80% of all female sex workers work within indoor venues (e.g., massage parlors, escort agencies, and exotic dance clubs; Hanger, 2006), yet this population of women has largely been overlooked by health service providers and researchers (Lowman, 2000; Nguyen, Venne, Rodrigues, & Jacques, 2008; Shaver, 2005). Our limited understanding, however, does illustrate high rates of violence (e.g., Benoit & Millar, 2001; Farley et al., 2005), although the nature of the violence and the factors contributing to violence remain significantly underinvestigated. It is critical that we expand our understanding of women’s experiences within the indoor sex industry, particularly if we are to meaningfully respond to the dearth of adequate health and social service programming for this population of women. Situated within a larger mixed method study aimed at developing sexually transmitted infection (STI) and HIV prevention initiatives for women and their “clients” within the locale indoor sex industry, we addressed two main research questions within this substudy: (a) what are the experiences of violence among women working in indoor sex venues and the influential contextual factors (e.g., the law, management practices, and relationships with clients) that shape these experiences; and, given our knowledge of the significant subgroup of immigrant women working within these venues in our locale (see Bungay et al., 2011; Remple, Johnston, Patrick, Tyndall, & Jolly, 2007a); and (b) what are the similarities and differences in Canadian-born and immigrant women’s experiences?

BACKGROUND

Our study is situated within the Metro Vancouver Region (MVR) of British Columbia, Canada, which is composed of 22 urban municipalities. There is an extensive indoor sex market that operates under the guise of legitimate licensed businesses including massage parlors, escort agencies, and exotic dance clubs. While prostitution is not illegal in Canada, many of the related activities such as communicating for the purpose of selling or buying sex, operating a bawdy house, or living off the avails are against the law (Pivot Legal Society, 2006). These paradoxical laws contributed to the invisibility of the sex market and oversights in health care programming and advocacy groups concerning the health of the women who work in these venues.
(Lowman, 2000; Shaver, 2005). The exact number of indoor sex establishments is unknown, although it has been estimated that several hundred licensed and unlicensed venues may exist (Remple et al., 2007a). Our work also has illustrated a high number of Asian immigrant women within these venues (Bungay et al., 2011).

Over two million people, more than half of the provincial population, live within the Metro Vancouver Region. Forty percent of the residents are immigrants to Canada, 60% of whom are from Asian (including the Middle East) countries (Statistics Canada, 2009). There is growing evidence that immigrant women in Canada experience a decline in their overall health status that is positively correlated with the length of time they spend in the country. Asian-born women, in particular, have lower self-reports of physical health, suffer from mental health issues, and experience difficulty accessing essential health services (Chen, Ng, & Wilkins, 1996a; 1996b; Fowler, 1998; Li & Browne, 2000; O'Mahony & Donnelly, 2007; Vissandjee, Desmeules, Cao, Abdool, & Kazanjian, 2003). Social isolation, lack of language proficiency, and economic discrimination have been cited as contributory factors to the decline in women’s health (Vissandjee, Thurston, Apale, & Nahar, 2007). Immigrant women who become involved in sex work face added risks to their mental and physical health and often are reluctant to engage with social services due to the possible consequences for their immigration status (Stewart & Gajic-Veljanoski, 2005).

METHODS

Our study is part of a 6-year community-based, mixed-method project aimed at developing STI and HIV prevention initiatives among women working in indoor sex venues and their clients in an urban centre in Western Canada, the full details of which are published elsewhere (Remple et al., 2007a; Remple, Patrick, Johnston, Tyndall, & Jolly, 2007b). We employed a parallel-simultaneous mixed-method research approach (Tashakorri & Teddie, 1998). Quantitative and qualitative data were collected simultaneously and analyzed in a complementary manner to address the research objectives. The data we use in this article were drawn from our larger study and include detailed questionnaires and interviews with commercial sex workers in relation to their experiences of violence within the commercial sex industry.

Sampling and Recruitment

Women with sex work experience (“peers”) were recruited, trained, and supported as health outreach workers with our community partner, the Asian Society for the Intervention of AIDS (ASIA). The peers collaborated with community-based researchers (CBRs) and members of the investigative team to carry out the study logistics. The primary method for gaining access to indoor CSW was through outreach activities delivered by ASIA outreach teams.
Peer and CBR outreach teams first visited establishments that had been accessed in preliminary exploratory research via a detailed targeted sampling approach, the full details of which are published elsewhere (see ASIA, 2003; Remple et al., 2007a). New locations were added with the progression of our project. In adding new locations, ASIA outreach teams first visited the establishment and developed relationships with the women and managers who worked there. Once a trusting relationship was developed and information was provided about the research project, CBR were added to the outreach teams. In consultation with the peers we targeted establishments that represented maximum variation in terms of type of venue, ethnicities of workers, socioeconomic status of workers, and geographical location, all factors that have been associated with differences in HIV and STI prevalence and risk (Harcourt & Donovan, 2005).

We used two consecutive sampling methods to identify eligible participants and develop the research recruitment framework. We recruited the first wave of participants (seeds) purposefully through targeted sampling (Watters & Biernacki, 1989), whereas subsequent waves of participants were recruited using a chain-referral procedure based on the social network of the first wave. Targeted sampling, characterized by a flexible, interactive approach, was an appropriate strategy as it enabled us to sample and recruit among a population of women who experience significant social stigma and are involved in illegal activities and as a result largely are invisible (Remple et al., 2007a, 2007b; Watters & Biernacki, 1989). Once each participant “seed” agreed to participate and had completed a questionnaire, each seed was given three recruitment information vouchers that were coded in such a way that we could identify which seed they came from. The participant “seed” then handed out recruitment information vouchers to one to three coworkers. As part of the recruitment process we reviewed the inclusion criteria with the seed participants and provided them with a script to approach prospective participants. The script included a brief introduction to the purpose of the study, the voucher, and the contact number for an investigative team member should they wish to participate. Interested participants contacted a member of the investigative team who then reviewed the purpose and overall study activities and arranged a time and location for data collection. After enrolled, the recruit became a “recruiter”/participant and was assigned a different study code. The social network data are the emphasis of further data analysis. All women who self-identified as working within the indoor sex industry, 18 years of age or older, and were able to participate in languages spoken by members of the outreach and investigative teams (English, Chinese, Punjabi, Vietnamese, and Spanish) were eligible to participate.

Instruments and Measures
Data collection activities included a comprehensive 150-item cross-sectional questionnaire, conversationally oriented interviews, and field note taking.
during data collection with participants. Drawing on previous research and in collaboration with the peers, we developed a questionnaire to elicit information regarding standard sociodemographic variables, sexual practices, HIV/STI-related knowledge, employment characteristics, sexual health and health-seeking behaviors, and their experiences of interpersonal (physical and psychological) and structural violence. Immigration status was not formally collected as part of the research process.\(^2\)

To provide a more nuanced understanding of women's experiences of violence and influential factors, we also undertook conversationally oriented in-depth interviews with purposefully selected participants (Maxwell, 1998). Women who had completed the questionnaire represent a diversity of venues, length of time in sex work, and Canadian-born versus non-Canadian-born status. Interviews generally lasted an hour and were recorded and transcribed verbatim. Most interviews were individual, but, when appropriate, group interviews with 2–3 women were undertaken where women expressed a desire to share their experiences together to support one another in the process. Key topics addressed in the interviews included description of the working environment; experiences and relationships with clients, managers, and other women; health issues and care providers; experiences with outreach workers and services; and experiences with police or other legal personnel. The CBRs maintained field notes throughout research activities that focused on reflections about the interviews and questionnaires as they were occurring, where the interview took place, nonverbal communication of the research participant, and the municipality and location of the facility. All participants were made aware of the field note procedures and topics. We did not engage in participant observation of the facility overall or of the women and clients in the venue as this was beyond the scope of the study.

Prior to participating in any research activity, we reviewed with the participants the study purpose and research activities and their rights to refuse to answer any question and to halt participation at any time during the study, and we provided women with a one-page summary of the study, their rights as participants, and a contact number should they wish further clarification. We encouraged women to ask any questions, and once all questions were answered, verbal consent was obtained. Few participants requested clarification, and many commented on the importance of the study. We administered all questionnaires in person and conducted questionnaires and interviews either at the participants' workplace or in another location of their choice. For those women who were not proficient in English, an interpreter was provided. We paid all participants an honorarium for their expertise and to supplement potential loss in their earnings. Ethical approval for the research protocol was obtained through the University of British Columbia and Simon Fraser University behavioral research ethics councils.
Analysis

We entered all questionnaire responses into an SPSS database (v.17, SPSS Inc., Chicago, IL, USA). Four members of the investigative team reviewed interview results independently. Team meetings to discuss results were held, and we collaboratively constructed a thematic code scheme that reflected women's experiences of violence and the related contextual factors. We paid particular attention to the types of violence experienced and factors that contributed to the experience of violence, including environmental factors (e.g., room safety, role of managers) and interpersonal relations with clients (e.g., financial and service negotiations). Demographic statistics were undertaken for the overall sample and for Canadian born and non-Canadian born women. The inferential component of the analysis compared differences between Canadian born women and non-Canadian born women with respect to the presence or absence of specific types of violence and sources of support. Therefore, the data were subject to the usual $2 \times 2$ contingency table analysis, and Pearson's chi-square statistic is used for statistical inference. When expected cell counts $\leq 5$ occur, Fisher's exact test also was considered.

Qualitative and quantitative data were analyzed concurrently to examine similarities and differences within the findings in keeping with our parallel/simultaneous mixed method research approach. Throughout the analysis we drew upon theoretical constructs of structural and interpersonal violence and intersectionality, all constructs that have been illustrated as important within the field of violence against women and women's health (see Hankivsky & Varcoe, 2007). Structural violence describes the social forces (e.g., the economy, politics, law, and setting) that contribute to inequities that constrain human agency (Farmer, 2005). Interpersonal violence refers to the normalization of everyday violence (physical, emotional, and psychological) that often renders it invisible (Scheper-Hughes, 1996). Intersectionality is a particular way of understanding the “groups” to which people belong among multiple intersecting systems of oppression, including systems of race, gender, social class, and sexuality (Bungay, Johnson, Varcoe, & Boyd, 2010; Collins, 2000). This analysis is well situated within the field of violence against women generally and women in sex work specifically that emphasizes structural and interpersonal inequities as critical in understanding and preventing violence against women (Razack, 2002).

RESULTS

Overview of Participants

Outreach teams that included a CBR visited 39 different indoor sex venues that were composed primarily of 32 massage parlors and also included two beauty enhancement spas, three escort agencies, and three microbrothels (unlicensed venues, usually an apartment). One hundred twenty-nine
women completed the survey, 21 of whom participated in in-depth one-to-one or small-group interviews. Among the interview participants, 15 were born in Asian countries, 11 spoke no or limited English, and 12 worked in more than one sex venue. Most survey participants were fluent in English and born outside of Canada—primarily from Asian countries—and slightly more than half the participants had completed high school or postsecondary education (Table 1).

Women’s experiences within the commercial sex industry were varied (Table 1). Canadian born women were, on average, younger when they began work in the sex industry and more had worked in street-based sex

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total* (N = 129)</th>
<th>Canadian (N = 49)</th>
<th>Non-Canadian (N = 80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of origin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>50 (38.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>49 (38.0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>30 (23.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Mean (SD)</td>
<td>30 (7.53)</td>
<td>25 (4.98)</td>
<td>35 (6.86)</td>
</tr>
<tr>
<td>Years lived in Canada Mean (SD)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>English speaking</td>
<td>99 (76.7%)</td>
<td>49 (100%)</td>
<td>50 (62.5%)</td>
</tr>
<tr>
<td>Highest education achieved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less Mean (SD)</td>
<td>54 (41.9%)</td>
<td>27 (55.1%)</td>
<td>27 (33.8%)</td>
</tr>
<tr>
<td>Partial or complete college/university/trade school</td>
<td>85 (58.1%)</td>
<td>22 (44.9%)</td>
<td>63 (65.2%)</td>
</tr>
<tr>
<td>Age at first sex work “job” Mean (SD)</td>
<td>27 (8.06)</td>
<td>21 (4.33)</td>
<td>31 (7.52)</td>
</tr>
<tr>
<td>No. of months working in sex industry Mean (SD)</td>
<td>33 (38.42)</td>
<td>44 (43.77)</td>
<td>27 (33.45)</td>
</tr>
<tr>
<td>Type of commercial sex venue ever worked in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escort agency</td>
<td>34 (26.4%)</td>
<td>27 (55.1%)</td>
<td>7 (8.8%)</td>
</tr>
<tr>
<td>Out-call</td>
<td>26 (20.2)</td>
<td>19 (28.8%)</td>
<td>7 (8.8%)</td>
</tr>
<tr>
<td>Adult films</td>
<td>3 (2.3%)</td>
<td>1 (2.0%)</td>
<td>2 (2.5%)</td>
</tr>
<tr>
<td>In-call</td>
<td>28 (21.7%)</td>
<td>22 (44.9%)</td>
<td>6 (7.5%)</td>
</tr>
<tr>
<td>Nightclub</td>
<td>2 (1.6%)</td>
<td>1 (2.0%)</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>Exotic dance</td>
<td>15 (12.0%)</td>
<td>9 (18.4%)</td>
<td>6 (7.5%)</td>
</tr>
<tr>
<td>Street</td>
<td>19 (14.7%)</td>
<td>17 (34.7%)</td>
<td>2 (2.5%)</td>
</tr>
<tr>
<td>Massage parlor</td>
<td>112 (86.8%)</td>
<td>46 (93.9%)</td>
<td>66 (82.5%)</td>
</tr>
<tr>
<td>Microbrothel</td>
<td>17 (13.2%)</td>
<td>7 (14.3%)</td>
<td>10 (12.5%)</td>
</tr>
<tr>
<td>Other</td>
<td>6 (4.7%)</td>
<td>1 (2.0%)</td>
<td>5 (6.3%)</td>
</tr>
<tr>
<td>Average no. of days a week working in commercial sex</td>
<td>Mean (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 (1.27)</td>
<td>4.7 (0.99)</td>
<td>5 (1.4)</td>
</tr>
<tr>
<td>Average no. of hours a day working in commercial sex</td>
<td>Mean (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.8 (2.90)</td>
<td>7.7 (1.68)</td>
<td>9 (3.26)</td>
</tr>
<tr>
<td>Average no. clients per week</td>
<td>Mean (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 (7.75)</td>
<td>11 (6.34)</td>
<td>13 (8.45)</td>
</tr>
</tbody>
</table>

*Missing data ranges between N = 0 and N = 4 on the descriptors included in this table.

Sixteen participants classified as Other were from non-China Asian countries; 4 participants identified European countries as their country of Origin, 2 were from the USA, and the others were from African countries.
work. Massage parlors were the primary sex work venue, which is not surprising as these venues were the primary target for ASIA’s outreach team activities. A small number of women had worked in or were working in “microbrothels,” which are venues not licensed within the city. These venues were women’s homes or in some cases an apartment operated by a manager.

At the time of our project, the majority of women were employed in massage parlor settings. Women’s engagement in sex work primarily was due to the lack of economic alternatives, the significance of which we discuss more fully in their experiences of violence.

Experiences of Violence

The majority of participants reported experiencing violent “dates” with men (referred to as “clients”). Financial exploitation, verbal and sexual assault, and the deceptive removal of condoms during sexual activities were experienced most frequently (Table 2), all of which carry significant health consequences (e.g., increased risk for STIs and unplanned pregnancies and the physical injuries and psychological trauma associated with assault). The women also noted that many of their clients were “not violent,” and, in fact, violence most often was attributed to a small number of men. The potential for violence, however, was experienced as a consistent reality of their work lives:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Total (N = 106)</th>
<th>Canadian (N = 31)</th>
<th>Non-Canadian (N = 75)</th>
<th>Chi-square (p value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a client tried to steal or rob from you?</td>
<td>23 (21.7%)</td>
<td>4 (12.9%)</td>
<td>19 (25.3%)</td>
<td>1.99 (.16)</td>
</tr>
<tr>
<td>Has a client tried to push, hit, or slap you?</td>
<td>34 (32.1%)</td>
<td>13 (41.9%)</td>
<td>21 (28.0%)</td>
<td>2.00 (.16)</td>
</tr>
<tr>
<td>Has a client tried to force himself on you sexually?</td>
<td>45 (42.5%)</td>
<td>19 (61.3%)</td>
<td>26 (34.7%)</td>
<td>6.34 (.01)</td>
</tr>
<tr>
<td>Has a client tried to pull or sneak the condom off during sex?</td>
<td>64 (60.4%)</td>
<td>15 (48.4%)</td>
<td>49 (65.3%)</td>
<td>2.63 (.11)</td>
</tr>
<tr>
<td>Has a client tried to get away with not paying you for services, or to pay you less than what you agreed on?</td>
<td>73 (68.9%)</td>
<td>19 (61.3%)</td>
<td>54 (72.0%)</td>
<td>1.17 (.28)</td>
</tr>
<tr>
<td>How often has a client yelled at you or called you names?**</td>
<td>46 (43.8%)</td>
<td>18 (58.1%)</td>
<td>28 (37.8%)</td>
<td>3.73 (.05)</td>
</tr>
<tr>
<td>How often have you argued with a client about the length of the date?**</td>
<td>61 (58.1%)</td>
<td>25 (80.6%)</td>
<td>36 (48.6%)</td>
<td>9.18 (.002)</td>
</tr>
<tr>
<td>Have you experienced at least one of the above?</td>
<td>70 (66.0%)</td>
<td>24 (77.4%)</td>
<td>46 (61.3%)</td>
<td>2.55 (.11)</td>
</tr>
</tbody>
</table>

*In the analysis of survey items measuring violence, women who had reported involvement in street-based sex work (n = 19) were excluded from analysis, as we were concerned primarily with documenting violence in relation to the indoor markets.

**Missing N = 1 response.

Note. Pearson’s chi-square test was employed.
First thing I think when I see him is, “I know nothing about him and I hope he picks me because of the money.” And the second thing I think, “I hope he is not going to abuse me.” (Jami)

The participants’ experiences of violence were influenced by the normalized practices within their work settings and the structural factors that shaped the nature of these experiences. To best illustrate these inherent complexities we organized the analysis according to two themes: (a) everyday client interactions and (b) intersections and context. Where significant, we highlight the differences between Canadian and non-Canadian women’s experiences.

**Everyday client interactions as sources of violence.** A definitive attribute of sex work is the negotiation of the sexual services and the remuneration whereby the women and their clients agree on the terms and boundaries of their interaction. Negotiations with clients were relentlessly challenging. Clients frequently wanted to engage in activities that could place women at risk for harm (e.g., use of sexual props such as whips, sexual positions that left women vulnerable to physical domination, slapping and spanking, and sex without a condom; Table 2). In some instances clients became aggressive and violent when “they were not getting what they wanted,” which is a phrase used by women to describe clients’ requests for services that they were uncomfortable performing due to personal preference or, in many instances, put them at significant risk for sexual assault:

And I wouldn’t let him massage me. I knew that one of the girls had been raped when she laid down for a massage. . . . The guy actually stood in front of the door and wouldn’t let me leave. It was one of the instances where I was very afraid. . . . And I was screaming at him. And he even grabbed me and pulled me on top of him and wouldn’t let me go. . . . I pushed him and ran out half naked. (Raylene)

Negotiation and receipt of payment also was fraught with conflict as evidenced by the majority response that they faced challenges in receiving payment (Table 2). These challenges were intricately related to the method by which payment was received. In many settings, clients made payment to the parlor prior to services under the guise of legitimate business (e.g., massage). The timing and amount of payment for sexual services, however, often was negotiated separately, and participants experienced considerable variation within the negotiations. In some instances women requested upfront payment, while for others the price was initially negotiated and payment received upon completion of services. Both approaches were problematic. In situations where payment was received prior to the provision of services, some clients stole participants’ money when they were leaving. In other situations, clients made false complaints to managers and insisted on total
or partial refunds, which, at times, resulted in women being required to return the money. For those who received payment upon completion, the challenges arose with some clients refusing to pay the negotiated amount:

We agreed on $60 for a handjob with my clothes off. And I did that. And I gave him very good service and he gave me $30.00. He didn’t give the rest to me. … He was playing with me, hiding his wallet behind his back. (Katherine)

The loss of income was of significant concern for women’s health. In order to regain income, the participants frequently worked longer hours, provided sexual services to more clients, and in some instances engaged in less safe sexual activities such as sex without a condom if the client was willing to pay more.

Participants also experienced persistent requests by clients to have sex without a condom despite their explanations to clients regarding the need for healthy sexual practices. While women reported being able to “convince” many of their clients of the need for a condom, they also experienced situations where the client would attempt to deceptively remove a condom during sexual activities thereby violating women’s sexual health rights and increasing their risk for STI and unplanned pregnancies (Table 2):

I had this guy, and he tried to take it [condom] off. You have to be really aware. You don’t think they will do that, but they try and get you in a position where you can’t see their hands. (Julianne)

The participants’ experiences with clients illustrate the subtleties of gendered relations of power in which women’s dignity and humanity were simply devalued. As Eve eloquently noted,

A lot of them think they pay for you; they think they own you for that half hour or whatever. They don’t. … They are paying for your time. They can’t do anything they want to do to you. And they say, “Yeah, well, I paid 150 bucks.” But that doesn’t mean they do anything they want. They just think they can.

**Intersections and contexts as influential factors.** The diversity of women’s experiences of violence was situated within the broader intersections of immigration and citizenship, sex venue management practices, economic circumstances, and women’s personal histories and experience within the commercial sex industry. For instance, while our survey results illustrated that Canadian born women reported significantly more violence than immigrant women in relation to sexual assault, arguments regarding length of the date, and verbal assaults (Table 2) the participants’ narratives provided insights into these experiences that gave us pause with regards to the
potential conclusions we could draw from this data. For many of the Cana-
dian born women, negotiation with clients for services and their agency with
regards to engaging in conflict appeared intricately connected to assumptions
of their personal control and “rights” within client interactions. As Daphne, a
35-year-old Canadian born woman noted, “And if guys are like, ‘I want to do
this,’ you have to be straight up and be like, ‘No.’ You have to be in control.”

For many of the non-Canadian born women, particularly those who
did not speak English fluently and were relatively new in the sex industry
(Table 1) there was a sense that they did not have the “right” to negotiate
with clients or to refuse to perform sexual services with which they were
uncomfortable. Phrases such as, “You have no say. You do what customer
wants” were common. In addition, they were frequently at a loss due to
reduced language proficiency to be able to negotiate with a client and instead
had to rely on sex venue managers to negotiate on their behalf:

He [client] continued to talk in English [I didn’t understand him]. … I
can’t speak English, so I can’t talk to the guy without waiting for the
manager to help me. (Katherine)

The management practices within the sex venue added another layer of
complexity. Regardless of whether women were Canadian born, the “rules of
conduct” established by managers either served to offer some protection for
women or contributed to violent client encounters. Some managers pressured
sex workers into risky scenarios and sided with clients in conflicts and offered
no protection or intervention in the face of violence:

I got raped and the guy just walked out the door. I was crying and the
manager came to me and all he said was, “As soon as you walk in the
room, you are on your own. It’s not my problem or my responsibility for
your safety.” (Lynette)

Other managers were concerned for women and played a supportive
role in women’s lives—as indicated by 54% (n = 66) of women reporting that
they considered their managers as a source of support in relation to violent
assaults. The participants described managers who supported work sched-
ules around childcare and assisted them in obtaining money from clients.
The threat of physical harm to clients appeared to be the most significant
deterrent for clients assaulting women, As one manager noted:

Somebody does something to one of my staff in here, you better hope
to fuck I’m not here when you do it. And our clients know that, and my
staff knows that. When you start fucking with my staff, it’s time for you
to go and you may not be going in a nice way. As you’re running out, I
will be beating you with a bat. Somebody has to do that. I love my staff
and my staff know that. (Joyce)
### TABLE 3 Women’s Harassment Experiences

<table>
<thead>
<tr>
<th>Person/people</th>
<th>Total</th>
<th>Canadian</th>
<th>Non-Canadian</th>
<th>Chi-square (p value)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experienced harassment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police (N = 128)</td>
<td>49 (38.3%)</td>
<td>16 (32.7%)</td>
<td>33 (41.8%)</td>
<td>1.06 (.30)</td>
</tr>
<tr>
<td>Security guards (N = 124)</td>
<td>5 (4.0%)</td>
<td>0 (0%)</td>
<td>5 (6.7%)</td>
<td>3.40 (.06)*</td>
</tr>
<tr>
<td>Immigration officials (N = 124)</td>
<td>7 (5.6%)</td>
<td>0 (0%)</td>
<td>7 (9.3)</td>
<td>4.84 (.03)*</td>
</tr>
<tr>
<td>Public health inspectors (N = 124)</td>
<td>16 (12.9%)</td>
<td>5 (10.2%)</td>
<td>11 (14.7%)</td>
<td>0.52 (.47)</td>
</tr>
<tr>
<td>City licensing officials (N = 124)</td>
<td>16 (12.9%)</td>
<td>5 (10.2%)</td>
<td>11 (14.7%)</td>
<td>0.52 (.47)</td>
</tr>
<tr>
<td><strong>Worry about harassment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police (N = 127)</td>
<td>97 (76.4%)</td>
<td>35 (71.4%)</td>
<td>62 (79.5%)</td>
<td>1.08 (.30)</td>
</tr>
<tr>
<td>Security guards (N = 122)</td>
<td>19 (15.6%)</td>
<td>4 (8.2%)</td>
<td>15 (20.5%)</td>
<td>3.42 (.06)</td>
</tr>
<tr>
<td>Immigration officials (N = 122)</td>
<td>17 (13.9%)</td>
<td>3 (6.1%)</td>
<td>14 (19.2%)</td>
<td>4.16 (.04)</td>
</tr>
<tr>
<td>Public health inspectors (N = 122)</td>
<td>20 (16.4%)</td>
<td>4 (8.7%)</td>
<td>16 (21.9%)</td>
<td>4.05 (.04)</td>
</tr>
<tr>
<td>City licensing officials (N = 122)</td>
<td>28 (23.0%)</td>
<td>10 (20.4%)</td>
<td>18 (24.7%)</td>
<td>0.50 (.58)</td>
</tr>
<tr>
<td>Worry about being arrested (N = 129)</td>
<td>97 (75.8%)</td>
<td>34 (69.4%)</td>
<td>63 (79.7%)</td>
<td>1.77 (.18)</td>
</tr>
</tbody>
</table>

*Minimum expected cell counts are less than 5; test is inexact. Significance at p = .05 does not change using Fisher’s test.

Note. Pearson’s chi-square test was employed.

The criminalized nature of sex work also contributed to violence against the women. Many participants reported experiencing police harassment, and the vast majority expressed concern regarding fear of arrest (Table 3). This fear of arrest and negative police interactions removed the “normal” safeguards with regards to assault and abuse, leaving women with little or no recourse for the violence committed against them.

Women’s experiences of violent “dates” were further influenced by intersections between their length of time in the industry, available supports, and their economic needs. Economic need was the single largest factor that contributed to women working in these venues, and as novices in the industry, they received little support or instruction from managers regarding what clients could realistically expect from them and what was considered appropriate client behavior. Women were left to learn on their own, a situation that created considerable threat of sexual and financial exploitation:

In the beginning as a new girl, you are desperate for money and you don’t understand the business. … You worried about, “Is the client going to come back?” You have to learn by your own experience. As a new girl, I was in the clouds and all drama. I don’t know what is going on. And if I didn’t use condoms … cause I was worried about the client coming back. … I am kind of waiting the next day to see if something going to happen to me. Like I should check in the clinic. Later I learned myself—definitely use condoms. … I learn how to talk to clients so they use condoms. (Jami)
While the issues of economic circumstances and lack of role clarity were problematic for all women, immigrant women faced particular challenges that were related to unfamiliarity with the commercial sex industry within this locale and the economic disparities frequently experienced by immigrant women in Canada (Vissandjee et al., 2007). In some instances, for example, due to the misrepresentation of advertising in local papers and the legitimacy of the massage parlor industry within the city, several non-Canadian born participants were initially unaware that they were being employed in a commercial sex venue:

_Tia:_ First I came to Canada, I brought some money, but that’s not enough. I had some jobs, but they pay too little to live. I try to find a regular job from newspaper. Can’t find job. Can’t make money. Try to find a good job through Chinese newspaper. In one advertisement, it claims that one month you can make over $10,000. What kind of job can make this amount of money? I’m very interested in this job. I didn’t know. . . . I just made the phone call. I asked, “Do you need experience” He said, “No, you just came here and try.” I went there first time, I didn’t do anything. Three days later, he called me again. That guy pushed me to do this. I asked how to do this job. He said, “Do you have husband or kids?” I said, “Yes.” Then he said, “Now you know it.”

_Interviewer:_ When did you discover that there is more required than just massage?

_Tia:_ One client came in, and the boss let him to go to the room. He was a very nice Canadian guy. I didn’t speak much English like now, but I can still speak a little bit of English. . . . I didn’t do full service. The Canadian guy said, “Okay.”

_Interviewer:_ How did you evolve from the first guy to do full service later on?

_Tia:_ I learn . . . for the first half a month in this business, I only do hand job. The boss gave all the customers who are not doing full services to me. As time passed by, I gradually accepted to do full service to make more money.

The “acceptance” of performing sexual services for money was not without consequences among the immigrant participants. The women reported a sense of deep sadness and despair over engaging in sex work. As one woman noted, “After that first time, I cried and cried.” Similar to their Canadian counterparts, however, because of their financial commitments within their families and lack of economic alternatives, perceived that there were limited or no other options available that would meet their financial needs.
As the women’s the length of time in the industry progressed, they developed skills to reduce their risk of violence and engaged in more positive friendships with other women in which they could help to protect one another. Coworkers were rated as the second highest source of support for women, although this was statistically more significant for Canadian born women ($X^2 = 11.78 \ p = .001$). Women learned the importance of sharing information with one another about clients who were potentially violent, and as they gained experience, they made choices to move to venues where there were strategies in place to protect them. The long-term consequences of the sustained violence that came with experience, however, were devastating:

The bruises heal. What happens inside, the emotional, it doesn’t. It never, never does. And it comes up, you know. It sneaks back up, on you and you are there all over again. (Joyce)

**DISCUSSION**

Our study provides the only detailed description of the violence experienced by women engaged in the indoor sex industry within our specific Canadian urban center, offering specific focus on the differing and similar experiences of violence amongst cohorts of Canadian and non-Canadian born women. We demonstrated that structural and interpersonal violence are significant health issues for women within the indoor industry, which is an important finding given that these women historically have been overlooked within our local health, social, and research initiatives to promote women’s health. We illustrated the urgent need for health and social service policy and programming to address violence against indoor commercial sex workers. We also illuminated that women’s experiences of violence are situated within the broader social, historical, and personal contexts of their lives and, as such, any strategies implemented to improve women’s health also must seek to eliminate the inequities that contribute to and perpetuate the violence that women experience.

Of paramount concern is the normalized practice that women bear sole responsibility for their safety, a finding that repeatedly has been demonstrated within the academic literature concerned with violence against women involved in the commercial sex industry (Sanders & Campbell, 2007). As was demonstrated in our findings and elsewhere, the outcomes of this primary responsibility contribute to significant financial exploitation and exacerbate the financial hardships that women endure (Nemoto et al., 2004), as well as increase the likelihood that women will experience other violent assaults (Lewis et al., 2005; Nemoto, Operario, Takenaka, Iwamato, & Nhun Le, 2003; Sanders & Campbell, 2007). Our findings also illustrated that women’s development of strategies to protect themselves arose from their
repeated exposure to violent client encounters. This “learning by experience” may only exacerbate the likelihood of women experiencing negative health outcomes of repeated trauma, including post-traumatic stress disorder, chronic pain, and substance abuse (Campbell, 2002).

The issue then becomes how we design and implement strategies to enhance women’s safety and expand the locus of responsibility. Expansion of management practices to increase protection (Brents & Hausbeck, 2005; Lewis et al., 2005; Nemoto et al., 2003), altering policing practices to both protect women and to take action against clients who assault sex workers (Shannon, Kerr, Strathdee, Shoveller, Monataner, & Tyndall, 2009), and the decriminalization of commercial sex work within Canada (Pivot Legal Society, 2004, 2006) are all possible strategies. Several countries have varied decriminalized sex work policies that position sex workers’ safety as a priority and have shown some positive outcomes in reducing violence against women (Brents & Hausbeck, 2005; Vanwesenbeeck, 2005). Within indoor venues, specifically, the use of emergency call buttons in each room to solicit help and the role of managers as bouncers to deal with potentially violent men from the venues have been cited as instrumental for women’s safety (Brents & Hausbeck, 2005; Lewis et al., 2005). Self-defense training for women that includes conflict negotiation and physical self-defense may further benefit women when combined with managerial and in-room safety features. Equitable salaries that are independent of individual negotiations with men also are essential to reduce the potential for conflict that can arise in negotiations.

While all of the noted strategies to broaden the scope of protection responsibilities beyond the individual woman are important, we foresee many inherent challenges in their implementation. As we and others (Lewis et al., 2005) have demonstrated, managers may be hesitant to influence clients’ behaviors due to the economic gain associated with meeting clients’ desires. Police may be unlikely to respond to complaints of violence (Bungay, 2008; Lowman, 2000) and the reality of police officer violence against commercial sex workers also has been reported (Shannon et al., 2009). The arguments for decriminalization are additionally complex. The paradoxes in Canadian law that render women’s negotiations with clients an illegal act and the resultant violation of women’s rights to protection have been well established (see Pivot Legal Society, 2004, 2006), yet we are witness to the significant stagnation at local and national policy levels to address these issues (Lowman, 2004). The issues of decriminalization are further complicated by the various positions held by academics, sex workers, activists, and policymakers, particularly with regards to the debates regarding whether sex work in itself constitutes violence against women. While these debates are valuable and we have ourselves contributed more fully elsewhere in our discussion of women’s agency (see Bungay et al., 2011), it appears at times that these debates limit our capacity for action in the present to address the day-to-day
effects of criminalization of sex workers that continues to contribute to structural and interpersonal violence committed against them.

Within some North American cities, protecting women’s safety also has been tied to the sex venue licensing process, which ultimately holds venue owners accountable to the protection of women (see Brents & Hausbeck, 2005). Recommendations to shift massage parlor licensing to public health departments versus law enforcement or municipalities have been suggested as a potential strategy to focus on women’s health and protection (Nemoto et al., 2003). While we recognize that situating licensing within the health sector may be beneficial in allocating health services and safer working environments, we recommend that the licensing processes to improve women’s health are not simply an issue of transferring the responsibility from one organization to another. This is especially relevant in light of the evidence that licensing can in fact increase police presence and disempower women within indoor commercials sex venues (Lewis & Maticka-Tyndale, 2000). We need to critically determine what aspects of these venues require licensing and how these processes can be used to support women’s safety and autonomy while simultaneously ensuring that they do not marginalize women.

In addition to issues of responsibility for safety and decriminalization, we put forth an urgent call within Canada to revise our current income assistance policy and programming. Recently Canada has undergone significant cuts to socially funded income assistance programming. As a result, fewer women are eligible or able to receive social income assistance (Morrow, Hankivsky, & Varcoe, 2004) that supports them to attend school or job training initiatives. The result is that women are left with little options for alternative employment to sex work. In addition, there are limited socially funded services for women who wish to leave sex work (Lowman, 2004). There is a drastic need in Canada to improve upon the resources women require including employment training, English courses, and mental health counseling.

With regards to the interpersonal violence women experience, condom use and negotiations with clients raise several additional issues. Currently the bulk of health services and research within commercial sex venues are directed toward the prevention of STIs and HIV, with a particular emphasis on women’s utilization of condoms. As evidenced here, condom use is situated within a nexus of structural and interpersonal violence that have much to do with the gendered relations of power and women’s economic vulnerability. Men who purchase sexual services need to be the target for local safer sex public health initiatives. Within Canada there is a dearth of initiatives that target men. Perhaps we have much to learn from other countries who have demonstrated the success of public health interventions that employ social marketing strategies to promote men’s use of condoms during commercial sex exchanges (see Groom & Nandwani, 2006; Lipovsek et al., 2010). This is particularly important given the over-representation among men who
purchase sex within our locale who report dislike for using a condom during commercial sex exchanges while simultaneously not expressing concern for pregnancy, STIs, or both (see Atchison, 2010).

Interventions to promote condom use without tackling the underlying structural and interpersonal contexts of commercial sex exchanges, however, will be insufficient to protect women. As several researchers have noted (e.g., Lowman & Atchison, 2006; Vanwesenbeeck, 2001), there is very limited understanding of the practices and underlying ideologies of men who purchase sex. As noted by the participants in our project and elsewhere (see Atchison, 2010; Klein, Kennedy, & Gorzalka, 2009; Lowman & Atchison, 2006), it seems that the majority of violence may be perpetrated by a small number of men who buy sexual services. Additionally, in reports that include men’s descriptions of violence against sex workers it appears that, similar to our participants’ narratives, violence against a woman often occurs when there is disagreement over services and price (Lowman & Atchison, 2006). Maher (1997) suggests that violence is a frequent conflict management strategy during illegal activities, due primarily to the lack of alternative resources or recourse should violence occur. Yet current North American strategies aimed at men focus on the illegal nature of purchasing sex versus protecting women from violence. For example, North American programs designed to reduce men’s engagement in the commercial sex industry such as “john’s school” focus on reducing men’s use of commercial sex venues, and they offer little or no targeted interventions specifically aimed at reducing violence against women.5 The issues addressed are not those of normalized violence but instead emphasize a reduction in a specific criminal behavior that focuses on men’s reduced likelihood of having a criminal conviction.

Furthermore, while all women were at risk for violence, immigrant women, particularly those not proficient in English and those who were relatively new to the industry, faced unique challenges. They were less likely to understand the nature of the work required once hired into a massage parlor and were much more likely to be financially exploited and experience interpersonal violence. These findings are critical within our North American context, which has primarily emphasized intimate partner violence within women’s homes (e.g., Hyman, Forte, DuMont, Romans, & Cohen, 2006). We expand our understanding of structural and interpersonal violence against immigrant women in North America and highlight the diversity of contexts in which violence may occur. Our work adds an additional structural lens to the barriers to positive health outcomes that immigrant women face (e.g., lack of health care, employment barriers despite educational preparation), which can then be used in health policy and service programming.

On a more applied note, our findings have addressed some of the significant gaps in our knowledge of women’s experiences within the indoor venues in our locale and have been used to greatly improve the services provided by ASIA. Since our study, ASIA has enhanced its translation
services and is further assisting women to learn English. Human rights cards have been translated into several languages that outline the legal rights of women, and our outreach teams spend considerable time providing education about women’s rights within the Canadian context. Partnerships with local advocacy groups have flourished, particularly among those concerned with the legal discrimination faced by women engaged in commercial sex work. Outreach teams are also working with all women to enhance condom negotiation capacities and are providing essential referral services, particularly in relation to primary care, including mental health care (a full discussion of which is in preparation). Others (e.g., Atchison, 2010) are targeting clients of sex workers to develop a more nuanced understanding of men’s perspectives on their relationships with women and factors that contribute to violence in their interactions. More recently, we have begun to examine managers’ motivations and practices with regards to women’s safety in order to inform public health interventions that can build capacity within this group to protect women.

We would be remiss if we did not mention some of the limitations to our study. Our work was situated within a very specific geographical locale and as such represents a specific sociopolitical context of an urban center in Western Canada. In addition, our work emphasized the massage parlor industry. Women’s experiences in other venues and settings are not adequately represented here and highlight the need for further work within varied contexts. Although we have contributed significantly to understanding the experiences of some non-Canadian born women, our sample was limited in relation to a more diverse sample of immigrants due to translation limitations and our geospatial context. We also recognize the need to more critically examine how we measure violence among immigrant women. It is reasonable to assume that the violence experienced by the non-Canadian participants was higher than they reported. Others (e.g., Gagnon et al., 2010) have cited cultural norms of male dominance as the reason for the low self-report. We put forth that considerably more work is needed to articulate the complexities for non-Canadian born women with regards to violence and recommend that the multimethod research design be employed to permit an enhanced and finely nuanced understanding of these issues. This understanding is critical to appropriate prevention and intervention initiatives.

NOTES

1. The complexities of building relationships and the inherent methodological and ethical challenges in undertaking this research are in development for future publication and are beyond the scope of this article.

2. Based on the agreements with our community partners, women’s immigration status data were not collected as part of the formal research procedures due the potential negative ramifications for women. The ASIA’s outreach workers provided immigration support as necessary, and that information was not part of the data used in this study.
3. The term “date” is used by participants to describe the commercial sex interaction between a woman and a man (client).

4. The women’s experiences of health and health care service access are beyond the scope of this discussion and will be published separately in a manuscript under development.

5. First Offender Prostitution Programs, or “john’s school” are programs in which first-time offenders are provided the option of attending an educational session about negative consequences of prostitution in lieu of having criminal files charges filed (Shively et al., 2008). The primary evaluative indicator is rates of arrest.

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