

Strategies and Challenges in Preventing Violence Against Canadian Indoor Sex Workers

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Objectives. To examine indoor sex workers' strategies in preventing workplace violence and influential socio-structural conditions.

Methods. Data included qualitative interviews with 85 sex workers in British Columbia, Canada, from 2014 through 2016. For analyses, we used interpretive thematic techniques informed by World Health Organization position statements on violence.

Results. Robbery, nonpayment, financial exploitation, and privacy violations were frequent types of violence perpetrated by clients, landlords, and neighbors. We identified 2 themes that depicted how sex workers prevented violence and mitigated its effects: (1) navigating physical spaces and (2) navigating client relationships.

Conclusions. Sex workers' diverse strategies to prevent violence and mitigate its effects are creative and effective in many circumstances. These are limited, however, by the absence of legal and public health regulations governing occupational health and safety and stigma associated with sex work.

Public Health Implications. Occupational health and safety regulatory policies that set conditions for clients' substance and condom use within commercial sex transactions are required. Revisions to the current legal regulations governing prostitution are critical to support optimal work environments that reduce the likelihood of violence. These revisions must recognize sex work as a form of labor versus victimization. (*Am J Public Health*. 2018;108:393–398. doi:10.2105/AJPH.2017.304241)

Sex workers experience disproportionately high lifetime rates of workplace violence, ranging from 45% to 75%.¹ The adverse health effects of workplace violence include depression, posttraumatic stress disorder, sexually transmitted infections, HIV, unplanned pregnancy, and death.^{1–4} Policy, gendered relations of power, economy, and stigma are influential socio-structural factors shaping sex workers' risk of violence.^{5–8} Legal policies of criminalization or quasi-criminalization, for example, are directly correlated with oversights in police protection⁹ and limiting workers' ability to implement safety measures, including hiring security personnel.¹⁰ The poverty, housing instability, and limited economic power of some sex workers further exacerbate their risk.^{11–13}

In Canada and other industrialized nations, much of what is known about workplace violence concerns sex workers situated within street-based marketplaces who experience severe poverty, mental illness, and

addictions.^{3,4,13,14} However, it is estimated that 80% of sex workers work in indoor settings,^{15–17} with many working independently via the Internet.^{18–20} Emerging research estimates that the prevalence of violence among indoor workers is between 25% and 66%.^{1,12,21} Robbery, nonpayment, physical and sexual assault, deceptive condom removal, and exploitation by landlords and police are among the most common forms of violence in indoor settings.^{1,12,21} These violent acts are enabled by the absence of legal and public health recognition and protections.^{2,7,11} There is an urgent need for public health programming that addresses workplace violence within indoor working environments and that considers the

occupational health and safety of those involved. To be effective, programming must incorporate the strengths and capacities of sex workers in preventing workplace violence and mitigating its effects.^{7,8,22}

Our objective was to examine Canadian indoor sex workers' strategies in preventing workplace violence and influential socio-structural factors shaping these experiences. Using Canadian data, this article advances the literature on indoor sex work and violence, with attention to the socio-structural conditions that influence health and safety in the workplace. It concludes with recommendations for an integrated public health response rooted in occupation health and safety principles.

METHODS

Data collection occurred in Vancouver, British Columbia. A multimethod, purposive recruitment strategy included ethnographic mapping to determine the locations of diverse subgroups of people working indoors, posters in public places where businesses operated, banner ads on popular online classified advertising and networking Web sites, and presentations about the study at sex work health service organizations.¹⁸ People were eligible to participate if they were 19 years of age or older and had provided consensual sexual services for money in an indoor setting in the previous 6 months.

Data Collection

In-depth, semistructured, interviews were conducted by the first author and research assistants working on the project. Each

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participant consented verbally and was offered Can\$25 as an honorarium. Participants were asked to describe their physical working spaces, fee and service communications, safer sex practices, and strategies employed to create healthy and safe working environments. Questions probed about decision-making and related influential factors, the effects of social and legal contexts, and recommendations to improve safety. Interviews were audiotaped, transcribed, and checked for accuracy. Identifying information was deleted and transcripts were uploaded into NVivo version 10.0 qualitative data management software (QSR International, Melbourne, Australia).

Data Analysis

Initial interview coding by the authors identified thematic codes describing types of workplace violence that workers were concerned about and strategies they used to protect themselves. To aid in coding violence associated with interpersonal interactions (e.g., sex seller–sex buyer interactions, sex seller–landlord interactions), we defined interpersonal violence as “the intentional use of physical force or power, threatened or actual, against another person that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”^{23(p3)} We then collaboratively grouped themes into more abstract categories that illustrated how workers’ violence prevention strategies were situated in a nexus of constraining and supportive dynamics associated with socio-structural factors such as law, economy, and social norms regarding prostitution.²⁴ By examining the socio-structural and interpersonal contexts of workplace violence and indoor sex work, we found that workers’ violence prevention strategies involve the aims of preventing violence, planning a defense if violence occurs, and mitigating the damage of a violent event. In the “Results” section, sex workers’ experiences within these aims are discussed within 2 overarching and interrelated categories.

RESULTS

Eighty-five individuals participated in interviews (Table 1). Most participants self-identified as “White.” Over half were in their

TABLE 1—Participant Characteristics (n = 85): Vancouver, British Columbia, 2014–2016

Characteristic	No. (%)
Gender	
Male	34 (40)
Female	43 (51)
Transgender/transsexual women	8 (9)
Ethnicity	
White	51 (60)
Indigenous	16 (19)
Afro or Caribbean	4 (5)
Mixed race	2 (2)
South Asian	2 (2)
Asian	1 (1)
Did not disclose	9 (11)
Age, y	
20s	26 (31)
30s	29 (34)
40s	19 (22)
50s	7 (8)
60s	4 (5)
Years engaged in work	
< 1	5 (6)
1–5	15 (18)
6–10	19 (22)
11–15	15 (18)
16–20	11 (12)
21–29	16 (19)
≥ 30	3 (4)
Did not disclose	1 (1)
Work location^a	
In-call	66 (76)
Out-call	57 (67)
Street	24 (27)
Independent (nonmanaged)	77 (89)
Client gender(s)	
Men	72 (85)
Women	2 (2)
Men and women	5 (6)
Couples and singles	3 (4)
All genders and types	2 (2)
Did not disclose	1 (1)

^a“In-call” means that the worker provides a space (such as home, apartment, or massage parlor) for sexual services. “Out-call” indicates that the worker travels to meet the customer.

20s or 30s, and 24 (28%) additionally worked in street-level marketplaces when work was slow. Male sex workers (MSWs) and trans workers (TSWs) worked independently,

whereas some female sex workers (FSWs) worked within managed settings, albeit as independent contractors. Working independently was characterized by non-standard working arrangements similar to self-employment within other labor sectors.¹⁸ Independents regularly set their schedules, rates, and services provided. Some contracted their services through a third party in escort agencies or massage parlors or through hired security or booking personnel. Independent business models were mostly Internet-based through the use of online classified advertisements and personal Web sites, a situation similar to indoor marketplaces in many industrialized nations.^{19,20,25,26} Although all participants worked as independents, we noted variations in financial security, degree of autonomy in setting conditions on services provided, fees charged, and condom use. These variations affected people’s experiences of violence and their prevention strategies.

Participants recounted diverse violent offenses that they either directly experienced or were concerned about experiencing. Clients and landlords were the most frequently discussed perpetrators of workplace violence. Deceptive condom removal, sex without a condom, engaging in uncomfortable sex practices, being hit, being pushed, not being paid for service, and having personal belongings stolen were the common forms of client-related violence. Workers’ concerns about client violence were paradoxical. Workers simultaneously noted that not all clients were violent but that the risk for violence was ever present.

In some cases, violence by a client was described as an inevitable part of the job, as noted by a participant who had been assaulted: “That’s just the way it is. Everybody has a bad date once in a while.”

Being outed—having sex work involvement made public to friends, family, and others—and loss of privacy were genuine concerns and a form of interpersonal violence that contributed to significant psychological harm and deprivation. The stigma and discrimination of being outed heightened surveillance from neighbors and landlords, and in some cases led to eviction, loss of income, and the involvement of law enforcement.

I think the biggest thing I have to keep safe from is the attitudes of people that don’t approve . . . the prudes. Just recently, I got kicked out of two

different places. One guy even put it on the eviction notice, “illegal activities due to prostitution.” I fought and won because prostitution is not illegal. (MSW)

Navigating Physical Spaces

Regardless of where services were provided (Table 1), participants strategized to protect themselves from assault, robbery, or being outed. Weapons were discussed in detail and with some controversy. Participants recognized that a weapon could be taken and used against them, but they all had strategies to hide, improvise, and use a weapon if an assault was imminent.

There are knives in the kitchen. I hide them because they are in immediate view of him [client]. There are some weapons that are out and can be used against you. Especially if someone comes in the door and right in the kitchen there are these knives. There are objects I keep in my room which are not perceived as weapons, but can be; like a lamp, a pair of shoes, heels; things like that. Another plan, and not to endorse it, but if someone for any reason is not being very nice and you feel like your safety is in danger and they are aggressive, you have knees and if you know how to get between their legs—I’m sorry, kick them in the nuts. (FSW)

Workers also discussed the importance of having someone else know when they were visiting with a client. Those with greater financial security had a driver or booking person they could contact directly to intervene. Among those who could not afford security, texting friends to let them know when a transaction started and ended was common. Workers were also creative in having someone else in the space that could intervene if necessary.

I have a roommate. He hides out on the couch and I just put the blanket and some pillows over him and the dates don’t even see him. (TSW)

Workers who provided services in their home apartments (in-call) talked about the value of having people around to hear them if they needed help, and the added benefits for some of building security features (e.g., cameras).

It adds another level of safety for us when they think they’re on camera. And they are. When there is a problem up here we can get the police to go back and look at management’s camera. (FSW)

To avoid being outed, workers negotiated with neighbors or landlords, which often led to less overall income and the constant stress associated with uncertainty. Workers perceived having little recourse and associated this with the lack of occupational health and safety regulations governing their working conditions. The dearth of guidelines, coupled with fears that their families, partners, friends, or government officials would learn about their work, positioned them as doing what they “needed to do” to protect their homes and their privacy.

I will give my neighbor joints and smokes every now and then because I feel like if they were to tell the manager what was going on, my tenancy might be in jeopardy. Because I have been kicked out for sex work before. I think the next step would be paying the manager off. He’s a slumlord. So he would probably accept the bribe. I guess if I did pay anybody any hush money it would be him. Let’s hope he doesn’t tell anybody anything. (TSW)

Providing services outside of their homes (out-call) brought additional issues of “not knowing what you were walking into” and the importance of being prepared for the unexpected. Workers’ avoidance of customers’ homes or lower-end hotels, and having a staff person at a hotel to check on them, were additional strategies used to protect against violence in these situations.

Navigating Client Relationships

Navigating client interactions was critical for violence prevention and mitigation against its effects. People went to great lengths to ensure that client interactions were as conflict free as possible. They discussed how client anxiety, especially if a client was new, could be a precursor to violence. In-call workers strove to set a “relaxing atmosphere” with aromatherapy and candles. Workers at in- and out-call settings talked about the importance of spending time talking with clients when they first arrived, both to put them at ease and to “get a feel for them.”

Once they are at my front door, I always assess. I’m doing an energy reading on what they are bringing in. And the one thing I learned is if you talk to someone long enough they’re going to start to feel at ease. (MSW)

For sex workers who used substances in their noncommercial activities, hiding their

using equipment was a strategy to avoid use with clients or to avoid conflict that could arise if a customer became frightened.

I’m a user, so before I leave the house or if I know somebody is coming I put all the paraphernalia away. I don’t even want them to see little blue water or cap or nothing. I don’t want them to see anything, because that’s scares them. (FSW)

Building trust was another key strategy to reduce conflict potential. Trust developed over time as workers and clients got to know one another. Many workers talked about how having a regular clientele contributed to a familiar relationship in which expectations about services were understood by both parties. Client familiarity reduced their stress about unexpected aggression. Some had experienced or witnessed substantial violence that influenced their decision no longer to accept new clients.

I can’t stop thinking about my best friend who was murdered in her home. . . . That’s when I backed out of it and just kept the clients I had and I know trust me. (TSW)

Clients’ use of substances, particularly cocaine or alcohol, were especially problematic. Drunk or high clients were often aggressive, argumentative, and difficult to deescalate once conflict occurred. To try to avoid intoxicated clients and accompanying risks for violence, workers included a disclaimer in their Internet advertisements that they would not see someone who “appeared under the influence.” Many also avoided working late at night to avoid the “club crowd.” When confronted with “high” clients, separating became a priority.

I found a guy in my bathroom doing coke, and another one tried to pull it out in front of me and I was, like, “Oh my god, get out of my house.” . . . This other guy, he left a little bit of powdery shit on the counter. I could tell when he came out. He was all different and acting weird. And I knew, he kept going in my bathroom. Like, what the fuck are you doing in there? Come on man. I don’t do this shit. (FSW)

Workers established other boundaries to prevent robbery or nonpayment. Most required payment up front and recognized that this could be difficult with anxious clients. Many encouraged clients to shower, during which time they counted the money and put it away. Workers hid their personal

belongings or, when they could afford a large-enough home, had a separate room to see clients. Renting a separate work space with another worker was seen as ideal; however, this was not a viable option economically or in the quasi-criminalized context of Canada, which makes working in shared spaces challenging.

Preferentially, it would be better to share a rental place with somebody else, and just use that for work so nobody would know where you lived. But it's not so easy to do. It's hard enough to find a place to rent in this city, let alone money for that. (FSW)

Hiding belongings was also a way to protect privacy and avoid having clients know their real name or be able to identify their family members. Protecting privacy was critical, with the threat of violence from people pretending to be potential customers who could out them or publicly harass them; this had occurred with several participants. Consequently, clients often received an official address only after texting that they were parked close by. Buzzer codes and apartment numbers were not given until clients texted that they were in front of the building. Some workers avoided any phone contact and relied on e-mails.

I'm not getting phone calls. I don't give out my number. It's only e-mail. I don't want anybody calling my house. I have a family. I make them give me their phone number and when they get close I will call them and tell them which place I am at. I *67 it so they don't have my number on their call display, they can't trace my number. I never want anybody to be able to call my home. (FSW)

The lack of formal regulations governing occupational health and safety was described as influencing the potential for conflict in condom negotiations. Client expectations for condomless services, for example, were influenced by changing informal industry norms regarding pricing and the evolution of the girlfriend and boyfriend experiences (experiences associated with dating, such as dinner and companionship). The participants spoke eloquently about the continuous need to reinforce with clients their practice of using condoms, especially for anal or vaginal intercourse. They further noted that the lack of legal and societal recognition of sex work as labor contributed to oversights in health and

safety regulations. To help avoid conflict that could escalate to physical violence and to promote condom use, workers often ensured that safer sex supplies were immediately available and visible to clients.

Whatever we need is there; I have a little fold-out TV table that I set up and put whatever we need, the lube, condoms, rubber gloves, whatever, and have it sitting there. (TSW)

Ultimately, even the best strategies can fail. Workers spoke at length of how the best violence prevention strategy was relying on instinct. As a participant noted, "I operate on trust and my own instincts, and I haven't had to deal with very many negative consequences, knock on wood."

DISCUSSION

Workplace violence among sex workers is a serious public health concern. Public health research concerning violence has emphasized street-based marketplaces^{3,4,13,14} and brothel or massage parlor settings.^{1,27} However, the majority of sex workers work in indoor settings,^{7,17} particularly as independents using Internet-based business models. Identification of their strategies to prevent and mitigate the effects of workplace violence and the related socio-structural conditions influencing their experiences is a critical first step to informing public health programming.^{5,8,22}

This study explored Canadian, independent, indoor sex workers' experiences of workplace violence to identify how their strategies for preventing and responding to potential and actual violence were embedded in circumstances of stigma and discrimination directed toward them by society, landlords, and clients. Their working environments were incapable of providing healthy and safe working conditions, yet they creatively navigated these settings, as well as landlords and clients, to prevent violence and to be prepared should it occur. These strategies illustrated their minimal capacity to alter the broader socio-structural conditions influencing their environments that consequently left them vulnerable to diverse forms of exploitation.

Although the types of violence, such as robbery and physical and sexual assault, are

similar to the violence reported by sex workers irrespective of work setting,^{1,3,4,13,14} these participants experienced substantial isolation that, to date, has not been fully examined as influential for workplace violence. Isolation rendered them susceptible to potential predators posing as clients, which, when coupled with their need to maintain privacy and confidentiality, left them vulnerable to exploitive landlords and neighbors. These issues contributed to significant stress and to income and housing insecurity. Isolation was not a desired working condition. Isolation, however, reflects the limited number of occupational health and safety regulations in Canada that detail strategies for optimal shared working environments and conditions of employment for security personnel. Canadian regulations²⁸ position sex workers as victims; therefore, minimal attention is paid to workers' agency, capacities, and actual working conditions. Although the selling of sexual services is legal, and despite international evidence of the benefits to health and safety when sex work is recognized as occupational labor,^{17,29} there are no official public health guidelines or regulations to promote sex workers' health and safety. Clients are criminalized,²⁸ yet there is ample evidence that criminalization increases workers' isolation, which further exacerbates their risk of violence and has a documented effect of decreasing their engagement with health and social services.^{6,13,30,31} The lack of guidelines also prevents conditions from being placed on client behaviors concerning substance use, condom practices, and terms of payment.^{10,29} Sex workers are left to rely on intuition and potentially dangerous practices, unlike other sectors of labor afforded protections through occupational health and safety regulations. Unfortunately, workers' intuitions and strategies are often developed over time and from experience, which can include violent encounters.¹

Public Health Implications

This study's findings suggest the need for a series of highly actionable recommendations to promote safety and reduce the likelihood of violence. There continues to be a need for changing legal regulations in Canada at the federal and provincial levels. Greater engagement and uptake of public health and

occupational health and safety principles are also required. Evidence from Nevada¹⁰ and Australia^{30,31} illustrates the effectiveness of guidelines about working conditions, personal and protective equipment, workplace violence, workers' substance use, and workers' compensation in brothels. Current regulations are often limited to the prevention of sexually transmitted infections and to sex workers. They should be extended to include the physical, economic, policy, and social environments, including protocols for customer condom use and substance use behavior and payment. Regulations must also attend to the needs of workers working independently, out of their homes. Public health has a further role to play in education, outreach, and capacity building for comprehensive violence prevention strategies. It is essential that public health work with sex work support services to sustain programs that foster workers' capacities on how to set up business, screen for clients, and navigate working spaces.^{8,32} Future research should explore the development of occupational safety and health regulations that would be inclusive of workers' needs and develop and test interventions to educate workers, clients, and other stakeholders about risk management and violence prevention strategies in the diverse locations where sex work occurs. Finally, and as has been discussed elsewhere,^{17,33–35} public health must work to reduce sex work stigma, particularly the factors that contribute to fears of being outed. For these initiatives to succeed, sex workers and sex work organizations need to be engaged in the process and have their knowledge recognized and valued.^{3,8,22,32}

Conclusions

To our knowledge, this study is one of the few that explore workers' strategies to prevent and mitigate the effects of workplace violence in independent indoor contexts. However, there are limitations to the study. The sample is not representative of the population of sex workers in Vancouver, and it may have been biased through the refusal of some sex workers to participate. However, this article contributes to increasing knowledge about how sex workers' capacities to mitigate risks for workplace violence are simultaneously reflective of their ingenuity and the

limitations imposed by a poorly regulated system. This information can inform future public health programming to foster occupational health and safety regulations ultimately aimed at protecting the safety of those engaged in the industry. **AJPH**

CONTRIBUTORS

V. Bungay was the lead investigator for the project and led data collection. Both authors analyzed the data, created drafts of the article, and finalized the article for publication.

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HUMAN PARTICIPANT PROTECTION

Ethics approval for this study was received from the University of British Columbia Behavioural Ethics Review Board.

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