Executive Summary of the Preliminary Findings for Team Grant Project 4 - Sex, Safety and Security: A Study of Experiences of People Who Pay for Sex in Canada

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The preliminary descriptive information collected from this study represents one component of the data collected for the Canadian Institutes of Health Research funded Team Grant entitled ‘Contexts of Vulnerabilities, Resiliencies and Care among People in the Sex Industry’. The Team Grant involved five independent, yet interdependent, studies of the Canadian sex industry conducted concurrently in order to investigate the coinciding roles that police, regulatory agencies and social service providers, people who purchase sexual services, managers, and intimate partners play in influencing the safety and health conditions of Canadian sexual service providers.

Rather than understanding the sex industry and people’s experiences of involvement in it as inherently harmful or inherently empowering, our Team Grant research was developed upon the recognition that the industry and the relations that comprise it are complex and multifaceted. In looking at various intersecting aspects of the industry – from people's personal lives and experiences, their interactions within specific spaces/geographies, and the legal and social structures in which relations occur – the project sought to understand these issues at individual, social, organizational and structural levels in order to be in a better position to offer empirically informed education, outreach, policy and legislative recommendations.

As one of the components of the larger Team Grant, the current project, which we branded ‘Sex, Safety and Security: A Study of Experiences of People Who Pay for Sex in Canada,’ has been designed to situate the attitudes, beliefs and experiences of people who purchase sexual services within the organizational and operational context of Canada’s sex industry.

This summary report has been prepared as a general resource for people currently involved in the sale and purchase of sexual services, individuals and organizations who provide support resources for people involved in the sex industry, legislators and policy makers tasked with developing a regulatory framework for Canada’s sex industry, journalists interested in developing news stories about the industry, academics looking for timely information on this notoriously difficult to reach and understudied population, and our generous and supportive funders and community partners.

In this summary report we provide a brief and general overview of what we feel are the most salient findings to emerge from the project thus far and a brief discussion of the more detailed analyses that we will be publishing in the weeks and months to come.

**Key findings**

Clients in our sample ranged in age from 19 to 96 with the average age being 44. While most clients were not currently in a marital or common-law relationship, most reported they did have a non-commercial partner. Overall, participants were well educated, with most reporting having a college or university degree and many indicating they had completed advanced degrees. Similarly, most participants were employed or self-employed, many in management or business, trades and transport, sales or applied science occupations. Accordingly, the largest proportion of participants reported earning between $60,000 and $79,999 in 2013.
Almost all participants resided in Canada at the time of the research and most were born in Canada or considered themselves to be Canadian – an expected finding given that our focus was on the Canadian sex industry. As is the case for the wider Canadian population, the majority of respondents identified as Caucasian (i.e., European or non-Aboriginal Oceanic origins). Despite this, the sample also contained clients who identified as visible minorities and who came from a diverse range of racial/ethnic backgrounds including Asian, Indian, Latin, African, Middle Eastern and Aboriginal.

While most clients in our sample identified as heterosexual, a sizable portion (1/5th) identified their sexuality as bisexual, homosexual, queer or questioning. Moreover, almost one-third of participants reported having had a same-sex sexual partner in the past and roughly equal numbers reported having fantasized about a same-sex or transsexual/transgender sexual partner. Similarly, while the clear majority of clients in our sample identified as male, we managed to solicit responses from female and intersex/transgender participants. These groups are notoriously difficult to recruit due to the fact that they often do not identify as “clients”, they tend not to purchase sexual services from providers that are as easily identifiable, and they are often not connected to the same social networks as male clients who purchase sexual services from women, men or transgender/transsexual service providers.

While the lifetime frequency of sex buying among respondents ranged from 1 to 7500 times, the most frequently reported number of times purchasing sex was 100. Most participants reported that they started purchasing sexual services at age 28 and that they had, on average, been involved with the sex industry as buyers for 15 years.

We found that contrary to some popular stereotypes held about clients fuelling a demand for services provided by people ‘trafficked’ from under-developed or developing nations or sexually exploited youth, almost three-quarters of clients in our sample did not purchase sexual services from people who were visible minorities and a very small percentage (less than 1%) reported that they preferred to purchase sexual services from providers who were under the age of 18. The majority of clients in our sample reported that they preferred to purchase sexual services from a female service provider who ranged between 21 and 25 or 26-30 years in age and who was from their same racial or ethnic background.

When it comes to the specific sexual activity most clients reported paying for, the majority indicated oral or vaginal intercourse. Beyond this, while sexual satisfaction or ‘release’ was clearly important to many clients, a sizeable percentage of respondents reported that they generally sought and paid for more ‘intimate’ types of encounters such as conversation, companionship or the “girlfriend/boyfriend experience”.

Our results indicated that clients in our sample are a mobile population when it comes to purchasing sexual services. The majority of our respondents indicated that they had purchases sexual services in multiple Canadian cities and while most often these were cities within their province of residence, a considerable number of participants reported having paid for sex out of the province or out of the country. When it comes to the types of service providers they visited, most respondents indicated that they preferred to purchase sexual services from off-street providers, with the majority indicating that
they most often visited independent in-call providers or massage parlours. While many participants – slightly over 1/3rd – reported that they had experienced purchasing sex on the street on at least one occasion in their lifetime, very few indicated that they most often purchased sex from street-based providers.

Most clients reported that they had visited the same service provider on more than one occasion during the previous year and almost 2/5th indicated they only saw the same service provider each time they purchased sexual services. Moreover, the majority of clients in our study reported that throughout their lifetime when they purchased sexual services they primarily purchased services directly from the service provider and not through a third party such as a manager, owner/operator, booking agent, “pimp” or madam.

Drug and alcohol use appears to be very uncommon in the context of most of our respondent’s transactional sexual exchanges. While just over one-quarter of participants reported using virility drugs such as Viagra, Levitra or Cialis, very few reported using alcohol or illegal drugs prior to or during their visits with service providers. Similarly, the majority of clients surveyed reported that they felt that the service providers they visited were rarely or never under the influence of drugs or alcohol during their encounters.

While most clients were satisfied or very happy with the physical appearance, communications skills and sexual services of the service providers they visited, fewer indicated being satisfied with the emotional components of the relationships they had with service providers. Perhaps connected to this is the fact that most clients reported that talking to service providers about their personal life was not a frequent event.

When it comes to the way clients in our sample perceived the power dynamic that existed between them and the service providers they visited, three-quarters of respondents felt that they generally do what they want to do when they are with a service provider. Despite this, more than one-third felt that in the event that they had a disagreement with a service provider over the terms of service the service provider would get her or his way while roughly half of our participants felt that neither they nor the service provider were more likely to get their way. Moreover, well over half of respondents felt that the service provider has more say about the terms of service and almost half felt that service providers have more power in the transactional relationship.

While conflict between clients and service providers was relatively rare, respondents in our sample reported that it did occur. Roughly one in ten respondents reported that they had argued with a service provider over terms of service, the price of the negotiated services, or the length of the encounter. Perhaps related to this, many clients in our sample reported experiencing some form of victimization connected to their purchase of sexual services. Over half of our respondents reported that they had been the victim of a “bait and switch” where they met a service provider who was different than profiled in their advertisement and an additional one in four had encountered a service provider who solicited their business by promising services that he or she subsequently refused to supply. One-fifth of
respondents reported that they had been verbally insulted or put down by a service provider (one in twenty by an agency owner, “pimp” or madam or booking agent) and slightly more than one in ten had been verbally harassed. Slightly more than one in every ten participants reported that they had been robbed by a service provider and one in twenty had been robbed by an agency owner, “pimp”, madam or booking agent on at least one occasion. Finally, experiences of violent victimization were relatively rare among our respondents with less than 5% reporting being threatened with violence and only 1% reporting actually being physically attacked or assaulted by either a service provider or third party.

The most frequently cited form of “attack” against a service provider reported by clients in our sample came in the form of posting a negative review on an online forum with close to one-quarter of respondents indicating they had acted out in this way. A small but notable proportion of respondents reported they had pressured a sex seller into doing something sexually that they were not prepared to do or that they had insulted or put down a service provider on one or more occasions. Finally, a very small portion of clients reported having committed ‘violent’ offenses as defined by the Criminal Code of Canada against service providers.

While violence and victimization were relatively uncommon events in the lives of clients in our sample, several reported either hearing of instances or directly witnessing instances where other clients or service providers had been victimized as a result of their involvement in transactional sex. Over half of our participants had heard stories from others about clients being victimized by a service provider or third party such as an agency owner, manager, “pimp”, madam or booking agent. Despite this, only a small percentage of clients in our sample had actually witnessed a client (or someone they thought was a client) being victimized by a service provider or third party. Similarly, a small number of respondents (one in twenty) reported that they had witnessed a service provider being victimized by a client or someone they thought was a client or a third party. Importantly, between one half and three-quarters of respondents who reported that they had witnessed another client or service provider being victimized maintained that they had attempted to do something about the victimization they witnessed. Related to this, when we asked respondents how likely it was that they would intervene if they happened to see a client or service provider being victimized, over 50% reported that it was very likely or likely that they would do something about it.

When it came to their physical health, over half of our respondents reported that they felt their health was either very good or excellent and one-third reported being in good health. Accordingly, almost three-quarters reported that they were rarely or never physically unwell. When it came to stress and mental health, over one-third of participants felt that most days were generally stressful while two-fifths found them to be a bit stressful. Despite this, two-thirds indicated they were rarely mentally or emotionally unwell. Somewhat expectedly, only one in ten respondents reported that they had a long-term disability or handicap.

When it came to sexual health knowledge and practices, clients in our sample appear to have high levels of knowledge and awareness, lower reported levels of STI and HIV testing and relatively high levels of sexual safety behaviour (e.g., condom use) during paid sexual transactions. Not surprisingly, close to
100% of respondents were aware of HIV/AIDS and STIs/STDs. Despite this awareness only two-thirds had been tested for HIV and slightly more had been tested for an STI. When we asked about the frequency of testing, most clients (i.e., over half) reported being tested less than every two years or only once in their lifetime. Despite this, only one participant reported being HIV positive and 31 had been diagnosed with an STI during the previous 6 months.

When we asked clients in our sample about personal and interpersonal sexual safety practices when with a sexual service provider, three-quarters of respondents reported that they used sexual safety precautions such as condoms during greater than 75% of their paid encounters (close to half of respondents reported using condoms or other sexual safety precautions 100% of the time). When asked who was responsible for supplying the sexual safety precautions, over four-fifths of respondents indicated that the service provider did so in more than three-quarters of the sexual transactions.

Secrecy, shame, and stigma were prominent issues for many clients in our sample. We asked participants a range of questions about their sharing and communication about purchasing sexual services. While over half of the clients we surveyed reported that they had told others about their purchase of sexual services, most often this other person was a sexual service provider, another client, or a health care provider. When it came to who they trusted most to talk about their involvement with the sex industry, one in five clients reported trusting no one, one-third indicated that they trusted service providers and two-fifths trusted health care professionals. When we asked who they would trust most for information about issues relating to transactional sex (e.g., information about health, safety or the law), over one-third of clients we sampled trusted health care providers and two-fifths trusted sexual service providers.

Not only did many clients not talk to others about their involvement purchasing sexual services, many participants reported that they actively attempted to hide their purchase of sexual services from others. Furthermore, many experienced some degree of anxiety or worry at the thought of being “outed” as clients. Almost all clients who reported having a spouse or regular sex partner reported that they actively hid the fact that they had purchased sexual services from them. There was also a general perception among clients in our sample that most people in their lives would act or think unfavourably towards them if they found out about their sex purchasing habits. Over four-fifths of clients felt that their immediate family would react negatively if they found out, while almost two-thirds felt that their co-workers would react negatively and over one-third of their friends would not accept them if they found out.

Finally, in order to speak to current debates surrounding the legality of the buying and selling of sex in Canada, we asked participants a series of questions about their experiences with, general awareness of, and attitudes toward Canadian prostitution laws. Less than 1% of clients in our sample had come into contact with the law as a victim, witness or perpetrator of crimes relating to prostitution during the 12 months leading up the their participation in the research. Moreover, only 22 respondents reported that they had been arrested for a prostitution related offence at some point in their lifetime and only 8 of these people were subsequently found guilty. Finally, over two-thirds of respondents were aware of the
current Canadian laws relating to prostitution, almost 100% felt that prostitution should be legal, and over three-quarters felt that if it was made legal it should be regulated by the government in some way.

**Emerging messages**

Our findings point to the need for employing a broader understanding of gender and sexuality and to recognize the diversity of experiences of masculinities when developing theory and research relating to people who purchase sexual services and the interactions they have with sexual service providers. It may be highly problematic to assume that all or even most clients occupy de facto positions of power relative to axes of inequality such as gender and sexuality simply because they are predominantly male sex-identified.

It is also apparent, on the basis of our research, that for many clients the purchase of sexual services often involves geographic mobility. This is an important finding for individuals and organizations conducting research and health or educational outreach with this population, as efforts to reach geographically specific populations of sex buyers may be more successful if they expand the range of their recruitment beyond the geographic boarders of specific cities or towns to neighboring areas. This finding is also significant when it comes to assessing the potential effects and effectiveness of social control initiatives that target clients. It is apparent that if clients were a mobile population under a legal regime where they were not the explicit targets of criminal sanction, there is good reason to believe that the shifting legal focus under Canada’s new prostitution laws will likely result in even further geographic displacement.

While physical geography appears to play an important role in our participant’s involvement in transactional sex, so too does the actual space where exchanges between clients and providers occur. The street was consistently the least preferred venue among our respondents and there is good reason to believe that street-based exchanges account for only 5% of all transactional sex. When it comes to the types of service providers that are most frequented, the overwhelming majority of respondents in our sample indicated a preference for off-street providers. So it is apparent that education, outreach, and regulatory discussions about the sex industry that use street-based transactional sex as the benchmark of typical involvement in transactional sex are likely to produce outcomes that meet the needs of only a small minority of people involved in the industry.

Many of the claims that are being made about the considerable market for sexually exploited youth and (im)migrant (racialized) service providers and the role that “pimps” and “traffickers” play in facilitating the satisfaction of this ‘demand’ do not appear to be supported by our findings. While sexual exploitation and coercion of marginalized women, men and transgender/transsexual people and the sexual exploitation of children and youth are practices that we as a society must not tolerate, results from our research indicate that conflating these with adult, consensual transactional sex may be problematic.

While sexual release or fulfillment is obviously an important component of the transactional sexual exchange, our results indicate that for many clients in our sample the relationships they have with service providers goes beyond simple sex. Reducing all exchanges that occur between clients and service providers to the simple exchange of sex for money may limit our ability to develop a more nuanced theoretical understanding of the relational dynamic that is present within transactional sex.
This in turn may compromise our ability to identify and prevent conditions that compromise the health and safety of people involved in the sex industry.

Reports from both sellers and buyers challenge the notion that sellers have less power and control vis-a-vis clients within transactional sex exchanges (Benoit et al., 2014). While more sophisticated analyses are required before we can more fully understand the role that perceived levels of power play in influencing the way transactional sex is experienced among our sample of clients—particularly how it relates to health and safety—our results appear to challenge the widely held assumption that power relations between clients and service providers are asymmetrical.

It is apparent that violent and non-violent forms of conflicts between clients and service providers do occur but our findings indicate that much of this conflict may be related to breakdowns in communication between the parties about expectations and boundaries (i.e., situational). More sophisticated analyses are necessary to identify what role individual, social and structural influences play in creating or preventing conflict from occurring and to determine if, and under what conditions, non-violent conflict escalates to violent conflict. Our results make one thing clear, the claim that violence and victimization are “inherent” features of client—service provider relationship does not appear to be supported by our data.

Clients represent a potentially valuable resource in the detection and reporting of crimes that do occur in or around transactional sex environments. This leads us to wonder what impact stigmatizing, shaming and criminalizing people who purchase sexual services as a class will have on the likelihood that these people will report such crimes.

In general secrecy, shame, and stigma were prominent issues for many clients in our sample. Shame and stigma experienced and perceived by clients in our sample makes it difficult for them to talk about their involvement in the purchase of sexual services openly without fear of repercussions that doing so may have in their lives.

When it came to sexual health knowledge and practices, clients in our sample appear to have high levels of knowledge and awareness, lower reported levels of STI and HIV testing and relatively high levels of sexual safety behaviour (e.g., condom use) during paid sexual transactions. Reluctance to talk openly about their involvement purchasing sexual services as well as the shame and stigma many feel not only impacts the likelihood of clients in our sample reporting crimes they may witness in the course of purchasing sexual services, it may also have significant implications for sexual health and safety.

Our findings relating to the level of trust that clients in our sample have for health care providers and sex workers reveal that these trusted groups may prove to be viable bridges of knowledge exchange and mobilization and they offer potential for increasing the levels of HIV and STI testing among members of this population. However, in order to function as bridges of knowledge exchange and health intervention it is vital that health care professionals be made more aware of the potential impact that shame, stigma and criminalization have on client’s willingness to talk openly with them about their involvement purchasing sexual services.
Emerging questions

Our preliminary descriptive analyses of the data thus far have allowed us to identify several important analytic questions and areas for action that will guide our more sophisticated qualitative, quantitative and mixed data analyses of our data. The key analytic questions and areas for action that we will endeavor to answer and address in the articles that we will be writing over the weeks and months to come include:

1. What is the nature of the relationship between micro or agency-level influences such as physical features, family values and beliefs, early life experiences, current life vulnerabilities impact the health and safety decisions, practices and outcomes for people involved in transactional sex?
2. How do meso or middle-range contexts (e.g., venue of the service encounter, community or organizational settings/spaces) impact the health and safety decisions, practices and outcomes of people involved in transactional sex?
3. How do geo-spatial factors such as relative social/ethnic homogeneity/heterogeneity, normative frameworks and understandings, and population mobility impact health and safety decisions, practices and outcomes of people involved in transactional sex?
4. What role does gender and other macro or social-structural axes of inequality/control such as class, race, social attitudes (i.e., stigma and shame), and legal/regulatory frameworks play in the health and safety decisions, practices and outcomes of people involved in transactional sex?
5. How do individual, social, geo-spatial and social-structural influences collectively operate to impact health and safety decisions, practices and outcomes of people involved in transactional sex?