

Sexual Harassment and Assault of Canadian Massage Therapists



A Survey Sponsored by the Canadian Massage
Therapist Alliance

Morgan E. Richard and Lucia F. O'Sullivan
University of New Brunswick



Investigators

Canadian Massage Therapist Alliance

Morgan E. Richard, BA, BSc
PhD Graduate Student
Department of Psychology
University of New Brunswick

Lucia F. O'Sullivan, Ph.D.
Professor
Department of Psychology
University of New Brunswick

Report prepared by:

Morgan E. Richard, BA, BSc
PhD Graduate Student
Department of Psychology
University of New Brunswick

Introduction

In collaboration with the Canadian Massage Therapist Alliance, the National Survey of Sexual Harassment and Assault of Canadian Massage Therapists by Clients was undertaken in 2021-2022. This study addresses the need to better understand the rates and nature of Canadian massage therapists' experiences of sexual harassment and assault in the workplace.

All active and student members of massage therapy associations across Canada were invited to participate on three separate occasions via email listservs.

This report captures the findings from surveys of 538 of those massage therapists about their experiences pertaining to sexual harassment and assault by clients.

Aim and Objectives:

The primary aim of the study was to assess massage therapists' experiences of sexual harassment and assault in the course of their work.

The objectives were to:

1. Assess rates of sexual harassment and assault by clients during provision of services among Canadian massage therapists;
2. Determine the extent to which Canadian massage therapists experience concerns or fear regarding the possibility of being subjected to some form of sexual harassment or assault by a client;
3. Characterize client behaviour and responses in these contexts;
4. Generate estimates of the extent to which incidents were reported or disclosed to others, as well as perceived safeguards and risk factors for sexual harassment and assault; and,
5. Understand in greater detail the responses and practices Canadian massage therapists have had regarding these experiences of sexual harassment and assault and, in particular, the personal and professional consequences of these events.

In line with research and discourse on this topic, the term “*sexual harassment*” can involve:

(a) Unwanted verbal behaviours - such as someone making sexual comments about your body, someone making unwelcome sexual advances, propositions, or suggestions to you; or someone telling you sexually offensive jokes or kidding about your sex or gender-specific traits.

(b) Unwanted nonverbal behaviours - such as sending you sexual emails, messages, texts, or pictures; posting sexual comments about you on blogs or social media; showing you sexually offensive pictures or objects; leering at you or making lewd gestures towards you; or touching oneself sexually in front of you.

(c) Unwanted physical contact - such as someone briefly groping you, rubbing sexually against you, pinching you, or engaging in any other brief inappropriate or unwelcome touching of your body.

The term “*sexual assault*” can involve:

(a) Verbal assault - unwanted sexually explicit comments or requests.

(b) Physical assault - unwanted physical contact of a sexual nature in which you were unwilling to or did not give consent to engage in.

(c) Online assault - unwanted sexually explicit comments or requests, unwanted sexually explicit images.

Methods

Ethics Approval

Ethics approval for the collection and analysis of survey data for this study was obtained first from the Ethics Review Committee in the Department of Psychology, then from the Research Ethics Board (REB) for the University of New Brunswick-Fredericton.

Massage therapists were informed that participation was strictly voluntary, and that the findings would be summarized generally. All materials were kept strictly confidential. No identifying information was attached to individuals' survey data.

National sexual assault survivor and workplace harassment resources were provided for those members who may have experienced some distress as a result of completing the survey. In addition, contact information of the researchers was provided to the massage therapists for any questions or concerns they might have.

Sampling

Active and student members of massage therapy were recruited via email by a letter of invitation issued from the Massage Therapist Association of Alberta, the Registered Massage Therapist Association of Ontario, the Registered Massage Therapists' of British Columbia, the Massage Therapists Association of Nova Scotia, the Massage Therapist Association of Saskatchewan Inc., the Prince Edward Island Massage Therapy Association, the Massage Therapy Association of Manitoba Inc., the Newfoundland and Labrador Massage Therapists' Association, the Association of New Brunswick Massage Therapists, and the Northwest Territories Massage Therapists Association email listservs.

Massage therapists were sent a letter via email with the official request to complete the survey. Between the dates of February 16, 2022 through April 30, 2022, there were three reminders sent to all massage therapists to complete the survey.

Procedure

All data were collected between February 16, 2022 and April 30, 2022. Data were collected using an online platform (Qualtrics®). The study URL did not indicate the nature of the study should someone review the participants' browsing history.

Surveys were returned via Qualtrics® and no identifying information was collected. During the course of data collection, all private information, such as email addresses, were only accessible to the researchers.

Measures

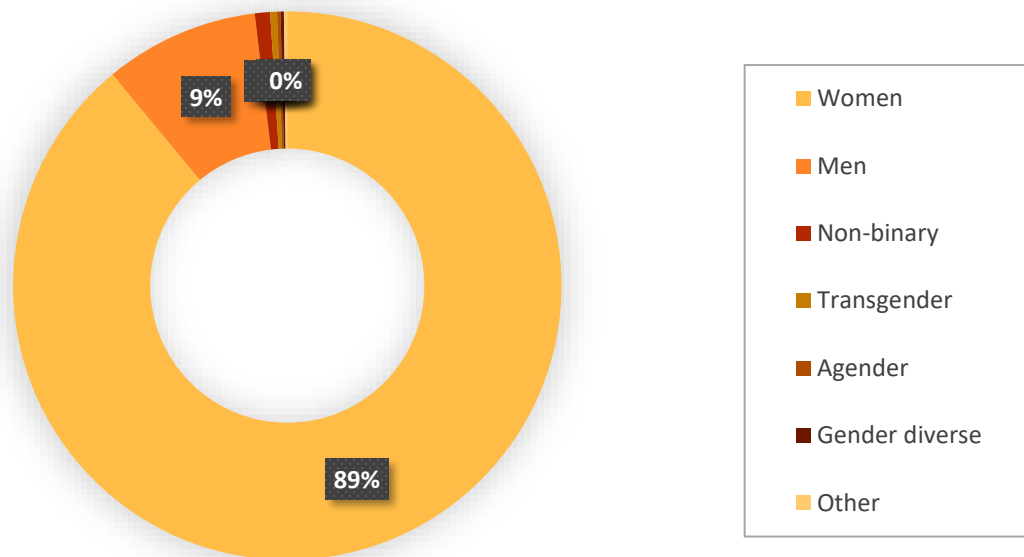
The survey was designed after consultation with the executive committee of the Canadian Massage Therapist Alliance. The survey form is available upon request from Morgan Richard, University of New Brunswick (morgan.richard@unb.ca).

Therapists' Demographics

Massage Therapists' Gender

The majority of respondents identified as women ($n = 479$; 89%) or else men ($n = 49$; 9.1%), non-binary ($n = 5$; 0.9%), transgender ($n = 2$; 0.9%), agender ($n = 1$; 0.2%), or gender diverse ($n = 1$; 0.2%). This gender distribution is characteristic of the field.

Massage Therapists' Gender



Therapists' Age

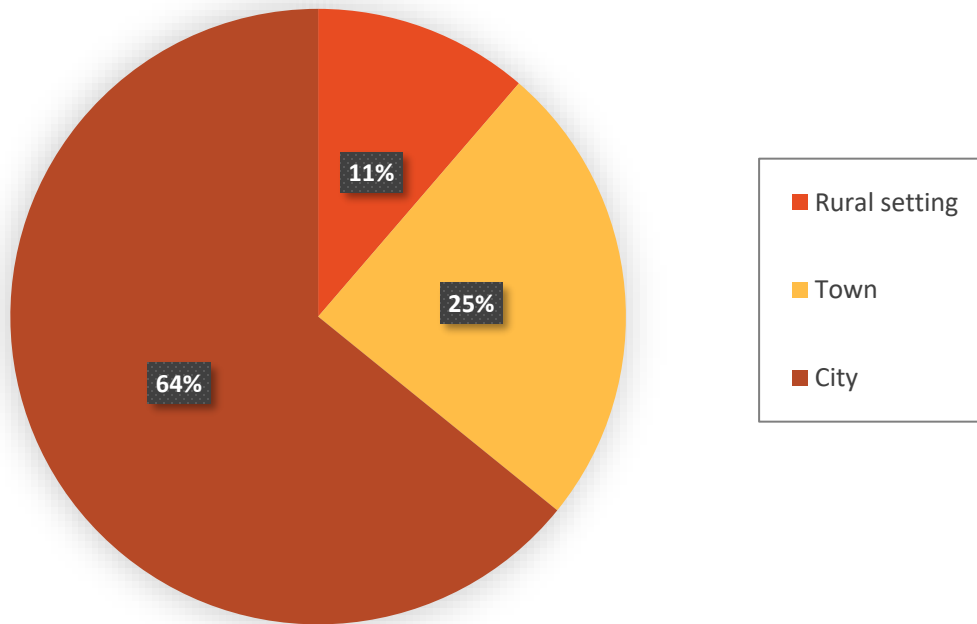
Most respondents were 20-40 years old, although a broad range of ages were represented spanning from 20 to 79 years old. These data are skewed toward younger ages, which again is representative of the field.



Practice Location

Most respondents reported that their practice was located in the city (64.1%) as compared to a town (24.5%) or in a rural setting (11.3%).

Practice Location



Years in Practice

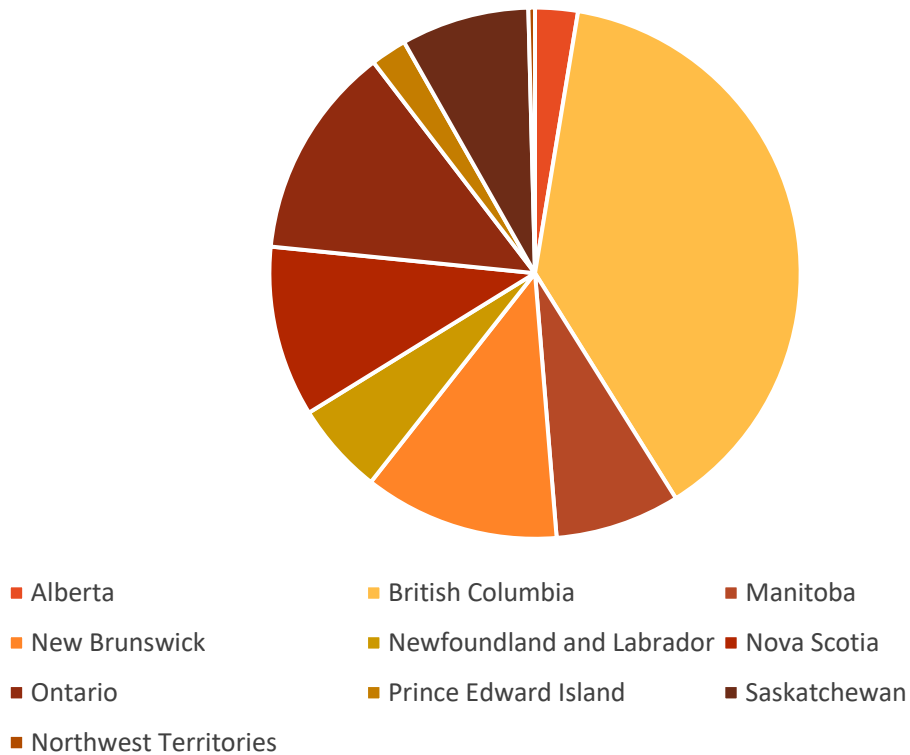
A wide range of practice histories were represented, with approximately half of the respondents having been in practice for 10 years or less.

YEARS IN PRACTICE	
1-5	31.2%
6-10	22.8%
11-15	14.8%
16+	28.6%
Students	2.4%

Location in Canada

The largest proportion of respondents came from British Columbia ($n = 207$; 38.5%). Others were located in Ontario ($n = 70$; 13.0%), New Brunswick ($n = 64$; 11.9%), Nova Scotia ($n = 56$; 10.4%), Saskatchewan ($n = 42$; 7.8%), Manitoba ($n = 41$; 7.6%), Newfoundland and Labrador ($n = 30$; 5.6%), Alberta ($n = 14$; 2.6%), Prince Edward Island ($n = 12$; 2.2%), and Northwest Territories ($n = 2$; 0.4%).

Massage Therapists Location in Canada



Advertisement of Services

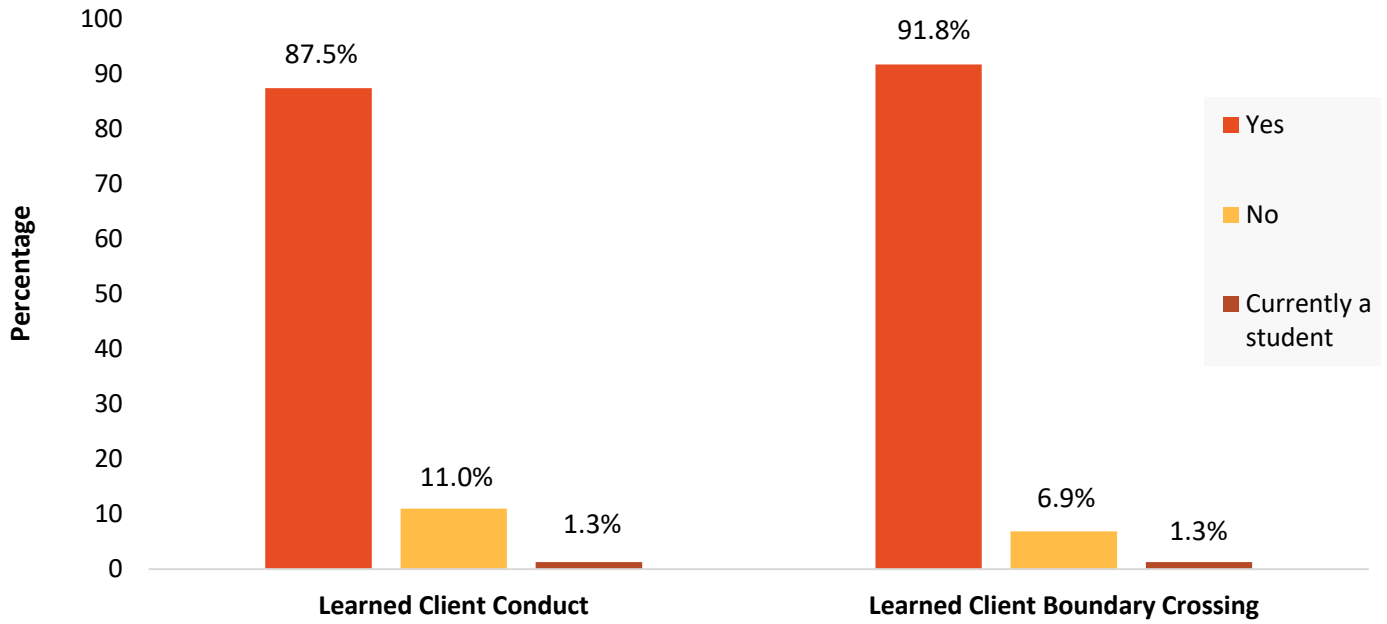
Most respondents used their clinic website ($n = 302$) or their clinic social media ($n = 238$) to advertise their massage services. Others reported that they did not advertise their services ($n = 170$) or they used personal social media ($n = 104$), community posters and radio ($n = 42$), Facebook marketplace ($n = 36$), or Kijiji ($n = 8$).



Client Conduct Education

The majority of respondents (88%) reported learning about appropriate client conduct as well as the potential for clients to cross professional boundaries during their massage therapy training (92%).

Education about Client Conduct

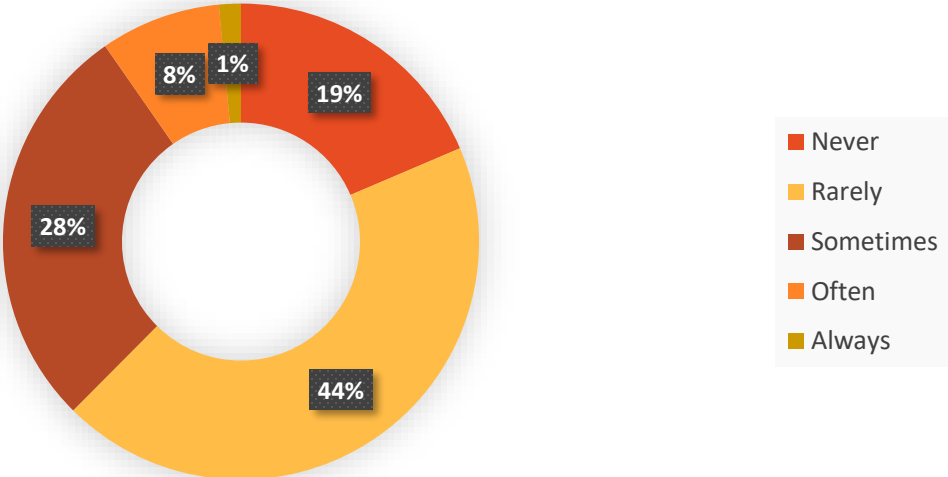


Findings

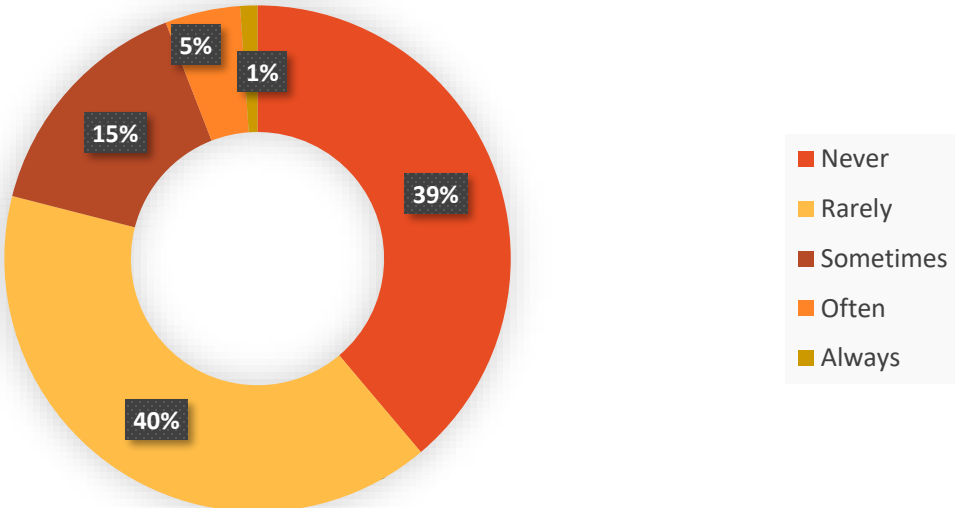
Fear of Sexual Harassment and Assault

The majority of massage therapists rarely or sometimes feared being a victim of sexual harassment (72%) and sexual assault (55%) by clients. We asked these questions in particular to determine the extent to which these issues are salient during their work life.

Fear of Sexual Harassment by Clients



Fear of Sexual Assault by Clients



Experiences of Sexual Harassment and Assault

Massage therapists were asked whether they had “ever experienced **sexual harassment** (e.g., unwanted behaviours or comments of a sexual or sexually suggestive nature from a client that are perceived as offensive, threatening, or embarrassing such as requesting sexual favors, unwanted touching, sexual jokes)” in their practice from a client or clients.

432 said **Yes: 80.3%** of survey respondents

99 said **No: 18.4%** of survey respondents

7 said **Unsure: 1.3%** of survey respondents

Massage therapists were asked whether they had “ever experienced **sexual assault** (e.g., unwanted sexual contact by a client in which you were unwilling to or did not give consent to engage in)” in their practice from a client or clients.

120 said **Yes: 22.3%** of survey respondents

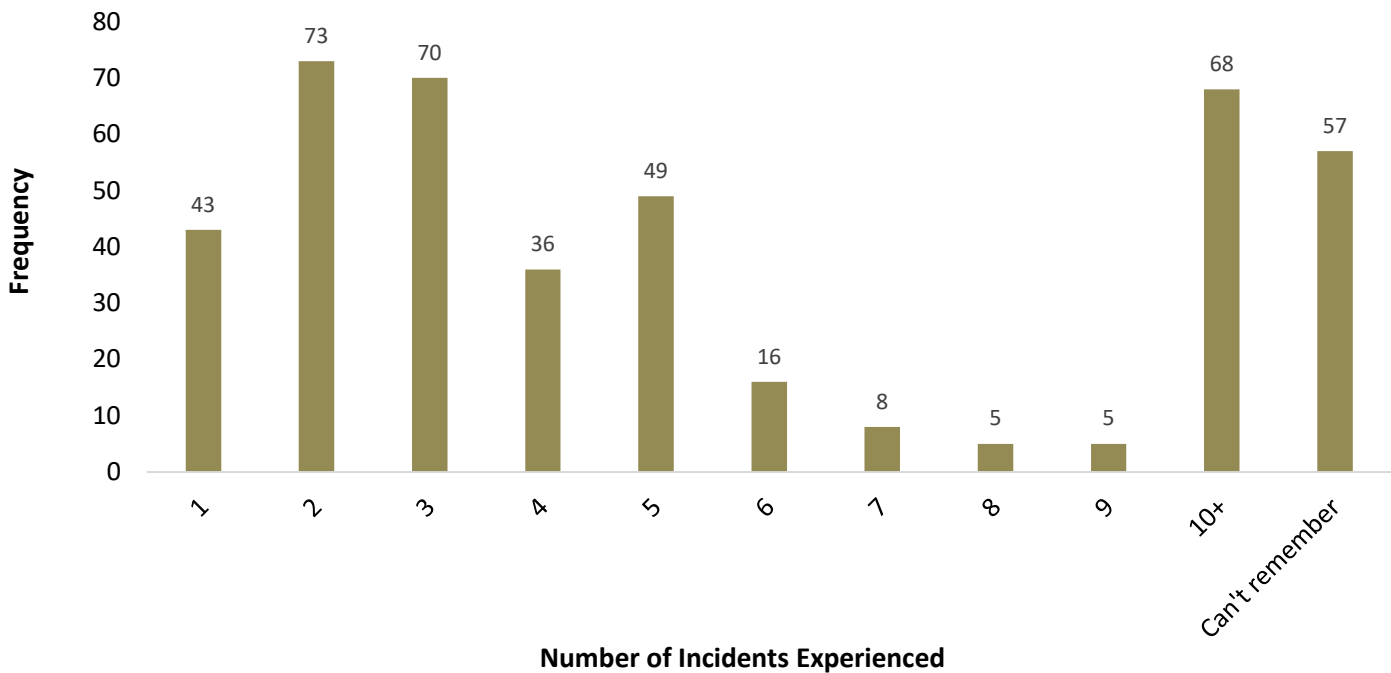
395 said **No: 73.4%** of survey respondents

23 said **Unsure: 4.3%** of survey respondents

Frequency and Type of Sexual Harassment Incidents

Massage therapists were asked how many times they had experienced unwanted sexual attention or behaviour from clients. Ninety-nine respondents (18.4%) had no past incidents of sexual harassment to report. Of the remainder, most reported 2-3 incidents ($n = 143$) or 10+ incidents ($n = 68$) among those who could remember how many incidents they had experienced. (It is unclear if these incidents involved different or the same clients each time).

Frequency of Sexual Harassment by Clients

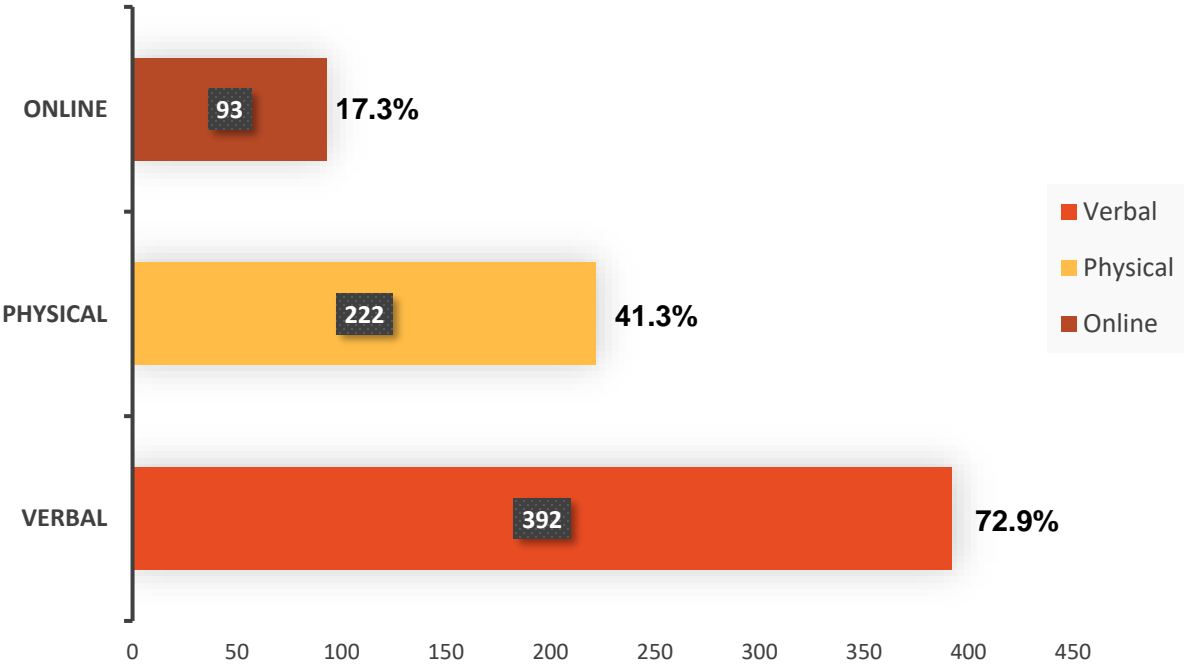


Phone Calls of a Sexual Nature from Clients

358 said Yes: **66.5%** of respondents have received a sexual phone call from a client

Most incidents of sexual harassment were verbal in nature ($n = 392$; 72.9%), followed by physical ($n = 222$; 41.3%) and online behaviour ($n = 93$; 17.3%). Respondents could select multiple types of incidents if they experienced more than one type.

Nature of Sexual Harassment Incidents

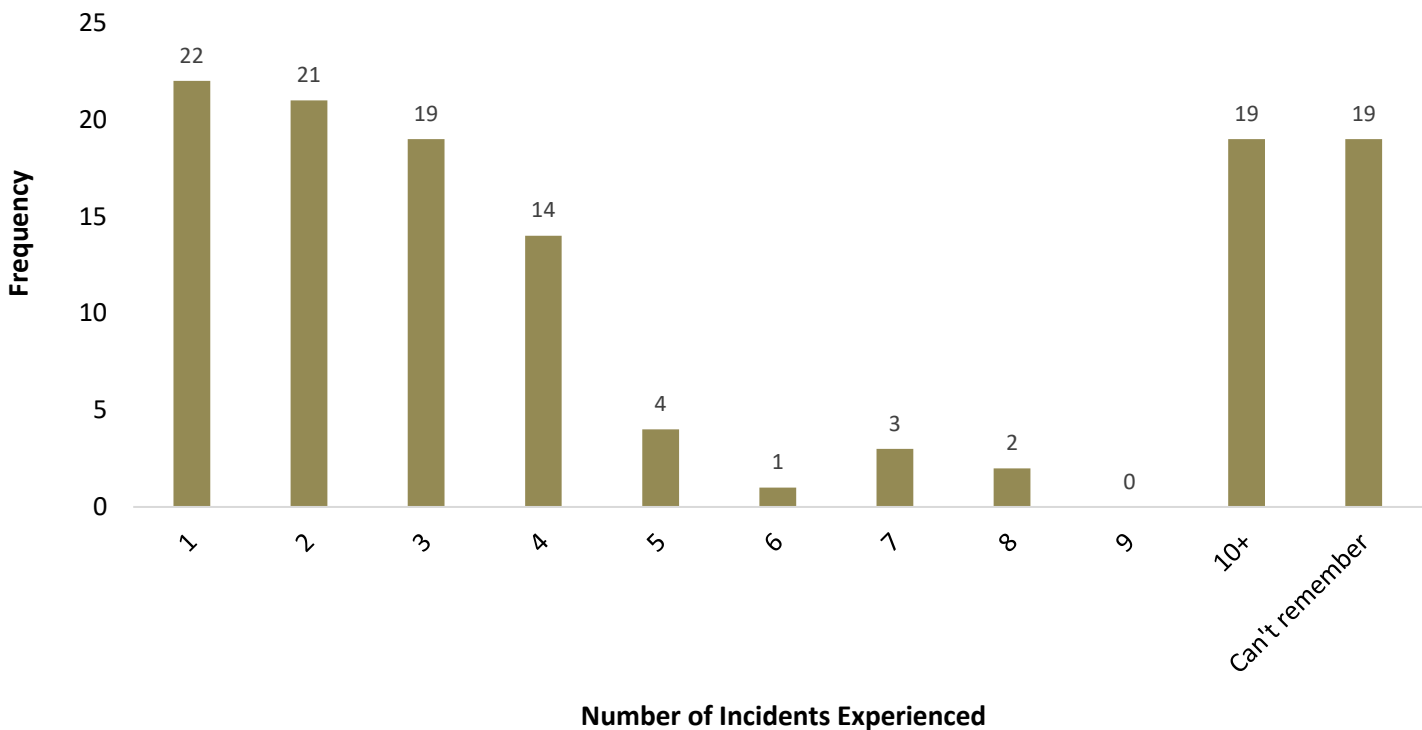


Frequency and Type of Sexual Assault Incidents

Sexual assault includes sexual contact that you were unwilling to engage in, or for which you did not give consent. Massage therapists were asked how many times they had experienced unwanted sexual contact from clients.

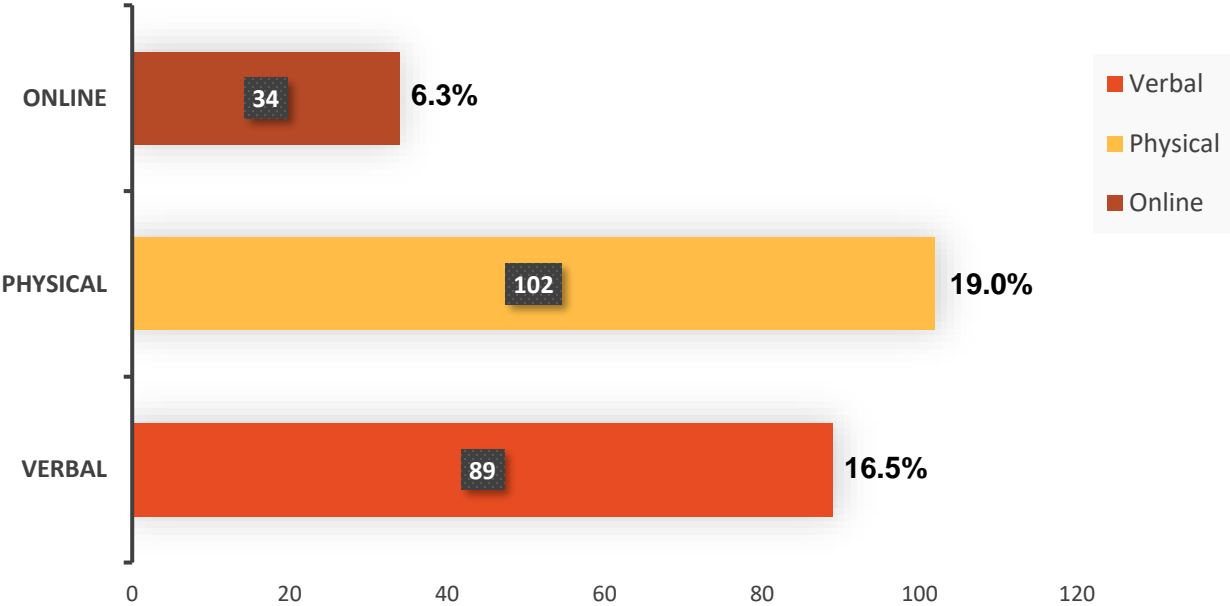
Three hundred ninety-five respondents (73.4%) had no past incidents of sexual assault to report. Of the remainder (26.6%), most reported 1-3 incidents ($n = 62$) or 10+ incidents ($n = 19$) if they could remember how many incidents they experienced. (It is unclear if these incidents involved different or the same clients each time).

Frequency of Sexual Assault by Clients



Most incidents of sexual assault were physical in nature ($n = 102$; 19%), followed by verbal ($n = 89$; 16.5%) and online behaviour ($n = 34$; 6.3%). Respondents could select multiple types of incidents if they experienced more than one type.

Nature of Sexual Assault Incidents



Characteristics of Sexual Harassment and Assault Incidents

<u>WHEN THE INCIDENTS OCCURED</u>	
<i>Before the treatment</i>	4.8%
<i>During the treatment</i>	77.2%
<i>After the treatment</i>	11.2%
<i>Other (E.g., during and after treatment)</i>	1.6%
<i>Don't remember</i>	5.2%

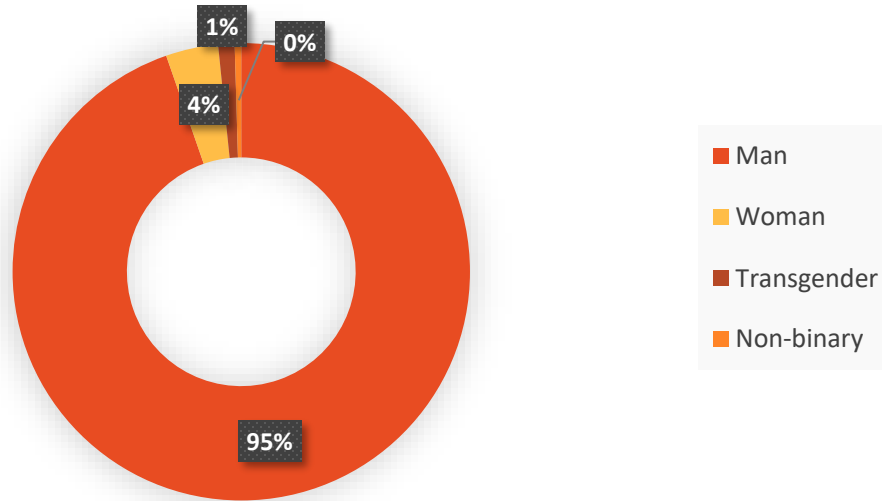
<u>PRACTICE SETTING IN WHICH INCIDENT OCCURRED</u>	
<i>Multi-disciplinary clinic</i>	24.2%
<i>Chiropractic clinic</i>	8.9%
<i>Physiotherapy clinic</i>	3.0%
<i>Multi-RMT clinic</i>	24.7%
<i>Solo practitioner</i>	8.0%
<i>Home clinic</i>	8.9%
<i>Spa</i>	10.9%
<i>Out-calls</i>	1.6%
<i>Sports rehabilitation clinic</i>	0.91%
<i>Other (E.g., Resort spa)</i>	3.89%
<i>Student at time of Incident</i>	5.0%

<u>TYPE OF BOOKING</u>	
<i>Several days before</i>	49.5%
<i>The day before</i>	7.3%
<i>The same day</i>	8.7%
<i>Walk-in</i>	2.8%
<i>Don't remember</i>	31.7%

Characteristics of Perpetrating Clients

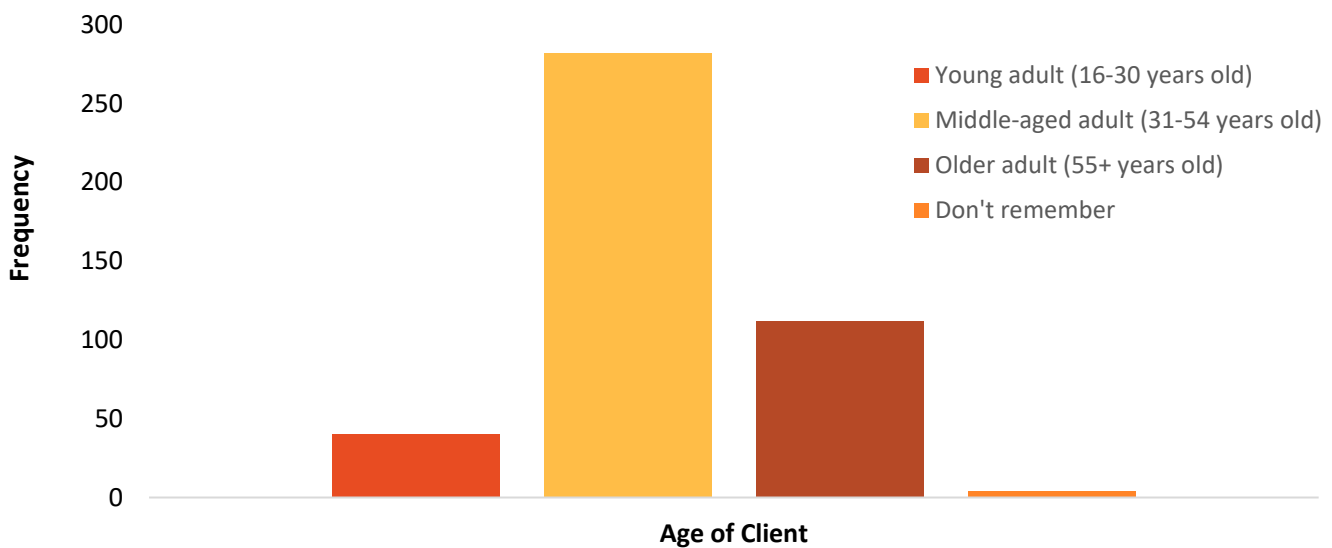
The majority of perpetrating clients were reported to be men ($n = 409$).

Gender of Clients



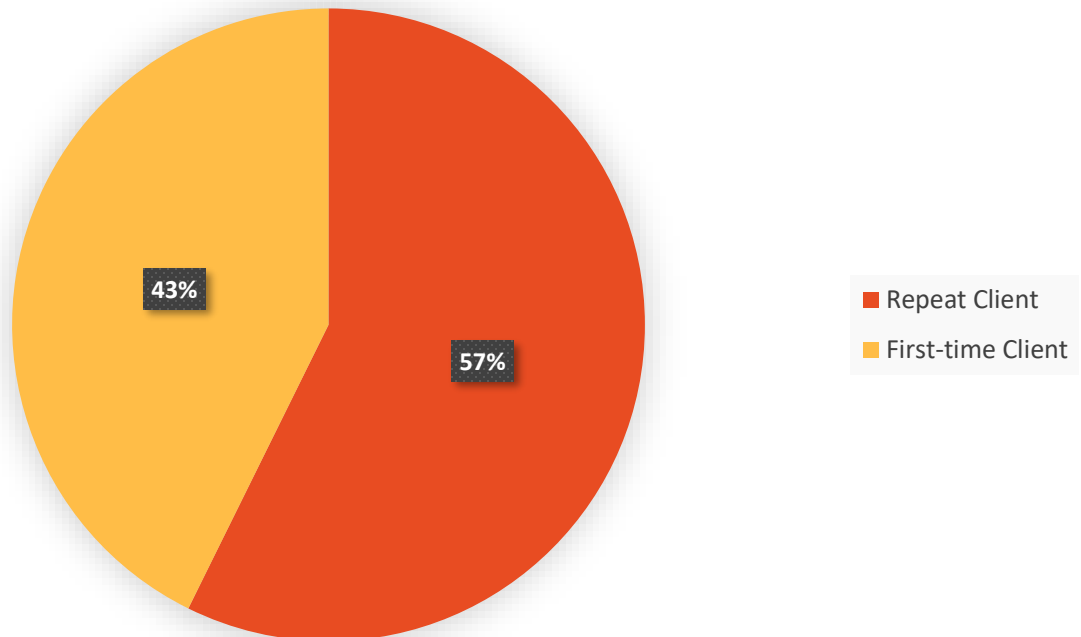
The majority of perpetrating clients were middle-aged adults ($n = 282$; 64.4%).

Age of Clients



Perpetrating clients were nearly as likely to be first-time clients ($n = 187$) as they were to be repeat clients ($n = 251$).

Client History



Ambiguity of Client Behaviour

The clients' behaviour was equally likely to be perceived as ambiguous or not.

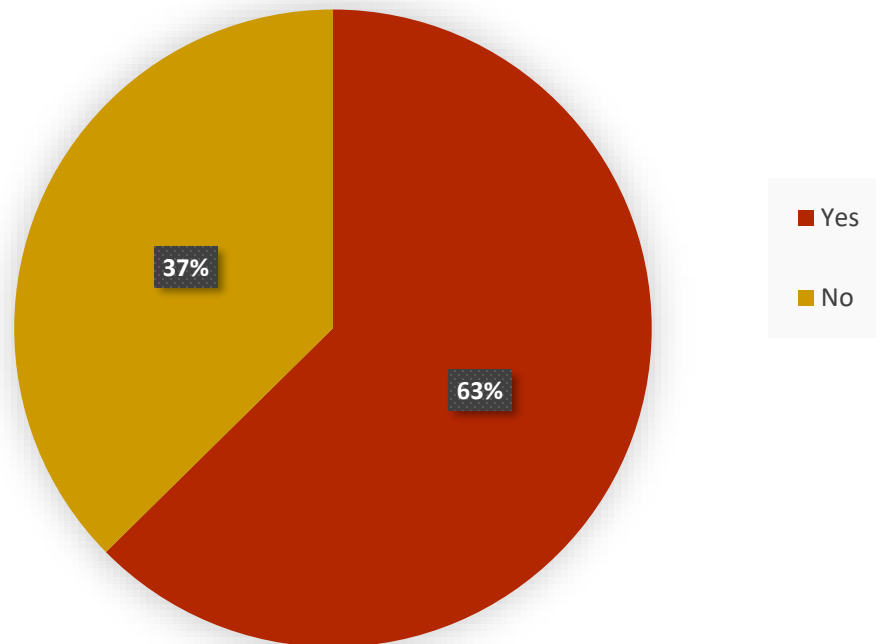
212 said Yes: **48.4%** of respondents said the client's behaviour was ambiguous

195 said No: **44.5%** of respondents said the client's behaviour was not ambiguous

Outcomes of Incidents

The majority of massage therapists who had an experience of sexual harassment or assault did discharge the client who was responsible for the incident ($n = 273$; 62.6%) whereas a minority did not discharge the client ($n = 163$; 37.4%).

Discharged Client



Upon being discharged, the majority of clients responded by leaving the premise peacefully ($n = 144$; 52.7%). The following quotes are examples of what the massage therapists said and did when discharging their client:

I let them know that there must have been some misunderstanding about their expectations for what I was able to provide for them.

I told him that the behaviour was inappropriate and would not be tolerated at the clinic and that he was not welcome to come back. He apologized. A few days later he

called and asked to come back and said he was having a hard time in his personal life. I refused.

I explained to the client over the phone that what he had done was inappropriate and I was uncomfortable booking him for future appointments. He protested and said it would not happen again, and then I told him I was sorry but there were many other massage therapists in the area that he was welcome to book an appointment with.

I terminated treatment after explaining that their behaviour was unsolicited and threatening. I explained that they could leave now, or I would call the police and press charges. They choose to leave.

The client tried to pull me down on top of him during the massage. I immediately pushed myself off of the table and got out of the room. I told the front desk I was stopping the appointment because the man tried to assault me and let them deal with it. I requested that they call the police however we were unsure as to whether this man gave is the correct name & details. The police never took a report from me or followed up on the incident.

At the time I was uncomfortable talking directly with the client, so my clinic owner handled the situation.

I ended the treatment early and my receptionist blocked him from ever rebooking with anyone in our office.

I told him "I can't believe you asked me that, get dressed we are done here". He apologized, left, then sent flowers.

I informed the client I was uncomfortable treating him, and that I would no longer be taking appointments from him. He denied he did anything, but also apologized. I sent him a letter discharging him.

I explained that their request/comment was very inappropriate and that I felt they have crossed a professional boundary and referred them back to their primary health practitioner.

There was no conversation with the client regarding discharge, just a general blacklist notification to all RMTs on staff.

Explained that services requested would result in me losing my license and directed the client to seek out an exotic or erotic massage therapist.

I ended the treatment and went and hid until he left. Wrote a formal letter as per my college guidelines.

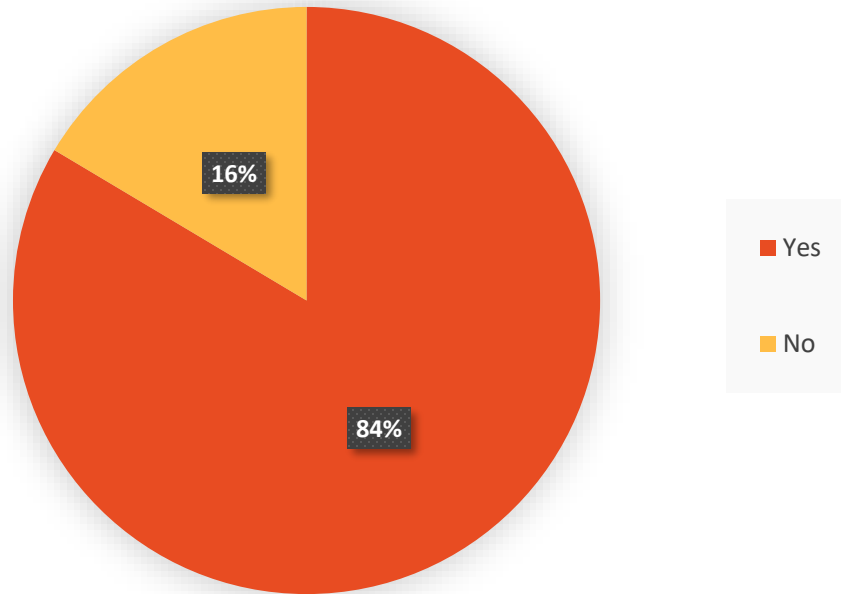
I let the client know that the behaviour was inappropriate and that I do not reciprocate their feeling. I then explained that the best course of action going forward was to dissolve the client/therapist and offered a referral to another colleague. The client expressed understanding and accepted an offer of referral.

I've practiced in four cities and 4 rural communities in my 18 years. With most it was simply educating them on terminology RMT, relaxation therapist, bodywork, masseuse. I had occasions of authorities being contacted, names written down that where no longer allowed to receive treatment in the office and group pages of professional therapists given names to look out for as well. 50% of men would apologize but also 50% of men were upset that I stopped the treatment and asked them to leave for inappropriate behavior.

For those respondents who did not discharge their client, their reasons for not doing so included interpreting the **client's behaviour as ambiguous** ($n = 76$), **fear of pushback** from the client ($n = 45$), **bad reviews** ($n = 23$), **loss of income** ($n = 26$), and **loss of employment** ($n = 16$).

The majority of respondents told someone about the incident (83.6%).

Told Someone About the Incident



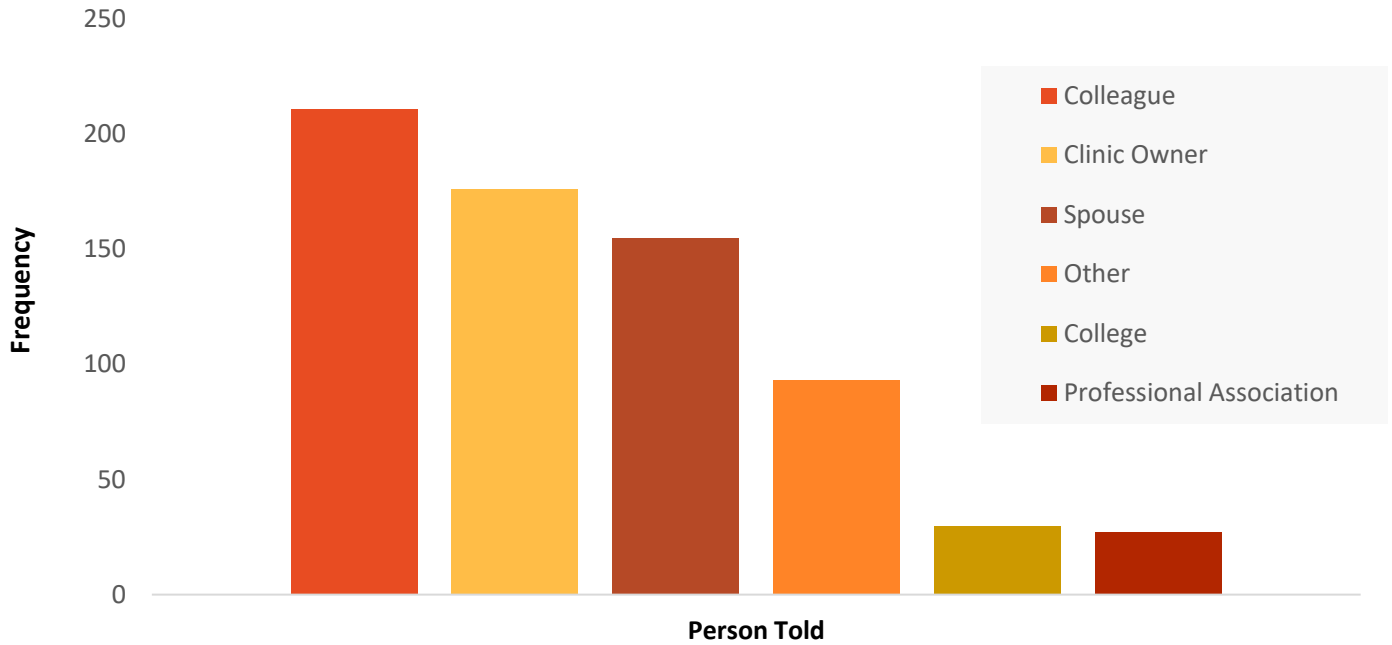
How Supported Respondents Felt

Respondents were most likely to feel **very supported** by the person they told about the incident (**41.5%**)

A small percentage of respondents **did not at all feel supported** by the person they told about the incident (**9.8%**)

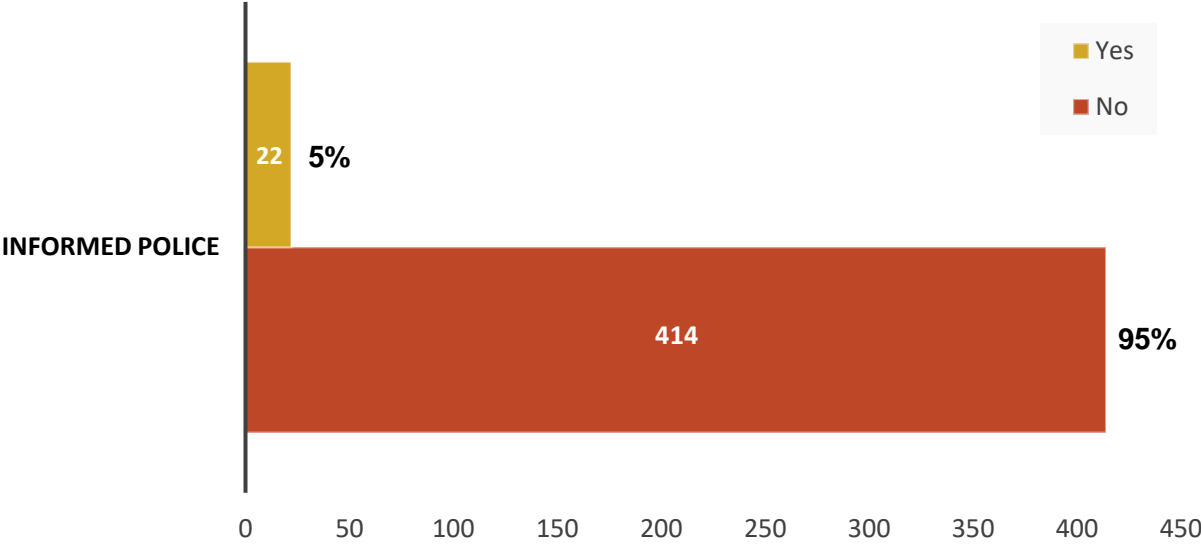
Respondents were most likely to tell a colleague (n = 211; 39.2%), the clinic owner (n = 176; 32.7%), or their spouse (n = 155; 28.8%) about the incident and some told their college (n = 30; 5.6%), professional association (n = 27; 5.0%), or some other person (n = 93; 17.3%), such as a family member or receptionist. Respondents could select multiple categories if they told more than one person.

Who Massage Therapists Told about the Incident



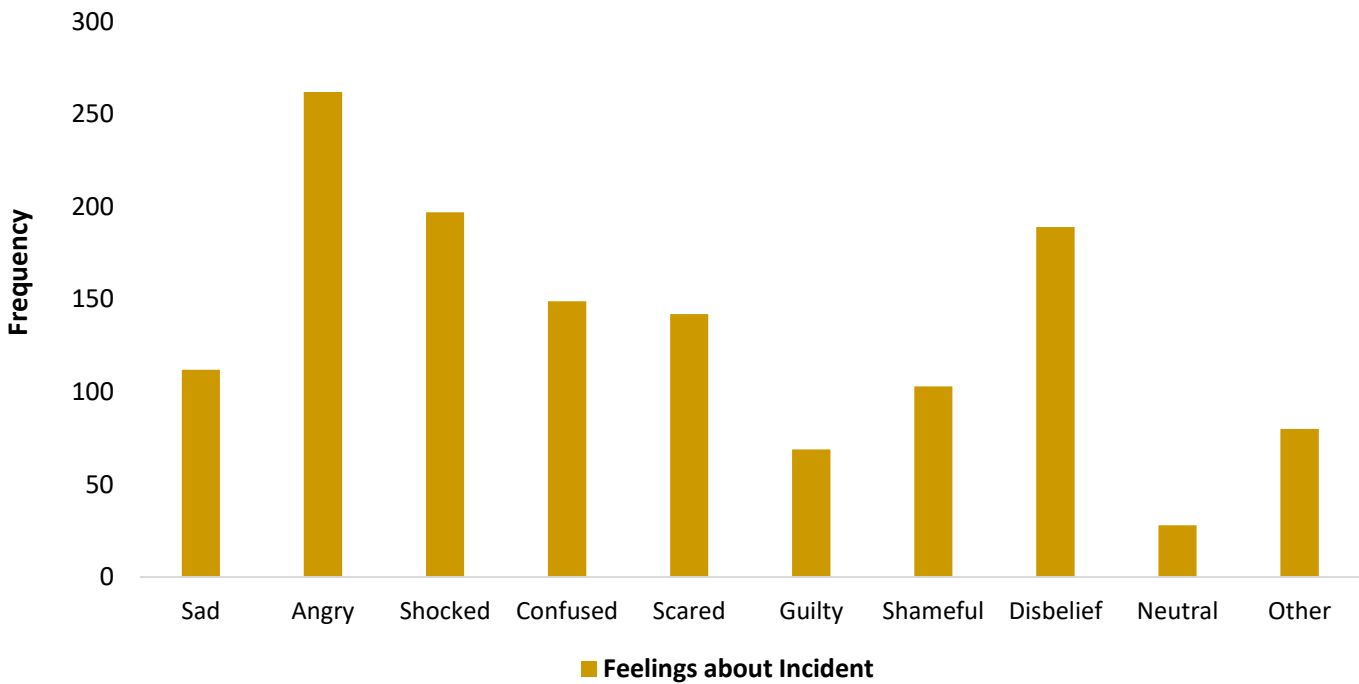
The majority of respondents (95%) did not inform the police about the incident they experienced.

Informed Police about the Incident

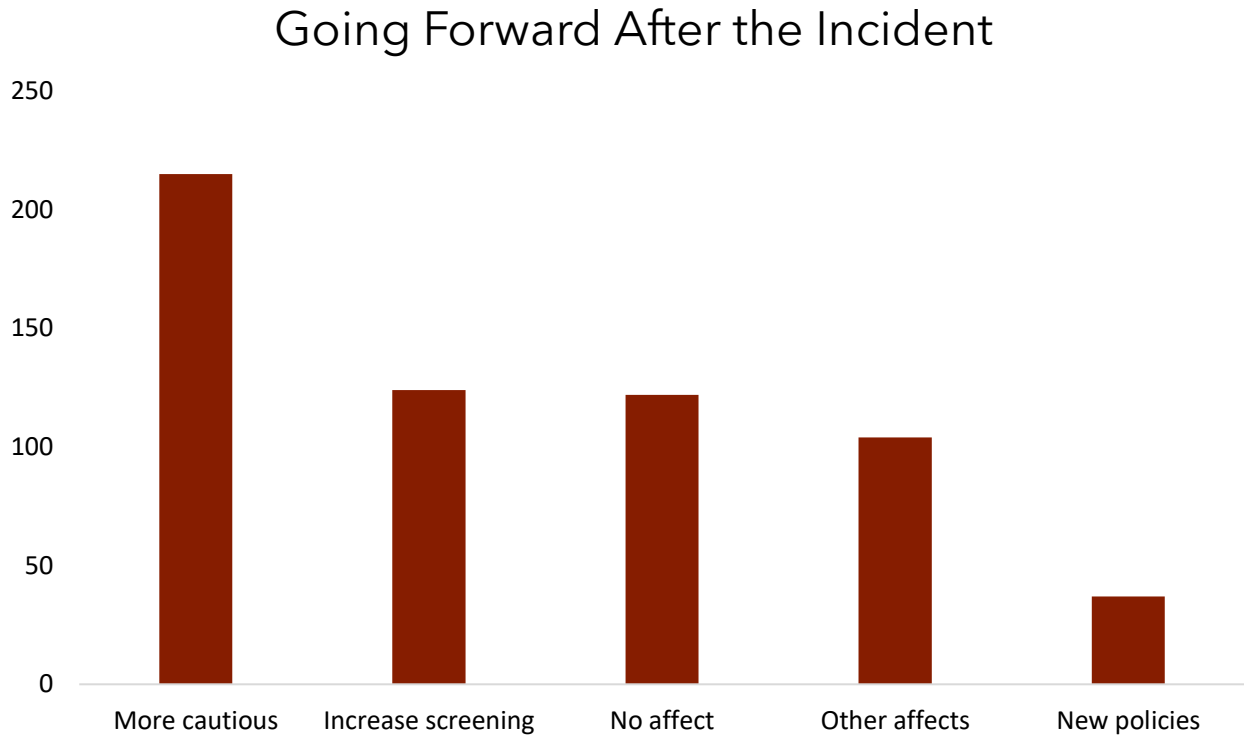


Respondents reported feeling a wide range of emotions over these incidents, including, anger ($n = 262$; 48.7%), shock ($n = 197$; 36.6%), disbelief ($n = 189$; 35.1%), confusion ($n = 149$; 27.7%), fear ($n = 142$; 26.4%), sadness ($n = 112$; 20.8%), shame ($n = 103$; 19.1%), guilt ($n = 69$; 12.8%), and other feelings such as disgust and discomfort ($n = 80$; 14.9%). Respondents could select multiple categories depending on how they felt about the incident.

Feelings about Incident



Going forward after experiencing an incident, respondents were most likely to be more cautious during treatments ($n = 215$), to increase client screening ($n = 124$), to introduce new policies in their practice ($n = 37$), or other affects ($n = 104$) such as increased boundary setting in conversations with clients, never working alone, or considered leaving the field of massage therapy. Some respondents reported that these incidents had no affect on their practice going forward ($n = 122$).



Details of the Incidents

EXPERIENCES OF SEXUAL HARASSMENT AND ASSAULT OF CANADIAN MASSAGE THERAPISTS BY THEIR CLIENTS



*Quotes from a survey of 538 massage therapists across Canada

"...plenty of individuals who have inappropriate jokes regarding massage therapy that perhaps joke to try an ease their anxiety about the vulnerability of receiving a massage."

"He asked if I could book him an appointment specifically for relaxation, which I did as he was getting dressed. When I went back into the room, I found that he had ejaculated all over the sheets and the floor."

"I have found in my practice that it involves woman also making inappropriate comments or actions too, it is not just men."

"My association did nothing and the college, even with the police report and the man admitting to the attack, investigated me for a year. Meanwhile this man was stalking me every time I left the house."

"Everything seemed normal during the treatment, we were chatting about sports and his related injuries, and then after the treatment he came out of the room with his robe undone just a few inches and his erection pointing right at me."

"...when I was working on their lower leg, they pushed their foot between my legs and pressed their toes upwards. When I stepped away, they said they were paying for my services, and I 'had' to do what they asked."

FACTS

Sexual harassment and assault is absolutely **unacceptable** and sometimes even **illegal**.

Only the clients (**not you**) are responsible for **their** actions.

EXPERIENCES OF SEXUAL HARASSMENT AND ASSAULT OF CANADIAN MASSAGE THERAPISTS BY THEIR CLIENTS



*Quotes from a survey of 538 massage therapists across Canada

"...one day while he was prone on the table, I heard his camera go off on his phone. I looked over and he had taken a picture of me without my permission while I was working on his back."

"When he turned over onto his back, the client said he really wanted to kiss me."

"...ask if I ever went for massage treatments. I told him yes, I did when I could find the time. He then invited me to his house to give me a massage."

"...towards the last half of the treatment he exposed his genitalia and asked that I stroke it."

"...they will attempt to test the therapist's boundaries."

"...I asked him how he knew where I lived, and that's when he admitted to looking me and my family up on Facebook and finding out where I lived. I ended the treatment, he grabbed my hips, shoved his nose into my crotch, and sniffed. Then said 'that's all I've wanted since day one.'"

FACTS

Sexual harassment and assault is absolutely **unacceptable** and sometimes even **illegal**.

Only the clients (**not you**) are responsible for **their** actions.

Discussion

The CMTA's Sexual Harassment and Assault of Canadian Massage Therapists survey demonstrates that the majority of massage therapists who participated in this survey had some experience of sexual harassment and/or assault from their client(s).

Sexual harassment and assault are illegal forms of sexual violence, yet these results demonstrate that massage therapists in this sample experience sexual violence at higher rates than the general population.

Harassment and assault are absolutely unacceptable. Only the clients who perpetrated these incidents are responsible for these actions. The details of this survey are critical for guiding the development of future preventative measures, policy, education, and training to protect all Canadian massage therapists from acts of sexual violence by their clients.

Respondents of this survey bring attention to the need for public education around the professionalism and therapeutic and alternative medical services that massage therapists offer. There must be a clear separation popularized between massage therapists and unrelated avenues of sexualized massage.

Massage therapists must have access to more in-depth training about how to deal with inappropriate client behaviour. However, it must be made clear that the burden of responsibility is on the client to not engage in sexual violence, rather than massage therapists to avoid being assaulted. The results of this survey are astounding in many ways, particularly how many therapists fear harassment and assault from clients, even if they are not experiencing it. Fear is salient, interfering with their quality of life, and therefore, it makes sense to have clear policies to all those who enter the workplace that there will be repercussions for any misbehaviour.

These insights will help to raise awareness of these crimes, and to move forward toward helping to ensure a sexual harassment and assault-free work atmosphere.