

Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work[☆]

Kate Shannon^{a,b,*}, Thomas Kerr^{a,b}, Shari Allinott^c, Jill Chettiar^c,
Jean Shoveller^b, Mark W. Tyndall^{a,b}

^a British Columbia Centre for Excellence in HIV/AIDS, Vancouver, BC Canada

^b Faculty of Medicine, University of British Columbia, Vancouver, BC Canada

^c WISH Drop-In Centre Society and Sex Workers United Against Violence (SWUAV), Vancouver, BC Canada

Available online 21 December 2007

Abstract

High rates of violence among street-level sex workers have been described across the globe, while in cities across Canada the disappearance and victimization of drug-using women in survival sex work is ongoing. Given the pervasive levels of violence faced by sex workers over the last decades, and extensive harm reduction and HIV prevention efforts operating in Vancouver, Canada, this research aimed to explore the role of social and structural violence and power relations in shaping the HIV risk environment and prevention practices of women in survival sex work. Through a participatory-action research project, a series of focus group discussions were conceptualized and co-facilitated by sex workers, community and research partners with a total of 46 women in early 2006. Based on thematic, content and theoretical analysis, the following key factors were seen to both directly and indirectly mediate women's agency and access to resources, and ability to practice HIV prevention and harm reduction: at the micro-level, boy-friends as pimps and the 'everyday violence' of bad dates; at the meso-level, a lack of safe places to take dates, and adverse impacts of local policing; and at the macro-level, dopesickness and the need to sell sex for drugs. Analysis of the narratives and daily lived experiences of women sex workers highlight the urgent need for a renewed HIV prevention strategy that moves beyond a solely individual-level focus to structural and environmental interventions, including legal reforms, that facilitate 'enabling environments' for HIV prevention.

© 2007 Elsevier Ltd. All rights reserved.

Keywords: Sex work; Violence; Gendered power relations; HIV; Substance use; Canada; Aboriginal women

[☆] This research was supported by an operating grant from the Canadian Institutes of Health Research under the Community-Based HIV Research Program. KS, TK and JS are supported by the Canadian Institutes of Health Research. KS, TK, JS and MWT are supported by the Michael Smith Foundation for Health Research. KS is also supported by a doctoral fellowship from the Gender, Women and Addictions Research Training Program, a strategic initiative of CIHR.

* Corresponding author. British Columbia Centre for Excellence in HIV/AIDS, St Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC Canada V6Z1Y6. Tel.: +1 604 682 2344x63185.

E-mail address: kshannon@cfcenet.ubc.ca (K. Shannon).

Introduction

“Well there's how many dead Native women? What do you think, right? I would think a lot of people think we're shit, right? Disposable” Aboriginal Sex Worker (SW) Respondent.

Alarming high rates of assault and victimization of street-level sex workers have been described across the globe (Goodyear & Cusick, 2007). In Vancouver,

Canada, the disappearance of over 60 women in street level sex work from the Downtown Eastside community, a larger number of whom were of First Nations' ancestry, and the current serial murder trials have garnered international attention, while in cities across Canada, the assault, violence and predation of sex workers is ongoing (Amnesty International, 2004; Cler-Cunningham & Christensen, 2001; Bowen, 2006). More recently, discussions at local, federal and international levels have focused on environmental and legal approaches to addressing the harms faced by sex workers (Goodyear & Cusick, 2007). In January of 2005 a Canadian parliamentary sub-committee traveled across the country speaking with various sex work groups and advocates in an effort to address Canada's prostitution laws (Betteridge, 2005). However the final report has been met with significant criticism for failing to provide recommendations that promote the safety of sex workers.

Although sex work itself has never been illegal in Canada, the contradictory laws governing prostitution mean that sex work operates within a largely prohibitive environment. In particular, the "communicating" provision, passed by the Federal Government in 1985 and designed to reduce the visible presence of street prostitution, prohibits the communication or solicitation for the purposes of sexual transaction in public spaces (Goodyear, Lowman, Fischer, & Green, 2005; Lowman, 2000, 2004). As well, the "bawdy-house" provisions (s.210 & 211) and procuring provision (s.212) prohibit living off the avails of prostitution, or operating a brothel, thus limiting survival sex workers' ability to work indoors in safer and quasi-supervised settings (PIVOT, 2004).

In Vancouver's Downtown Eastside, a community known for the largest and most heavily concentrated open illicit drug use scene in North America (Strathdee et al., 1997; Wood et al., 2002), female injection drug users, and in particular, Aboriginal women and youth, account for an overwhelming burden of new HIV infections (Craib et al., 2003; Miller et al., 2005). As well, women of Aboriginal ancestry are highly overrepresented among women in visible sex work across Canada (Amnesty International, 2004), with estimates in 2000 suggesting that close to 70% of women working in the lowest paying tracks in Vancouver were young, Aboriginal women (Culhane, 2003; Farley, Lynne, & Cotton, 2005). The complex vulnerabilities of Aboriginal women stem from a legacy of oppression and colonization and the multigenerational effects of social isolation, discrimination, entrenched poverty, and the residential school system (Culhane, 2003; Farley et al., 2005). Although several harm reduction and HIV prevention interventions have been adopted as part of the city's

drug policy response, including fixed site and mobile syringe exchange programs, a heroin maintenance trial and a medically supervised injection facility (City of Vancouver, 2005), gender-focused harm reduction and violence prevention targeting sex workers are largely absent (Cler-Cunningham & Christensen, 2001).

While several individual-level factors have been shown to elevate HIV and sexually transmitted infections (STI) risk among female substance users, such as requiring assistance to inject and unprotected sex with intimate partners (O'Connell et al., 2005; Spittal et al., 2002), a focus on individuals fails to elucidate the social, environmental and structural factors that mitigate HIV risk (Amaro & Raja, 2000; Quina, Harlow, Morokoff, & Saxon, 1997; Zierler & Krieger, 1997). In particular, research on substance use and violence suggests women are particularly vulnerable to transmission of HIV through gendered violence and power relations with their drug-using intimate partners that directly impact their ability to negotiate sexual and drug risk reduction. Despite extensive documentation of violence among substance-using women in their relations with intimate partners, there is limited contextual understanding of how gendered violence and power relations facilitate HIV risk among women in sex work transactions. Of particular importance are ethnographic works that have examined the lives of sex workers and experiences of violence (Maher, 1997; Nencel, 2001; Pyett & Warr, 1997), and yet the link to HIV prevention efforts has not been clearly delineated. In order to re-conceptualize a public health response beyond individual-level approaches, we need to consider how the 'lived experiences' of sex workers are mediated by and respond to structural and social level violence and power relations in the negotiation of sex work transactions.

Drawing on theoretical frameworks of HIV risk that move beyond an individual-level focus, a risk environment framework outlined by Rhodes (2002) is particularly useful for understanding the broader risk environment and re-conceptualizing public health responses (Latkin & Knowlton, 2005; Moore, 2004; Parker, Easton, & Klein, 2000). Rhodes, Singer, Bourgois, Friedman, and Strathdee (2005) define the risk environment as 'factors exogenous to the individual that interact to increase vulnerability to HIV infection', referring to space — both physical and social — in which risk is produced and reproduced. Environmental factors exogenous to the individual that interact to increase vulnerability to HIV are said to be operating at three levels; the micro- or interpersonal level, such as social norms; the meso-level of institutional or organizational responses; and the macro-level of core or distal causes

such as laws, policies and social inequalities that may interplay with micro- and meso-level factors to produce HIV risk.

Given the pervasive and escalating levels of violence faced by sex workers over the last decade (Amnesty International, 2004; Cler-Cunningham & Christensen, 2001), and the extensive harm reduction and HIV prevention efforts operating in this community (City of Vancouver, 2005), this research aimed to explore the role of social and structural violence and power relations in shaping the HIV risk environment and prevention practices of women in survival sex work through a participatory-action research (PAR) project. Through the co-construction of knowledge between sex workers, community and research partners, guided by feminist-driven PAR, we consider the way in which the narratives of the ‘lived experiences’ of sex workers can inform a renewed HIV prevention and policy strategy with this population.

Methods

The Maka Project is a community-based HIV prevention research partnership between the BC Centre for Excellence in HIV/AIDS and the Women’s Information Safe Haven (WISH) Drop-In Centre Society. A detailed discussion of the development, process and methodologies of this partnership has been published elsewhere (Shannon et al., in press). Adhering to the principles of PAR (O’Neil, Elias, & Wastesicoot, 2005; Park, 1993), a team of survival sex workers were hired, trained and supported to play a key role in the project, from conceptualization to implementation and dissemination. Discussion group topic guides were developed through a collaborative process between sex workers and researchers, and all groups were co-facilitated by a sex worker.

A total of 46 participants participated in focus groups between December 2005 and March 2006. The mean age of women was 34 years and 57% self-identified as being of Aboriginal ancestry. In order to address concerns of anonymity and sensitivities surrounding the issues expressed by sex workers, further demographic information was not collected. Based on social mapping sessions facilitated by and with sex workers, strolls (working areas) were identified for recruitment and purposive sampling was used to invite women through experiential-led outreach (women with a lived experience of sex work). Sampling aimed to attain variation in sex, ethnicity, age, and sex work strolls. Although significant variation exists in both sex and gender of sex workers, in keeping with the mandate of the

community partner, the project works explicitly with self-identified women who engage in survival sex work and therefore only female and transgender women (male to female) were invited to participate. The topic guide was used to ensure that all relevant areas of experience were explored, including: definitions of sex work and boundaries of intimate and client relationships; how women define a “bad date”; what a safe environment for a date looks like; what circumstances most affect women’s power and control with commercial partners; strategies women use to protect themselves; and the effectiveness of current HIV prevention and harm reduction programs. This research received ethical approval under the University of British Columbia/ Providence Health Research Ethics Review Board. Discussion groups lasted approximately 2 h, and all participants received Can\$25 for their expertise and time.

Participatory-action research (PAR) in public health and the co-construction of knowledge

Similar to recent literature of public health partnerships, this work was developed through a process of co-construction of knowledge in the negotiated space of sex workers, community and academic partners. This negotiated space, the “socio-sanitary space”, is a process inherent in participatory-action research and public health partnerships with marginalized populations as it seeks to confront and reduce power imbalances (Bernier, Rock, Roy, Bujold, & Potvin, 2006). This work is both guided and theoretically influenced by feminist-driven PAR, confronting conventional understanding of power and power relations through empowerment, knowledge co-construction, and the validation of ‘lived experiences’ of sex workers as knowledge (Reason, 1994). Bernier et al. (2006) argue that this transdisciplinary dialogue can propose new ends to public health, rather than applying standardized solutions to health disparities by outside experts.

Analysis of qualitative data

Discussion groups were audio-taped, transcribed verbatim and checked for accuracy. All data collected were analyzed to identify thematic content and patterns as they emerged, and the co-construction of women’s narratives were validated by sex workers throughout the data collection phase, with initial findings from earlier interviews further explored in subsequent data collection/analysis. Discussion group data were initially coded based on key constructs, and a codebook was used to keep track of the coding scheme. Substantive

codes were then applied for categories/themes based on the initial codes. Transcripts were read through several times by sex workers, community, and research partners to ensure that codes and subsequent categories reflected the data accurately, as well as to examine any negative evidence.

To advance beyond thematic and content analysis and interpret our findings, we subsequently drew on the risk environment framework (Rhodes, 2002) and additional theoretical constructs of violence and power relations that emphasize the interconnectedness of various forms of violence — interpersonal, structural and symbolic. Interpersonal violence is also described as ‘everyday violence’ to describe the normalization of violence that renders it invisible due to its routine pervasiveness (Scheper-Hughes, 1996), such as the ongoing sexual and physical abuse faced by street-entrenched women (Bourgois, Prince, & Moss, 2004). Structural violence refers to political and economic inequality (Farmer, 1997), while symbolic violence refers to more silent female subordination imposed by male-centered street ideology (Epele, 2002; Bourdieu, 2001). In addition, against the dominant discourse of powerlessness and more traditional concepts of power, we subscribe to a broad understanding of power that considers micro-level decision making and individual agency, similar to that used in recent sex work studies (Kempadoo & Doezema, 1998; Nencel, 2001; Wojcicki & Malala, 2001). We explore the ways in which women’s micro-level decision-making practices are rational economic and coping strategies adopted in the face of social and structural level violence, and implications for policy and prevention efforts. As illustrated by Wojcicki’s and Malala’s (2001) ethnographic account of sex workers’ bargain for survival in Johannesburg, South Africa, this re-thinking of power does not discount structural inequities and disempowerment, but instead accords agency where it has been assumed to be absent. In doing so, we indirectly draw on a broad understanding of power described by Foucault (1981, p.91) as the ‘distribution of resources, the exercise of agency, and the institutionalization of social control in the production of social inequality’, as in Bourgois’ (1998) discussion of HIV risk among homeless heroin users in San Francisco. This relational understanding of power is developed in post-structural feminist critiques of institutionalized forms of social control that discipline bodies and govern individuals and the discursive production and control of sexuality (Foucault, 1981; Nencel, 2001; Weedon, 1987). This analysis is also well situated within post-structural critiques of public health and drug policy that consider the ways in which individuals

are governed through messages of self-regulation and risk-avoidance as a form of neoliberal governmentality (Moore, 2004; Peterson & Lupton, 1996).

Results

The following five key themes emerged from the narratives of sex workers and were seen to both directly and indirectly compromise women’s agency and control with dates and ability to practice HIV prevention and harm reduction: at the micro-level, boyfriends as pimps and the ‘everyday violence’ of bad dates; at the meso-level, a lack of safe places to take dates, and adverse impacts of local policing and; at the macro-level, ‘dope-sickness’ and the need to sell sex for drugs.

Micro-level

‘Boyfriends as pimps’

At the interpersonal level, women’s narratives documented gendered power relations of intimate partners in mitigating women’s working environment and self-protection with clients. Several women described their intimate partners as “glorified pimps”. While women described these relationships as intimate, attached to comfort, emotions and a sense of trust, these men also were seen to hold significant power over women’s sex work environment and transactions with clients. These relationships were all with drug-involved partners, particularly crack-using partnerships, with the male partner supplying the drugs and controlling supply and the women working to sustain the drug habit of both herself and her partner.

I would classify it as there are just three steps to going that way. First they [male partners] invite you in, they feed you...start giving you drugs and slowly, pretty soon you’re out there making drugs. And you have nowhere else to go because this person...comforts you. And, next thing you know, you’re working on the street for them. You know they’re there for you, you can sleep, there’s food in the fridge. And then, you’re sick [drugsick], [they] bring you some dope. And you know it just leads on...and the [next] thing you know you’re owned...No matter where you go they’ll be right there to find you.

For other women, these partners were initially more traditional boyfriends who transitioned to taking on more of a role of a pimp in their lives, either putting women on the streets or controlling their working behaviours.

A pimp will be somebody that takes your money away from you after you get it. But then you know, my boyfriend, I consider him a pimp now. Because I don't consider him a boyfriend anymore. It's past that... Because you know he's just there, waiting, pipe in hand, and then if you want to go home because you're tired, he's like, well maybe we should [wait for] the ugly blue van, he'll be by real quick, we can get another fifty bucks and we can go home... But then, I'm standing out there in the cold on the corner. While he's sitting, comfy [and] cozy in the bank machine watching me. And... it's like he's not a boyfriend any more. It's like a pimp.

While some women's drug-using intimate partners control the drug supply and related equipment, including when and how often women access and use drug use paraphernalia (pipes, cookers, syringes), there are also examples of how the partners would try to control aspects of their working environment and thereby limit women's agency, from waiting on the street for a woman, trying to keep track of a woman's income, to controlling HIV prevention practices by limiting the number of condoms available to a woman while working.

Yeah, it's like, he said he's in control of the condoms now. It was like, "Oh I got lots of condoms now you don't have to take any". It's like, "No I got some in my pocket." He said, "No, I'll take them here. You don't want to carry too many in your pocket." So he knows how many condoms I've got in my pocket. And, I'll come back and say, "Oh I'm out of condoms." "No, but you had two extra ones. What happened to the other ones?" You know, it's like "Well, what did you do between, or, where's the money?" It's like, "Come on man, give me a break, just". So it's like, you know, he's in control of the condoms.

While these narratives illustrate the role of boyfriends as pimps in reducing women's autonomy over their risk reduction practices and working environment with clients, these relationships are also emotional and economic coping strategies adopted by women for companionship and acquiring resources in the face of structural inequities.

'Everyday violence' of bad dates

The pervasiveness and commonplace sense of violence and victimization of women by clients, referred to as 'bad dates', and the feeling of a lack of response to, or criminalization of the abusive johns (unknown/one time clients) was seen to compromise women's

sense of control with a date and ability to practice HIV prevention. While bad dates may involve emotional harassment, fear and/or experience of physical or sexual violence, for many women in this community, bad dates are frequent and go largely unreported (Cler-Cunningham & Christensen, 2001).

The goal is the same [working on high track versus skid row]. So whether you get out of there alive, the violence doesn't matter.

I hear about so many women who have been infected with HIV during a bad date or been raped or molested... And these people, they get away with it.

I was raped five years ago. And he [a john] didn't use a condom... The trial took eighteen months. He was picked up immediately, so he stayed behind bars... He'd caught HIV, and he was trying to blame me. And his lawyer was trying to say I gave it to him. Yeah, he raped me and, yeah, it was my fault [sarcastic]. Sexist. It was just senseless. Because it wasn't a trial of rape, it was a trial of me being a heroin addict, me being on methadone... It got thrown out of court... they begged me to stay through with the trial and I couldn't do it anymore. I was just being looked at by everybody.

Women spoke of the inaction and delayed response taken in reference to over 60 women from Vancouver's Downtown Eastside who have gone missing during the last decade. This is in addition to the alarming number of women, primarily of First Nations' ancestry, who have gone missing in Northern region of the province, along a highway that runs between Prince George and Prince Rupert and has become known as the Highway of Tears. A symbolic violence of women as 'disposable' was particularly illustrated in the narratives of First Nations' women, and is reflective of the 'discourse of disposal' surrounding the missing women described by Lowman (2000).

There are so many girls going missing. Yeah, they're getting away with it.

We're the bottom of the barrel. Nobody will miss us.

Look at what happened to all the girls from the Pickton farm [the local farm where it is suspected that over 30 missing women were murdered]. Like you know that shouldn't have happened and, maybe if some of the resources would have been out there... I think these guys are way behind.

The everyday violence and ongoing fear of violence, feelings that abusive johns were frequently not criminalized,

and lack of protections offered by current policing, meant that women's ability to insist on condom use was severely compromised.

I think just going out there [working] takes a big risk whether you use a condom or not, I mean, gambling every time you go out.

If he don't want to use a condom, we're in extreme danger. I want to try to use one [condom], but the violence might ensue.

Within this intersection of everyday violence and HIV prevention practices, some women report prioritizing harm reduction practices by types of clients, asserting agency and control of resources on the one hand, and resulting in a trade-off of harms on the other. Other women described a sense of trust and comfort that was associated with a decreased fear of violence in their relations with regulars compared to johns. At the same time, this sense of trust, even intimacy, with regular clients, often men they have seen for several years was associated with decreased condom use. Other women reported not getting high with johns, while only using drugs with regular clients in an attempt to maintain control and decrease the risk of violence by johns.

Interviewer: *And is there any difference in sexual exchanges between a regular client and john?*

Yeah. You're more open, trust them [regulars] more right?...You know what your regular wants, right? You know what he likes. You know what turns him on. That's a regular, but a john. Just a stranger that picks you up and you just want to get it over and done with. But a regular you're comfortable with...

Interviewer: *Is there a difference in condom use between a regular client and a john?*

Yeah, you just use [condoms] with johns.

Yeah, they [regulars] figure you've already known them for years.

Interviewer: *So you won't get high with johns?*

No. Regulars I could, but somebody I don't know. Fuck that. I wouldn't allow them to give me a drink.

Meso-level

A lack of safe places to take dates

A lack of safe places to take dates due to the current legal framework was described by several women as

a direct structural barrier to HIV prevention by limiting their control with dates, increasing the risk of violence and reducing their ability to negotiate condom use. The most consistent theme documented in discussion groups was that once women enter a car, their ability to control their situation was severely compromised.

Well a good date is someone that you can get out of the car with after. We don't know how lucky we are. When they drive us back. You know and we take it for granted a little bit I think.

It just seems that once you're taken away in a car, your power and control are gone.

Some sex workers attempt to manage their risk environment through both, informally and formally, working in pairs or using another worker to 'spot' for them. Recent sex worker-led efforts in this community have advocated the practice of 'spotting' as a safety initiative, in which a 'spotter' takes down information about the john, description of the car and license plate number, as well as having their presence act as a deterrent for violence.

And you know how sometimes you can go in pairs. Right? Like the two of you, and like you have one keeping six [watching for cops]...And then you write the license [plate number]. And whoever breaks first, right, you know they'll be gone and they'll do theirs, and then you can switch.

Despite the positive aspects of spotting described by some women, another woman described the limitations of using a spotter within the current working environment, as once a woman enters a car her means of self-protection is severely limited.

They [spotters] can take the license plate down and the car make, but once buddy gets you two blocks away, how are they going to stop the guy from shooting or stabbing you? They might prevent it from happening to the next girl, cause they got his plate number, but for you, there's no protection. None at all.

Local policing and displacement

Frequent police crackdowns and enforcement-based policies on drug use have been documented in this setting and shown to have adverse effects on syringe acquisition and safer drug use practices (Amnesty International, 2004; Small, Kerr, Charette, Schechter, & Spittal, 2005; Wood et al., 2003), including rights violations and unlawful harassment by police, particularly

women (Amnesty International, 2004; Csete & Cohen, 2003). The narratives of sex workers document the adverse impacts of local policing strategies and enforcement of the “communicating” provision; pushing women to work in dark and deserted areas, alleys and industrial settings, severely limiting women’s means of self-protection with clients and acting as a direct structural barrier to HIV prevention practices.

You know, you get all these asshole cops and security kicking us off... pushing us into darker and darker areas, you know. That has got to stop.

Well industrial areas are kind of scary, because no one’s really around and you’ve got to go there with dates that were like, [let’s go] into a residential neighbourhood, and I’m like, ‘No, I don’t want to go into the neighbourhood, where you’re gonna park in front of someone’s house and they got kids. It just don’t feel right, So I’m like ‘Come down to the dock’.

In this instance, the industrial areas are part of the loading docks along the waterfront in Vancouver. In addition to displacement, women describe three sets of distinct experiences with police that spoke of a heterogeneity in women’s experiences with police. While some women reported direct harms and power imbalances in relations with police, others reported indirect harm through displacement of working areas, and a dispassion or apathy for sex worker’s experiences, and in a third instance, women described attempts by police to help through a safety initiative.

And down here...believe me the cops are assholes too, man. They’ll pick [you] up... and then they’ll make you do something for them just so you can stay there to work. And that’s more or less their turf...

And if girls complain to the cops...they’ll pick you up and take you somewhere else and fucking leave you there.

And certain women will have a line with the police that they worked on over the years.

Yeah. It’s ...never mentioned in the paper, never mentioned in the bad date sheets or nothing, you know, it’s just all through mouth. And a lot of these girls are just scared to speak up. So it’s, like. The cops got a lot of power...Early mornings, that’s when they really get out there.

For some women the interactions with police, and in particular the gendered power dynamics that characterized

these interactions, were a direct threat to women’s safety, while other women spoke of a lack of concern for women. As well, the practice of “being jacked up” by police and having equipment confiscated was reported by some women as a deterrent to carrying condoms, pepper spray, syringes, or other drug use paraphernalia.

The police never do anything. They don’t really give a shit. They’re not out to get us, but they don’t really have any compassion or concern about us. A lot of us girls start carrying pepper spray or bear spray. But you have to be careful too, because as soon as the cops search you, jack you up, they take away what you can to protect yourself with, even rigs.

In reference to a safety initiative piloted in the community mobile phones were distributed (by the police) to women with a direct line to emergency services. This safety initiative followed widespread concern and scrutiny surrounding the delayed response to the missing women of Vancouver and the inception of the Missing Women’s Task Force in 1999.

Like the cops were handing out those phones that, they only had one number and it was 911 [emergency services]. Just one button. And it had a homing device or something like that, but that didn’t really work that good either. Cause once buddy’s got you in the car, you’re fucked.

Macro-level

Dopesickness and the need to sell sex to obtain drugs

Women spoke of sex work as a means of daily survival and in particular, the role of dopesickness and the need to alleviate withdrawal symptoms that severely compromised their ability to control the situation and ensure the practice of HIV prevention behaviours. As described in the narratives, sex work in this population is a rational, economic strategy adopted by women to meet basic subsistent needs in the face of large scale social and structural inequities. Recent welfare cuts, and loss of low cost housing through demolition, urban renewal and gentrification, have led to increased rates of homelessness in this city. In addition, current welfare regulations only allow a person to legally earn up to Can\$500 a month before they are cut off social assistance.

And, like I said, we put ourselves in shitty situations when we’re sick, or we’re hungry, or we’re homeless.

Some of us women end up with diseases, 'cause we've gotta do what we do, to survive. I mean there's women out there who don't even do drugs and they're out there, you know, turning tricks, 'cause they can't afford to live... and they're collecting DBII [Disability Benefits]...It's pretty obvious there's not enough money, on social assistance. But if you have an addiction..it's just way worse, I mean, you got to put up with a lot of shit you wouldn't normally to support your habit. You know, especially if you're down sick or something, and you know what's gonna make you better. You'll do, just about anything to get better...With heroin it's way worse, when you're dopesick.

In addition to dopesickness among women who were opiate dependent, drug-induced vulnerability was also described within the context of disorientation and lack of control due to intensive cocaine use that impeded women's self-protection and ability to insist on condom use.

You're working and you don't have HIV. And a date goes, I don't want to use a condom. I'll pay you more money. The girl's at risk. And she doesn't know what he has. He could have gonorrhea or anything like that. And often they'll [johns] ask the ones [women] that are vulnerable. The ones that are out there, that are on coke. And that are obviously discombobulated, you know they can't control their bodies. Or you know, they're just scared...you can feel the fear. So, they usually prey, on those girls... 'Cause they're ruining somebody's body just to have sex without a condom. Just for one time.

Dopesickness and the need to sell sex for drugs were also seen to mediate the negotiation process of fees for dates, resulting in a decreased ability to practice HIV prevention. Fees for dates were largely driven by shifts in drug markets and in particular the introduction and widespread availability of smokeable crack cocaine (sold in smallest quantities of one rock or approximately Can\$5–10) over the last decades that significantly decreased the price women could charge for dates and increased competition between workers. The attempt to assert a minimum for sexual services or safer sex practices and maintain control of the negotiation process with clients was an important assertion of individual agency by one woman, while at the same time, described by others as mediated by macro-level factors of drug market prices and laws.

If I stick to my price, I am in control, but if I drop my price, he's in control.

Interviewer: *How have prices of dates changed over the years then?*

[It used to be] Ninety bucks of coke right? Now it's ten dollars [a rock] so girls do [dates] for ten bucks... So shifts in the drug market.

From when I started, five years, it's [prices] gone down big time, you know, and if you ask, you won't get more, right? Because they [clients] know they can get it down there, right? And sometimes I would be out for four or five hours and you'll take that twenty dollar date. Tell me you won't. You have to.

This shift in drug market prices and resulting decrease in fees for dates was also tied to a reduced ability among sex workers to regulate each other around prices and safe sex negotiation. This was particularly manifested in the growing numbers of women working, and in particular younger women and those new to the community who were often seen to be “undercutting” prices of dates. A more experienced worker described a sex worker protocol and regulation between workers that was no longer enforced due to drug market prices driving up competition for dates.

Years back now, workers used to keep each other in check, in line, especially people who were new.... They used to send them [new girls] regulars to make sure they didn't undercut or do dates without condoms, but the money was way better then.

Interviewer: *How does being new to the community affect a woman's working environment?*

You really don't know the protocol. You don't know the territory. You don't know who's who.

And nobody knows you right? And, whatever the john says, you do it, what he tells you to do, cause you don't know the ins and out of it.

And it's getting cheaper and cheaper throughout the years...I think if the girls started charging more then the guys wouldn't be asking, you know.

Well actually I am on one side and then there's this girl like less than ten feet away from me and she's saying two bucks. You know, right almost beside me.

Within the synergistic dynamic between sex work and addiction, and the immediacy of dopesickness, women highlighted the need for violence prevention and harm reduction initiatives specifically tailored to sex workers, as well as the need to consider alternative regulatory frameworks for illicit drugs.

Interviewer: *What does a safe environment look like for a date?*

If there was more safety set up and a controlled area, the girls would be safe.

And also, you have to realize that most of the girls are not going to quit drugs. They're going to be drug-addicted. If something is set up, you have to accommodate drug use, also. Like I said, in Amsterdam.

If heroin is legalized, it [would be] like dirt cheap. The only reason it's so expensive is cause it's illegal. Right, you know, and it's very unfortunate if somebody has to go sell their body just to support their drugs, right?

Interpretation

HIV prevention among substance-using sex workers in Canada has focused almost exclusively on individual-level strategies, including syringe exchange, condom distribution, and scaling up of HIV testing. However, this solely individualized prevention strategy assumes an autonomous agent is 'free' to choose to change a risky behaviour, described in post-structuralist critiques as a form of neoliberal governmentality (Moore, 2004; Weedon, 1987). Instead, the present study documents how pervasive, everyday violence and structural power relations experienced by women engaged in survival sex work mediate the negotiation process of risk reduction strategies, resulting in a heightened risk of HIV transmission. At the same time, the lived experiences and narratives of sex workers articulate how certain risky sexual and drug use practices are rational coping strategies in the face of large scale social and structural violence and as such, highlight the importance of active inclusion of sex workers experiences in redefining prevention policies and programs.

Adopting the risk environment framework helps us to understand how the daily lived experiences of sex workers can inform a re-conceptualized HIV prevention response that moves beyond individual-level strategies. Similar to a renewed drug policy (Moore, 2004; Rhodes, 2002), sex work policy needs to facilitate 'enabling environments' for HIV prevention through the removal of micro- (e.g., 'everyday violence' of bad dates), meso- (e.g., local policing strategies) and macro- (e.g., structural and economic inequities such as the need to sell sex for drugs) level barriers.

At the micro-level, the lived experiences of sex workers document several important attempts to assert

individual agency in the face of meso- and macro-level inequities and pervasive social and structural violence. In one important example, a younger worker spoke of the vulnerability of being new to the community and unaware of worker protocols, and thus agreeing to whatever a john would request. At the same time, however, other women discussed the importance of informal peer networks in managing their risk environment through regulating each other on prices charged for dates and safer sex practices, as well as working in pairs and spotting other workers. Women are inherently aware of the competition for prices, and the impact of other workers agreeing to provide sexual services at a lower price or without condoms. As such, the importance of public health policy that advocates and supports peer networks in regulating sex worker protocol and safe sex practices cannot be overstated. Environmental–structural support for sex worker networks (including sex worker unions and cooperatives) has been shown to play a key role in increasing condom use and reducing incidence of STI/HIV among commercial sex work populations in several developing countries through enhanced social capital and access to resources (Jana, Baus, Rotheram-Borus, & Newman, 2004; Parker et al., 2000).

At the meso-level, the lack of safe places to take dates and local policing resulted in displacement of sex workers to outlying areas increasing the risk of violence and reducing women's ability to practice risk reduction. As articulated by one sex worker, controlled areas should be set up and need to accommodate drug use. Regulated or managed sex work zones in Germany and the Netherlands have been shown to reduce rates of violence, increased access to health services, and support police targeting exploitation and violence (Sanders, 2007; Van Doorninck & Campbell, 2006), though the role of zero tolerance drug policies in these zones have not been investigated to date. Given significant evidence of the adverse impacts of zero tolerance drug policies in increasing concealment of drug use, risk practices, and redistribution of harm (Aitken, Moore, Higgs, Kelsall, & Kerger, 2002; Best, Strang, Beswick, & Gossop, 2001; Csete & Cohen, 2003; Maher & Dixon, 1999; Small et al., 2005), consideration of managed zones in this setting would need to build in support for reducing drug-related harms, rather than enforcement, and bridge communication between sex workers and police to ensure effective HIV prevention.

At the macro-level, the findings support the urgent need for legal policy reforms to Canada's prostitution laws and consider the negative impacts of continued

neglect (Goodyear et al., 2005; Lowman, 2000). Several countries have variations of decriminalized sex work environments that place the safety of sex workers first and have shown positive impacts in reducing the harms faced by sex workers (Doornick & Jacqueline, 1998; Jordan, 2005). Given the Canadian government's investment in the parliamentary sub-committee solicitation laws, and a recent legal report released in this community outlining a legal framework for a decriminalized sex work environment, decriminalization of sex work deserves greater attention and consideration (PIVOT, 2006). The striking overrepresentation of women of Aboriginal ancestry among those engaged in survival sex work in Canada, and the historical oppression and ongoing violence faced by this population, including symbolic violence of First Nations' women as 'disposable', highlights the need for Aboriginal-led interventions that mitigate trauma and support indigenous health strategies (Culhane, 2003; Walters & Simoni, 2002). Finally, as documented by women in this study, sex work in this population is a direct result and economic response to entrenched poverty, homelessness and addiction, and for many women, sex work serves as the only viable means to daily survival. Interventions need to address the paramount role of adequate and supportive housing, and access to detoxification and other drug treatment services. Interventions should also consider offering long-term, alternative economic opportunities to support transition out of survival sex work to sustain one's drug habit, as well as the potential benefits of expanded drug-maintenance therapy for this population.

There are several limitations of this study that should be taken into consideration when interpreting these findings. First, we recruited women who self-identified as having engaged in survival sex work and therefore, the experiences of women who exchange sex for money, drugs, shelter or other commodities, but do not identify as sex workers are not represented here. Second, although purposive sampling was used to attain a variation in background and demographics, the experiences of some women, in particular youth less than 19 years of age and transgendered women, were not adequately represented in the discussion groups.

This account of the daily lived experiences of survival sex workers highlights the intersections of micro-, meso- and macro-levels in producing and reproducing HIV risk among women. The findings suggest that public health strategies that fail to address social and structural violence and gendered power relations will continue to fall short in stemming the multiple harms, including a heavy HIV burden, faced by women. Environmental and structural approaches are urgently needed supported

by legal reforms to Canada's prostitution laws that put the safety of sex workers first and facilitate 'enabling environments' for HIV prevention.

Acknowledgements

We would particularly like to thank all the women who have given and continue to give their time and expertise to this project, in particular Vicki Bright, Candice Norris, Adrian Fox, Debbie Alexson, Laurie Pelltier, Flo Ranville, Kate Gibson, and our partner, WISH Drop-In Centre Society.

References

- Aitken, C., Moore, D., Higgs, P., Kelsall, J., & Kerger, M. (2002). The impact of a police crackdown on a street drug scene: evidence from the street. *The International Journal on Drug Policy*, 13, 189–198.
- Amaro, H., & Raja, A. (2000). On the margin: power and women's HIV risk reduction strategies. *Sex Roles*, 42(7–8), 723–749.
- Amnesty International. (2004). *Stolen sisters: Discrimination and violence against indigenous women in Canada*. Vancouver: Amnesty International. [Amnesty International Index: AMR 20/001/2004].
- Bernier, J., Rock, M., Roy, M., Bujold, R., & Potvin, L. (2006). Structuring an inter-sector research project. A negotiated zone. *Sozial- und Präventivmedizin*, 51, 335–344.
- Best, D., Strang, J., Beswick, T., & Gossop, M. (2001). Assessment of a concentrated high-profile police operation: no discernible impact on drug availability price or purity. *The British Journal of Criminology*, 41, 738–745.
- Betteridge, G. (2005). Standing Committee on Justice re-establishes Subcommittee on Solicitation Laws. *HIV/AIDS Policy & Law Reviews*, 10(1), 30.
- Bourdieu, P. (2001). *Masculine domination*. Stanford, California: Stanford University Press.
- Bourgois, P. (1998). The moral economies of homeless heroin addicts: confronting ethnography, HIV risk, and everyday violence in San Francisco shooting encampments. *Substance Use & Misuse*, 33(11), 2323–2351.
- Bourgois, P., Prince, B., & Moss, A. (2004). The everyday violence of Hepatitis C among young women who inject drugs in San Francisco. *Human Organization*, 63(3), 253–264.
- Bowen, R. (2006). *From the curb: Sex workers perspectives on violence and domestic trafficking*. Vancouver, Canada: British Columbia Coalition of Experiential Women (BCEW).
- City of Vancouver. (2005). Four Pillars: Four Years. Where to Now? Cler-Cunningham, L., & Christensen, C. (2001). Violence of working women in Vancouver's street level sex trade and the police response. *Prostitution Alternatives Counseling Education (PACE) Society Report*. Prostitution Alternatives Counseling Education.
- Craib, K. J., Spittal, P. M., & Wood, E., et al. (2003). Risk factors for elevated HIV incidence among Aboriginal injection drug users in Vancouver. *CMAJ*, 168(1), 19–24.
- Csete, J., & Cohen, J. (2003). Abusing the user: police misconduct, harm reduction and HIV/AIDS in Vancouver. *Human Rights Watch*.
- Culhane, D. (2003). Their spirits live within us: aboriginal women in Downtown Eastside Vancouver emerging into visibility. *American Indian Quarterly*, 27(3 & 4), 593–601.

- Doornick, M., Jacqueline. (1998). Legalising the palaces of sweet sin: developing new perspectives in managing the sex industry in the Netherlands. Sex Work Reassessed Conference, University of East London.
- Epele, M. E. (2002). Gender, violence and HIV: women's survival in the streets. *Culture, Medicine and Psychiatry*, 26(1), 33–54.
- Farley, M., Lynne, J., & Cotton, A. J. (2005). Prostitution in Vancouver: violence and the colonization of First Nations Women. *Transcultural Psychiatry*, 42(2), 242–271.
- Farmer, P. (1997). On suffering and structural violence: a view from below. In A. Kleinman, V. Das, & M. Lock (Eds.), *Social suffering*. Berkeley: University of California Press.
- Foucault, M. (1981). *The history of sexuality, Vol. 1*. Harmondsworth: Pelican. p. 91.
- Goodyear, M., & Cusick, L. (2007). Protection of sex workers. *BMJ*, 334, 52–53.
- Goodyear, M., Lowman, J., Fischer, B., & Green, M. (2005). Prostitutes are people too. *The Lancet*, 366, 9493.
- Jana, S., Baus, I., Rotheram-Borus, M. J., & Newman, P. A. (2004). The Songachi Project: a sustainable community intervention program. *AIDS Education & Prevention*, 16(5), 405–414.
- Jordan, J. (2005). *The sex industry in New Zealand: A literature review*. Wellington: Ministry of Justice.
- Kempadoo, K., & Doezema, J. (Eds.). (1998). *Global sex workers: Rights, resistance and redefinition*. New York: Routledge.
- Latkin, C. A., & Knowlton, A. R. (2005). Micro-social structural approaches to HIV prevention: a social ecological perspective. *AIDS Care*, 17(Suppl. 1), S102–S113.
- Lowman, J. (2004). Reconvening the federal committee on prostitution law reform. *CMAJ*, 171, 147.
- Lowman, R. J. (2000). Violence and the outlaw status of street prostitution in Canada. *Violence Against Women*, 6(9), 986–1011.
- Maher, L. (1997). *Sexed work: Gender, race and resistance in a Brooklyn drug market*. Oxford: Clarendon Press.
- Maher, L., & Dixon, D. (1999). Policing and public health: law enforcement and harm minimization in a street-level drug market. *The British Journal of Criminology*, 39(4), 488–512.
- Miller, C. L., Spittal, P. M., Frankish, J. C., Li, K., Schechter, M. T., & Wood, E. (2005). HIV and hepatitis C outbreaks among high-risk youth in Vancouver demands a public health response. *Canadian Journal of Public Health*, 96(2), 107–108.
- Moore, D. (2004). Governing street-based injecting drug users: a critique of heroin overdose prevention in Australia. *Social Science & Medicine*, 59, 1547–1557.
- Nencel, L. (2001). *Ethnography and prostitution in Peru*. London: Pluto Press.
- O'Connell, J., Kerr, T., & Li, K., et al. (2005). Requiring help injecting independently predicts incident HIV infection among injection drug users. *Journal of Acquired Immune Deficiency Syndromes*, 40(1), 83–88.
- O'Neil, J., Elias, B., & Wastesicoot, J. (2005). Building a Health research relationship between First Nations and the University of Manitoba. *Canadian Journal of Public Health*, 96(Suppl. 1), S9–S12.
- Park, P. (1993). What is participatory research? A theoretical and methodological perspective. In Park., Brydon-Miller., Hall., & Jackson. (Eds.), *Voices of change: Participatory research in Canada and the United States*. Toronto: Ontario Institute for Studies in Education.
- Parker, R., Easton, D., & Klein, C. H. (2000). Structural barriers and facilitators in HIV prevention: a review of international research. *AIDS*, 14, S22–S32.
- Peterson, A., & Lupton, D. (1996). *The new public health: Health and self in the age of risk*. St Leonards, NSW: Allen and Unwin.
- PIVOT. (2004). *Voices for dignity: a call to end the harms caused by Canada's sex trade laws*. Vancouver: PIVOT Legal Society Sex Work Subcommittee. Available from <http://www.pivotlegal.org/pdfs/voicesfordignity.pdf> Accessed 01.11.06.
- PIVOT. (2006). *Beyond decriminalization: Sex work, human rights and a new framework for law reform*. Vancouver: PIVOT Legal Society Sex Work Subcommittee. Available from <http://www.pivotlegal.org/pdfs/BeyondDecrimLongReport.pdf> Accessed 01.11.06.
- Pyett, P. M., & Warr, D. J. (1997). Vulnerability on the streets: female sex workers and HIV risk. *AIDS Care*, 9(5), 539–547.
- Quina, K., Harlow, L. L., Morokoff, P. J., & Saxon, S. E. (1997). Interpersonal power and women's HIV risk. In J. Manlowe, & N. Goldstein (Eds.), *The gender politics of HIV/AIDS* (pp. 188–206). New York: New York University Press.
- Reason, P. (1994). Three approaches to participatory inquiry. In L. K. Denzin, & N. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 324–338). Thousand Oaks, CA: Sage Publications.
- Rhodes, T. (2002). The risk environment: a framework for understanding and reducing drug-related harm. *The International Journal of Drug Policy*, 13, 85–94.
- Rhodes, T., Singer, M., Bourgois, P., Friedman, S. R., & Strathdee, S. A. (2005). The social structural production of HIV risk among injection drug users. *Social Science & Medicine*, 61(5), 1026–1044.
- Sanders, T. (2007). Illicit and illegal. Sex regulation and social control. *Gender Work And Organization*, 14(4), 388–390.
- Scheper-Hughes, N. (1996). Small wars and invisible genocides. *Social Science & Medicine*, 43(5), 889–900.
- Shannon, K., Bright, V., Allinott, S., Alexson, D., Gibson, K., Tyndall, M. W. Community-based HIV prevention research among drug-using women in survival sex work: the Maka Project Partnership. *Harm Reduction Journal*, in press.
- Small, W., Kerr, T., Charette, J., Schechter, M. T., & Spittal, P. M. (2005). Impacts of intensified police activity on injection drug users: evidence from an ethnographic investigation. *The International Journal of Drug Policy*, 17(2), 85–95.
- Spittal, P. M., Craib, K. J., & Wood, E., et al. (2002). Risk factors for elevated HIV incidence rates among female injection drug users in Vancouver. *CMAJ*, 166(7), 894–899.
- Strathdee, S. A., Patrick, D. M., & Currie, S. L., et al. (1997). Needle exchange is not enough: lessons from the Vancouver injecting drug use study. *AIDS*, 11(8), F59–F65.
- Van Doorninck, M., & Campbell, R. (2006). 'Zoning' street sex work. In R. Campbell, & M. O'Neill (Eds.), *Sex work now* (pp. 62–91). Cullompton, UK: Willan.
- Walters, K. L., & Simoni, J. M. (2002). Reconceptualizing native women's health: an "indigenist" stress-coping model. *American Journal of Public Health*, 92(4), 520–524.
- Weedon, C. (1987). *Feminist practice and poststructural theory*. Oxford: Blackwell Publishers.
- Wojcicki, J. A., & Malala, J. (2001). Condom use, power and HIV/AIDS risk: sex-workers bargain for survival in Hillbrow/Joubert Park/Berea, Johannesburg. *Social Science & Medicine*, 53, 99–121.
- Wood, E., Kerr, T., Small, W., Jones, J., Schechter, M. T., & Tyndall, M. W. (2003). The impact of a police presence on access to needle exchange programs. *Journal of Acquired Immune Deficiency Syndromes*, 34(1), 116–118.
- Wood, E., Tyndall, M. W., & Spittal, P. M., et al. (2002). Factors associated with persistent high-risk syringe sharing in the presence of an established needle exchange programme. *AIDS*, 16(6), 941–943.
- Zierler, S., & Krieger, N. (1997). Reframing women's risk: social inequalities and HIV infection. *Annual Review of Public Health*, 18(1), 401–436.