

Understanding the experience of transactional sex among young women in Winnipeg and its
implications for health policy

By

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Abstract

While there is evidence that young women involved in transactional sex face economical, emotional and health disadvantages, few studies have examined young women's understanding and knowledge of risky behaviours (e.g., substance abuse, acquiring sexually transmitted infections including HIV/AIDS, domestic violence, etc.) and how these influence their health and well-being. The debate on the definitions, relevance, and causes of transactional sex, as well as on the approaches to address it, is ongoing. There is considerable agreement that sexual exchange needs to be addressed from a variety of contexts to obtain a comprehensive picture of how women understand their experience. This qualitative study used phenomenological techniques (interviews, questionnaires, focus groups, observation, and field notes) to collect data and conduct analysis on 15 young women between the ages of 18 and 27.

The focus of the study was to explore issues of health and social services as identified by young women involved in transactional sex. This study enabled them to discuss the struggles they encounter (such as issues related to housing, addictions, employment opportunities, and skills level). Findings from the study identified issues that may help to develop programs and policies to provide better supports to young women involved in transactional sex.

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Chapter One: Introduction and Statement of the Problem and Purpose

Sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), are serious health risks in the lives of women involved in transactional sex, especially those who also have coinciding mental health issues. The goal of the study is to understand the needs of the young women who have experienced transactional sex in order to better assist in the development of appropriate health and social programs and policy.

Sexual exploitation is a term widely accepted by professional society in labelling and interpreting young women's actions when engaging in sexual interaction for the exchange of goods and services. Young women, however, do not necessarily associate themselves with being sexually exploited. Although the young women reported risks with transactional sex (rape, physical assaults and death) they felt the transactional sex empowered them to supplement their income for purchasing material goods (cell phones, clothing and drugs). The women felt that they made the choices to engage in sex for money and that they were not necessarily victims. Instead the young women felt the transactional sex was a trade to be exchange when, where and how they wanted when there was a need. Some of the women identified themselves as being independent and the transactional sex increased their status among their peers through the material goods they had. In cases where cash payments are made to women engaging in sexual exchange, this is usually described by professional society as prostitution or commercial sex. However, when the exchange is not a straight monetary transaction, particularly when it is not practiced on a professional level, the term *survival sex* is used (Muir, 1991). Muir (1991) indicates the latter term is often associated with the women's poverty and dependency on men. The term *transactional sex* suggests that not all forms of sexual exchange are carried out to achieve profit or survival (Lelerc-Madlala, 2003). Rueben (2011) defined *transactional sex work*

as the exchange of money, goods, gifts, or drugs for sexual services that occurs in a wide range of relationships and sexual encounters in diverse environments.

To bridge the gap between the viewpoints of professionals and these young women, terms such as *transactional sex*, *sex work*, and *sexual exchange* will be used interchangeably throughout this paper to describe the women's experience. The relationships, interactions, and choices of these young women are complex, and their lived experiences will affect the understanding of their circumstances. *Transactional sex* incorporates other reasons why young women exploit their bodies, including positive and empowering terms.

This study focused on women aged 18 to 27 years old who have been involved in transactional sex at one point in their lives. Although there are common issues to both female youths and female adults, there are significant differences regarding policy and laws that are relevant to each population. The explanation of the difference between female youths and female adults will be presented in Chapter Three. McIntyre (2002) found that 43% of the police, judges, social workers, politicians, teachers, and municipal government officials who completed the survey did not feel any responsibility for the younger, vulnerable population of youths. The findings from this study are intended to raise awareness among the professional community and society about the particular experience of this female youth population who have been involved in transactional sex.

Women involved in transactional sex are faced with a wide range of problems including poor health, violence, poverty, and unfair treatment in the criminal justice system (Stout & Kipling, 1998). There are several gaps and barriers to providing health services and programs to this population as these young women are prevented from participating in making decisions about their own welfare when service providers and government officials develop policies and

resources (Brown, 2006). Throughout history of the world, the focus and concern of decision-makers for well-being and health have been centered on men and the general public rather than on women engaging in transactional sex (Downe, 2003).

Through the use of in-depth interviews, focus groups, and first-hand descriptions (Creswell, 2007), this study obtained a greater understanding of the participants' perception of their situation, health, and everyday experience. Learning directly from women about their experiences was chosen as the most appropriate method of data collection. This is an example of a phenomenological approach.

Existing policy, practice, and legislation are usually developed without or with only limited consultation of young women who engage in transactional sex. Young people involved in sex work are often perceived to be too vulnerable to be involved in decision-making. Yet the participation of young people involved in transactional sex is central to improving services and programs for them. The participation of young women with experience of transactional sex is essential to helping agencies and policymakers develop more effective strategies that move beyond those associated with the definition of youth sexual exploitation.

This study sought to answer the following questions:

- 1) How do young women with experience of transactional sex perceive and interpret health risks, particularly as they relate to sexual activity?
- 2) What are the barriers to reducing risky sexual behaviour among women who have had experience in transactional sex?
- 3) What knowledge, understanding, and education do young women have in reducing risky sexual behaviour and increasing health?
- 4) What do young women perceive their service needs to be?

There is little known on how young women involved in transactional sex prioritize and react to threats to well-being. Research has found that there is inadequate knowledge on how service providers encourage and educate women about healthy behaviours. While the study did not seek to determine the health status of these women through medical diagnosis, it sought to provide insight into their health experiences and to understand the gaps in services as well as the policy implications.

Chapter Two: Literature Review

Differentiating Sexual Exploitation and Transactional Sex

The definition of sexual exploitation according to Kingsley and Mark (2000) includes “any transaction whereby” individuals (children, youths, and adults) “exchange sex for food, shelter, drugs, approval, money or for any sense of safety and security” (p. 3) including transportation. The term *sexual exploitation* does not necessarily reflect perceptions based on young women’s experience. Consequently, *transactional sex* will be used as it allows flexibility in describing why female youths engage in sexual exchange. Sexual exploitation is perceived as an illegal activity in Canada and around the world as it is the exploitation and sexual abuse of a young woman as an individual. While authorities tend to consider this experience as sexual exploitation, we must acknowledge that our understanding of what constitutes exploitative behaviour is not necessarily the view, definition, or description that reflects these young women’s lived experience. Young people rarely use sexual exploitation as a term to define or describe their experience, and they may even be unfamiliar with the terminology.

The term sexual exploitation moves the responsibility of exploitation from the “exploited” individual to the perpetrator. Although there is support for the elimination of prostitution, there is little support for the criminalization of those who victimize sexually exploited youth. Previous terms such as *child prostitution* and *youth prostitutes* presumed and implied that the at-risk individual chose to exploit him or herself. The term *survival sex* is viewed as a consequence of the individual’s poverty and dependence on men (Muir, 1991). Seshia (2005) indicated that the language and terminology used can add to the shame, guilt, and blame associated with the sexually exploited individual’s situation.

Transactional sex integrates the definition of sexual exploitation yet it is distinct as the term highlights the individuals' power, context, and agency in initiating sexual interactions in the interest of benefiting their needs and desires. Not all forms of transactional sex lead to straight monetary transactions or survival exchanges. Although sexual exploitation and transactional sex have been linked to undesirable health outcomes, little is known about whether these young women exploit their sexuality for pleasure and/or for monetary and non-monetary gains. The term transactional sex will be used to describe this marginalized population of young women until more acceptable language is established through further discussion on this issue with these young women.

There appears to be unwillingness to acknowledge and address the transactional sex of women in the media, policy, social welfare, and legal system. On the topic of sexual exploitation and transactional sex, the government frequently refers to the need to fight the exploitation of women, but this remains a challenging task, especially because there is no consensus on the definition of sexual exploitation and on whether these young women label themselves as sexually exploited (Seisha, 2005).

Research has a tendency to examine the sexuality of disadvantaged young women in narrow and even criminal ways (Seisha, 2005). Transactional sex may not be perceived as all negative by young women that obtain something in exchange for their sexual interaction. The study will also look at how these young women perceive their power and agency in meeting their needs. There are few studies that seek to understand the sexuality of women engaged in transactional sex within a framework of sexual behaviours or sexual rights (Cabezas, 2009; Curtis, 2009). Curtis (2009) investigated the practices of sexual-economic exchange through Caribbean young women trading sex and how sexuality is contradictory in both areas of power

and powerlessness, self-determination and cultural control. A transactional sex framework challenges the assumption that only poor or homeless young women engage in sexual transaction. Young women of all ethnicities, sexual orientations, backgrounds, and ages have been involved in transactional sex.

Current and past research has focused on the negative aspects of why and how transactional sex affects young women. The study examined the impacts of positive and negative views of transactional sex on the lived experience of these young women. The study sought to include the women in developing effective services that this population would be willing to access. This allowed the young women to voice why they may or may not see their acts as exploitative and, if so, by whom.

Although the debate on the definition, relevance, and causes of sexual exploitation and transactional sex, as well as the approaches to address them, is ongoing, there is considerable agreement that the issue needs to be addressed from a variety of contexts in order to have a comprehensive picture of how women understand their experience and what the experience means to them. Service providers and decision-makers may label women as sexually exploited, however, not all the young women agree that they need protection, services and assistance.

Transactional Sex in Canada

Substantial numbers of Canadian young women and youths, especially Aboriginal people, are engaging in transactional sex (Kingsley & Mark, 2000). In Vancouver, researchers Saewyc, MacKy, Anderson, and Drozda (2008) documented over 500 youths being engaged in sexual exploitation in their teens. However, there is no reliable data that tracks the population of female youths using sexual exchange practices as most of it occurs underground, and the mobility of female individuals across cities makes it even more difficult to assess. Young women

are often perceived as giving consent to sex work. However, professionals and decision-makers struggle to determine if these individuals can actually give consent. Canadian federal law is ambiguous on whether the buying or selling of one's body among consenting adults is legal. However, the criminal law refers to anyone "communicating, procuring, bawdy houses and living off the avails of prostitution," and this makes it extremely difficult to legally work indoors in a safe environment (Shannon, 2010, p.1388). There are few studies looking at whether these women see themselves as giving informed consent and what informed consent means to them when engaging in sexual interactions. Although these young women agree they require more services, many do not view themselves as needing protection. Regardless of the reasons individuals are engaging in transactional sex, the challenge of achieving health, life satisfaction, and balance can be quite difficult in a society that shows little interest and allocates few resources to serve this population.

Impact of Transactional Sex on Health

Street youths in Canada have a higher rate of HIV/AIDS than other youths with no street involvement (Downe, 2003). While the findings of various studies are mixed, they do indicate that the conditions that give rise to youths engaging in transactional sex (e.g., abuse, addictions, and homelessness) expose the individual to numerous health problems (Baker et al., 2003; Baker et al., 2004; Gorkoff & Runner, 2003; Kingsley & Mark, 2000; Valera et al., 2001). Young females trading sexual interactions face a number of health issues other than HIV/AIDS and sexually transmitted infections, including respiratory problems such as allergies, sinus infections, colds, sores, herpes, frost bite, bleeding ulcers, and arterial thrombosis. (Baker et al., 2003). Other physical health problems include general body pains, anemia, chemical imbalance, diabetes, syphilis, hepatitis B, hypertension, seizures disorders, and dizziness (Valera et al.,

2001). Manitoba has the highest rates of chlamydia, making up 70 % of all cases for individuals aged 15-24 in Canada, as well as more than 60% of all gonorrhea cases (Beaudoin, 2004). Not treating an STI can result in detrimental health problems, including pelvic inflammatory disease, infertility, and ectopic pregnancy (Alexander, 1996). An interesting study by Weiner (1996) found that females reported health concerns of gonorrhea, syphilis, tuberculosis, and hepatitis as their most important medical needs (as cited in Baker et al., 2003).

Young females may not be aware of STIs if they do not have the education, knowledge, and understanding of health-threatening conditions. Barriers to health care access include terms and labels which they may or may not identify with such as sexual exploitation or exploited youths, as well as the lack of information about where to get treatment. There is a need for studies to learn how young vulnerable females define health and their experiences of the risks and consequences of their street involvement (Downe, 2003). Health-associated circumstances are not only the concern of young women but also of those providing services to them.

Gender and Health Outcomes Related to Transactional Sex

In planning for health, gender, and sex matters (Donner, 2003), there is a lack of health services appropriate and pertinent to young women in Manitoba, including health promotion initiatives involving the decision-making of young females. For young women, exposure to sex work is linked to increased risk of substance abuse (Alexander, 1996; Beaudoin, 2004; Baker et al., 2003; Tutty & Nixon, 2003), abortions (Alexander, 1996), mental illness (Kingsley & Mark, 2000; Alexander, 1996), sexual violence victimization (Silbert & Pine, 1983; Alexander, 1996), homelessness (Canadian Housing & Renewal Association, 2002; McIntyre, 2007; Kingsley & Mark, 2000; Nadon, 1991), lack of education (McIntyre, 2007; Baker et al., 2003) as well as an increased number of sex partners (Beaudoin, 2004). Studies have associated the experience of

young women involved in transactional sex with increased rates of susceptibility to violence, HIV/AIDS, STIs, rape, assaults, pregnancy, social isolation, restricted economic resources, physical abuse, poverty, robbery, suicide, and even death (Lalor, 2008; Beaudoin, 2004; Miller et al., 2002; McIntyre, 2007; Baker et al., 2004). Additionally, research has revealed a consistent link between physical and emotional difficulties and disruption in the female's perception of self-identity and relationships, as well as increased fear of her own sexuality (Silbert & Pines, 1983). It seems that an accumulation of stressors unite to create poor health outcomes in women.

It is estimated that young women, as opposed to young men, make up 75 to 80% of those involved in transactional sex (Kingsley & Mark, 2000). There are limited resources available for services to female minorities, as well as transgender, lesbian, and bisexual young women, and they may be subject to social and family disapproval and isolation from peers (McIntyre, 2002; Kingsley & Mark, 2000). Young women are often limited by their job skills, education, and finances to abandon exploitation as a means of survival. These young women are susceptible to being involved in sexual exchange due to their peer involvement, family influence, and pressure from boyfriends who later become their pimps.

Weiss and colleagues (2003) recommended further research on race, racism, and transactional sex since services may not offer culturally appropriate programs that meet the needs of minorities and First Nation and Aboriginal groups. Pearce's (2006) case studies found that commercial sex affects young women from different ethnicities and cultural backgrounds differently. Zierler and Krieger (1997) found that factors such as poverty and racism kept women living in high-risk neighbourhoods, which then resulted in an increase of HIV infections, and this was not only a result of their own risk behaviours. The needs of at-risk females do not fit across the board, whether it is domestic violence, mental health, or drug and alcohol addiction.

Lack of Awareness, Recognition and Understanding of Transactional Sex of Youths

There are several factors that prevent young women from acknowledging their exploitation, including their own physical disabilities and psychological disturbances such as learning disabilities, epilepsy, FASD, schizophrenia, depression, bipolar disorder, chronic anxiety or panic disorder, low self-esteem, affective disorder, attempted suicide, drug and alcohol addictions, post-traumatic stress disorder, and other interconnected issues (Flowers, 2001). Some authors believe the women's perception that they will suffer stigmatization, blame, or rejection from service providers or family members for disclosing their experiences may negatively affect whether they will access supports and services (Kingsley & Mark, 2000). Thus, the system continues to place the responsibility on the female engaging in transactional sex rather than on the perpetrator.

There is a lack of awareness of who is responsible for this population and where to report incidents of transactional sex. Several systems have pointed their fingers to child protection. However, holistically this is an issue affecting all systems, from law and health to child protection. In fact, several young women may need referrals to other services that deal with related issues such as addictions and mental health. Assuming this population should only receive services from a certain service sector places the successful recovery of these women in jeopardy.

There is an assumption that many young women in circumstances of poverty use sexual exchange to meet their basic needs. There is limited understanding and recognition that one's cultural background and ethnicity affects how one views the transactional sex experience. The descriptions of the women's sexual activity need to be observed within the context and settings in which they occur. Understanding the struggles these women face in their social context, as

well as taking into consideration issues of power, may assist policymakers to better address the gaps in health and social services.

Transactional Sex and Mental Health

There has been extensive research conducted regarding the impact of transactional sex on young women, and it indicates the individual can be affected both physically and emotionally (Baker et al., 2003; Health Canada, 2004; Beaudoin, 2004). However, it is difficult for researchers to disentangle these factors because emotional well-being and physical well-being are intricately intertwined. It has also become more apparent that it is difficult to examine health outcomes without considering the social context within which the transactional sex occurs.

Women with co-occurring mental illness and substance disorders have been perceived as placing a great financial burden on multiple service systems such as primary health, child welfare, homeless centres, and justice. Many of young women involved in transactional sex have been children in care of CFS or have children who are currently in the care of Child and Family Services. This population also experiences difficulties of poverty and lack of housing. Mental illnesses and addictions are associated with higher mortality rates and lower life expectancy rates (Harris & Barraclough, 1998). It can be difficult to assess the mental health and capacity of these females as services often focus on one issue at a time. Service providers and professionals may not have the training, qualifications, and awareness to recognize symptoms of mental illness.

Pearce (2006) reported that there is a vast amount of literature on risk factors incorporating the patterns of how young people are caught up in commercial sex. Risk is defined in the health context as “danger described, assessed and managed for redirection or prevention of some negative outcome” (Finnegan Jr. & Viswanath, 2008, p. 378). Substance abuse disorder refers to the dependence on, or abuse of, substances such as alcohol, crystal meth, and other

illicit drugs. Beaudoin (2004) reported that risky sexual behaviour increased with alcohol consumption, and in street-involved women such behaviour is also related to lower frequency of condom use, increased use of used needles, and more sexual partners. Surratt and Inciardi's (2004) cross-sectional study found homelessness and marginal housing to increase sexual risk due to unprotected sex and more clients refusing to use condoms. The use of illicit drugs and alcohol can lower one's inhibitions to engage in risky behaviour (Harvey & Signer, 1995).

According to the Diagnostic and Statistical Manual of Mental Disorders DSM IV-TR, mental illness is defined as psychiatric or emotional problems that are categorized as psychiatric, mood, or personality disorders (American Psychiatric Association Task Force on DSM-IV, 2000). The academic literature suggests that the vulnerability of individuals with mental health issues to being more susceptible to engaging in transactional sex is limited. However, Schierich (2005) reported that youth with "mental illness and developmental or neurological impairments, such as Attention Deficit Disorder (ADHD) and Fetal Alcohol Spectrum Disorder (FASD) have been identified as being at risk" of transactional sex (p. 25). Saewyc, MacKay, Anderson, and Drozda (2008) discussed issues related to British Columbia youths in custody that were reported or diagnosed with major depression or bipolar disorder, chronic anxiety disorder, and panic attacks.

Impact of Perception and Risky Behaviour

The Winnipeg study by Beaudoin (2004) found that street-involved females took more risks than non-street-involved females; they used condoms only 23.6% of the time when engaging with clients and averaged four regular sex partners at the same time. Even though dominant Euro-Canadians accounted for 58.4% of positive reports of HIV while Aboriginals made up 21.4% of positive reports of HIV (Health Canada, 2007), Beaudoin (2004) reported that

Aboriginal youths were more likely to have more sex partners and greater involvement in transactional sex when compared to non-Aboriginal youths.

In the past, women were not expected to provide income but were expected to raise the children and look after the home. Women and men had different roles in the hunter and gather societies and both contributed to their survival. Women had limited work experience and education when seeking means to earn an income. Economics and politics were perceived as the male realm and therefore wealth and power were often distributed to men. Sexual exchange is most often used in many cultures where and when women lack other avenues to obtain resources (Cabezas, 2009; Curtis, 2009). Men do not often use sexual exchange to get things as they have other tools. Men often have more money to exchange than women. Men also have more control and can resort to violence. Men have the ability to obtain sex by taking their money somewhere else or forcing sex if women are defiant (Brownlie, 2005).

Numerous research studies have found that individuals who assess their risk level as low have a higher frequency of engaging in risky behaviour (Alexander, 1996; Beaudoin, 2004; McIntyre, 2007). Risk factors which increased an individual's susceptibility and risk to engage in sexual exchange included lack of stability, mental illness, homelessness, multiple placements, racism, childhood abuse, self-esteem, peer pressure, generational sexual exploitation, [contact with] pimps, and gender discrimination (Kingsley & Mark, 2000; Seshia, 2005; Silbert & Pine, 1983; Beaudoin, 2004). Women have less income-earning opportunities and properties than men, especially women of [certain minority] ethnic backgrounds (Cabezas, 2009). Sexuality is a social interaction. These factors are interconnected, and each woman may face risk factors that she experiences or interprets differently than other young women with similar experiences. Other risk factors included "the failure of our education system; lack of job opportunities and skills;

over-representation in the judicial system; the role of the media; and lack of role models” (Seshia, 2004, p. 14). Although risky behaviour is associated with transactional sex, previous studies have found it challenging to determine if risky behaviour such as drugs and alcohol lead to the sexual exchange or, on the contrary, if the transactional sex of the youths coupled with the guilt and shame of the exploitation lead them to drug and alcohol use (McIntyre, 2002; Saewyer et al., 2008).

Gaps in Service Provision

A barrier affecting services that female youths encounter is that policy and decision-makers tend to address one issue at a time rather than facilitate access to services holistically. Policies have yet to look at creating additional services based on the needs of young women and youths engaging in transactional sex. Upon reaching the age of majority, these youths are at times cut off from services since agencies are typically funded to follow strictly their mandate.

Provincial governments are taking action with new approaches to legislation and services that are specific to each region. A clear mandate across Canadian provinces and territories in how to deal with young women involved in sexual transaction and individuals at risk for transactional sex would provide consistency regarding how the legal, health, child welfare, and political systems treat and assist young women wanting to leave the experience of transactional sex. Although practitioners need to recognize that these women and youths at risk of transactional sex have rights, there is the dilemma of how to respect and engage with them while working from a legislative and children’s rights perspective (Pearce, 2006).

Harm-reduction methods are needed to allow young at-risk females to make choices about what they are willing to follow through. In order to keep young women at risk of transactional sex connected to services, organizations need to have an open door policy. Pearce

(2006) recommended that there be drop-in centres that provide culturally appropriate approaches and services, and information about sexual health, drug abuse, supported housing, health concerns, and domestic violence.

Canada and countries around the world have neglected the rights of youths as human beings. Young women with experience of transactional sex have yet to participate and have a voice in decision-making about programs, practices, policy, and legislation (Brown, 2006). Several programs to date do not involve young people or provide them with the opportunity to be heard. Without policies and practices focused on tackling the social exclusion and poverty of this population, they will continue not to be seen or heard (Pearce, 2006).

With narrow mandates and rigid procedures, organizations can limit the services provided to youths. For instance, female youths involved in sexual exchange usually work in the night and therefore need to sleep during the day yet most shelters do not accommodate this pattern (Canadian Housing and Renewal Association, 2002). Additional problems include long waiting periods for services and the lack of long-term funding, which can act as barriers for young women seeking to discontinue their path of transactional sex. Several programs are short-term and do not understand that women with the experience of sexual exchange require an ongoing process of healing and transition. Quite a few young women struggle with addictions and housing while trying to obtain a job. Access to safe and affordable housing and employment assistance programs is a must for these individuals to survive by other means (McIntyre, 2007).

There is an increasing acceptance by different communities, societies, and countries of the view that women involved in transactional sex are victims of sexual abuse. Although such young women are increasingly perceived as victims, they are often still seen as criminals. Frost

(2004) recommended addressing how young people are represented in the welfare system and how young people are involved in transactional sex as related issues (as cited in Brown, 2006).

The motives of young women for trading sex are diverse and depend on the society, context, and culture in which such exchanges occur. There is a requirement to look beyond the assumptions linking transactional sex to economic necessity. Females have not been given a safe forum to speak about their sexual behaviours without incurring the assumption they are sluts. The way these young women express their sexuality is viewed only in negative terms. Positive attention should be given to at-risk women concerning their involvement in transactional sex and their health problems when programming and policy decisions are being made.

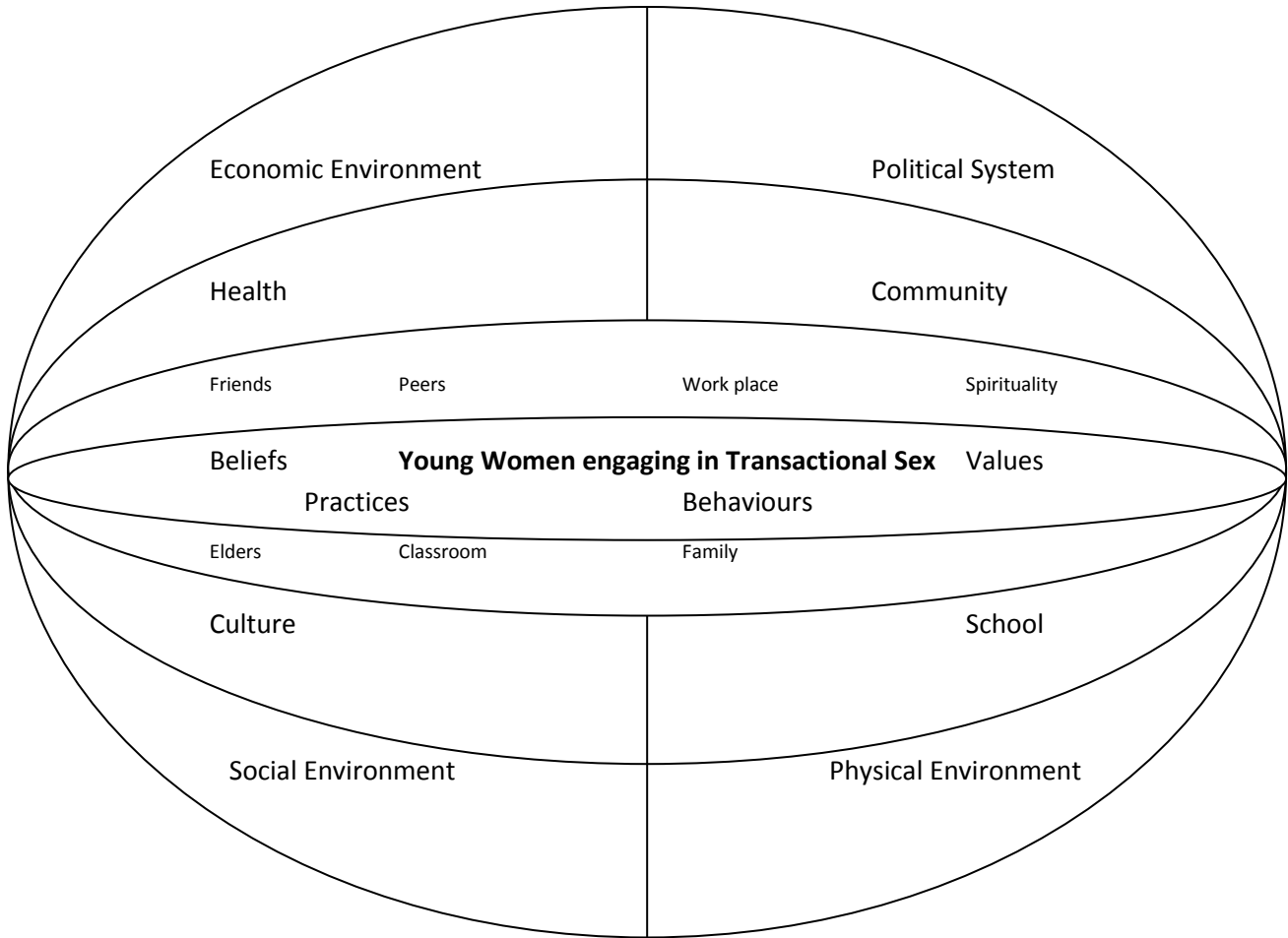
Theoretical Perspective for the Present Study

The study sought to understand the experience of young women involved in transactional sex while considering the interconnection and interaction of personal and environmental factors in their health, well-being, and illness. Bronfenbrenner's bioecological perspective and applications provide an understanding of how stress from the environment affects the individual (see Figure 1).

The study was guided by the Bronfenbrenner's bioecological theory, which emerged in the mid-1960s and early 1970s with a focus on influencing social and institutional norms, providing skills and resources for modifying health behaviours, and changing the physical, emotional, political, and cultural context of the females' environment (Diclemento, Crosby, & Kegler, 2009). Bronfenbrenner's theory emphasized the importance of identifying physical and social conditions within the environment that can affect the individual's physiological, emotional, and social well-being (Stokols, 1996). For example, child abuse and family violence

in the environment can influence a variety of health outcomes, including physiological stress, post-traumatic stress, addictions, psychological stress, sexual health, and physical injuries.

Figure 1. Young Women Engaging in Transactional Sex and Their Environment*



- The social ecological model consists of the relationship and interconnection of the individual with her physical, social, political, and economic environment.
- The young woman involved in transactional sex is responsible for maintaining or establishing the behaviours to decrease her risk of developing, improving, or maintaining her health and well-being while the behaviour is determined by the individual’s social, physical, political, and economical environments, community practices, values, regulations, policies, and practices.
- Barriers to health and well-being are affected by the community and all levels of the environment. When these barriers are removed or decreased they can increase or sustain the well-being and health of the female.

- The approach most effective to well-being and positive health is the combination of holistic efforts at all levels -- individual, interpersonal, organizational, community, and public policy -- that supports the health of the woman with experience of sexual exchange. Each system is interconnected, therefore influencing each sphere.

* Based on Bronfenbrenner's Ecological Model of Human Development

In adopting Bronfenbrenner's model, the individual refers to the woman engaging in sexual exchange who is considered to be at the centre of interconnected circles (micro system), which include their most immediate environment, as well as their mental, physical, emotional, and spiritual well-being. The micro system is surrounded by the exosystem – community, school, health, and social systems, as well as intimate relationships with family, friends, and significant others. The macro system is the organization level, including the social, economic, and political environment. The chronosystem looks at all the dynamics in the system through a historical lens.

The social ecological model, according to Stokols (1996), is guided by four assumptions for behavioural intervention: 1) health behaviour is affected by the physical environment, social environment, and personal characteristics; 2) environments are multi-dimensions that include social, physical, acute, and perceived constructs (e.g., social climate); 3) individual and environment interactions depend on the individual, family, cultural, and population levels; and 4) the individual influences her setting and then the modified setting influences health behaviour (as cited in Glanz, Rimer, & Viswanath, 2008). Stokols also claimed that the social ecological model is affected by the multiple levels of influence on the specific health-related behaviours, and the influences on behaviours intermingle across these different levels. The model looks at addressing change in behaviour by understanding how the different systems (micro system, exosystem, macro system, and chronosystem) are interconnected.

This theory provides practical guidelines for developing, implementing, and evaluating programs that promote community health (Stokols, 1996). In the case of females involved in

transactional sex and their health, it is important to understand each individual's lifestyle as it influences all levels of her environment (intrapersonal, interpersonal, organizational, community, policy, and cultural) and health habits to strengthen personal well-being. Social ecological theory takes into consideration factors of the female youth's physical environment that can affect her health, well-being, and lifestyle. The behaviour of the young woman is influenced on all levels, therefore indicating the likelihood of the interaction of multiple variables at each level influencing the individual.

Health is viewed as the physical, emotional, and social well-being of an individual. Health promotion approaches focus on changing the individual's health-related behaviours, such as safe or unsafe sex practices, as well as on decreasing physical injuries, substance abuse, and alcohol consumption (Stokols, 1996). Stokol (1996) found links between personal health practices/routines, stressful patterns of living, and susceptibility to illness and premature death (Stokols, 1996). Young women frequently engage in several unhealthy or problematic behaviours such as irregular sleep, and the resulting illnesses affect sleep patterns and sexual practices (Baker et al., 2004). While addressing the context of transactional sex involving women, various studies have noted transient lifestyle, multiple partners, social isolation, and lack of culturally appropriate programs to be prominent factors.

This theory is useful for deciding the study design, for discussing the findings within a conceptual framework, and for examining the policy implications of the findings. This study will use a phenomenological approach to understanding the lived experience of females involved in transactional sex and their health. By learning about the experiences of these young women, the study will explore how women perceive and construct their health and behaviour patterns around sexual exchange.

Chapter Three: Methodology

The Philosophical Basis of Hermeneutic Phenomenology Research

Hermeneutic phenomenology was chosen as the methodology for this study as it seemed the most appropriate to provide insight on young females' individual experiences. It is an approach that is recommended when the intent is to understand the lives of individuals within their own context by taking into account the individuals' life experiences and meaning derived from these experiences (Speziale & Carpenter, 2003). Hermeneutic phenomenology is defined by van Manen (1990) as "a systematic attempt to uncover the structure, the internal meaning structures, of lived experience" (p.10). In hermeneutic phenomenology research, the goal is not to validate a theory or generate empirical information that is generalizable to the population.

Groenewald (2004) stated that the need for a phenomenological strategy emerged from the desire to understand the lived experience of the exploited female involved. He defined phenomenology as "understanding the social and psychological phenomena from the perspectives of the people involved" and "refraining from any pre-given framework, but remaining true to the facts" (p. 44). Phenomenological researchers acknowledge that each person holds a viewpoint and their own presuppositions. Rather than deny them, they should be conscious of their own biases and beliefs throughout the study.

Phenomenological approaches often involve the use of a mixture of methods for data collection, including observation, interviews, field notes, focus groups, and questionnaires. Phenomenology is a process that focuses on three domains: the intentionality, essences, and bracketing (Koch, 1995) of the lived lives of individuals. Intentionality is a process of awareness for understanding and categorizing conscious acts and experiential mental practices (Moustakas,

1994). Husserl envisioned essences as abstracted from the lived experience without considering the circumstance and resulting in a generalized description of the experience.

Husserl devised bracketing as a process of suspending one's preconceived ideas, knowledge, and beliefs as an act of phenomenological reduction (Koch, 1995). Bracketing allows researchers to examine their own prejudices and include the views of the participants. In Husserl's view bracketing shows conscious effort to understand and describe through another's lens and accept their views with the least pre-judgment possible. Nevertheless, it is important to remember that the way we comprehend and illustrate phenomena is culturally constructed, and the meaning of words is related to the agreement of their use (Paley, 1997).

This approach is useful as it allows policymakers and service providers to understand the needs of the women involved in transactional sex. It also provides a glimpse into the lives of the young women and the barriers that they face on a daily basis. Understanding their lives from their experience also provides information on the choices they make and whether the services that are available are actually meeting the needs of these women. By addressing how they see their experience, it will be possible to develop better social and health services.

The Researcher's Role

In qualitative research, the researcher makes explicit personal values, beliefs, and assumptions before and during the study. It is hoped that the study will contribute to useful changes and improvements in developing and revising policies helpful to this vulnerable population. My perception of young women caught up in transactional sex and health lifestyles has been shaped by my own personal experiences. The definition of sex and sexuality used in this study will also affect my understanding of their lived experience. Sexuality will be defined as a cultural rather than natural phenomenon.

My conversations with the women have made me rethink what transactional sex means and whether only street women are involved. My interactions with the women have opened my eyes to how sexuality encompasses a range of different aspects including cultural, spiritual, religious, and political ones. The study has made me question my own view of sexuality, the ways sex is traded, and by whom. It became clear to me that sex is not necessarily traded specifically by women involved in prostitution and that it can be used to trade for things that are not monetary.

My personal view of sexuality prior to the study was that sexual desire and intimacies are private activities that occur between two or more consenting individuals based on their own values and desires. Although I knew that these women might have a different view of sexuality, it really did change my viewpoint of what is sexuality and how it can deviate from what society perceives as acceptable. However, this also brings to question who and what determine what is acceptable. Is it social class, ethnicity, gender, education, or race?

In fact, I thought of myself as sexually liberal, only to realize though my interactions in the interviews that I really was not. My upbringing also made it difficult to discuss sexuality with my parents and family members as these topics were often viewed as taboo. Although I am accepting of individuals engaging in threesomes, pornography, dressing sexually, and engaging in oral sex, my direct contact with the women made me realize the continuously changing and evolving sexuality of humanity. To this day, I feel awkward and embarrassed when watching movies with my parents that have highly sexualized scenes. Sexuality means different things to each generation. For example, my parents feel that sex before marriage is inappropriate for a woman while I do not necessarily think engaging in sex prior to marriage affects the chances of one's eligibility for marriage. Even though sexuality is continually evolving, certain things stay

the same. For instance, women who are known to have sexual interactions with numerous men are still viewed as “sluts.”

From March 2008 to December 2010, I served as a Child and Family Services (CFS) worker in the child welfare setting. As a CFS worker, I worked closely with several youths at risk of transactional sex and health problems. I believe this understanding of the context and role has enhanced my awareness, knowledge, and sensitivity to many challenges, decisions, and issues encountered by professionals working with at-risk youths. It has assisted me in working with the participants as I have some understanding of the difficulties these young women faced as well as their lack of trust in professionals who think they have their best interest at heart. Particular attention will be paid to the young women’s role in decision-making, beliefs, and understanding of what sexual exchange has meant to their health and well-being. Due to my previous experience working closely with at-risk youths, I bring certain biases and assumptions to this study, including the notion that at-risk women of transactional sex are made up mostly of Aboriginals, has some involvement in CFS, and have a lack of understanding and education on HIV/AIDS and STIs. These biases may affect the way I view and understand the data I collected and the way I interpreted the participants’ experiences.

Currently, I work as a Residential Licensing Coordinator at the Government of Manitoba. I license and open facilities, private foster homes, and group homes for individuals with intellectual disabilities living in the community. I work directly with the service providers, Community Service Workers, professionals, and foster parents. I rarely have direct one-on-one contact with the vulnerable individuals with intellectual disabilities. I ensure that each individual’s residence meets physical safety standards and that the facility will incorporate them

into the community and society through day programs, schools, daily activities, and social events.

During the interviews with the young women in the study, I explained my current work position but did not provide my previous work experience as I had ended that position seven months before. It is questionable whether the data I obtained would have been different if I had explained my previous work involvement with CFS. Nevertheless, at the time I was not sure how relevant it would have been to disclose this information as I no longer worked in that position. Hypothetically, if I had disclosed and explained why I thought there were gaps in services and how understanding the young women's needs was important, it might have revealed more details about their circumstances. While it might have caused the participants to shut down and reveal less information, I believe the women did not see my current work position as having any power over their circumstance or over the likelihood of them having visitation rights to their children. Given the experience some of these women had with CFS workers, it is likely that they would have had adverse reactions to my disclosure.

Criteria for Sample Selection

The criteria for sample selection in phenomenological research are those who have lived the experience (Baker, Wuest, & Todd, 1992). Therefore, in selecting research participants, attention was directed at female youths based on their experience of transactional sex and their ability and willingness to reflect and communicate on their knowledge. This study included young women who had ever or regularly worked the streets or occasionally exchanged their bodies for personal or financial gain. According to Hycner (1999), "the phenomenon dictates the method (not vice-versa) including even the type of participants" (p. 156).

Participants

Youth is defined by the United Nations as any individual between the ages of 12 and 24. For this study, 15 young women between the ages of 18 to 27 were interviewed. The original plan was to interview women 18 to 24 years of age. However, due to the difficulty in obtaining the last two participants, it was decided to slightly increase the age group to complete the interviews. The struggle to get sufficient participants in the right age group was also due to several of the potential participants attending addiction treatment centers and the fact it was summer, which made it easier to work the streets with the comfortable weather conditions. One of the service providers suggested raising the age group since fewer women came to the resource centres during the summer season. The United Nations deems individuals between the ages of 18 to 24 as still in need of youth services since they are vulnerable to the risk of someone taking advantage of them for personal gains, control, or profit (Kingsley & Mark, 2000). The age group for the study was chosen because many youths may be adults under Canadian law but do not necessarily function with the mental capacity of their age as a result of mental health issues such as Fetal Alcohol Syndrome (FAS). The terminology of transactional sex used for the study does not necessarily imply this is the perception or experience of these young women. The participants were given the opportunity to define the terms of their sexuality, including exploitive and normative relations, through their own perception. Participation was not exclusive or inclusive to sexual orientation, ethnicity, or racial background.

Sample Recruitment

The study utilized a purposeful sampling methodology and snowballing to obtain 15 participants who had ever experienced transactional sex and were able to recognize and understand the purpose of the study. The participants were recruited from Winnipeg social

agencies such as Sage House, Street Connections, and Resource Assistance for Youth, Inc. (RaY) to obtain a variety of participants from different socio-economic backgrounds, ethnicities, and cultures. Letters were sent out to the agencies asking for permission to recruit participants through their organization. Due to the lack of response, I contacted a few of the agencies and spoke with individuals over the phone. There was a struggle to obtain consent from the agencies as they wanted to know what the study questions were prior to providing permission to access their clients. The service providers at the organizations also wanted to know if the participants would receive any compensation for their time.

With several of the agencies there were a lot of barriers to obtaining consent to connect with participants. Many of the administrative personnel did not know which person could give consent to the study and I was put through to several service providers before I connected with the right person. Nonetheless, I was not successful in obtaining consent. The organizations through which I had tried obtaining participants were RaY, Shalom Mission, and the Salvation Army. They asked for all my consent forms and study questions, only to tell me that they did not have the appropriate participants or that they could not disclose this information. One of these organizations also stated they did not have time for this study as they had too many other studies taking place at the same time. Some of these organizations were well aware of the age group I hoped to gather for my study yet they still wanted the interview study guide questions. Upon receiving this information, they stated that they did not have the appropriate age range for this study. Most interesting was the individual in charge of FASD Life's Journey, who had promised to connect this researcher to individuals known to have exchanged sex. However, this individual did not return any of my calls after having promised to coordinate interviews. New Directions, A Woman's Place, and Klinik were willing to ask their clients if they were interested. Nevertheless,

their service clientele did not fit the age ranges required for the study. However, they did offer other resource suggestions as options. Rainbow Resource Centre, Sage House, and Street Connections were where the participants were recruited. Sage House and Street Connections had put my study in their newsletter and potential participants were instructed either to contact me directly or to contact the individual in charge of connecting with me if they were interested in participating in the study. Snowball sampling took place in effect, as some of the women had heard from their friends, partners, or relatives about the study and called me directly or showed up at the interview asking when they could participate. Interviews took place at the organizations, coffee shops, or their homes.

Bracketing allows researchers to examine their own prejudices. Bracketing came into effect when attending some of these women's homes. As a previous CFS worker, I assumed I did not know what situation I might walk into; I considered the likelihood that I might place myself at risk when entering a stranger's home. In dealing previously with hostile environments and individuals, I had learned to take in my surroundings (such as knowing where exits were and how to situate myself so that if I were in danger, I could get out quickly). I had to bracket out my concerns and remember that these women would not feel threatened by my presence and would actually feel more comfortable in their own home.

All the interviews took place in early spring to summer 2011. At the time of the interview, the young women ranged in age from 18 to 27. Thirteen of the young women were of Aboriginal descent, one was Caucasian, and one was of African-American heritage. Eight of the young women were of First Nation heritage and five identified as Métis. Four of the young women identified as being from a First Nation reserve.

Participants of the focus group included thirteen females currently and two previously involved in transactional sex. Previous research suggested that smaller group sizes can be easier to moderate and are more appropriate for emotionally charged topics that generate high levels of participant involvement. The smaller size allows more time for each participant to speak about her views and experiences (Morgan, 1996). Focus groups allowed individuals who had lived a similar experience to jointly discuss and debate health issues around transactional sex. Only one young woman was located through an agency that did not specialize in serving young women with experience of transactional sex.

Interviews and Focus Groups

The study recruited participants for a focus group and for one-on-one interviewees with young females with experience of transactional sex. The focus groups and interviews with young women created a focus point to begin an investigation of possible and practical solutions to closing the gap on services identified by the women. The youths described their experiences with health issues, experiences of violence, and factors that led them to and away from transactional sex. An honorarium of \$20 was provided to participants for their time and participation.

The space selected to conduct the interviews was dependent on the participants' preferences, space availability, and other external conditions, such as disruptions, intrusions, and noise levels in the surroundings. The majority of the interviews took place at organizations, but some of the women requested the interviews take place in their homes. At the start of the interview, the researcher explained the purpose of the study and its expected outcomes, and provided background information about the researcher. Some of the women were interested in knowing why I was interested in this topic and where I worked. Others were not interested in knowing my background and were in a rush to start the study right away. They were informed

that participation was voluntary, that they could withdraw from the study at any time, that they could take a break during the interview, and that they could refuse to answer any question. They were also informed about the interview process, duration, and the methods that would be used to ensure their confidentiality. The interviews were each an hour to an hour and a half, semi-structured, and audio-recorded. One of the 15 interviews, however, lasted only 25 minutes. The topics covered included demographics, sexual activity, understanding and knowledge of safe sex practices, violence, running-away history, mental health illness, alcohol and drug use, STIs, and antecedents and contributing factors to transactional sex.

To ensure confidentiality and protect the individuals' identities, pseudonyms are used in the finding sections, and they will be used in any future presentation and publication that uses the data from this study. The audio recordings, field notes, and transcripts were coded to protect the participants' identities. The field notes were taken throughout the study to record observations related to the setting, nonverbal behaviours, interpretations, perceptions, reminders, and critiques of the methodology, which arose in the flow of conversation. The code lists, audio recordings, electronic backups, and transcripts were stored in a secure area accessible only to the researcher. Participants interested in partaking were expected to consent by reading and signing a consent form. Consent letters were sent out to agencies to allow the researcher to gather participants and to use their facilities as a research site.

Data Analysis

The work of van Manen (1990) was used to guide the data collection, analysis, and interpretation. Data analysis occurred alongside data collection, therefore requiring the researcher to be immersed in the data (Specziale & Carpenter, 2003). Interviews and group discussions were audio-recorded using a digital recording device. Interviews and group

discussions were transcribed verbatim into a Word format and analyzed for major themes using NVIVO. Bracketing was used to examine the researcher's own personal prejudices and biases during the data collection and analysis phase. Transcripts were checked for accuracy against the audio recordings.

To develop the themes for the study, each interview was reviewed separately to highlight important information that each of the women talked about. I looked for similarities in the interviews and then I put statements of similarity together to determine main themes and subthemes that these women thought were important to discuss through my semi-structured interview. These topics were then categorized under main themes to determine links between the themes. Afterwards, I went back to the interviews to see if any other significant topics were missed or could be placed under the themes of interest. I also returned to my field notes to analyze the overall feel of the interview and to see if I may have missed any observations not captured in the audio-recorded interviews, such as the physical environment and the [physical] presentation of the interviewees, which they might have wanted me to perceive.

Ethical Consideration

There was a particular ethical concern about interviewing vulnerable young people and potentially causing them emotional, physical, and mental turmoil from recalling traumatic experiences of past abuse. In order to address this issue, counseling resources and other supports were offered to these individuals should they encounter any disturbances. They were offered to access Klinik counseling. None of the women expressed a desire to be connected to counseling services, but they did accept the list of resources offered to them. It is unknown if they connected with any of the services after the interview. To minimize physical discomfort, the interviews were conducted in their home environment or at an organization where they felt comfortable

attending for the interview. Since some of the participants may be difficult to reach after the study, the service providers will be sent the findings to hand them to the participants, whom they know. The study was approved by the University of Manitoba Research Ethics Board.

Chapter Four: Background History and Context

This chapter and the next one present the study findings. This chapter describes the participants and discusses their background and context, health, sexual intimacy, risky behaviours, and service needs associated with access to health and social services.

Jean Barman (2005) used the term *sexually transgressive* to portray how Aboriginal women were generally described in historical times. In particular, Aboriginal women involved in prostitution were deemed sexually transgressive because they demanded money for services that middle class to higher class men expected for free from their wives. In 1861, Aboriginal women came to British Columbia from the rest of Canada to earn money through prostitution. At the time, any acts of sexuality or activities that encouraged sexual desire were seen as promiscuous. Female sexual independence was seen as a threat to patriarchy. Historically, it was deemed acceptable by white men to use Aboriginal women to satisfy their sexual needs as they were seen as racially inferior based on their skin colour and their association with prostitution. It was also seen as acceptable to abuse and use them with liberty since the women were seen as choosing to prostitute themselves. Gail Hawkes explained that “prostitution provides a forum within to express, covertly, anxieties about, and fascinations with, the characteristics of women’s sexuality” (as cited in Barman, 2005, p. 208).

Carol Cooper (1993) noted that “within their own society there was little censure of Native women who engaged in sexual activities for payment” (as cited in Barman, 2005, p. 209). Culturally, indigenous women engaged in sexual relations as a part of gift-giving and as ways to convey luck and power and to strengthen alliances. During the first decade of the twentieth century, crowds of Aboriginal women from the north were seen lined on the road. The condemnation and oppression of Aboriginal women allowed the white men to justify their

physical indulgence and their economic, moral, and political needs (Barman, 2005). Men benefitted from exploiting Aboriginal women prostituting in Victoria as it brought money into the city. The women were viewed as sexualized, which made it morally appropriate to use and abuse them. Over all, women experienced physical and sexual violence, discrimination, stereotyping, and harassment, which continue to the present day. Colonialism had detrimental effects on the structure of the communities of Aboriginal women and men, in turn, affecting their interpersonal relationships. The impact of European colonialism continues to be seen as it has maintained the barriers of oppression in social, political, and economic inequalities (Kingsley & Mark, 2000). Rabinovitch (2000) claimed that in some communities, 90% of the population trading sex was Aboriginal (as cited in Kingsley & Mark, 2000).

Brownlie (2005) claimed that Aboriginal women are often racialized as promiscuous and immoral. The Department of Indian Affairs (DIA) regulated from the 1918 to 1938 Aboriginal women's gender, sexuality, and behaviour. DIA officers used colonial knowledge to try to conform, evaluate, and categorize the Aboriginal women into the normative sexuality of the white middle class community. The Department of Indian Affairs from 1918 to 1938 attempted to assimilate Aboriginal people into European middle class standards (Brownlie, 2005). Gender conformity was a significant domain for reconstructing the identity of Aboriginal people. DIA agents withheld financial assistance (i.e., treaty status) and removed their children if they deemed the woman sexually transgressive. The Indian Act set requirements that limited an Aboriginal woman's right to resources and money. Older women were seen as less threatening as they were perceived to have less sexuality than younger First Nation women (Brownlie, 2005).

Stereotypes during the first decade of the 1900s of indigenous women portrayed a lack of conformity to white "standards" of domesticity. The women were seen as lacking attention to

their living environment and therefore were considered dirty and needing to be reformed. The house and home was perceived as containing a woman's physical self and was representative of her sexuality. Any woman seen as trying to fight for better living arrangements and pursuing extramarital or unsanctioned relationships for that or any other purpose were viewed as sexually transgressive. Marriage was also used to contain women.

Class and race have been leading factors in how individuals are branded, categorized, marginalized, and classed. Gender, sexuality, race, and class are interconnected and shape one's worldview and areas of life including health, education, religious beliefs and relationships. Experience of transactional sex and being oppressed has allowed the women to view the world in ways the dominant culture is unaware of. The dominant group has a tendency to take many things for granted as they have the money, resources, and power to change things to suit their needs. One woman during the study claimed there is more money to fix and build roads than money to help the poor and the weak. Through the generations, Aboriginals have faced struggles to meet their basic needs and thus have adopted an outlook for day-to-day survival.

Stereotyping contributes to restricting other individuals' access to resources and privileges. The oppressed individuals also contribute to the oppressive systems and the limitations on their own lives by internalizing beliefs and acting according to the negative views in their lives (Weber, 2010). Aboriginal women, in particular, are stratified and associated with negative attributes. Tami explained: "About being Aboriginal, too, one thing about, um, that. That is also looked down upon, like, you know? People think Aboriginal, you're dirty or you're a drug user, you're an alcoholic, and all that sort of stuff."

One of the participants felt that if Child and Family Services had not taken her from the foster home with her grandmother, she would never have ended up involved in transactional sex.

Only one young woman voiced the importance of her Aboriginal heritage and how it assisted her in getting back on track. She also disclosed the limited access she had to her heritage and culture while in the care of CFS.

The women interviewed differed in their experience of transactional sex, violence, time since they last had contact with a health provider, and years engaging in transactional sex. Little variation was noted in education attainment or employment status. Of the 15 women, two had completed their grade 12 education and one participant was still attending school at the time of the interview. Several of the women acknowledged the importance of education as a ticket for them to exit the trade and leave this lifestyle behind. Many expressed the desire to return to school and obtain their grade 12; however, they also reported barriers to higher education. A few of the women discussed wanting to complete the support worker program at Red River College yet they were required to abstain from substance use for at least two years prior to being approved for funding. Some of these women found it difficult to abstain from substance use and others reported using harm-reduction methods to decrease their substance use but were not completely substance free.

Education is one of the first major institutions that individuals encounter outside of their family that is used to encourage dominant culture beliefs regarding why and how society is the way it is (Weber, 2010). The teachers in these classrooms have a great effect on how well a child does and what they learn. Education is one of the means of oppression that young women face since dropping out of school decreases the likelihood of being prepared for different positions as adults and negatively affects their employment, wage level, social class, and political power (Weber, 2010).

Fourteen of the women relied solely on transactional sex and Employment and Income Assistance for income. Very few of the women interviewed considered themselves as working since they did not perceive transactional sex to be legitimate work when asked this question. Thirteen of the women did mention not having worked legally or not having any other work-related experience or skills.

On a welfare income of \$576 per month, many needed to supplement their income as a means of survival. Of their \$576 from Employment and Income Assistance, the allowable cost for housing was \$265. However, with the average bachelor unit costing \$486 and a one-bedroom costing \$633 in 2010, they could not find affordable housing at the rate that EIA paid. Considering the cost of utilities, food, and transportation, several of these young women needed to supplement their income to make ends meet. Two women expressed they also stole or robbed people and stores as a means to get what they needed.

The average age of these women when they first engaged in transactional sex was 17 years old. Saewyc, MacKay, Anderson, and Drozda (2008) found that the average age among youths engaging in sexual exchange was 16. Four of the young women in the present study had become involved in transactional sex at the age of 12-14, three were between the ages of 15-17, five were between the ages of 18-20, and three were between the ages of 21-22.

Fewer than half of the female youths identified as heterosexual, with two of the young women identifying as transgender/Two Spirit, that is, they were biologically male, but emotionally and psychologically felt they belonged to the female gender. Seven of the women identified themselves as bisexual. Several of these youths felt a lack of approval and understanding from their parents, group homes, and foster homes.

Two Spirit is perceived as a more culturally applicable term in describing indigenous people who are gay, lesbian, or bisexual (Garrett & Barret, 2003). Aboriginal tradition perceived Two Spirit individuals as sacred individuals that signify revolution and transformation through harmony and equilibrium. Historically, Two Spirit individuals were valued as important people and they played an important role in traditional Aboriginal communities. Two Spirit people were believed to possess both male and female spirits and therefore would have the ability to see both the male and female perspectives. Hall (1994) remarked that having the elements of both male and female made it easier for them to rise from the physical world to the spiritual realm as they were considered the go-between (as cited in Garrett & Barret, 2003). Many Aboriginal cultures perceived the Two Spirit person as having the ability to walk in two worlds, physical and spiritual; by having this ability, they could learn and teach about balance. However, through the influence of Christianity, social and political institutions caused the status of Two Spirit individuals to deteriorate. Nevertheless, some Aboriginal communities continue to appoint Two Spirit people with spiritual roles and responsibilities. Traditionally, these individuals were respected as Medicine people, leaders, and mediators (Garrett & Barret, 2003).

All the participants had engaged in transactional sex for money, and 11 of the 15 women had exchanged sex for drugs. Nine women exchanged sex for food, and shelter came in as the fourth most frequent exchange item. Most of the women exchanged sex for money and drugs; they also exchanged sex to meet their basic needs out of financial deprivation. The participants' decision to continue their involvement in transactional sex was heavily weighted on whether they were able to meet their needs. For some of the young women, transactional sex served the function of survival sex, that is, to meet their basic needs. Transactional sex can be seen as a consequence of income and employment disparity. However, few studies have focused on

middle to upper class young women and how they use transactional sex to meet their needs. With limited resources, transactional sex can become enticing.

Very few would elaborate on their family situations. Those that did discuss their family circumstances talked about child abuse, poverty, drug and alcohol use, and other female relatives involved in transactional sex. Seven of the women were involved with CFS as children and spoke of family issues that resulted in their placement into foster homes and group home settings. Some spoke of their vulnerability due to lack of family attachment and interaction. Very few talked of having positive family supports. Only one young woman spoke of family members being supportive of their decision to become involved in transactional sex. The other women did not have any family members that assisted them in leaving or not returning to transactional sex.

Several factors affect how young women involved in transactional sex perceive their environment. These factors include 1) drug and alcohol use; 2) motherhood; 3) age, gender, and cultural heritage; and 4) violence. When asked about the terms, labels, or words the women used to describe their experience, the young women offered several answers, including problem child, trafficked, victim, sex worker, exploited, sexually exploited youths, and prostitute. These terms were likely learned from the organizations they had come into contact with. For instance, one woman has spoken at conferences that pertain specifically to sexual exploitation.

Approximately two-thirds of these young women had at least two children. Motherhood was an important aspect in these young women's lives. Several had expressed feelings of loss, grief, and suffering from not being with their children and not watching them grow up. Many discussed their limited access to their children and the difficulties in meeting the expectations of CFS to be given visitation rights. Some discussed the struggles they faced with their CFS worker

and the lack of understanding and leniency shown by these workers. In these circumstances, eight of the young women had lost their children to Child and Family Services.

Several of these young women discussed wanting to get their children back from Child and Family Services. The majority of those who had children talked about being a mother and those who were pregnant described the importance of stopping their experience of transactional sex to give their unborn child a better future. Several of the young women who had lost their children talked about this experience. Three of the participants were pregnant at the time of the interview.

What does it mean to be a good mother? To some of the women it meant they needed to provide care to their own children rather than have them live in foster and group homes. Leanne, who has custody of her 15 year-old son and is the aunt of Rachel, disclosed how it was all right for her son to know about marijuana use:

I don't want him to know that I use any kind of form of crack cocaine. So I just, well, I smoke dope, I smoke weed. And to him "that's okay," you know? But I won't tell him anything else.

Leanne felt that using marijuana was morally acceptable in front of her son, but she felt the need to hide her cocaine use from him.

The marginalization of these women is greatly affected by their use of drugs and engagement in transactional sex. In turn, they may also be perceived as "bad mothers." The standardized view of a mother is perceived to put her child's best interests first and foremost and never allow her children to be at risk of violence, drugs, or homelessness. People often do not associate drug addicts, prostitutes, and women involved in family violence with the notion of motherhood and being a good mother. It is assumed they will not make good role models and

that they may negatively influence their children. Mothers involved in Child and Family Services who are suspected of drug and alcohol use are ordered to comply with drug and alcohol testing. If the mothers test positive for substance use, their children are removed from their care.

The three pregnant participants spoke of the happiness and joy of their pregnancy and how having children would change their life by decreasing their likelihood of going on the streets and using alcohol and drugs. They also voiced their concerns about the future and the responsibility of caring for their child. All three women had decided they wanted to keep their child but also expressed fear that CFS might take their child. All three women had some involvement with Child and Family Services at one point in their lives. They recognized that they needed to adjust their lifestyle to ensure the health of their child. For instance, Wendy spoke of wanting to provide for this child and how her choices for this child would be different from her previous role as a mother. Wendy also spoke of having to cut her ties with her friends to prevent her from becoming susceptible to using drugs and alcohol during her pregnancy. The three women also expressed awareness of how drugs and alcohol were a risk to their babies, but Wendy disclosed that she continued to smoke cigarettes.

Two of the women were still homeless and relied on friends and family members to take them in for a few nights. Only one young woman spoke of the supports from her sister and mother. Others reported assistance from their partner. All three of these participants had previously given birth to other children. All of the children were in the care of Child and Family Services. The women had little to limited contact with their children and none had regular visits with their apprehended children.

Women's Lives and Context

Have you ever wondered about the life experience of young women who exchange sex? The fact is they come from all walks of life, including ones relatable to any young woman. Their situation is partly attributable to the environment in which they grew up, yet others made personal choices or were influenced by their circumstances. A combination of factors likely led to their involvement in transactional sex. Understanding the context of these young women can provide clues about when and how to address this population's health issues and concerns. The interviewer asked several questions about the young women's experience in transactional sex and sexual activity, as well as about their health concerns.

Although the commonly perceived stereotype is young women involved in transactional sex are of Aboriginal descent and poor social economic status and have experienced abuse, this is not the only story. Transactional sex can mean a variety of things to different female youths. The media tends to portray and highlight street-involved young women as the norm and that only disadvantaged young women engage in transactional sex. It is assumed that sex and money are the only items exchanged during these transactions. To provide a clearer picture of the variety of concealed experiences of these young women, 15 young women's lives were highlighted in the hope of changing perspectives about their lives and their choices and providing evidence for ways to help prevent them from experiencing further health issues. Through these interviews insights were obtained into some reasons why they take risks pertaining to their health and well-being.

It is critical to understand their experience and the effects of transactional sex. The need for money to meet basic needs and for drugs is often associated with transactional sex. With limited employment skills and access to only meagre permitted support revenues, these women

resorted to transactional sex either through coercion or others' guidance on how and what to do. Some of these young women became involved in transactional sex to leave the abuse at home. They often had to rely on casual sex to meet their basic needs. Some became involved in trading their bodies for material possessions.

My first interviewee, Belina, age 24, described herself as an intelligent young woman coming from a good middle class family with a respectable background. Belina was not the typical young woman that society believes is involved in transactional sex. She had no history of drug or alcohol addiction, nor had she experienced violence or abuse. Belina expressed that her involvement as an escort revolved around her interest and curiosity in sex along with her admiration of courtesans throughout history. Most interesting about Belina was the fact she researched and read all she could on sexual exchange prior to her involvement as an escort. Belina also spoke with other women from all around the world to find out how to go about safely exchanging sex:

Each woman that I had interacted with, um, worked different based on what she was comfortable with, basically, what the conditions were. And I was really inspired by one woman in particular in California. Her name online was Rebecca and, um... I was really inspired by her examples. So I thought, Okay... maybe this was something I would like to consider. But the reason it took a year and a half was because I didn't know how to go about it safely.

Belina became involved with transactional sex after meeting women that provided a safe environment for her to trade sex:

Well, when I ended up working as an escort I had some preconceived notions. I ended up meeting someone who worked. She was an older lady. She and I had coffee. She

provided a safe space...I had complete discretion if I wanted to do a session, if I didn't like a client, if I liked a client. For example, safe sex is mandatory and...she did our screening for us, to ensure the clients were safe. And she didn't take any money for that.

Belina did not have to resort to sex for money as she clearly had the education and ability to obtain employment. Currently, Belina is no longer exchanging sex due to her run-in with the police. Belina is presently working as a freelance writer to support her standard of living and pay her bills and rent.

For Belina, her experience with transactional sex for the most part was positive:

I like the freedom to...basically exploring. It gave me a much better understanding of men because most of my clients were male. Um...It gave me a certain amount of sexual autonomy. Because when you are working, the biggest thing to remember is that even if you are being paid to be in the space, you are in control of the situation. So that helped me to be able to stand my ground very firmly.

In fact if one took out the piece on her being an escort, she would be relatable to any other young woman in society curious about human sexuality and the desires of the body. The experience provided Belina with a better understanding of men while giving her a certain amount of sexual autonomy and the ability to stand by what she believed.

On the other hand, Belina also brought up how this experience strained her relationship with her mother yet strengthened and improved her relationship with her uncles and her father. Belina expressed her difficulties in having to tell her parents she worked as an escort for three months after being arrested for soliciting sex. Belina expressed her surprise about her uncles' public, emotional, and verbal support of her choices. Belina felt the experience provided her a better understanding of men and a screening tool for future relationships with partners and

friends. Belina felt it was nothing to be ashamed about and willingly told her friends and partners of her history and her choices. Many families simply do not know how to deal with daughters and relatives who have experienced transactional sex. At times, they may even distance themselves from members of the family whom they do not see as fitting the norm.

Wendy was another woman that pointed out she came from a “normal family.” Wendy mentioned, “Um, I grew up in a pretty good family. I mean, it’s just the friends I was hanging around with, you know? None of my family uses drugs or nothing. Just me.” Wendy’s explanation for why she ended up exchanging sex indicates it was partly due to her neighbourhood and the friends she hung out with that she got into drugs. Wendy stated that after hanging out with the wrong crowd she ended up dropping out of school after completing grade 9. Wendy at the time of the interview was pregnant with her second child and was hoping to keep this child out of Child and Family Services. With her first child, she was hard into crack and marijuana and her mother was unable to provide care to her daughter, so Wendy called CFS to take her baby.

Wendy had started using drugs at the age of 16 and began exchanging sex when she was 18. Wendy said all her current friends used drugs so it was difficult for her to be around them while pregnant as she would be tempted to use drugs. Her boyfriend, who is also the father of her second child, is also trying to abstain from drug use. Wendy also commented that her experience on the street for the most part was positive. Wendy explained:

I’ve met, like, a couple of good guys that still help me out today. But, like, I don’t have sex with them anymore. They’re just my sugar daddies or whatever [giggle], you know? Yeah, so that’s a positive thing, I mean, cuz being on welfare, like, I don’t get very much...I can just phone one of them. They will bring me food or money.

Mia is also 24. She told me a completely different story than Belina and Wendy. Hers was a less happy experience and could be considered completely the opposite. She came from a “dysfunctional family” where she was sexually abused at a young age, consequently resulting in her being placed in the care of Child and Family Services. Mia disclosed she “at the age of 7 was molested,” from which she eventually derived her experience of transactional sex. Mia stated her CFS worker at the time had her moved from her reserve to Winnipeg with no support systems. At the age of 12, she was pimped out of a hotel room at the Holiday Inn Airport West and later trafficked across Canada on a Greyhound Bus.

Okay, I was pimped out of a hotel room here in the city, Holiday Inn Airport West, and then after I went home. I was pimped through bikers. Then, what do you call it, I managed to get my way out, and then I was trafficked across Canada on a Greyhound. I was pretty much taken.

Mia explained that she was able to get away from this situation by telling one of her clients.

I asked one of my johns that would pick me up every week...I broke down to him, obviously, and told him everything. And, um, he told me he was going to Calgary, and he gave me a ride up to Calgary from Vancouver. And I just hitchhiked.

Mia was eventually discharged from the care of CFS at the age of 18 with no supports in place, leading her to resort to what she knew best: exchanging sex for money, food, basic necessities, and shelter.

Mia, through her 12 years of experience in transactional sex, hoped to assist other young women, transgender and Two Spirit individuals like herself, through public speaking and by sitting on different board organizations to help not only the young women but also to provide

awareness to people in society. She has participated in conferences including Dear John and Healing the Spirit. At the time of the interview Mia had applied for a casual position and was waiting for the criminal record check and child abuse registry to be approved. Mia was the only other woman that had other legal sources of income.

The lives of all the young women differed and varied in how they had become involved in transactional sex. Even though Leanne was only 27 years old, her physical appearance presented her as older than she was due to her lifestyle and experiences. Leanne explained how everything in her life was the root of where she is today. Leanne is the youngest child of alcoholic parents. Leanne recently lost her husband and she had also lost her sister, brother, and grandmother in previous years. Leanne has two children, a boy and a girl, which she previously placed into the care of CFS on her own free will. At present, Leanne is a single mother struggling to provide for her teenage son, who was returned to her care. Leanne disclosed that after losing her grandmother she did not know how to cope and got involved with cocaine at the young age of 11 years old.

Yeah, I turned right to drugs...I was, like, 11 years old when I started using. That was right after my baba passed away. I didn't know what else to do. And there was a downward spiral right from there on, and then [I] started going on to jails, you know, Youth Centres. All of a sudden, I graduated [turned 18] in the penitentiary, so life has taken its toll on me and I'm tired of it.

Throughout her teen years, Leanne was in and out of jail and was eventually placed in the penitentiary. Leanne claimed while being in jail she was not taught how to be rehabilitated back into the community. She talked about how she was treated like a caged animal in these jails. Leanne felt that jails did not teach her anything useful to change her situation upon release. She

spoke of the difficulties of trying to break through the cycle of drugs, alcohol, and transactional sex. Although Leanne has her grade 12 education, she revealed the difficulty in separating her life from drugs and transactional sex.

Leanne discussed how the loss of her husband greatly affected her financial support and resulted in having to move to a more dangerous neighbourhood. Leanne claimed she was proud that her husband was no longer addicted to drugs prior to his death. Leanne stated:

And my husband, he was in the drug scene for a while, and he kicked his habit and everything. And I was so proud...I didn't think that if anybody could not do it, it would have been him. I thought I was stronger and that I could do it.

Leanne spoke of wanting to be freed from her addictions, however, she faced several barriers in getting into drug and alcohol treatment, including long wait lists, providing care to her son, and lacking sufficient money to keep her home while in treatment. Leanne disclosed other struggles in her life including a stalker who also was her landlord and the difficulty of finding other suitable housing. Leanne claimed, "He...looks through my personal stuff because he has a master key and he can get in the apartment." Leanne stated concern for her safety and for her son, but had to continue residing there until she could find other affordable housing.

Rachel (24) provided a similar yet different picture compared to her aunt Leanne. Rachel presented as an attractive, soft-spoken, timid young woman. She struggled with low self-esteem. She disclosed that the pain of losing her mother resulted in her launch into exchanging sex. She also lost her partner a couple of years ago. Rachel originally started exchanging sex with her children's father, his friends, and later with random strangers. Rachel stated she was trading sex with a drug dealer for drugs and had to turn to the streets afterwards when he was no longer in the picture. Rachel has three children, all in the care of Child and Family Services due to her

drug and alcohol use. Rachel also commented she was missing visits with her children as she was using drugs and alcohol heavily again. Rachel, at one point in her life, was selling drugs and got enthralled on crack cocaine at the age of 11.

Rachel discussed her sense of hopelessness with her situation and the struggles to leave this darkness behind her. Even though Leanne and Rachel lean on each other for support, they also painted a picture of how they had limited positive supports and access to resources in their lives besides the family members that also struggled with drugs and alcohol. Rachel disclosed her difficulty in reaching out for help even though she had a support worker. Leanne, her aunt, stated that Rachel did not know how to ask for help, and Rachel agreed with her. Rachel also stated she had spent time in jail too.

In contrast, statements made by Alicia and Emily revealed a different representation based on their involvement in transactional sex. Alicia (24) commented on the importance of owning material items and how society views material gains or possessions as part of one's social status. Alicia's first interaction with transactional sex was at the young age of 13 and she began using crack cocaine at the age of 12. Alicia claimed that her choices were self-induced since no one had forced her into these interactions. Given the young age of her first interaction, was it really agency and consent that caused her to choose to engage in sexual transaction? Alicia stated she had learned how to exchange sex from watching people around her and indicated it was her greed for drugs and money that set her down this road. Alicia stated:

Sex trade – the money is really good...Money takes you places...Everything you want to do costs money. Anywhere, places you want go, cost money. Anybody you want to see costs money. Anything you want, that costs money, right? All of these things require money...I shop. I brag with my money. I am bad [for] the next three table drinks. I'm bad

like that. I shop, I play bingo, I do favours for friends. I am a very generous and very giving person.

Worldly possessions are perceived by society as important and a must-have. With these young women getting such messages from the media, they struggle to differentiate between perceived need and actual need, which fosters these ladies' entrance into transactional sex. Alicia perceived her circumstances as unique and she tried to glamorize her experience yet she talked about the risks she faced when on the street. Alicia wanted to be perceived as different, desirable, and successful at exchanging sex. Her disclosure provided a picture of needing material items to give her a sense of security and identity. Alicia wanted to present herself as having a higher status among her peers through the way she spent and consumed. Alicia presented herself as not caring how people viewed her yet she also expressed the need to show off her status through the materials and possessions she had.

Alicia described herself as having full control in her relationship with her boyfriend. However, as she told her story, it became quite apparent she struggled with insecurities with her relationship. Alicia contradicted herself by sharing her doubts and fears of how her boyfriend might react to her involvement in transactional sex. Alicia voiced her need to be honest with her boyfriend yet expressed her concern and fears of losing him with such a disclosure.

Alicia, like Belina, claimed she was in the trade by choice since she was a consenting adult that had control over the choices she made with her body:

I had seen other people doing it. I wanted drugs, so I started to do it. It was self-induced; no one made me: no pimps through the eight, almost nine, years. No pimps. It was all me wanting money and being greedy and doing it. I've seen other people do it and learned how. Scary, eh?

Alicia talked of how easy it was to make money: “This way is the fastest and easiest and highest paid thing that there is, that you can do in the world, unless you are famous, do you know what I mean?”

Her statement to brush off the violence in her life was that “it’s a risk for getting that kind of money, right? I’m not even kidding. Like, I earn 20 to 30 grand a month [untaxed].”

Although Alicia reports an income of \$20,000 to \$30,000 a month it is likely that she is exaggerating how well she is doing while working on the streets. The majority of the women in this study reported difficulties in negotiating with clients and the struggles in getting away for the night with sufficient money to meet daily needs.

The perception of her reality, however, does provide an understanding of how quickly and easily money goes through this population and how convenient it was not to have to wait for a paycheck while being free to work the hours they wanted. Nevertheless, the source of income from trading sex is not necessarily as glamorous as Alicia had indicated in her portrayal of the lifestyle of street-involved women. Another woman disclosed, “These pricks are all cheap. I usually will only get away with only \$20. On a good day, I will get away with 60 to 80 bucks.”

Alicia stated that her addiction to shopping was also affecting her flow of money:

I’m a *flosser*, like, I floss. I blow it as fast as the money is made even though I am not smoking crack. Money is still gone, before it’s faster spent than made, even though I’m not smoking crack. Like, I shop. I’m very addicting to shopping. Like, everything I am, is pretty new-looking, my feet, everything I shop. Money goes quick.

Alicia also discussed how the greatest downfalls from this experience of exchanging sex included the risks of getting raped, robbed, and hurt by clients. Among these risks, her greatest concern was getting robbed by her clients:

Them [clients] ripping you off is the riskiest thing to me. I don't care if you will hurt me as long as you don't kill me. I will heal. I will get better, you know? Time does heal all wounds if you don't kill me, but if you rip me off, that just sucks. I just did you for free and you're gone. Now I still don't have nothing. I still got to stand here and do it again, right? Get ripped off is the biggest thing that is hardest to swallow. Yeah, it sucks.

The meaning of exchanging money, good, or gifts for sex varied widely among these young women. For example, Alicia explained:

It's the oddest thing! If it's with my boyfriend and I can't be, like, "Give me 40 bucks or I won't suck your dick tonight." ...But, like, "Oh, come on, baby. Order take-out tonight and we'll have a really good time tonight." Like, it's chicken. It's not even money, right? This young woman described how she used her sexual relationship with her boyfriend to satisfy her material needs.

Emily (18), on the other hand, spoke of needing money to hang out with friends at the bar, to buy minutes for her phone, and to buy drugs as the three motivators for her experience in exchanging sex. Emily expressed her need to fit in with her friends and be able to have fun. However, she also found that it had consequences for her involvement. Emily has a boyfriend that is not aware of her activities to obtain money and would like to keep her boyfriend out of the loop. Her friends force her to go out on the streets when she does not want to by threatening to tell her boyfriend about her engagement in exchanging sex. Emily has found it increasingly

difficult to hide this from him as he thinks she is cheating on him based on the comments her friends make when she does not cooperate in going out to watch them.

Emily was involved in CFS prior to her involvement with transactional sex. She was leaving her placements to exchange sex on the street at the age of 15. She was recently discharged from the care of Child and Family Services as she was expelled from school. She also has a child in her care and is currently living with her father. Emily struggles with a hearing and speaking disability and she feels extremely vulnerable because of her disability. She currently has a grade 8 level of education and hopes to return to school next semester. She relies solely on transactional sex to support herself and her child as she is not on Employment and Income Assistance. Her addiction to crack and recreation drugs and her desire to support herself and her child prevent her from continuing to abstain from exchanging sex. Emily discussed the constant struggle of will power:

I have different feelings when it comes to money. You get mad, should you run out of money, [and] run to get money again, and... when you are start getting tired and you unable to sleep or something. But you want to go home and you feel like you don't want [to] because you feel like you want to work for more money. Then you are getting tired and getting really mad, or happy, or sad, or getting really depressing.

Emily talked about the never-ending cycle of needing money and the constant need to get more money. Emily voiced her concern of ending up murdered or missing like a few of her friends, however, she continues to return to the streets for money as this is her only means of support. It is unclear if CFS is still involved with her child as they are aware of her previous involvement with transactional sex while in care.

Some of these young women described how they became involved in transactional sex through coercion or manipulation. Selena (19) set out on her own from her reserve to Winnipeg as she had a conflict with her family. Selena moved to Winnipeg for a fresh start, although with no place to stay and limited funds; she was coerced by an older woman who ended up pimping her on the streets. Selena also stated she was trading sex for shelter with men she met through the streets. She said that she was trafficked, which to her meant, “Um, when I was forced into going on the streets.” Then she was referred to Sage House by the RCMP. She explained:

Well, I recently started this year, when I was forced into human trafficking. And I started doing it again cuz I needed money, like, to feed myself, for groceries. And when I had nowhere to go I would go and sleep at a guy’s place and be fed there. I was forced on the streets and, you know, like, making money that way. And then I got involved with the RCMP, which went on news, and then, uh, I stopped for a while cuz I was too scared.

All of the female youths had someone offer them information on how to exchange their bodies for sex and who normalized transactional sex as a possible choice. Some of the participants had lived in atmospheres where trading sex was normal. The women’s social environment was often filled with other women, friends, and peers who engaged in transactional sex and drug and alcohol use, and very few had friends from outside this population.

The physical environment of the women was not a particularly healthy surrounding. They often lived in dangerous parts of the city, where they also exchanged sex on the streets. The work environment often entailed violence, drugs, and danger. Many of the women often worked on the streets and got into vehicles with total strangers. Some of these women had even gone to the homes of their clients and strangers. The numbers of missing and slain women, especially Aboriginals, continue to increase in Canadian cities (Winnipeg Free Press, 2012). A few of the

women mentioned knowing other women that had been murdered on the streets for trading sex. Tami reported, “I have lost so many friends to the streets that were murdered.”

Emily revealed, “Every time on the news...It wasn’t easy in the summer time to see the girls getting killed.”

Sisters of the Spirit is an initiative to address missing and slain women. The program is headed by Aboriginal women who are undertaking a research, education, and policy initiative. The goal of the program is to research and to raise awareness of the violence against Aboriginal women and girls. Their research has found that over 582 women have gone missing across Canada. The program continues to track missing women. *The Winnipeg Free Press* (2012) reported over 80 cases of disappearances and deaths of women in Manitoba alone.

First Nation leaders have claimed that the province is not focusing on the missing and murdered Aboriginal women. Project Devote consists of police and RCMP focusing on 28 cases of individuals based on the criteria that they had worked in the sex trade, used substances, and had existing mental health issues and transient lifestyles (Winnipeg Free Press, 2012). Pressures from the public resulted in a greater focus on missing women with the arrest of accused serial murderer Shawn Cameron Lamb. He is suspected of killing three young women in Winnipeg. Shannon (2010) reported numerous convicted serial killers [of women] in North America and the United Kingdom over the past decade. There is the continued concern of potential serial murders in Edmonton, Winnipeg, and British Columbia. Previously, the cases of missing young women who were reportedly involved in transactional sex were treated by police as if they were less significant. In 2008, women engaging in transactional sex in Edmonton supplied their DNA to the RCMP and community organizations so that their bodies could be identified should they go missing and end up dead (Shannon, 2010).

The majority of the women lived in the North End of Winnipeg, where they had easy access to drugs and alcohol while trading sex on the streets. They tended to isolate themselves from other people and felt that the service providers out in the community might not necessarily understand their needs. The women expressed getting high with other women and even their clients. The use of substances while working was one of the risks the women reported as possibly decreasing their safety and increasing the chances of violence being used against them. Of the 15 young women interviewed, 11 of them became involved in the sex trade through female peers their age or older.

Nine women in the study had family members or partners who are who had been involved in transactional sex at some point in the past with some still currently involved. Two of the women were in a relationship together, and they took turns going out for exchange sex and also went out together. Seven of the women had family members that were involved in transactional sex: three had sisters, three had close relatives, and one had a mother as well as a grandmother involved.

Tami (24) noted, “I am the third generation of the sex trader worker. My mother was and so was my grandmother. So, yeah, I feel like I inherited it.”

Chloe (24) explained, “Well, I just, like, copied my sister because she used to tell me when I was younger she used to do [it]. We used to, like, hide in the bushes and write down license [plates] when I was 13.”

Monique (24) said, “My cousins used to do it. Um, the guys used to always want me so I just checked it out.”

It is commonly assumed that young women typically become involved in transactional sex through recruitment or coercion by male pimps and boyfriends, yet the participants in the

study more frequently learned the trade from involved female peers their age or older. All but three participants had learned it from other young women their age. Five of the interviewees reported that their entrance to transactional sex was through family, and seven said they had at least one family member involved. Tami (24) reported:

I just kept leaving the foster homes which I ended up living on the streets. I kind of...um, discovered it accidentally. I was walking and I found this place where there was other transgendered women like myself. And that was how I got involved in the sex trade.

According to Wendy (22), "I was trying really hard not to degrade myself that low but in the end I couldn't live off everybody else getting me high, you know? So I just started doing it myself."

Well, my close girlfriends were talking about it, and she said that she made money out of it on the street. I asked her. I didn't know exactly what I was thinking but I told her that I wanted to come and...she asked me if I was sure about that. At first it wasn't easy but it got little bit easier. (Emily, 18)

Most of these young women worked first and foremost on the street; a few of them had experienced other operations of transactional sex. Transactional sex does not occur only on the streets. In fact transactional sex takes place anywhere, whether it is in private homes, at escort services, on the streets, or at massage parlors.

I worked for three months as an escort and I also once or twice was involved, like, in a video...on an adult website, and they were looking for amateur performers. They had a group of sponsors that if you were interested you picked a partner and they would pay you each separately to have sex and to be filmed. It was a private collection. (Belina, 24)

Taylor (22) said, “I started working the escort, and then I started selling drugs... Like, an escort, you just come out and whatever guy picks you.”

The realities of these young women are affected by their circumstances and the type of transactional sex they are involved in. Belina talked about the physical and emotional safety she experienced as an escort. There was always someone she could call on in the house if she felt she was ever in harm’s way. However, many of the other young women gave accounts of placing their lives at risk when getting into vehicles with strangers. They faced the risks of rape, violence, kidnapping, loss of possessions, and even death. These women did not have a safety net with someone looking out for them. Although all the street-involved women talked of ways to keep themselves safe, they recognized that they might end up with a bad date which could be their last date.

The interviews showed that the majority of these young women had a history of drug and alcohol use prior to engaging in transactional sex. However it is unclear whether their history of drug use differs from the situation in the general population. Five of the women (33.3%) identified the reason they engaged in transactional sex was because of drugs.

I started experimenting with drugs. Well, crack, and it started getting bad to the point where actually I felt like I needed it. So the only way I could get it was going out and to try to work. I tried one night and after the taste of getting that money in my hands that was almost like that was an addiction. (Cassandra, 23)

“I started working, like, a few years ago because of drugs and alcohol. I was sleeping with friends... Now it’s just random people. And I don’t want to be like this” (Rachel, 24).

“I [was] hanging out with my friends or whatever and [I] went with them and see what they were doing. Then I was, like, okay it’s not that bad and I started like that” (Betty, 22).

“It just grew; the sex trade for me was just to go get money for drugs” (Tami, 24).

Several of these young women talked about why it was difficult to exit transactional sex. Some of the issues they brought up were their financial situation, their lack of education and job skills, and their addictions. Betty described how she became involved in her first incident of transactional sex and what made it so difficult to exit.

I wasn't intentionally going out there to work but somebody [involved in transactional sex] asked me to walk them, and they asked, “What are you going to do if someone picks you up or whatever?” I thought I would give it a try. I found out how fast and easy it was. So I guess I'm kind of stuck. (Betty, 22)

Generally speaking, these young women have limited resources to obtain money. The fact that it is quick cash they can get without having to wait for a paycheque is an intense motivator, especially for young women that have addictions to drugs and alcohol. Chloe explained:

How I ended up into the whole thing cuz I had to do it. Like, I had no source of income and stuff so that for a drug addiction, to feed myself, to support my habits and all that kind of stuff. (Chloe, 24)

Betty's sister, Cassandra, acknowledged how the drugs and transactional sex formed a continuous, never-ending cycle:

Yep, like, it was all based around the drug addiction, and I didn't have a place to live, and the only way really to find a place to stay warm was in, like, as they call it, crack shack. So you pretty much have to stay. You got to keep using to keep going into this place and, you know, buying the stuff and then finally, when I would be done, I would be hungry.

Then I would have to go back out to work again to make that money to eat. (Cassandra, 23)

The narratives provided by the women exchanging sex on the street often describe hostile environments. The descriptions of violence, addictions, poverty, and discrimination show they are situations the women want to escape from. Almost all the women had made a plan to exit the streets, however, they also realized their difficulties in leaving this cycle. Even when they had a plan, many did not leave permanently. This is similar to the findings of other studies (Saewyc et al., 2008; Kingsley & Mark, 2000).

Reasons for Exiting Transactional Sex

Those women that tried to leave gave the following reasons: pregnancy, being arrested, or to get their children back. One of the young women, Taylor, at the time of the interview had recently gotten her son back. When I bumped into her at the organization a few weeks later, she said that she was struggling as her son had been removed from her care due to her using alcohol again. Taylor expressed her lack of understanding of why Child and Family Services workers were concerned with her drinking. She acknowledged her association with transactional sex placed her son at risk of apprehension but explained that she had no other source of income until the Child Tax Benefit was approved.

The majority of the women discussed wanting to change their lifestyle and get away from trading sex, however, several talked about the barriers that prevented them from making such changes. Almost all the women that had tried to exit returned to obtain money to meet basic needs. Others explained they returned to trading sex because they needed the money to feed their addictions. Several women spoke of the hopelessness of their situation and elaborated specifically on the likelihood of exiting:

It does affect everybody around you and most of it's negative because, I mean, if you're using drugs, um, if you can't take care of your child, right? And you want to get them out of that, um, environment, I want to get out. I feel like I'm in a rut. (Leanne, 27)

Rachel (24) revealed, "And I see myself going down once. It's a real struggle. I don't really have much support except for my family."

Many of these women talked about their hopes and dreams of one day no longer needing to rely on transactional sex for survival. These young women thought of giving back to the community by working as support workers upon completing their schooling. Most participants that had children talked of taking on the responsibilities of motherhood and working towards getting their children back from CFS. Several women had experienced the struggles of not being able to see their children or having limited access to their children. Other women who were pregnant at the time of the interview talked about exiting transactional sex to continue having custody of their children. These young women were able to identify the difficulty of overcoming their addictions and the need to leave. However, they voiced uncertainty about not using drugs and alcohol after the birth of their child. In such situations, the young women know the loss of their children could be a reality, especially if they had other children already involved in CFS. This was indeed the case for the young woman who explained:

When I found out I was pregnant, at the time, like, that was kind of a kick in the ass. I kind of took the bigger turn to actually stop going out there, plus I got kids with CFS. I haven't seen them in, like, four months because of my drug addiction. Today actually was the first time I saw my oldest son in four months. (Cassandra, 23)

Two of the women stated their experience [with transactional sex] was positive. Those that worked in an escort service acknowledged how different their circumstances were from

those of women on the street. Escorts are more likely to realize their ability to express their sexuality and their control over their time, talents, situation, and with whom they spent time so that the transactional sex could be empowering.

Beliefs and Attitudes of Women Involved in Transactional Sex

For these young women, transactional sex was the norm as it was seen as ordinary and part of their everyday life and routine. Some of the women believed everyone engages in transactional sex for something and that society is hypocritical regarding those that accept money for sex. Many had friends and family members that had some involvement in transactional sex, which made it easier to accept this method as a feasible means to obtain money. Some of the women assumed they had no other means of survival and that no one was going to help them. Transactional sex was perceived by the women as an easy access to quick cash that was not taxable. Some talked about being able to work the hours they wanted without having to stick to a certain work schedule. Furthermore, as Taylor explained, “I felt like nobody supported me. I had to go out and support myself.”

Two transgender young women explained that everyone trades sex for something. The following interview passages illustrate this belief well:

Do you know that some people don't even realize they are doing [it], that they are selling themselves? For instance, like, you go to the bar, you meet a man, and he buys you drinks all night and, you know, stuff like that, and you go home and have sex with him. That is [a] form of prostitution. (Mia, 24)

You know, it's everywhere, you know? It's not just being when you're exploited, right? You could be going to the bar and doing this. Technically, everyone does it, you know? On a Saturday night, you're going out and you're grinding people for drinks sort of

thing? It's just the format...of which, like, what you said, getting, you know, what you want for sex. (Tami, 24)

According to Western norms, payments for sex are deemed as acts of prostitution while other cultures view payments to signify relationships, opportunities, and security (Cabezas, 2009). Women have found it to be a social obligation to have sex when a man buys them dinner and so forth. With the implications of transactional sex, it can mean different things to people from different countries and cultures. The way sex is used as a commodity and in which situation changes perceptions in relation to Western norms.

A lot of the women disclosed that they were likely to use drugs and alcohol again after completion of treatment as they would return to the same environment. A few of the women believed they could stop using them on their own without treatment.

“And, yeah, I did go to detox a few times and, yeah, I guess it didn't make me stop. No one makes you stop. Just you”. (Taylor)

I could have been to St. Norbert but I didn't go....I think if you want to quit you just do it. Some people say, “Oh, you got to go to treatment,” but that's not right for some people....I'd rather do it on my own and be able to talk to who I want and do what I want. (Wendy)

Society and families struggle to handle these young women's problems and tend to distance themselves from the women. It is assumed that adults make coherent decisions and live with the consequences of their actions and circumstances. However, some are forced into their situations when they have no other options for survival. Unfortunately, some will likely experience alienation from their loved ones and maybe even from the world. Society can be a cruel place for those who have a difficult time making it through life.

These young women will more likely end up continuing to lead self-destructive lifestyles. A lot of the women were struggling to get their lives together and stay on track; though they talked about their future goals they had difficulty planning how to get there.

Health Setbacks

Street-involved women engaged in sex work experience some of the worst health outcomes in our society, including drug-related harm, trauma, HIV, and other sexually transmitted infections (Baker, 2004). These young women acknowledged that they had one or more physical health problems. These health problems included sleeping disorders, thyroid problems, STIs, frostbite, herpes, Human Papillomavirus (HPV), weight loss and gain, cancer, ulcers, low iron, lack of nutrition, pneumonia, and depression. Some of the women discussed drugs and survival taking priority over their emotional and physical well-being. Without safer indoor work environments, the likelihood of the women negotiating regular condom use with clients decreased. Much of their work was hidden and underground and they were often targeted by the police. Because sex work is criminally sanctioned, there are no regulations or safe industry practices, and the women are vulnerable to the compounding effects of the health risks (Shannon, 2010).

The most frequently reported health problem was addiction to crack or cocaine. Taylor stated that she did not care about any health risk from engaging in transactional sex. She did not think exchanging sex had any effect on her health. Meanwhile, her partner, Chloe, discussed concerns about how transactional sex was affecting her health. Alicia talked about how she was sober for 10 weeks but also voiced the likelihood she would end up using crack again. She almost sounded guilty about being sober. Monique expressed that she did not put herself at health risk. When questioned about their emotional health, it became apparent that transactional

sex affected each young woman's health differently whether it was physical, mental, or emotional health.

The emotional health consequences included depression, self-medicating with drugs and alcohol, anxiety, stress, and trauma. Zoey (24) disclosed the emotional trauma of witnessing her stepfather being killed by her mother, which resulted in her spiral into CFS as a child and to transactional sex as a youth. Zoey talked of the struggles of not having a family or a sense of belonging while growing up. Zoey discussed the lack of understanding from her family members for her association with transactional sex as an adult. Family members looked down upon her choice to exchange sex and use drugs. Zoey stated that as a child she struggled to understand why her mother did not want her and her siblings to have any contact with her father's side of the family.

These young women often had feelings of isolation, fear of police, and fear of being judged. The healthiness of their relationships is reflected in how they viewed themselves and what they did. Alicia talked of how she used her boyfriend to get things, yet she expressed her vulnerability by saying she felt obligated to tell him the truth. Several of the young women talked of using their relationships with men to get things. Working the streets appeared to distort their views of men and their self-worth in a particular way. Mia discussed how low self-esteem was a factor for several people trading sex as she viewed her own and others' actions as ways of degrading themselves. Mia stated, "A lot of people never got attention, you know? Yeah, having that power is something that people strive for and so that is why they are doing that."

Zoey also mentioned not feeling good about herself and what she did to get money:

I remember once this guy...used to always call me a whore and everything. Then I started ...to think that of myself all the time. "I'm just worth whatever they give me," and I start

thinking like that for a long time but now, like...you have to keep saying, "You're not a whore," you know?

Zoey also stated she had to tell herself three times a day, "You're not just a crack whore...You, you're worth more," to try to change her perception of how she viewed herself. Zoey stated how difficult it was to try to change her mindset of self-worth because so many people were telling her that she was only good for sex and for making money.

Tami talked about the stress of working the streets by explaining, "Um, I think that weights heavy on your emotions working in that industry. I mean, there is a lot of stress that goes on...He pays you and he wants you to do more for the same price."

A few of the other women also voiced their low self-esteem. One woman stated she had to pretend she was confident because her family thought she was confident and strong. Although she would rather tell people how she felt, she did not want her family to be worried and therefore portrayed a strong front. This woman explained:

I was the scraper. I was the one that would do things on impulse, go and rob a store or whatever, stuff like that. And I think people took that as strength and I took that as weakness because I couldn't cope without drugs.

Mia provided reflections on why she was where she was and why others struggled with transactional sex. Mia stated that connecting with her culture really helped her change how she viewed herself and the importance of self-value:

I really involve myself in my Aboriginal culture. I am a drum holder. And that's what I believe that made me become who I am today...As I really identify myself as a human being, not, not just as a hooker or being exploited or sexually exploited, right? At that time, it was hooker. I degraded myself just by calling myself that. I put myself right

down. I did not realize what I was doing. I was so high out of my tree. I was on my rock bottom, the lowest points in my life.

Some really could not offer an explanation as to how they felt other than disgust and repulsion for their actions. Leanne and Rachel discussed how disgusted they felt about the men kissing and rubbing them. Often they discussed the topic of hygiene, how they felt dirty all the time, and could not get rid of the feeling of being unclean physically and emotionally. Leanne talked about the constant need to shower even though she felt she could not get rid of the feeling of these men from her body. She felt that she was forever peeling away layers and layers without actually taking away the feeling of disgust.

Leanne disclosed she was in remission for a chronic disease and that this was her third remission. Even though she was in remission, she noted that the doctor had found something and that lately she had many infections that were affecting her daily health. As a result, she was losing weight and therefore struggling to maintain a healthy weight. Leanne talked of the importance of taking care of her health and ensuring she attended all of her appointments for the sake of her son. She said her doctor was “trying to find a loop hole” for her to get into Saint Rose addiction treatment centre to assist her in getting off drugs and at the same time get out of the city where she would be tempted to use drugs again. However, he was having difficulty helping her due to the long wait lists. Leanne stated her concern that one day she might self-destruct with her heavy cocaine use.

Zoey stated her constant battle to maintain a healthy body weight as she was continuously gaining and losing weight. Zoey stated she had ulcers in her stomach from all the drinking and not eating. Zoey disclosed she might have cancer in her cervix.

Another physical health setback to women involved in transactional sex is pregnancies and miscarriages. One of the women mentioned in the interview that she used birth control as a means of contraceptive. Another woman commented she would not use a condom if provided enough money. She did not mention any other contraceptive methods to prevent pregnancy. She also stated her lack of concern about her sexual health and related diseases.

The conditions they worked in are not a safe or healthy environment. They put themselves and others at risk of STIs and HIV. These women reported STIs as their most important medical needs. However, further discussions with these women also demonstrated their lack of precaution in practising safe sex and in preventing STIs, pregnancy, and other health-related diseases when there was a financial incentive.

These women are often on the street for a number of days without food, water, or showering so that they can try to make enough money for their addictions. Mia disclosed the following:

Like your body, you're out there for 8 to 9 days on end with no sleep, depriving your body of sleep, water, and food, you know? So I was really skinny before, honestly. I wasn't eating when I was trafficked. You know, I got minimal of this and that.

Many of the women stated they were not eating healthy food. Rachel talked about her health setbacks:

I don't know how it affects my health, like, I don't eat properly. I've been missing a lot of appointments with my doctor. Um, to me, I just feel really sick inside and to my doctor, she says I'm fine but to me I feel sick. I don't know what it is.

Wendy also said the use of crack made her lose appetite and caused her to be underweight. Wendy was out on the street daily to satisfy her addictions craving.

There were disclosures by the women that they shared crack pipes with other people on the street. One woman discussed binges on drugs for three or more days. There appeared to be signs of restlessness in some of the women during the interview, as they were constantly looking at the clock, checking their phones, fidgeting, and moving around in their seats.

Each young woman saw health differently. These young women's engagement in healthy or unhealthy life choices was not affected by whether they had a regular doctor or had disclosed to their doctor about their experience with transactional sex. Little is known on why some women who have experienced transactional sex look after their health and others do not. However, previous studies have found that poor nutrition, substance use, disordered sleeping patterns, sleep deprivation, a history of negative life events, decreased social supports, social isolation, and a focus on day-to-day survival contribute to symptomatology of mental illness and fears of safety (Jackson & McSwane, 1992). The majority of the young women interviewed had experienced at least one of the above factors.

Monique acknowledged her health needs at the moment were linked to her addictions. All but two women expressed and acknowledged drugs and alcohol as a health concern. Chloe also described her addictions as a health need. However, based on her tone about treatment, she also disclosed her resentment and disdain. Zoey also acknowledged the need for more addiction treatment organizations for children and adolescents as she had been dealing with her addiction since she was 13 years old.

The majority of the women had been physically assaulted by a client. At least six women had experienced rape while working on the streets. Three had experienced extreme violence where they ended up in the hospital. One participant recalled, "I've been stabbed....It was all bloody but I went home and got high, to forget about it basically. Then I'm [blacked] out."

Leanne disclosed an experience of violence while working: “A couple of my dates had attacked me and I ended up in the hospital. And this thing happened [scarring to her face] and, like, I was taken into a back alley and was beaten repeatedly and stabbed.”

Some of the young women talked about going out to exchange sex while sick. Zoey declared she stood in the rain for the entire night to make money for drugs at the urging of her friend and ended up in the hospital with pneumonia. Another woman, Tami, disclosed not seeking medical attention after getting hit by a car. She also refused paramedic service when an ambulance arrived. She said that she continued working the streets that night even after she noticed bruising and pain on her legs and body. She did not seek medical attention the day after the incident.

The young women were asked where they obtained information regarding their health. Sources included doctors, nurses, drug and alcohol addiction programs, and outreach services that provided condoms, needle exchange, and mouth pieces for crack pipes. Those who were pregnant accessed programs for healthy pregnancies. Other sources included television programs. For example, Zoey stated that she had learned the risk of STIs increased when one regular client was not using condoms as the person was likely also not using them with other people either. Zoey realized she was placing herself at risk by not using condoms and has since starting using condoms with all her regulars.

Self-care seemed very limited among these women as they rarely were able to eat healthy or even regularly, maintain good hygiene, and look after their physical and mental well-being. Most of their time was used to trade sex and feed their addictions.

Sexually transmitted infections

HIV and other sexually transmitted infections have been contracted at a higher rate among Aboriginal people than other young individuals in Canada (Public Health Agency of Canada, 2004a, 2004b). Unprotected sex plays a significant role in Aboriginal young people in contracting STIs and in pregnancies (Devries & Free, 2011). Other studies found that Aboriginal young men and women also experience more lifetime sex partners, no condom use during last sex encounters, and forced or coerced sex than non-Aboriginal individuals (Devries et al., 2009a). Canadian researchers Devries, Free, Morison, and Saweyc (2009a, 2009b) found a link between an individual's experiences of sexual abuse, substance abuse, and living on a reserve with an increased likelihood of pregnancy, STIs, and risky sexual behaviours including non-condom use.

Of the 15 participants, seven identified as having at least one Sexually Transmitted Infections (STI) in their lifetime. Some of the Sexually Transmitted Infections these women had contracted included HPV, gonorrhoea, and chlamydia. One woman told me that she had STIs at least 10 times in her life and felt that STIs were not a life-threatening concern as they were easy to treat and get rid of. This young woman, Alicia, did not see the risk at which she placed herself and others when she did not use condoms. Her choice not to use condoms was determined by the opportunity to earn an extra payment or if she were with regular sex partners. Although she knew the signs of an STI, it became apparent that she continued to engage in risky behaviours. To her, it was more risky to earn less than to risk her own as well as other people's physical well-being. Even though she did express concern about the chance of getting a life-threatening disease, she stated she was not likely to stop her lifestyle to keep herself healthier or safer. Alicia described what health meant to her:

What does health mean to me? I want to be healthy. I want to be happy. Health to me means, like, being able to eat every day [and] wanting to eat every day. Healthy means not just eating all junk.

Alicia spoke mostly of the concerns related to the physical aspects of her health and rarely discussed her emotional health. Self-image was an important aspect affecting whether she viewed herself as healthy. Alicia claimed her body weight was how she determined if she was healthy. Alicia stated she was over two hundred pounds and she would consider herself overweight if she gained any more weight.

Because of the lure of money and the lack of any other source of income besides EIA, the women turned to transactional sex for survival. Money meant different things to each of them. One woman mentioned being able to support her drug habits: “Well, it, [the] coke habit, whatever kind of drug I wanted, and yeah, I always did good, I guess. Well, I thought I did good.”

Some women discussed how money was for basic survival while others spoke of the value of money in relation to being able to buy things, go places, and see people. Money meant being able to support drug habits, buy food, hang out with friends, and pay bills. Money to some of the women meant being able to get the next fix of drugs.

“It started for drugs at first. It was for drugs” (Betty).

“I was using drugs and I had no way to get money. So I’d seen my friends doing it, so I started doing it” (Wendy).

“I used to do it for drugs and alcohol, whatever” (Taylor).

Other participants discussed other reasons for trading sex:

“When I first started the sex trade, sex trade gave me money. I went out there to make money in order to get a place to stay” (Tami).

“I need money to buy minutes and drugs. Most of the time I do it for my [cell] phone” (Emily).

“I was hungry, or I want beer, or cigarettes” (Monique).

Discussions around negotiating the price with clients was rarely discussed, however, Mia disclosed her first experience with transactional sex. At the time, due to Mia’s young age, five dollars may have seemed like a lot of money. The man was not only exploiting her age but also her sexuality as this was her first sexual encounter. Mia’s experience highlights her lack of education, information, and knowledge of sexual practices then.

I was picked up when I was 12 years old and was paid \$5 at that time by an Italian-looking man. I don’t know anything about sex prior to that...or to use condoms. And he ejaculated in my mouth and I didn’t know what to do, so I swallowed it. And then [I was] being pimped out and being trafficked across Canada.

Mia has been asked to talk at conferences related to johns and sexual exploitation. Her use of terms such as *trafficked*, *sexually exploited youths*, and *exploitation* was likely learned from the conferences that she had attended and spoken at, where she would have interacted with police, academics, and representatives of different agencies and organizations.

Some of the participants mentioned that pricing was dependent on how much control they felt they had during the exchanges. For instance, Cassandra reported the following:

Uh, well, like being with a date, you kind of discuss what they want and then the price. And they start asking for more things so you start asking for more money. And so it’s like, if they want it that badly, they’re going to give you the extra money. So that is the

time when I have control. Some guys will actually keep forking over the money to get what they want, and then I get what I want. The assholes. [Laugh] There are guys out there, they just, like, they come with the money that they got. They're like, take it or leave it. Sometimes you do take it because you do need it, right? I have come across situations where I was, like, no. I just get out of the vehicle.

Wendy reported violence she experienced from a client demanding his money back:

This one guy in winter wanted his money back, and I said no, but I threw it back at him and he pushed me on the ground in the middle of winter, and ripped my jacket off and, like, kicked me a couple times and just, like, drove away, like, stuff like that.

Two of girls used condoms at all times and this was not dependent on the type of sexual relationship. Eight of the women did not use condoms with their sex partners. This number rose to 10 women who did not use condoms when engaging in sexual relations with regular clients. If strangers were included, the total would be 13 women who did not use condoms at all times of sexual interaction. During the interview, it became apparent that there was a lack of concern about non-condom use among this population. There is the tendency to undermine their health and well-being due to limited precautions to keep themselves healthy and safe (e.g. condom use).

The young women often did not learn sex education from their families or at the foster homes and group homes where they had lived. This was particularly the case among the women who had been runaways. Many of the women turned to friends, relatives, and other women on the street for information and advice on sexual activities. Taylor acknowledged learning about sex from her sister:

Like, how did I know what to do when I did something with a guy? [Yeah.] Well, I just, like, copied my sister because she used to tell me when I was younger [what] she used to do. We used to, like, hide in the bushes and write down license when I was 13.

Taylor also discussed the reoccurrence of a STI from her previous partner's insistence in engaging in sex with other people. Even though she would get treated for the STI, he would get it again after being treated. Taylor continued to choose not to use condoms with him knowing that he might possibly get a STI from another sex partner. Her relationship with him appeared open as she was also in a relationship with Chloe. Although she did not provide much detail about the relationship with her boyfriend, their continued sexual interaction can be perceived as indicating sexual attraction between the two. Taylor did not discuss any financial gain from the sexual relationship with her boyfriend but maybe she continued to accept the risk of contracting STIs from him because she found the sexual relationship beneficial on an emotional level.

Alicia provided information on the effects of contracting a STI:

When do I think I need to get checked? When I'm itchy, when it smells, when it hurts to pee, when I can't pee, funny discharge, [and] irregular heating. Like, if I feel too hot down there, all those reasons usually means you have an STI.

The young women talked about getting checked for STIs but few were able to explain what it meant when they contracted an STI. Many of the women were unable to explain how STIs can be contracted and possible detrimental effects on their health.

Exchanging sex increases the risks of STIs and HPV, especially given the number of sex partners and the frequency in which they change (Beaudoin, 2004). Fortunately, none of the women had contracted HIV. Several of the women acknowledged a culture of substance use as a part of their daily lives that could affect their decision-making in relation to safe sex practices.

Some participants discussed acts of threesomes, unprotected vaginal sex, multiple partners, and rape, which are high-risk sexual encounters.

When asked about how they were keeping themselves safe, the women discussed getting checkups and using condoms. One woman stated she got checked “once a month.” At the other end of the spectrum, Tami disclosed, “I don’t really go for checkups. So I guess I kind of neglect my health a little bit, now that I think about it.” When asked when the last time was that she had a checkup, Tami answered, “Geez, I don’t know.” Some of the women spoke of getting tested at organizations like Street Connections and Sage House, going to a walk-in clinic, or seeing their doctor. The majority of the women stated they had a checkup every three months. The responses to inquiries into how they knew how often they should get checked varied. One woman explained, “I go once a month sometimes. ‘Cause they have that thing where you, um, you just pee in the cup now. Yeah, they can find out if you have syphilis, gonorrhoea, chlamydia, just by your urine.”

Drug and alcohol use and transactional sex

It is difficult to determine whether drug abuse typically comes first or transactional sex leads to the drug abuse. While it is argued by Kingsley and Mark (2000) that the situation is partially circular and the two are most likely codetermined, the use of drugs contributes to the continuation or the duration of transactional work. Cocaine appeared to be the drug of choice for these women. Eleven of them used crack cocaine, nine used alcohol, and six used marijuana. One woman discussed harm reduction as a means to decrease her addiction. She used marijuana rather than cocaine. Three of the women used illegal prescription medication, including Restorils, Valium Xanax, and Tylenol 3. Ten of the women used more than one substance and four of them experimented with four or more substances.

Three of the women disclosed they had used drugs and alcohol by the age of 11 years old, and two stated they started using both of them at the age of 12. Another woman reported she started using drugs at the age of 13. Emily said she started using prescription medication on her 18th birthday. Two of the women who had started using drugs at 11 years old were first introduced to cocaine.

Most of these young women with experience of transactional sex had a close involvement with drugs and alcohol. For instance, Alicia commented that she had seen other individuals trading sex. With her desire to obtain drugs, she too started trading sex. In a large majority of the interviews this connection was central. Cassandra, on the other hand, explained other factors leading her to drugs:

Well my life went downhill in one year. I went from a mother to losing my children, to becoming a drug addict, being domesticated, being only that stuff. So that, kind of like, made the drug my best friend. It was the only thing I needed. That was it.

The connection between drugs and sex for money is recurrent, acting as a continuous cycle in the lives of these young women.

Twelve women identified that the reason they engaged in transactional sex was because of drugs. Only one participant did not use drugs or alcohol. Drug and alcohol use and exchanging sex were entangled in their lives. Monique explained: "It's like...it's always alcohol, is a factor, it's a big factor, in my life. And it seems all I do is turn to alcohol, and when I do, I end up at the corner. I don't like that."

There is a conflicted relationship between drugs and alcohol and sexual exchange. Seven women stated that they had started using drugs and alcohol prior to being on the streets.

Over half of the young women used drugs such as crack, cocaine, and pills on a regular basis. For instance, Zoey said the need to get high made her less likely to think about healthy choices:

Like, oh, can I use your pipe? You know, you don't care if you want to get high. You don't care if people have scabs on their lips [giggle]. I've been there and done that. This girl had stuff on her lips. I don't know, like herpes or whatever. I didn't even care. I was like, "Just let me use your pipe," and after that, I was, like, "Oh my god, I can't believe I did that."

Drugs and alcohol were central to the lives of these young women. Easy access to their substance of choice made their interaction with clients riskier. The abuse of drugs and alcohol is described by these young women as removing shame and the loss of self-respect for exchanging sex.

"I was, like, when I wasn't using, I would be disgusted by myself. I don't know how, like, [if] I [was] straight-headed I couldn't bring myself to go out. It was the drugs" (Cassandra).

"I guess it affects me emotionally. Mentally I feel unwanted, disgusting about myself. Um, I just feel really low, like I never felt this way in my life" (Rachel).

At the time it might seem positive because you're getting a drug. At the time it seems [like], "Yeah, I scored," you know? When you're coming down, I always feel so shitty. [I] just feel gross after, and you just want to soak in that tub and rinse off in the shower, even though, maybe even though I haven't done anything. I still feel really disgusting like I did do something. (Leanne)

Alicia stated how the addiction was affecting all aspects of her life:

“I got sick of using. Made me miserable, made me depressed, made me broke, made me hungry, made me ugly. Made me homeless, made me in debt, made people hate me. All [of] those reasons.”

When these young women are under the influence of drugs and alcohol prior to going out on the streets, they have less inhibition and are potentially more vulnerable to engaging in higher-risk sex.

When [I] was drunk, I want to do drugs, I want to, um, have sex, sort of thing. In engaging in risky behaviours or, you know, sometimes you are so blackout that you don't know if you used a condom or whatever. (Mia)

“Maybe a couple times when I was really drunk, too drunk to remember” (Monique).

Several of these women mentioned the use of drugs and alcohol prior to going on the streets, while others talked of using substances with their clients. Research has shown men assume alcohol will enhance desires and sexual activity (Kalichman et al., 2007). Women who engage with men under the influence of drugs and alcohol place themselves at a higher risk for violence. The women made the following related statements:

“But there's always that, those times when you get picked up by a drunk guy. Drunk guys are always assholes” (Wendy).

“Especially when they are drinking, they can just turn on you just like that” (Zoey).

“I mean, usually when you are messed up on drugs and alcohol, and you usually don't follow that instinct, right?” (Tami)

The drugs these women used included crack cocaine, marijuana, pills, ecstasy, crystal meth, and hash. Sometimes the pills were crushed and then snorted. The women disclosed that the longer they engaged in transactional sex, the greater chance they would use harder drugs.

Three of the women who had been engaging in transactional sex for 7 to 12 years also used several different drugs, including prescription medication illegally.

Leanne expressed her choice in not telling her son about her drug use:

I know I haven't come clean with my son about my drug use. I don't want him to know that I use in any kind of form of crack cocaine. So I just, well, I smoke dope, I smoke weed...and to him that's okay. But I won't tell him anything else.

A lot of the women stated that they traded sex to support their drug habits. Six of the women had gone to treatment but they all ended up back on the streets trading sex. Of the six women that had attended addiction treatments, four continued to use drugs, one was still awaiting addiction treatment after detox, and another was stopping for the sake of her unborn child. The last individual who had attended treatment also said she would likely use cocaine again. One pregnant participant voiced that she would likely return to her drug habits after the birth of her child.

Pregnancy

Seven of the women had one or more children. As already mentioned, young women involved in transactional sex are at a higher risk of unprotected sex, sexual violence, STI/HIV infections, and early pregnancy. Some of these young women continued to engage in transactional sex when they were pregnant. One woman explained that she was likely to have to stop soon as she was starting to show and the drugs could be a risk to her unborn child:

I have worked a couple of times lately, just because I need money. But, um, it's getting hard 'cause you can see I'm pregnant obvious [laugh]. The guys don't want that. I wear [a] big sweater and it kind of hides it right now. From now on, I'm not going to be doing it at all because it's just dangerous in my condition right now. Well, it's dangerous all the

time but, I mean, it's a little bit more important now that I don't because I have a baby, you know? But [when] I have no food then I got to go, you know. 'Cause I have no options. I'm hungry but I try not to do it, you know? (Wendy)

Three of the women interviewed were pregnant, two with their partner's child. Two of the young women said their partners did not know of their involvement with sexual exchange. One of the participants mentioned using birth control as a means to prevent pregnancy.

Intensity of violence

The population involved in transactional sex is particularly victimized. Thirteen of the young women interviewed had experienced some form of violence on the streets. Only two female youths reported no violence during their involvement. One of them was an escort, which may have limited her encounters with violent men. Belina noted the security of having someone downstairs to call for help. She commented on how this was a safe physical and emotional environment in which to work:

I had complete discretion if I wanted to do a session and if I didn't like a client. For example, safe sex is mandatory and...she did our screening for us to ensure the clients were safe. And she didn't take any money for that....They would get in touch with Sonya. She ran ads and she ran a forum herself, and they would get in touch with her. She would screen them. Once she had a name, number, and reference of someone else they've seen before to ensure safety. She would send me a message asking if I wanted to see this client at such a time.

Belina had more control over her environment as there were people to protect her if she happened to have a date she did not want to provide service to. All of the clients were aware of the requirement of safe sex.

The other woman who had not experienced violence was involved on the streets for only three months. All the women were aware of the possibility of experiencing danger on the street and set ways to protect themselves from the things they feared could happen such as rape or other forms of violence. The majority of the women interviewed clearly defined violence and death as their greatest fears.

The women also experienced emotional violence:

I was a teenager thinking, you know, “Oh well, I’m only good for sex,” and people used to tell me that. “Oh, you’re good for money,” you know? When you’re a teenager, hearing that takes a long time to get out of that. To not just think of yourself as just someone who makes money. (Zoey)

Another participant, Emily, also expressed fears of her boyfriend finding out through her friends that she worked the streets for money. Emily disclosed that her friends forced her to go out with them to exchange sex and to watch out for them so that they, in turn, would not tell her boyfriend about her involvement in the same activities. Emily constantly struggled with preventing her boyfriend from finding out while trying to continue her relationships with her friends. Emily provided a glimpse of the influence her friends had over her and her difficulty in preventing her experience from coming to light.

Street work is clearly an occupational hazard for the health and well-being of the women involved. The following statements illustrate the violence they face in their daily environment:

I’ve been thrown out of moving vehicles. I’ve been stabbed...Um, I don’t know. There was a lot of different things that happened...Well, I got hit by a car three times on the street too. When I got hit by a car I was thrown, like, 20 feet from where I was originally hit. Somebody had seen that and had called the ambulance, and when the ambulance

arrived to where I was, I was still standing on the corner. They asked me if I was the one that was hit and I said no. (Tami)

“I’ve gotten bad dates. I’ve been hit, ditched, robbed, [and] raped. I’ve had a lot of bad, bad dates. So the answer is yes. I mean, you are at risk every time you go out” (Alicia).

Some of the participants admitted having health problems but not all of them pursued health care. In fact, the young women who had encounters with sexual and physical assault did not report this to the police or seek medical attention. Mia reported emotional and psychological trauma at the hands of the police who strip-searched her numerous times while being detained. Others felt sexual assault was part of the risk they took on the streets and that the criminal laws of procuring and communicating sex prohibited them from reporting it in fear of criminal sanctions and arrests.

The majority of these participants talked of their fears of violence. However, this did not prevent most of them from continuing to engage in sexual exchange even after having experienced an episode of extreme violence. When there was no food or money the women felt the need to return to the streets for survival. Leanne recalled her experiences:

A couple of my dates, um, had attacked me and I ended up in the hospital. And, um, this thing [scar 4 inches in length] happened and, like, I was taken into a back alley and was beaten repeatedly and stabbed.”

The same participant also disclosed experiencing gang rape while on the streets:

I was just going to the corner store to get a loaf of bread. Somebody took something over my mouth. And I was repeatedly raped for about, like, 6 hours before they...put me back in a car blindfolded and just threw me out of the car....and that didn’t stop me from doing this [transactional sex]. It made me even angry and, like, anybody that would pick me up,

I would just make it my mission to jack them...because of what happened to me when I got sexually assaulted. They kicked in my back door so to speak and, um, that's never happened to me. They did it so bad that they had to, um, take stitches 'cause, like, they tore my skin and everything. And, yeah, I couldn't go to the washroom and it hurt. I was so scared I couldn't go outside for a long time.

This woman explained that her rationale to go out there on the street after the group rape was to get even with the men who had taken advantage of her. Leanne also discussed her fear of small enclosed spaces due to her experience of rape.

Another participant, Zoey, also described an experience of sexual violence in which she was confined to a client's home, where the man sexually assaulted her on and off for three days. She managed to escape through the window with her hands and legs tied when he went to answer the door. Even though this was frightening she continued to exchange sex on the street. Zoey also did not report this incident to the police, nor did she report the other times that she was raped as she had been charged previously by police for prostitution.

Another woman presumed it was her fault she was raped as she was intoxicated at the time and should have been in control. A number of women showed their tolerance of physical and sexual violence to achieve material gain. Wendy stated, "There has been a couple times after that where I've been hit by a john." Cassandra explained her experience of two incidents of violence in the same night, where first she was robbed of her money and then later a man refused to pay her and repeatedly beat her on the back of her head. Cassandra thought she was lucky to get away by screaming. Taylor listed getting beaten up and then having her hair chopped as an incident of violence. In her culture forced hair-cutting could also be viewed as stealing her pride

and shaming her. The women listed violence as a risk they had to take to be on the streets, and many continued working in the same manner after these events had occurred.

This apparent desensitization to violence is described well in the following example:

I have been shot with paintball guns, pellet guns. I've been hit with beer bars. I have been hit in the head by crowbars six times by two guys. I don't know. There have been a lot of different things that has happened to me. (Tami, 24)

One woman described her fears of her regulars' demands. Chloe disclosed that there were times she was scared since they were rough and made requests that she did not want to perform:

Um, sometimes it's scary because they're, like, rough and, like, scary at times, I guess.

Sometimes they're, like, ugh, really? Then it's, like, okay, might as well. They're going to give us money or whatever. Okay, just get it over and done with...type of deal.

These women did not report these violent acts to the police as they assumed the police would not help them and would likely arrest them for soliciting sex. Some of the women felt it was a risk they took for exchanging sex on the streets. Monique described it well: "You gotta do what you gotta do" for survival. Other women did not want to deal with the police as they did not want to take time away from working the streets filing reports that would likely lead to nowhere.

Some women talked about violence at the municipal level. Belina, for instance, spoke of how the police stereotyped her based on her ethnicity:

I felt unsafe with the police actually. They asked really insulting questions...They assumed I was a part of a gang and, to be honest, they assumed I was a part of a gang because I was black. They asked me these questions, and they obviously had a very specific perception because, like, they asked how many sessions do you do a day? And I said I do one or two a week because I do community volunteering. They were shocked,

right? They definitely had perceptions about who I was and what I was doing there, and my ability to defend myself or make my own decisions.

Belina also expressed the emotional and psychological violence that she experienced at the hands of the police. The irony of her comments about the situation was that she felt safer with her clientele than with the police:

Yeah, it was a little strange. They never really got physically with me, which was really good, but it was condescending and it was surprising. It's been such a long time since I've been in a space with someone which I couldn't engage face-to-face on an equal level. It was, "You are a bad person and you are under our control." It's purely intimidation because at that point, they haven't laid charges on me. All of their methods are used to intimidate and to break you down so you do what they want. It was interesting.

Mia, however, disclosed physical abuse at the hands of the police. She also expressed this traumatic event may have been due to the fact that she was transgender:

Yeah, I have, and being degraded by the police too at District 3. They literally, like, tortured me. They kept me in a room *this big* and repeatedly strip-searched me with all their staff. Yeah, it was, like, it was something traumatic at that time.

Strategies to limit violent interactions

The women indicated that sexual violence can occur anytime during the transactional sex if they have a "bad date." Bad dates are when women provide sexual services to clients with the outcome of not receiving payment and experiencing physical or emotional violence, sexual assault, robbery, or even death. These young women employed various techniques to avoid

harm. In this context, they learned to negotiate with their clients and decide on the services they would provide and which goods they would accept in exchange.

The women reported gut feelings and instincts as skills honed from an accumulation of bad experiences with clients. One woman stated that when she got a bad vibe about a guy she would try to brush him off by demanding more money, which would get the guy to leave. Other signs that alerted these women to stay away included the smell of alcohol, the presence of more than one man in the vehicle, the client being high, and being taken out of their usual work area. Safety measures included knowing where the door handle was and ensuring they could open it in case of an emergency. Other techniques they used included pretending to have control of the situation by calling friends on the phone, having their partners watch from around the corner, and having other women take down license plates when they entered vehicles. Some women spoke of always making sure they kept their purse, identification, and money with them at all times to prevent people from driving off with them. Finally, safety measures and precautions included not using drugs and alcohol while on the streets trading sex.

Sexual intimacy and relationships

Sexual Intimacy

This section explores women's sexual practices and desires. Throughout history, women have traded sex for physical safety and financial security. The women in this study spoke of how society views women that trade sex for love and affection differently from women that trade for financial and material gain. Transactional sex is common nonetheless; it is an activity allegedly engaged by individuals with fewer resources or who are deemed of less status. Even though the women had experienced a range of sexual experiences, they also disclosed their difficulties with intimacy with partners, the types of relationships they have, and exchanges as problematic. One's

agency is viewed as an individual's ability to make choices to pursue or sanction a particular event. One's agency can also place the individual in situations that limit, coerce, or control the person's choices. Agency is also affected by the political, economic, social, and religious situation (Cabezas, 2009).

The media can be a determinant in how sexuality is viewed. It has the tendency to sexualize women's bodies, for instance, in music videos. Songs such as *Smack That* by Akon and *Hotel Room* by Pitbull not only objectify women but also represent how women should be treated and used. These songs depict inappropriate touching and violence towards women. 50 Cent recorded a song, *P.I.M.P.*, which shows men pimping women and indicates how women should be exploited. Music, advertisement, commercials, and music videos influence how men and women view each other and can distort gender perceptions. For example, Britney Spears's song *I'm a Slave* talks about treating women as slaves and how women should be taken advantage of. The girl band Pussy Cat Dolls have a song, *Buttons*, with explicit lyrics about wanting men to remove their clothing and their frustrations with men not knowing what to do. Young women who view such music videos can be influenced into objectifying themselves to be perceived as desirable and attractive. This may be harmful to their emotional well-being and affect how they are treated by men. Beyond videos, young women are bombarded daily by messages throughout the media about behaviour, language, and attitudes related to female sexuality and its relationship to commercial consumption.

The women in the study seem to have learned to wield their sexuality like a sword. For instance, Alicia learned through her experiences with transactional sex how to manipulate her boyfriend into compensating her time off from working the streets. She was able to acquire non-essential items through him so that she could spend her own money on necessities and other

goods. Music videos such as *Gold Digger*, sung by Kanye West and Jamie Foxx, talk about how materialistic women can be, women's constant struggle to obtain more material goods, and how women exploit their sexuality to meet their ongoing needs and wants.

Sexuality is scripted by political, economics, and cultural context. Women involved in transactional sex are commonly deemed criminal and deviant in Western culture. Furthermore, research on exchanging sex has often been viewed through class and race as a determinant for risk (Cabezas, 2009; Kinsley & Mark, 2000).

Among the young women of the study, Tami indicated she thought that being of Aboriginal descent and being transgender and involved in transactional sex had affected the care she received at the hospital. Belina also claimed that when she was arrested the police assumed she was involved in a gang based on her skin colour and her African-American background.

The young women of the study showed they exerted their sexual desire to meet their basic needs and to obtain drugs and various material and non-essential items. The young women expressed how men saw them as commodities that could be bought and used. The participants described how sexual intimacy was difficult after experiencing transactional sex. In addition, they voiced complications in making connections with their partners (i.e., being honest about their association with transactional sex). Cassandra voiced her experience:

Now I just feel uncomfortable with men. I don't know, just, only if they come onto me the wrong way, like, like rub off on me the wrong way, and I get uncomfortable around them. I start thinking all they want to do is have sex or something like that.

She assumed that men only wanted sex from her and that they did not really want to invest in a relationship.

Wendy also expressed difficulties with being able to be close to her boyfriend and opening up about emotions and feelings. She also expressed struggles with expressing her own sexual needs. She said that she was able to be open and honest about her experience of transactional sex but her boyfriend appeared uncomfortable about staying during the interview to hear what she had to say about trading sex. He sat outside during the interview. Wendy reported a lack of physical enjoyment in the act. Her experience with transactional sex caused her to struggle to differentiate between clients and her boyfriend when engaging in sexual contact. Wendy verified this by stating, “Like, I just lay there and let them do whatever, you know.”

One woman explained that she “just wanted to live life normally” and get away from transactional sex because it was really “screwing up” her life. Some of the young women mentioned lacking self-esteem and feeling dirty, gross, unwanted, worthless, and disgusted with themselves for letting strange men and presumably familiar men, too (such as regulars), engage them in transactional sex.

Love and desire are not often studied in this population. The sexual issues of this population are rarely dealt with or deemed important. It is not clear if they perceive the operations of buying and selling sex similarly or as part of the same activity. Further, there is limited information about whether such women experience sex differently when they engage with a partner or boyfriend compared to with their clients. When Alicia was asked about her relationship with her boyfriend, she discussed wanting to be happy and in love. Even so, she seemed to struggle with distinguishing between and separating sex and money. She had become accustomed to using her sexuality as an occupation. She felt that sex should not be given freely because then it would be less valuable and given at her own expense. When asked to define her understanding of her experience, Alicia articulated, “I’m working, just trying to make some

money. This is my job.” She perceived sex without any sort of exchange was devaluing. She felt conflicted about disassociating sex from money. Sex had to be commodified so that she gained something from the interaction. Alicia provided a picture of how her relationship was affected by her experience of transactional sex:

Like, for example, to my boyfriend, if [I say], “You don’t buy me weed, I’m not coming to see you.” He doesn’t even know [that] I work the sex trade. If he doesn’t buy me two grams of pot and pay off what I owe, I will not go see him...He’s paying to see me. I mean, in my head, I won’t sleep with him unless he orders drinks, has food, [I] make him put lotion on my back. Like, I’m very greedy, in the sense of the way I see it. It’s the way of using sex to get something, right? Even with my own boyfriend.

In the initial interview, she appeared less invested in the relationship, which would represent having more power over the relationship and consequently determining what compromises were acceptable. Alicia explained:

It makes only me want sex when I’m being paid or when I have ulterior motives. Like, I know I’m going to get paid or I get something that equals money out of it later. Like, I will not sleep with someone unless it’s money-induced.

While Alicia contradicted herself in expressing fears of losing her boyfriend over the transactional sex, she also measured how commodities shaped her sexuality and the reality of her relationships.

Intimacy is not only a difficulty for these young women but a barrier to being able to engage with their partners and view them differently from their clients. For example, Alicia discussed her lack of more active participation in sexual activity with her boyfriend. This can be viewed as having her sexual needs met by not having to contribute to the interactions:

I won't get on top ever [giggle]. I am lazy. I'll just lay there or bend over. So, I mean, I don't. I am a lazy person, like, when it comes to sex. I am selfish and I am lazy. I don't engage in helping him getting [it] up."

In conversation, Alicia showed her indecisiveness about her relationship. It appeared that she was pursuing both economic and intimate interactions with her boyfriend. Even though she felt obligated to tell him about her transactional sex experience, she also expressed self-doubt that he would leave her if he knew about her experience.

He's an idiot. He put up with it because he loves me, right? I feel sorry for the guy. Yeah, but I do love him. It's hard... 'cause the day is coming when I will tell him what I am doing soon. He deserves to know, you know what I mean?

In her interview about her relationship, it became evident that Alicia really wanted to invest in the relationship but did not have the confidence or faith that the relationship would work out if she disclosed to him about her involvement in transactional sex. Her discussion of the relationship indicated some part of her loved him and felt obligated to tell him the truth: "I am not fair to the person I'm with because I treat them like shit. Because I treat them like any other john."

When asked directly about how she felt about telling him she was trading sex, she replied, "I don't have any feelings towards it. Nonchalant, don't caring...before I met him. Yeah, if he can't accept it then I will move on without him. See how I don't put myself out there emotionally by saying that? Okay?"

Through her disclosure, Alicia revealed how she was already preparing for him to reject her choices regarding exchanging sex. It seems likely she does care for him but struggles with balancing how to express it while ensuring her needs are met. Alicia presented as confused about

her feelings about the relationship and whether there was a future for her boyfriend in her life. She was wavering between wanting to tell him and continuing to hide it as she did not completely trust that he would accept her past history and decision to continue with transactional sex. Alicia has hinted to him about her experience trading sex but noted his lack of attentiveness on the matter:

It's crazy. He has no idea that I do it at all. I've been with him since Christmas time.

Actually, I'm not ready for him to know. I kind of joked around with him and said "What if?" and he looked like he didn't care. He might start to suspect but by the sound of it he doesn't know. So it is what it is.

Intimacy with another person is seen as including the ability to trust, empathize, share, and communicate honestly. Many of the participants spoke of struggles of sexual togetherness with their partner, shutting down, and loss or confusion of feelings. Since they did not view sex acts with clients as experiences associated with pleasure, love, and intimacy, these women struggled "to turn the switch off" in order to express emotional and sexual desire toward their partners. The sexual issues these women faced seemed to play a major role in the types of relationships they had.

For instance, the media portrays intimacy as being romantically involved with one individual with whom you plan to share the rest of your life. Common assumptions in society about meaningful relationships include expressing mutual respect, support, and commitment to one another. One woman in the study, Monique, mentioned that in her early teens she was seeking love and intimacy from men as she was lacking the love of her biological parents and not getting it from her foster parents. However, Monique soon found out that the men she met were not really committed to having a relationship with her but were only looking for sex while

demonstrating a sense of possession and controlling behaviour. In the interviews, she presented a lack of trust yet indicated she was still seeking approval and love from her relationships.

Children were also a factor affecting the women's sexuality. For example, Wendy spoke of how her pregnancy affected her sexuality. She explained that being five months pregnant motivated her to quit trading sex on the streets for a period since she feared clients might hurt her and the baby. Wendy said that the men looking for sex did not like knowing the woman was pregnant. They usually reacted negatively and might even act violently towards the woman. Although this topic was not discussed in greater detail, it is speculated that the pregnancy might have de-eroticized or desexualized the body. Based on Wendy's comment, perhaps the pregnant body affected the men's view of the woman's sexuality so they perceived her as less desirable. Wendy said she tried to hide her pregnancy by wearing bulking sweaters. She only returned to the streets during this time in her late pregnancy as a last resort, when she was out of food and had no other source of income.

Death, violence, and sexual assaults were prevailing topics that were ever so present in the minds of the participants. Several women discussed how this negatively affected their sexuality. For example, Tami spoke of the injustices several women faced while on the streets. She explained that "bad dates seem to think that they can do bad things to you, and get away with it, and be okay with it, because you are a sex worker." Tami spoke of hit-and-runs, crowbars to the head, and stabbings while on the street.

The women discussed the unpredictability of the "date" and how it could get bad at any time. Wendy remembered an early work experience in which she had gone partying with her client, taken ecstasy, and ended up back at his hotel room where he almost strangled her to death. Wendy thought the situation ended well as he took her home after the incident and gave her \$100

for the night. The consensus among the young women was that any one of them could go missing as a majority of the women spoke of knowing someone who had died or gone missing from working the streets. Cassandra remarked on her fear of ending up dead: “It’s not worth it, you know? We’ve...all had bad experiences and it’s scary. Some, some girls don’t come back, and I don’t want to be one of those girls.” Another participant, Betty, claimed there were a lot of negatives on the streets and that it got scary, but the need for survival prevailed over her fears of death. They lived in constant fear that the next car they got into might be their last or that they might get beat up, robbed, or sexually assaulted.

Similarly, Zoey mentioned being tied up and held hostage at a stranger’s place for three days. This turn of events resulted in her accessing welfare. Zoey also disclosed a few other times when she was raped on the streets yet never reported any of the incidents that had occurred. She claimed she was concerned that disclosing the interactions to the police might result in her being charged for soliciting sex. Alicia commented that she was more likely to report to an agency as she felt they were likely to treat her with respect instead of using derogatory labels when addressing her:

Any time I got hurt or raped, if they were open I came here. I reported that shit right away. So that guy can’t do it again. Yeah, okay, you got away. Now, buddy, you can laugh now. Well, [I] wasn’t afraid to report what you did. If it wasn’t for this place I would be afraid. I wouldn’t report it to a regular cop. They ain’t using those labels that the public uses, right?

Other ways that the women used their sexuality was in trading their bodies to feed their addictions. Rachel stated that she engaged in sexual exchange with her former partner for cocaine, shelter, and financial gain. Although this arrangement was beneficial for her, this

interaction often did not last long. Other women spoke of meeting men who only wanted to talk and use drugs together. This type of transaction was of greater value as the women did not have to trade sex but received a gift of drug use from the interaction, which fed their addiction needs. Some women said their ability to use their sexuality to obtain goods was an addiction in itself. For example, Cassandra said, “I tried it [transactional sex] one night and after the taste of the money in my hands, that was almost like that was an addiction.” Betty, Cassandra’s sister, also stated the access to money was an addiction in itself as one immediately had access to the money from the transaction without waiting for a paycheque.

Relationships: sexual arrangements

Some of the women discussed getting STIs from previous and current boyfriends because they had different ideas of intimacy and relationships, which put them at risk. Some of the women discussed different types of sexual arrangements with boyfriends, regulars, sugar daddies, and others. They said that they were more likely to use condoms with strangers provided they were not given extra money. Some of their partners continued to have other sexual relationships outside their relationship. It is not clear if this open arrangement was approved by both parties due to the transactional sex or if the partners were being unfaithful. Leanne mentioned the benefits of having her husband stand around the corner watching over her to ensure her safety. He could call for help and back-up when she encountered physical violence or robbery. He also collaborated with her in robbing men who were her clients of their money. Wendy disclosed how sugar daddies were beneficial to her well-being. She said that having these connections allowed her to call on them for food and groceries without having to engage in sexual contact. This also decreased the chances of her having to go out on the streets while pregnant as it was becoming increasingly difficult to hide her stomach as the months went by.

The role of agency needs to be considered in exploring how the women described their sexual experiences, in particular, how they continually challenged the status quo of sexuality and intimacy through their personal interactions. Their relationships with boyfriends possibly highlighted sexual and emotional desire, yet when they provided them with sex, they also expressed their perceived entitlement to goods. Further, the women often categorized the different types of relationships with the clients based on the types of exchange, such as monetary or gifts, indicating the importance of the currency exchanged.

The two women in the study involved in a same-sex relationship have a clear understanding that they take turns, go out separately, or go out together to engage in transactional sex to meet their needs. It is interesting that one of the women in the couple also had a boyfriend with whom she was involved in an on-and-off relationship. It would be beneficial to understand if and why open relationships are tolerated and acceptable to this population.

Very few of the women spoke of staying in a committed relationship where they could be honest and open about their experience. Some of the women discussed the risk of telling their partner, who might not accept this experience and thus would end the relationship with them. Some said it was becoming increasingly difficult to have an open and honest relationship with their partner and that they were likely to be judged by their partners, families, and friends. For an instance, Zoey reported that she did not really have a relationship with her family members as “my cousin went and told my family that I was a hooker. I was not ready to come out and say it to my family. I had no choice but to say ‘Yes, I am’ and now they will not even talk to me.” The struggles these women faced were barriers to sexual togetherness and resulted in their shutting

down and loss of feeling. To some of the women, sex was an experience that they did not associate with pleasure, love, and intimacy but rather viewed as a means of survival.

Mia (24) discussed a previous relationship from three years ago. She claimed that her continued experience with transactional sex was affecting her relationship. She said that she had to make the choice of leaving the relationship. The man with whom she was in the relationship made her feel like “he was my pimp,” yet nonetheless “he was a really a good guy and all.” Her comments show the discrepancies between how she felt about the relationship and her justifications for ending it. Mia stated that she “tried to have a boyfriend.” Her description of the relationship shows that she desired to be in a relationship but struggled to balance the relationship with her involvement in transactional sex.

The women in the study often expressed their fear that men only wanted one thing, which to them was sex. Being able to trust the male gender appeared to be a risk to some of the women. Some indicated men used them only for sex and did not really want a relationship. Others spoke of men wanting to make money off of them by pimping them out on the streets. They had difficulty separating their work from both their personal life and their perspective on the male gender. The young women’s views on sexuality were therefore not easily separated from their perspectives of work.

The violence the women encountered on the streets speaks of the power and control these men have in hurting, abusing, and degrading them. Even though Monique’s partner was in jail, he continued to want to control her whereabouts and interactions. Zoey also talked about the men in her life who used her to get money. At the time, she thought she was in love with these men yet later realized they were manipulating her to work the streets. Zoey stated, “When you first meet them, they are, like, ‘Oh, I wouldn’t expect you to do nothing.’ But then after a while you

know, like, they'll get you drunk and take advantage of you." Other men in her life continually told her that she was only good for making money and that she was a whore.

These young women's relationships were clearly shaped by their engagement in transactional sex. Monique claimed she was keeping the sexual transactions secret from her partner. However, the narrative of her relationship suggested that her partner mistrusted her. She mentioned that her mother-in-law and his family spied on her while he was in jail and that her neighbours and the community talked about her exchanging sex on the street. Whether she really thought she was hiding her involvement or was in denial about how much her partner really knew is debatable, as he appeared to be very jealous, overbearing, and overprotective in wanting to know constantly where she was, who she was with, and what she was doing.

The following brief phone conversation Monique had with her partner during the interview illustrates what their relationship was like:

Hello, I'm doing this questionnaire survey, David. F***ing relax, man. David, HOLY MAN, there is someone f***ing here. Man, Dianne, f*** right? Okay. [Laugh.] Babe, her name is Dianne. We're in the middle of doing this. Ugh, I don't know where she parked. 'Kay, my love, call me after supper. I love you. Holy f***! UGH, drama, his family watching over me. It's so crazy. I'm just going to turn this off.

This one episode suggests a relationship outside of what may be deemed normal and acceptable. He obviously did not believe that there was someone with her or that she was telling the truth. It was important to him to know where the car was parked as this was something he wanted to confirm. Monique had voiced needing to finish taking the program and being able to apply the skills learned to get her children back. Some of the program included couple's counselling and addictions treatment. She claimed the police had deemed her home a

prostitution, gang, and drug house. She saw more personal questions as threats of danger and struggled to put her trust in others. She disclosed the loss of a child but became defensive when asked for more clarification on what had happened. She explained that she felt judged by people in her surrounding community and by certain service providers.

Many of the young women interviewed reported they lacked feelings of sexual desire in their lives and struggled with intimacy with their partners. They described in several ways their difficulties with trusting men and being truthful with their partners about their experience in sexual transaction and about their sense of desire, whether it was physical, emotional, or psychological. They provided illustrations of the lack of sexual intimacy in the various contexts of their lives.

They suppressed their sexual desires as they came to understand that there was no personal gain from such emotions. They may or may not have consciously engaged in deflecting their sexual feelings but eventually it did decrease. Others, like Cassandra, narrated a semi-conscious resistance to their own sexual desires and why there was no trade-off for this emotion. Some talked about the conscious decision to suppress their desires and indicated that maintaining their awareness of power, taking control, and choosing safety were the most important reasons. They also expressed their understanding of the costs involved in this choice and how it affected their lives and their relationships.

Cabezas (2009) studied transactional sex in the Caribbean and used the concept of tactical sex to explore women's use of sex to their advantage in tourist economies. Throughout the study, she discussed the use of sex-corrupted relationships. Intimacy and monetary exchange corrupts the relationships as the young women become confused in differentiating between sex between clients and sex between partners. The strategic methods in which the participants in the

present study exercised their control of sexuality allowed them to determine the value of the exchange, with whom they would engage, and when. For instance, Alicia mentioned providing sex to her boyfriend only if she received something of value in return. Wendy, however, mentioned sustaining and preserving relationships with her sugar daddies in a similar manner to the women in Cabezas's study to obtain nourishment and possessions. In fact, some of these men provided goods based on the relationship they had built and without the exchange of sex. While Rachel mentioned using the relationship with her drug dealer boyfriend to obtain more drugs, Mia and Tami suggested that everyone, not just sex workers, uses their sexuality to their benefit.

Leanne benefited from the understanding that sexuality is a commodity that men are willing to pay for. She preyed on the men's curiosity and desire for the novelty of new experiences to rob them without supplying the sex they sought. Leanne explained her approach:

“Would you like a penguin blow job?” And [they say], “Sure, what's that?” [I say,] “Oh, put the condom on, but I got to get paid first,” and they'll pay me. And then as they're putting that thing on, I book it out the door, and the reason why they call it the penguin blow job is because the guy is in such a rush to catch you, he'll get up and do this.

[Leanne demonstrates what the guy would look like in that situation.] And his pants are down to there. That's, that's my trick [chuckle] with these people.

Sexuality was used as an economic exchange, as part of the negotiation for items the women needed and wanted. With transactional sex, the women appeared to suppress their sexual feelings as it essentially provided material and survival needs. Wendy described how she struggled to enjoy sexual intercourse and intimacy with her partner. She had to learn to enjoy it and not view it as transactional sex when she was with her partner. Wendy, however, also talked about how difficult it was to put herself in the moment and not distance herself during the act.

She explained, “It was really hard when I got together with him because I just looked at all guys the same.” The complexity of the story is startling since in her eyes all men were the same and wanted only “one thing.” As she discussed her relationship with her boyfriend, the emotional and psychological struggles she faced became apparent: “It was hard for me to get close or, you know, even to enjoy having sex with him because I was always having sex with [other] guys.” Her story shows that she struggled to make an emotional and physical connection with whomever she wanted to have a relationship. These women’s difficulty in achieving intimacy may also have stemmed from previous negative experiences, post-traumatic stress, trauma, lack of experience, abuse, rape, and violence. It seems they had learned to distance themselves from intimate interaction and limit emotional connection.

While many of the women talked of the disappearance of their sexual desires from trading sex and how that was part of their choice to engage in such transactions, Belina, who worked as an escort, expressed a different view on sexuality than the other study participants:

I would say that if you haven’t reached sexual maturity there is a lot of pressure to...um, perform, right? Like, you haven’t had enough personal sex to know what you enjoy, what’s good for you. It’s a little bit harder when you are seeing a client because you are under pressure to provide for someone else. So if you don’t know what your lines are then you can’t be necessarily sure what is best for you. I think that doing it too young or doing it with too little sexual experience is a little dangerous. I mean I have heard experiences are, they are forced, they are, um...they don’t do screening. They are in basically high-risk situations but that wasn’t my experience.

The young women of the study were able to evaluate their experiences and choices through the trade-offs they made in sexual exchange interactions. One woman explained that she

tried transactional sex because she knew guys desired her and she thought that she could use this to meet her needs.

Many of the women discussed having more than one regular sex partner. These regular partners also included *sugar daddies* that provided food and material goods. Sugar daddies are regular clients that have short-term arrangements with the women, providing food, shelter, clothing, cash, and other goods as requested. The women discussed the sexual arrangements with sugar daddies as casual and often short in duration which did not develop into long term relationships. This usually means the women gained a greater sense of safety from such exchanges. Wendy explained that these sugar daddies eventually became friends that brought her groceries and items she needed without the expectation of sex in return. They wanted to see her periodically and know if she was all right. She elaborated on such relationships:

I've met, like, a couple of good guys that still help me out today but, like, I don't have sex with them anymore. They're just my sugar daddies or whatever [giggle], you know? Yeah, so that's a positive thing, I mean, cuz being on welfare, like, I don't get very much. So if I need food or something I can just phone one of them. Like, one of them, they will bring me food or money. (Wendy)

Leanne explained, "Some of them are just lonely. And just want to actually talk."

Similarly, Chloe described how her interactions with regulars was more on a reciprocity level as they purchased items such as clothing or provided money where necessary in exchange for sex. Chloe also explained that these regulars called her or she could call and set up dates when the need came up. Another participant, Belina, worked as an escort for three months. Her clientele consisted mostly of older men, some of whom were married. Her interactions consisted mostly of talking with the men prior to sexual contact, which was very different from the

experiences of the other women, who were street-involved, since she got to know her clients in a more intimate manner. She also got to choose whether she wanted to continue seeing the client and how the interactions would proceed.

One of the participants said she was still in a relationship with the father of her children. Their relationship at times was out of the norm. For example, her partner would stand on watch for her while she exchanged sex. She claimed her partner wanted her to exit this trade but her addictions led her back and made it hard for her to sever her ties. Another participant, Wendy, said that her boyfriend, also her baby's father, was aware of her exchanging sex. She had suggested to her boyfriend to stay during the interview. He appeared uncomfortable with her suggestion and decided to sit outside while the interview occurred.

It was apparent to the interviewer that the boundaries of some of the women were an issue in their personal lives and relationships. The women mentioned sleeping with friends to get alcohol and drugs, family members proposing to them to go trade sex, and friends manipulating them into going on the streets to trade sex.

Alicia disclosed boundary issues with her mother. When her mother first knew about her engagement in transactional sex, she suggested that she work the streets to get money for bingo and drugs. Alicia explained:

It's hard every day, cuz my mom is, like, "Go for a walk, let's go to bingo." Go for a walk? Go for a walk where? I don't know. She won't be, LIKE, "GO STAND on the CORNER," but she does, like, in between lines. Yeah, and it hurts me even more. If you're just, like, a john or you're just a guy, then I have no problem making myself emotionally away from you. If it's my mom or my sister, it makes me sad, you know?

Alicia felt obligated to exchange sex in order to gain the acceptance and love of her mother yet struggled with the feelings of hurt and disappointment her mother would ask her to do this. Alicia also explained how difficult it was for her to detach herself emotionally when her mother made these suggestions.

Other women discussed difficulties in setting boundaries with clients, which put them at greater risk of violence and physical harm. When faced with violence, they struggled with how to keep safe and whether to report to the police since they assumed they would be treated as the criminal rather than the victim.

Condom Use

The women's priorities and the circumstances they encountered influenced lower condom use, thereby increasing the probability of contracting sexually transmitted infections, including HIV. The significance of condom use and awareness was significantly affected by the amount of money clients offered. For example, Alicia disclosed if she was paid enough money she would forgo the use of condoms. Even though she knew there was a greater chance of contracting an STI, she saw no potential harm to her health.

Many of the women talked about not using condoms with boyfriends or partners since they thought they were safe with them. Two of the women who were pregnant at the time of the interview stated they did not use condoms with their boyfriends, who were also the fathers of their children. Other women that did not use condoms with boyfriends explained their decisions. According to Rachel, "Um, I had to get an STD a few months ago but that was from my ex-boyfriend because we didn't use protected sex."

Taylor assumed she could trust her boyfriend yet this resulted in getting an STI: “But I always use condoms anyways. The only time I get something is when I have a boyfriend and don’t use a condom so and I thought I could trust him, but I can’t because he’s f***ing dirty.”

The women also did not use condoms when they were under the influence of a substance: Just, you know, I, when was drunk, I want to do drugs, I want to, um, have sex sort of thing. In engaging in risky behaviours or, you know, sometimes you are so blacked out that you don’t know if you used a condom or whatever. (Mia)

Some of the women said they did not use condoms when the sex partners were regulars. One woman claimed she might understand the importance of condom use when she got HIV or some other serious disease. Based on the data obtained, it appears safe sex was perceived as the responsibility of the women, perhaps because the women faced more serious consequences such as pregnancy and STIs. It is unknown if the clients contracted STIs or if they went for treatment.

Control

Cultures around the world seek to control and regulate women’s sexuality. Alicia referred to how drugs and transactional sex control aspects of her life:

I’ve always been a crack-head. [It] makes me work or otherwise I work when I want. I’m bored ‘cause I need or I want this hair dye or something. But the only time I had to work is because I need more crack, which is when I am high. That was it.

Alicia explained that she used sex to obtain items that she considered significant in her life. She saw sex as her means to maintain control in her life and that without it she was nothing. It seems that her outlook on life was that she was nothing without sex and life was meaningless if men did not find her desirable. She would calculate how to use her desirability and sexuality to serve her perceived best interest. Alicia also associated exchanging sex for commodities with her

desire to impress her peers through all her material possessions. Social status was clearly very important to Alicia and presumably meant much to her sense of self-worth. She perceived that men considered here more desirable than her peers.

The young women learned negotiated where they could be taken, what acts they would or would not perform, and for how much. Nevertheless, their negotiating power was limited by their social position. Their power was further suppressed by their unwillingness or inability to report crimes to police due to their fear of reprimand for engaging in this trade. These young women voiced that they experienced sexual violence through the male's power and control during transactional sex, however, there were times the women did have certain control over the situations. Cassandra remarked about when she had control: "The time when I have control, some guys will actually, you know, keep forking over the money to get what they want, and then I get what I want."

Nevertheless, Cassandra also mentioned times when she had less control:

The assholes, there are the guys out there, they just come with the money that they got.

They're like, "Take it or leave it." Sometimes, you do take it because you need it, right? I have come across situations where I was like, no. I just got out of the vehicle.

Mia, on the other hand, explained that she knew she would get what she wanted because she was providing the service these men wanted. She talked about how this power could destroy her and how the thrill of getting what she wanted could be intoxicating. Mia also mentioned the attention she got could lead to risky behaviours where she could even end up getting murdered.

Rachel and her aunt, Leanne, who were only three years apart in age, agreed that Rachel lacked control in transactional situations. Leanne also claimed Rachel had a low self-esteem and

allowed the men to walk all over her and pay her whatever amount they thought they should.

Rachel stated her discomfort in asking for a reasonable amount of money when exchanging sex.

Zoey also expressed having limited control when it came to needing a place to stay:

Um...if it's for money and stuff, I feel in control, but when I need some place to sleep or if I need food, like, I have to do what they want. But when you are doing it for money, it's like, 'kay, you know, I don't want to do that but, you know, I will do this.... That's not a good feeling, to not have control...when you got no place or nothing to eat.

Zoey's scenario shows the complexity of different situations related to the women's degree of control, power, and agency. In circumstances when the women made demands for material gain, they reported commencing sex and using it to obtain what they wanted. When they were forced to negotiate for a place to stay for the night, they were more likely to participate in sexual acts they did not really desire. The women were more likely to feel they were at the mercy of the individuals they stayed with if they were homeless and did not want to return to the street. Zoey also discussed the difficulty in setting boundaries when engaging in transactional sex

I mean, it's hard, like, for girls on the street. I know it's hard for them to say no to things 'cause when you are on the street, you have no boundaries, you know? You have a hard time setting boundaries for yourself or you just let people walk all over you.

Selena, on the other hand, expressed very limited information about her situation on the streets. Given her reserved nature, it also became apparent that she struggled to speak up for herself. Even when the men asked if she needed anything else besides staying the night she seemed to feel too guilty to ask for anything besides a meal. The women's lack of control seemed to be due to men's physical power to get what they wanted without payment using violence, terrorization, and assault. They had little control beyond negotiating the price, safe sex,

and the types of sexual acts. In most scenarios, material goods were provided based on the sex exchanged and not on the women's needs and desires.

Women Oppressing Women

Young women engaging in transactional sex are immensely affected by drugs, friends, family, and economic need. Many of the participants in the study described becoming involved in sexual exchange as a result of witnessing financial gain. Participating in sexual exchange like their friends and family also made them feel like they fit in and were not left behind.

Alicia explained the parental pressure to engage in sexual exchange and how the need for her mother's approval forced her on the street to ensure her mother's needs were also met. She disclosed how difficult it was with her mother suggesting she "take a walk around," meaning she solicit sex on the street in exchange for money. Alicia reported her obligation to assist her mother with money, material goods, drugs, and so forth. Alicia normalized transactional sex for the love of her mother. She was trading sex not only for herself but to provide finances to her mother and sister. She viewed sex as a commodity that should be purchased whether with money or other goods. Her view that money gets you things places her at a higher risk of normalizing risky behaviours. Alicia commented that she was willing to not use a condom if the man was willing to pay more money. The participants of the study consistently reported they began to practice transactional sex because they had no other means of access to material and financial gain.

The participants acknowledged that transactional sex was a common practice in Winnipeg and that they tended to undermine the importance of their health in such exchanges. Accepting money and material gains for sex opened the doors to accepting sexual terms that they

might not have agreed to otherwise (e.g., unprotected sex). These young women also tolerated physical, emotional, and sexual violence to meet their income and other needs.

During the interviews, several women disclosed that men and other women had taken advantage of them. Zoey recalled a situation when, as an adolescent, she woke up to see a man kneeling over her and her friend while he fondled himself. There were other times that Zoey woke up with her pants pushed down and her shirt pulled up. She knew that she was expected to provide sexual favours in order to have a place to sleep for the night. Other times, she was expected to repay these men for taking her in and providing her food. Zoey was not the only woman that expressed feeling she had acquired debt from staying or eating at these strangers' homes.

Emily spoke of envying her peers' material possession, which induced her to seek similar items. In that way, she could move up her social standing. The material possessions she mentioned included cell phones, phone cards, manicures, and drugs. Before participating in exchanges, she felt isolated from her peers.

To pursue material gains, some of the young women ended up dropping out of school. They reported feeling social pressure from other women to have sex to earn material goods. A common theme discussed was motives related to economic gain. For example, Emily felt oppressed by her peers, who excluded her from the dominant social group. Emily was not the only one who reported using transactional sex to obtain goods to attain social status. Alicia believed she was different from her peers through making a lot of money and being able to share her wealth with her friends and family.

I shop. I brag with my money. I am bad... for the, the next three table drinks...I do favours for friends. I am a very generous and very giving person. It's, like, you know, the

other day they had a community workshop, um, where I cooked for the people. I do that in my rooming house almost every day.

Peer pressure around transactional sex is tied to being a part of a group and being able to have what the other women have, whether it is a new bag or more drugs than the next woman.

Some of the women disclosed that other women preyed on them to trade sex for money, drugs, and shelter. At first, these typically older women would offer them a place to stay, but then the young women would realize they were being forced to go out to trade sex for shelter, just like when they were staying with men. The older women also expected them to provide them half their money and drugs for shelter. Zoey remembered one time staying at her friend's place, where she was forced onto the street to exchange sex while sick. She was soaked from the rain and ended up in the hospital with pneumonia. Zoey claimed that older women as well as youths are increasingly forcing young women and other youths on the streets to exchange sex.

You sometimes meet girls you think are nice and they end up telling you to do something you don't want to do. Like, "Well, let's go to my friends' house and you can have sex with them." Humph, so it's not only guys. I mean, it's girls that do that to younger girls. Usually, I never would [have] thought a female would prey on another female but after being out there for a while I noticed that a lot, like, they look for the younger ones. "Oh, you can stay with me but you got to go out and work every night, and give me half your money or half your drugs," and you're like, "Okay, well, I need a place to sleep. I don't mind."...But, like, to me, I never ever thought it would be a woman that would do that because you always think of them as a mother, you know, a caregiver.

Other young women had also told Zoey that some older women were making them trade sex. Selena reported being coerced onto the streets to repay an older woman for staying at her place:

I was forced to going on the streets and, you know, like, making money that way. And then I got involved with the RCMP, which went on news and then, uh, I stopped for a while cuz I was too scared. And then after a while I just went back and started doing that.

A gender analysis of why some women oppress other women points to the fact only limited resources are available. Women are less likely to suspect other women are taking advantage of them as they often associate women with being caring, loving, and protective. This perception also provides the older women with more power and control to coerce young women to trade sex.

The routines of the young women's daily lives, lifestyle, and environment were expressed in their drug use and involvement in transactional sex. Their daily routines and lifestyle affected their general health and well-being. A few of the women talked about going days without sleep, food, or shelter. The survival of these women is phenomenal. In discussions with the 15 women, it became clear that they demonstrated very limited self-care in their lives.

Child and Family Services

A large number of the young women ended up on the streets from child welfare placements. However, not all the women had a background of being in the care of Child and Family Services. Factors associated with a young woman's susceptibility to engaging in transactional sex include being in the care of Child and Family Services, living in group homes or foster homes, and having numerous placements (Estes 2001; Kingley & Mark, 2000). Fourteen of the young women had some involvement with Child and Family Services on some

level. One individual reported having 22 different placements: 17 foster homes and 5 group homes throughout her childhood up to the age of 18.

The young women who had been involved in CFS spoke of feeling they lacked a home and the sense of belonging. Sixty percent of the participants had run away from their foster homes, group homes, family, or relatives. During her childhood and adolescence, Zoey was moved from foster home to foster home to group home until she was eventually living on the streets as she was constantly running away from her placements. While homeless, the need for food and shelter created the susceptibility to coercion and consent to trade sex. Zoey resorted to trading sex to pay rent to people she was staying with. Zoey stated that her CFS worker and probation officer were aware of her situation but gave up on her and released her from care at the age of 18 without any supports or resources. Mia and Tami spoke of being shipped from the reserve to the city, where they had no close family members or supports. Tami was unsure why she was removed from her grandmother's care on the reserve to a placement in the city.

The CFS-involved women had a tendency to run away and often placed themselves at a greater risk by staying at strangers' homes. Many felt they did not belong where they were placed by CFS workers and wanted the freedom to choose where they lived without being told what to do by an authority figure. Others ran away from home to get away from the addictions and abuse. They all had several CFS workers throughout their time in the child welfare system.

Monique was a permanent ward of Child and Family Services and grew up in a foster home as a child. She said her experience in care was "shitty" and that "it felt, like, just horrible. I, like, had nobody loved me, you know? [I] kept going with different guys to find love 'cause my parents weren't there." It was clear that Monique felt the child system did not help change her life for the better as Monique's children are also in the care of CFS. Monique's history shows

the intergenerational marginalization and susceptibility to past and current situations faced by Aboriginals. When asked if she had received any supports from her foster parents, Monique replied, “I didn’t tell my [foster] family till I was about...16-17” and that “I was on my own.” Regarding whether her CFS worker knew about her transactional sex, Monique replied, “No, I don’t know. Maybe. I don’t know [and] I don’t care.”

Monique’s story highlighted the lack of supports from foster homes and CFS workers. She apparently turned to her foster parents as a cry for help but was only disappointed by their lack of caring and unwillingness to assist her. Throughout the interview, it was visible she distrusted the child and legal systems and that she struggled to open herself up for fear of disappointment and judgement from others. Monique hinted at issues in her life but became angry and set up barriers when she did not feel comfortable discussing certain topics. She became almost confrontational when questioned about her children in care as well as the death of another child.

The women’s sex lives remained hidden to their children, even though their sexuality played a role in their motherhood. It may appear unorthodox to be exchanging sex for material goods and thereby providing care to their children yet women around the world do it daily. For instance, Curtis (2009) describes Caribbean women who purposely sought out men to provide for themselves and their children.

Service Needs

Zoey claimed she no longer went to Sage House because it was too convenient to walk a few streets down to trade sex. She would get stopped by cars outside of Sage House by males asking if she wanted to exchange sex for money. Even when she went to detoxification centres, people would ask if she wanted to buy drugs or alcohol. It was so effortless to cave into her

cravings when it was available right there. Zoey also mentioned that while on the streets she had no boundaries and it was very easy to let people walk all over her.

Most of the detoxification units are full and have to turn these women away when they seek help. Zoey stated, “You can only last so long when you are out on the street and got no place to go.” With limited financial support and housing, they returned to old habits merely to survive. Several women voiced service needs related to housing as an important factor. Some women said they went to crack houses just to have a place to sleep.

The homes of the women I visited during the interviews were exposed to impoverished conditions. They could not sustain themselves on the amount welfare pays for housing. If rent exceeded \$285, additional dollars would have to be taken out of their budget allocations for food, clothing, medical needs, and so forth. The women would be left scrounging for money to pay bills and eat. The women’s neighbourhoods had run-down homes with little if any furniture. The women’s social positions were much poorer and they had less power than the men with whom they traded sex. Some of the participants of the study discussed getting gifts and basic necessities from the men that otherwise they would not have been able to afford on their welfare income. The increased cost of living made it difficult to find affordable and suitable housing. Some of the women said they exchanged sex in order to have a roof over their head for the night. Others said they traded sex to be able to afford to stay in drug houses for shelter.

The women who had been involved with CFS either as children or as parents spoke of their difficulties with social workers. For example, Cassandra mentioned:

I’m kind of scared. There are shitty workers out there. I think they just like to terrorize...mothers, just because they think they have that weight to pull around [that] type [of] thing. I’m kind of nervous about my next worker.

When asked what resources were needed out there, Leanne stated the need for more support workers that had experience with transactional sex because they could relate to these women. She felt that listening to a support worker that had a degree and did not have similar experiences was contradictive. Leanne stated that it was also important that organizations try to match their support workers to the clientele and ensure that they were the right fit for one another. She felt that some women might require more supports and monitoring from support workers than others:

Like, support workers, people that will come and check on you, um, people that will, um, tell you to get off your butt and take care of your health...My support worker has been there, done it, and has a 1,000 T-shirts, you know? She used to be in the cycle. I would like to see her [Rachel] get the right one. Not just HERE'S A SUPPORT WORKER, deal with it, you know? Yeah, and that's why I love mine. She's been there. She's done it, and she's got all her graduation T-shirts from living the street life, you know?

For instance, Rachel's support worker did not interact with Rachel on the same frequency as Leanne's worker and did not take her out to coffee. Support workers with more congruent experiences may help the women believe they have a chance to get out of the field. Leanne also reported she was less likely to accept the advice of someone who had never been acquainted with street work but only had a university degree to present. Rachel stated what she would like to see:

A lot more places for support...At least the support worker should call you at least once a week, you know? And maybe, like what she said, come check up on you...And there's, like, a lot of places that you can go reach out for help. If you're in contact with certain organization maybe if they don't hear from you they should give you a call or maybe stop by and see what's happening.

Another woman reported what she wanted:

There need to be more outreach that is twenty-four hour, that drives around handing out kits, chocolate, sandwiches and juices, mitts, you know? I mean, people pay enough taxes for roads to be fixed that break every year. So maybe we can just do less road fixing and more, you know, helping the people that need help. (Alicia)

Stereotyping and discrimination by service providers and professionals were voiced by several of the women interviewed. Those that had experienced discrimination felt it was related to their experience of transactional sex and their ethnicity. They reported that service providers often assumed they were dirty and not to be treated with respect. Tami claimed she received inadequate care due to her Aboriginal background. She felt that people automatically made presumptions about her based on her indigenous exterior. She felt that her identity as a transgender individual associated with sex work also played a negative role in the care she received:

I think there needs to be a lot more education in the health care to about transgendered individuals. Um, also about being Aboriginal. That is also looked down upon, like, you know? People think, Aboriginal, you're dirty or you're a drug user, you're an alcoholic, and all that sort of stuff.

This, in turn, had affected Tami's health and safety; she reported staggering home instead of going to the emergency room after being knifed as a result of her previous bad experience with the health care system. She believed that her class, race, sexuality, and work in the sex trade contributed to the poor care she got from the health care professionals. Since then, Tami has tried to evade the health care system whenever possible, especially pertaining to the hospital. Even when she was knocked out on purpose by a vehicle, she lied to the paramedics, saying it was

someone else that had been struck. As a result of this discrimination, Tami continued to place her health at peril.

In commenting on their lack of trust of hospitals and medical professionals, some women said they were willing to wait until Sage House was open the next day to get medical attention. They felt that because Sage House provided services specifically to women engaging in sexual exchange they felt safe in disclosing the circumstances of what had happened without feeling judged. Cassandra, Tami, and Zoey expressed their difficulties in disclosing their involvement in transactional sex to hospital and medical professions that were not involved in an organization or agency that provided services to this population. They feared being judged, treated, and serviced inadequately if they disclosed their connection with transactional sex. Although it was not discussed, the women seemed to feel comfortable with agencies associated with Aboriginal cultures. This may indicate the need to increase culturally appropriate services to this population.

Women working in transactional sex are vulnerable and require much assistance and empathy for their dire situation. The women interviewed reported high levels of discrimination from service providers and professionals, as well as from members of society and their community. More organizations are needed to provide culturally appropriate services to Aboriginal women. The women also indicated they needed more access to legal services. Due to their absence, Belina struggled to comprehend whether she was actually charged by the police on an occasion when they made it appear as if she was already indicted. Zoey, for instance, felt uncomfortable discussing STIs with doctors unless they were associated with resources such as Nine Circles since she assumed they were less likely to judge her sex work. The women commonly experienced judgment about their choices and actions when accessing health and social-related services. These young women explained how they felt discriminated against:

When I first tried to get on welfare...I was, like, almost 19. The lady asked me how I was surviving. So I told her I was turning tricks on the street and...I didn't, um, have enough to eat. So she told me to "go stand on the corner....Oh well, maybe you should write that on your resume." And I was like, write what? You know, I'm on my knees. I said, "Ha, you think that is funny, eh?" And I never went back to that welfare office again. (Zoey)

When you are labeled [a] sex trader worker, and people in the health care, they look down on you because you're a prostitute or whatever. I've had bad experiences with, like, the emergency room. For instance, because I was a sex worker, that they look down on me. I felt like I got inadequate care because of that. (Tami)

One woman perceived service providers as treating women involved in transactional sex like statistics, as just another number, rather than with the care and humanity this population needs. She also voiced that these workers do not really engage with the women. They let them come and go as they please without actually putting in the effort to help them break this cycle. This suggests these service providers do not want the women to succeed. She claimed that several service providers at a certain organization were burnt out, and they could not provide the emotional support she and people like her needed. Zoey felt her first Employment and Income Assistance worker discriminated against and judged her for what she had to do for survival. Her EIA told her, "Well, go make some money on the corner." She consequently went without welfare for 6 years before Sage House assisted her in applying for social assistance. The agency had connections to a worker that directly supported street-involved women. Zoey stated, "There should be other workers too, you know?" and not just the one worker.

Leanne, on the other hand, felt that her doctor supported her and tried her best to get Leanne into a drug and alcohol treatment. Her doctor told her, "It's good that you're so aware of

what is going on. At least you're aware of what you need and what you have to do." Leanne said she was able to tell her doctor anything and did not feel judged. She talked of eventually wanting to access organizations for grieving and other supports but felt that she was not ready at this time to seek their help for the loss of her husband.

Chapter Five: Discussion

The purpose of this study was: 1) to discuss how young women perceive their experience of transactional sex; and 2) to determine how the women perceive and interpret health risk, what the barriers are to reducing risky sexual behaviours, what the women's understanding, education, and knowledge are about ways of reducing risky sexual behaviour and increasing health, as well as what the women's perception is of their service needs. The first purpose was already discussed at length in Chapter Four. The second purpose will be discussed in Chapter Five by responding to questions related to each of the issues.

1) How do young women with experience of transactional sex perceive and interpret health risks, particularly as they relate to sexual activity?

The majority of the women considered STIs as the main health risk related to their sexual activity. Nonetheless, most did not take the necessary precautions to prevent risks of STIs. For instance, some would not use condoms with partners and regular clients. This may have been a result of women assuming that they could trust these partners and that the partners were clean from STIs because they knew them. More research is needed on how the women determined when to use condoms with partners they trusted and whether they used other back-up measures to prevent pregnancy. Contrary to their concerns, the majority of the women had contracted STIs from their partners. In the case of Taylor, even though she knew her boyfriend had infected her, she continued to use no protection afterwards. Taylor's partner, Chloe, mentioned the difficulty in rejecting regular clients' requests not to use condoms since they received more material gains from such relationships. Their reluctance to deny such requests might have been related to concerns the relationships and related income would end.

Other health risks included violence to the body. The women involved in transactional sex often did not report bruises, beatings, and rapes. Many feared the repercussions of reporting to police and finding themselves charged with soliciting sex. During discussions of how violence was a safety concern, the women indicated it was a risk they were willing to take to ensure their survival needs were met. The fear of violence did not prevent them from returning to the streets, with many claiming violence was part of the job. Some women took some safety precautions, but they did get into vehicles even though they knew that increased the risk. They also took more health and personal risks when they needed money or drugs. If the perspective of risk differs between service providers and the population, how can the services offered meet the women's needs? Acknowledging the women's financial situation would assist in developing services to alleviate the financial stressors.

In fact, many of the women focused more on the physical aspects of their health and showed little to no awareness of their emotional well-being. Most unexpected were the findings that these women acknowledged their sexual desires and feelings were suppressed.

When the women were asked if they felt the transactional sex affected their relationships, all of them brought up at least one relationship that had been negatively affected. These included relationships with their partners, family members, and children. The women with children under CFS reported limited visitation as result of their instability, drug use, and transactional sex. Many discussed having to keep their experience with transactional sex a secret from these relationships and noted the struggles, stressors, and fears they felt. They particularly feared these individuals would find out about their experience with transactional sex. The women brought up their lack of ability to engage in stable relationships and their difficulty in distinguishing between engaging in sexual acts with clients and partners in terms of intimacy. Zoey disclosed that her

cousin had told her siblings and family members about her experience in transactional sex before she felt ready to tell them. This resulted in family members distancing themselves from her and calling her a whore. Some discussed their fear of emotional risk when they talked about the nature of their relationships and intimacy with their partners. Many feared their partners would find out about the sexual transactions and leave them. Others spoke of intimacy being driven by circumstances such as money or goods.

The findings of the study suggested that the women may have limited general knowledge about how to reduce risky sexual behaviours. In other words, they understood risks to their sexual behaviour and sexual activity but few took the necessary precautions to keep themselves healthy. It was found that one of fifteen young women chose to use birth control alongside of condoms to ensure the prevention of pregnancy and STIs.

Although there were deliberations to react to threats to their health, they continued to place themselves at risk as they felt they had no other means for subsistence. Without other financial means to supplement their income it is unlikely that they will change their lifestyle. For many, it seemed unrealistic to wait two weeks for a paycheque when they could go out on the street and get cash in their hands after their first interaction of the night. Some of these women found it difficult to comprehend why they should wait for a cheque when they had already done the work.

2) *What are the barriers to reducing risky sexual behaviour among female youth who have had experience in transactional sex?*

Barriers to reducing risky behaviours are first and foremost at the interpersonal level. The dominant culture highlights the importance of status and material items. The media is constantly emphasizing the need to consume products and show off one's possessions. There is the constant

association of certain products with one's self-identity. In order to attract individuals to consume products, profitable industries use movie stars and singers in advertising. Among the study participants, Alicia and Emily greatly valued certain non-essential and recreational goods, and they used their agency to receive and purchase them as they would otherwise have been unable to acquire them on their welfare income.

In Canadian society and many others, the dominant cultural values are converging with people's self-identity, behaviours, values, and practices. The dominant values influence consuming behaviours, sexuality, self-identity, and self-worth. Across cultures, young women's values are greatly affected by products that industries highlight as important to possess. Advertising and music videos, for example, are bombarding vulnerable young people that do not have the resources to purchase the featured goods. Music advertises and emphasizes women using their bodies and sexuality. Music videos display expensive cars, scantily clad women, gold mansions, and diamond chains together to create an association among them. The following lyrics of a popular song on the radio, *Hangover*, sung by Tiao Cruz and Flo Rida, depict this association:

I got a hangover! I got an empty cup. Pour me some more, so I can go until I blow up, and I can drink until I throw up. And I don't ever, ever want to grow up. I wanna keep it going, keep, keep it going, going, going.

The song alludes to substance abuse by consuming too much alcohol to the point of leaving and then returning the next day to continue the same routine. The lyrics can provide a justification for individuals to continue their addictions with the assumption that rich and famous people use drugs and alcohol on a regular basis. The dominant values offer a constant reminder of the attraction of spending money and having a good time. These dominant pressures to

commodify can cause individuals to want to fit in and be a part of society. Women like Alicia use their agency, power, and freedom in selling sex for material things.

The dominant culture is closely tied to the economic environment in which individuals are encouraged to spend money on certain products. As a result of dominant pressures, the individuals perceive it as important to present their material goods and justify their choices. Emily, for instance, felt isolated from her friends' financial ability to party, go out, and spend and this, in turn, led her to exchange sex to be able to have the same social status as her friends. Emily was constantly chasing the need to achieve the material satisfaction that her friends had.

Influences on the municipal level have a more direct impact on the lives of individuals exchanging sex. For instance, the municipal government has laws making it illegal to communicate, procure, and live off the benefits of prostitution. As a result, individuals that engage in transactional sex are not allowed to work legally in safer indoor environments. Mortality rates among young women of this population are among the highest [in Canada], and homicide is the most likely cause of death (Shannon, 2010).

Aboriginal women are overrepresented in the population of young women engaging in transactional sex. Kohm and Selwood (2004) showed that indigenous women experience more arrests, violence, deaths, and disappearances than women of any other ethnicity in Canada. The abuse of Aboriginal people in Manitoba and Winnipeg, in particular, is often intergenerational. A high number of Aboriginal families live in poverty, and many Aboriginal women are involved in transactional sex (Kingsey & Mark, 2000) due to the economic, political, and social disparities.

Aboriginal women are oppressed in several settings, such as the child welfare system, the school system, employment, housing, neighbourhoods, relationships with men, and experiences with transactional sex. For instance, the women of the study expressed negative interactions with

the correctional system but rarely contacted police when they experienced violence and rape in the community due to their belief that the police could not be trusted. Many expressed lack of education in maintaining and finding employment. They reported racial discrimination on the streets and with police officers. Improving the relationship between the police and women involved in transactional sex needs extensive attention as some officers continue to view them as criminals. Some of the women voiced it was a risk to report violence, robberies, and rapes to the police because they could be charged with soliciting sex.

The women of the study expressed their experiences of different aspects of oppression at the hands of men, including financial dependency, self-consciousness, and a sense of inferiority. The women not only lacked education, influence, and opportunities, but also the social, political, and economic power men have. This finding is not surprising since Aboriginal women's status as a whole in society is often inferior and oppressed; 13 of the 15 study participants were Aboriginal. One young woman, Zoey, stated that men's oppression of women was only good for using the notion of women as a sex object to make money.

Thirteen of the fifteen women talked about the lack of love and belonging in a family as struggles in their childhood growing up. For instance, Selena disclosed that some of her foster parents did not treat her well during her placement in their homes. Monique spoke of her foster parents having no reaction to her disclosure of exchanging sex on the street. She also indicated that they did not provide her any support. It is unknown if she reported such experiences to her CFS workers but she claimed they did not assist her or provide any of the resources she needed. Monique's primary reason for entering transactional sex was due to the lack of money for survival, followed by her need for money for substance abuse. Common themes among the

women interviewed were their entrance into transactional sex because of drug and alcohol abuse, family violence, child abuse, poverty, and family breakdown.

Other barriers to reducing risky sexual behaviour included health care hours, the cost of travel, and the stigma they might face with health care professionals. One woman described how being involved in sexual exchange affected her access to health services. Tami disclosed her involvement with transactional sex the hospital and felt that her ethnicity and sexuality also played a role in the inadequate health care she received. Seven of the young women started exchanging sex prior to the age of 18, and this increased the risk of not having regular checkups with a physician or nurse. Some may not have had access to their medical numbers or other information to get a checkup. However, as they began to connect with social services associated with the trade they had more frequent checkups. Even though some of the women considered health important, they engaged in many risky behaviours pertaining to sexual activity. Even many of the women that had access to knowledge and education about safe sex through medical and social service providers did not practice it when they were provided with incentives such as extra money, non-monetary gains, or gifts.

The agency and power of the women in the study were greatly affected by their physical environment and their ability to negotiate safety, monetary gain, and condom use. Most of the women resorted to the streets to sell sex to prevent being evicted by landlords, to avoid exposing their children to drugs and sex exchange, or because they lacked stable housing. The women's power was greatly diminished whenever they got into strangers' vehicles, went to clients' homes, or exchanged sex in back alleys since such circumstances often limited their access to help. These exchanges often occurred at night and away from populated areas of the city. The majority of the women talked about the dangers of being involved in transactional sex, and several

expressed their fear of three main hazards: being murdered, physically assaulted, or raped. Many women indicated they were aware of the risks of getting into vehicles as any transaction could end up being their last one. Several women talked about someone they knew that had been murdered or had gone missing from getting into the wrong vehicle. None of the women, however, talked about exiting for this reason.

Some of the women viewed the police as the enemy as a result of past negative experiences, including racism, particularly against the Aboriginal women. They tended to avoid the police and seldom called them for help. They assumed that instead of protecting them, the police would oppress and victimize them and arrest them for soliciting sex.

Relationships are another setting in which the oppression of impoverished Aboriginal women often occurs. The women of the study spoke of their complex relationships with men; they would exchange power to meet some of their needs, as well as exploit their partners. The fact that monogamy was not particularly common among the women's relationships greatly increased their risk of contracting a STI. Interestingly, many of the women perceived their partners and regular clients to be safe from STIs and assumed they engaged in sex primarily with them.

Family relationships are another factor in the oppression of Aboriginal women. Several of the study women's parents had either separated or had different partners. While it was not explored in-depth in the study, the participants' understanding of family might have been different from that of mainstream culture as none of the participants or their parents were married and they rarely stayed together with partners over the long term. In discussions about family, there were hints that the women's parents also lived in poverty and did not have a lot of financial security. Several of the women had been removed from their families when they were

children and placed in group or foster homes. Some of the women also discussed the lack of love, sense of belonging, and support from their foster parents. Their family environment was not very safe as some of the women discussed being introduced to transactional sex, violence, physical, emotional, and sexual abuse, alcohol and drugs by close family members and relatives. While parents are expected to protect and care for their children, this might be unrealistic without addressing the history of inter-generational violence, abuse, poverty, substance abuse, and lack of voice among Aboriginal people within society.

Probably very few of the 15 women will exit this experience of transactional sex and the associated lifestyle without returning some time later. Many lacked the education, skills, and opportunities to move into a better social situation and social class. They struggled to access other sources of money besides transactional sex to make ends meet while facing other barriers such as lack of housing and education. Many of the women voiced lack of education as a reason preventing them from exiting. The women experienced oppression by the dominant culture due to the lack of funding for additional resources, not being consulted about the service needs they desired, and the lack of incentives to change their lifestyle.

The majority of the women expressed their fear of the risk of death but perceived not having sufficient money for food, housing, or drugs to be a greater risk. Sometimes they were desperate and accepted less money than usual or worked while ill. One woman reported using their body in the hopes of obtaining intimacy and love. This woman reported that providing sex did not equal getting love in return.

Several of the organizations and resources currently available seemed to focus on physical aspects associated with the women (i.e., STIs, their use of condoms), yet the women voiced the need for more emotional supports. Further research is needed to learn more about the

emotional need of women with experience of transactional sex. More studies are also required on the health and needs of such women who use substances while pregnant. The findings could benefit the unborn children as well as promote the well-being of the pregnant women.

None of the women in the study actively sought out organizations unless something bad had happened or they knew other women who had used the services. Most of the women did not actively seek knowledge about improving their health. Some experienced discrimination with the health care system as a result of their ethnicity, class, sexuality, and experience with the sex trade. Stigmatization by service providers and an attitudinal orientation toward refusing help were described as barriers hindering access to services. The majority of the women only accessed services that pertained to sex work. From their negative experiences, some of the women assumed that other service providers and medical professionals would likely view and treat them in the same manner. Based on previous experiences, some of the women avoided certain services as they felt they would not get assistance or it would likely be inadequate. It is unclear whether current services provide women that engage in transactional sex with information, knowledge, and support services to deal with medical professionals that discriminate against them. Such a service would assist the women in voicing their concerns and create awareness among them on how to deal with the discrimination. Having a care service that the women could request to support them through the medical process would also greatly assist in ensuring they receive the proper knowledge and information on treatment, medications, risks, and side effects. An example of a currently available service that could act as a model for others is Klinik, where sexual assault crisis counsellors provide support and counselling to rape victims, including women who engage in transactional sex.

The study participants perceived not making enough money as a greater risk than the dangers they faced. This indicates that government legislations and policies are not addressing the underlying issues that the women faced. The primary focus of the resources and funding of government programs towards this population has tended to focus on the women's physical health. Although the women in the study discussed concerns related to their physical health, their main concern was their daily survival. To make ends meet, they took more risks knowing they could face violence, STIs, and even death from their experience on the streets. Without fully understanding their needs, based on their lived experience and from their perspective, it is likely that these particular women and future generations will continue down this road.

The women also reported that the lack of money for food, shelter, and drugs was a motivator to go out on the streets to work. Without getting treatment for their addictions, the women will likely return to the streets to get their next fix of substances. Some of the women reported being on the street for three days straight. One participant, Wendy, reported that her friend stayed on the street exchanging sex for six days straight without food to feed her addictions. Some of the women reported exchanging sex to get money, and then purchasing drugs and alcohol, only to return to the streets later the same day because they had used up their money. This illustrates an endless cycle to get money and drugs. The majority of the women discussed how the lack of finances also increased the likelihood of taking riskier chances or lowering the price when negotiating with clients.

On the other hand, some of the women who knew and understood the risks of the trade also felt the experience provided them with a sense of independence. Financial stability meant different things to each of the women. To Taylor, Emily, and Alicia, the transactional sex meant having their own income, being able to support themselves, and being able to sustain a lifestyle

that met their needs without requiring additional financial support from anyone else. Mia reported not wanting to go to her community for handouts and indicated that sex gave her control over her situation to prove she could make it on her own. Some of the women felt a sense of accomplishment in being able to take care of not only themselves but also their family members. Some felt they were no different than other women working other jobs or professions. Throughout the interviews, the women hinted that the financial independence helped their self-esteem and their relationships and prevented them from depending financially on their loved ones.

Gaining a sense of financial independence from transactional sex also provided the women with the ability to follow their desires, feel greater self-respect, and attract the respect of their peers. The women felt it gave them control and financial freedom to buy the cell phones, pedicures, purses, and clothing that their EIA budget could not afford. Believing money could be earned fast the women also spent it fast. Some reported that their ability to care for themselves without having to ask for handouts gave them a sense of pride and independence. Some of the women did not view transactional sex as legitimate work and a supplement to their welfare income to buy things they desired. Others reported only going onto the streets when they felt the need or when they wanted to purchase something they desired such as drugs, cigarettes, or a cell phone. Many reported enjoying the freedom to choose their work days and hours and number of clients, as well as to have easy and quick access to money on the streets as benefits of the trade.

3) *What knowledge, understanding and education do young women have in reducing risky sexual behaviour and increasing health?*

This section has also been discussed throughout the other questions. The women's knowledge, education, and understanding of risky sexual behaviours are greatly affected by the

effects and experiences of colonialism, residential schools, and Christianity as these have caused Aboriginal people to lose part of their culture, heritage, and language. Although Aboriginal agencies exist, the population of women involved in transactional sex often continue to lack access to cultural teachings. Many of the women in the study grew up in unstable homes or were placed into the care of CFS. They experienced loss of their self-identity and their connection to traditional ways to care for themselves and their families.

Very few of the participants had no family background of abuse, violence, poverty, substance and alcohol abuse, or family problems. Only two of the women were not of Aboriginal descent. This was significant since all of the women of Aboriginal background had experienced some difficulties while growing up. Selena, who was of Aboriginal descent, stated that she grew up in a good family, yet then ironically she quickly described how her life growing up was really not so good as her parents drank and her relatives sexually abused and bullied her. She described her childhood as constantly moving from placement to placement.

Even with their different backgrounds, all of the women interviewed discussed using transactional sex to meet their basic needs. Only one individual expressed how her cultural heritage was important in assisting her in changing her lifestyle. Although the majority of these women had an Aboriginal background, it appeared that they had limited exposure to their language and culture. The seven women that grew up in the child welfare system and had been placed in foster homes were less likely to have interacted with their culture and background.

The women's health did not seem to be a high priority to them. Although some expressed concern for their health, it was often overridden by their drug addiction and need to make ends meet. Even though they discussed risks of sexually transmitted infections, they did little to reduce the risks. Of the women who discussed their concerns, eight did not use condoms in all

sexual interactions. It is significant that the women understood the importance of condom use, yet when given the opportunity many would choose not to use them under the circumstances of financial gain and knowing their sex partner. Their choice not to use condoms placed them at even greater risk and set themselves up for failure in keeping themselves safe. The women received information from the services they accessed to the frequency of checkups for STIS however many of the women did not use this service as frequently they advised and thus neglected their health. Although the women knew using condoms decreased the likelihood of STIs the women often chose to not use in pursuit of financial gain.

The women's perception of the risky sexual behaviours decreased as they took more risks (e.g., sex partners, drug and alcohol use, condom use). The study found that reducing risky sexual behaviour was not as important to these women as meeting the need for financial gain and feeding their substance addiction. It became apparent these women consciously knew the consequences of their choices.

4) What do young women perceive their service needs to be?

Many of the women expressed how organizations located in certain areas were not suitable for detoxification. They spoke about how detoxification organizations often exposed them to other drug and alcohol users and drug dealers. The women claimed that there were drug dealers down the street trying to sell drugs to individuals at the detox centre. Zoey stated:

Everyone used to tell me, "Go to treatment, go to treatment," but that only lasts for so long. Like, I know my friend told me she went here to the, um, what the heck was it called?...It's a detox on, um, Main Street. [Main Street Project?] Yeah, she said she went there and she lasted for a couple of weeks... and that was it. And I was, like, "And?" She said, "Oh, I was right back out there." I was, like, "Wow. Why?" "Cuz," she said, "you

know, there are so many people out there drinking. Like, it's just not a good area to have a detox program." She said there are sniffers and people smoking crack and everything around there. I'm like, "Are you serious?"

Zoey illustrated the difficulty in getting into these programs with her insightful statement: I tried going to detox so many times, and they keep telling me the beds are full and that you are on a waiting list. You can only last so long when you are out on the street and you got no place to go.

Most services available to this population are open only during business hours. They are rarely open late at night when services are required. The women reported problems such as the lack of services available at night, including health-related services, long wait times at the emergency, and lack of transportation and finances to get to those services that were available late at night. Although most of this population lived in the North End of the city, some of the women lived in other areas and found it difficult to be in the North End seeking services when there were pimps and drugs down the street.

The women's service needs included having a place to hang out at night when they had nowhere else to go, alternatives to the long wait lists to get into drug and alcohol treatment, and more supports after completing treatment. Several had to return to the same environments and homes that had led them to need treatment in the first place.

A service provider stated that younger women who engaged in transactional sex had difficulties getting services at their organization because of some older women involved in transactional sex who were territorial and made them feel unwelcome. This service provider explained that young women could be accessed better through their vans. They distributed condoms, mittens, coffee, granola bars, and clean pipes. Sometimes they seek services from

other organizations like RaY. This provider also reported they and a co-worker would lose their positions at the organization soon due to lack of funding. Some of the women reported issues with service providers who were burnt out and therefore did not offer them adequate services.

The oppression of Aboriginal women continues in Canada regardless of organizations and policies trying to increase public awareness and decrease the inequalities. Other dimensions of the oppression of Aboriginal women include sexism, classism, and racism. In the case of sexism, the women are expected to behave a certain way but their involvement in transactional sex does not uphold to the social norms of the dominant society. Some of the women in the study talked about the stigma and other issues surrounding their involvement.

I feel like... like it's a service. I think that people have the right to engage in it if they want to. I think that because it's considered, it's got such stigma socially, um...there are conditions that are detrimental, that are harsh, and that foster a really unhealthy environment. Because we don't want to talk about it, we kinda push it under the rug. And then bad things can happen under the rug...I don't think it's...something that is going away...I don't think that it's inherently wrong. (Belina)

Housing and neighbourhoods are settings that expose the women to violence, unsanitary conditions, substance use, and transactional sex. The high cost of housing in Winnipeg has made it hard for women to obtain their own housing. Low-cost housing is often located in violent areas of the city where drugs proliferate. The majority of the women in the study expressed being homeless at some point in their lives. Huey and Berndt (2008) found that the dangers associated with the housing environment of homeless and marginally-housed women, especially sex workers, were ignored by policy makers and government sectors.

Some of the women expressed growing up in impoverished neighbourhoods where family members were addicted to or used substances. Their homes and neighbourhoods had exposed the young women to drugs, violence, and sexual behaviour at a young age. These conditions made it difficult for them to attend school and graduate, much less secure and maintain legal employment. Instead, the women engaged in stealing and in selling drugs or their bodies, which exposed them to welfare and law enforcement, and led to their arrest or the removal of their children.

Housing was a challenge for several of the women. Long wait lists for affordable housing had resulted in some of the women living in rooming houses, with family or friends, or even on the streets if they had no alternatives. Others stayed at shelters or couch-surfed wherever they could. However, shelter hours, which may include curfews, are inconvenient for this population as they often worked throughout the night. Some resorted to taking naps at organizations that allowed them to sleep and shower. These circumstances decreased their negotiation power for condom use, financial materials, and goods, increased their exposure to risks, and reduced their safety. Some of the women's homes were not in livable conditions. They were run-down and had boarded windows and damaged walls and doors. One woman discussed discrimination by her landlord, who also invaded her privacy and personal space.

Others discussed being financially and sexually exploited by men, friends, and acquaintances for staying in their homes. Some of the women talked about having to provide sexual favours, drugs, or money for short-term accommodations. The exosystem (i.e., community, school, health, and social systems, as well as intimate relationships with family, friends, and significant others) and the macro system (i.e., organization level, including the social, economic, and political environment) limit the ability of women to negotiate safety and

therefore increase risks to sexual behaviour. The macro system restricts individuals engaging in transactional sex through criminal sanctions on prostitution on formal and informal spaces.

The women who did attend drug and alcohol treatment facilities discussed their struggles with isolation from friends and family and with not having flexible curfews. These women also indicated the lack of supports after leaving the program as they often had to resort to couch-surfing or return to the neighbourhood where drugs and transactional sex were common. At the macro level and micro level, strategies should address the young women's environment and their individual risks. Lazarus and colleagues (2011) argued that the physical, structural, and social environments significantly limit the ability of women to secure safe and stable housing, employ agency, negotiate safety, and reduce sexual risks and violence. Many women resorted again to transactional sex to supplement their welfare cheques. The majority of the women said their communities needed safe and affordable housing, job training, and work-experience programs.

Although there were service-provider vans that drove around at night, they usually did not provide services after a certain time. They distributed condoms, mittens, coffee, granola bars, and clean pipes. Several of the women said their risks increased late at night and in the early morning and that this was when they most required services. With fewer people on the street late at night, they were more susceptible to experiences of violence, assault, and rape perpetrated by clients or random assailants. Some women voiced having to take rides from strangers just to get home after being mugged or hobbling home after being stabbed.

It appears that many of the young women have had disappointing interactions with social, medical, or legal service providers. The service providers' lack of understanding of their complex situations makes it difficult for the women to ask them for help without fearing their judgments. One woman assumed, based on her interaction with an EIA worker, that they all

“were the same” and did not want to risk “being looked down upon” again. The woman felt that all EIA workers should be educated about the experience of women trading sex instead of having only one EIA worker specialize in dealing with this population. This single specialist worked in collaboration with Sage House.

The women of the study rarely discussed violence, drug use, and STIs as separate issues. Beside transactional sex, drugs and alcohol abuse were their biggest concerns. Several of these women faced addictions and needed to trade sex to get their next fix. Without addressing their addictions they are likely to continue to go out on the streets and place themselves at risk. The women’s suggestions for program improvements included more holistic programs related to job skills and housing upon completion of drug and alcohol programs. While these women did not talk specifically about the effectiveness of the programs, the fact that the women commonly returned to using drugs suggests the programs do not address well the needs of the women involved in transactional sex. For instance, the women did not have the financial means to keep their current homes while in treatment since EIA had to pay, in turn, the addiction programs for their treatment. Once the programs were completed, the women had nowhere to go and might resort to couch-surfing and staying with friends and family that were not good supports. For example, Zoey reported:

And sometimes, like, your friends they can’t take no for an answer. I remember my one friend. She was, like, “Come get high with me.” I was, like, “Nope, I’m not smoking.” She was, like, “Come on. No, come on.” She sat there right in front of me smoking and blew it right in my face. I was, like, ““Kay, pass it here then. You know, that is so fuckin’ rude for you to do that?”

The women often ended up back in the cycle because they were not able to get out of the environment that they associated with the addictions and transactional sex. Even when these women were assigned support workers, they had limited positive interactions and support. A few of the women felt that the support workers did not provide enough service and felt that the interactions were short and far apart. Others voiced not wanting to work with support workers that did not have direct experience with transactional sex. These women felt that they could not relate to or understand on a personal level what the women had gone through.

One issue that is rarely discussed is the mental health of women involved in transactional sex. None of the women in the study indicated they had a mental health worker or had accessed other mental health-related services. The only assistance they got for their mental health was through their doctor. Some organizations may provide counseling services but they do not provide in-depth assessments on the mental well-being of the individual. Transactional sex services should be linked to mental health services. The women brought up different issues such as anxiety, depression, and trauma. They also seemed to lack education on the effects of drugs on their body.

The women discussed ongoing issues of marginalization, discrimination, experiences of violence, substance abuse, sexual and economic exploitation, housing-related safety risks, and lack of education and financial supports. When the women recognized that they wanted to change their life for the better, they were often hit with barriers of not knowing where to go and having to wait a long time to access services. While waiting for services, they strayed back to what they knew because they still needed to meet their basic survival needs. As well, even when they wanted to go to college to take courses related to their experience, they were required to be drug and alcohol-free for at least two years prior to their acceptance into the program.

Many of the young women were misinformed about their legal rights and did not know how to fight for their rights or to recover and keep their children. There are limited resources available to assist women who have children in CFS. Although the women who were mothers were told what they needed to do to get their children back, they were not provided with the support to complete what was requested of them (i.e., programs, assessments, legal support). CFS agencies usually provide women with only limited access to their children when they are using drugs and alcohol or trading sex. One woman questioned why there was money to fix roads but limited resources to help women who exchanged sex. Her perspective brings to light the realization that some of the priorities set by the community are not necessarily in everyone's best interest, especially those women that are marginalized.

Two of the women stated that their susceptibility to transactional sex was due to being from an Aboriginal reserve and not having the luxury of family supports and friends in the city. Selena received some support from an organization through the RCMP but she had no other support system in the city. Mia was also from a reserve but refused to go there for support.

A woman's sexuality is scripted by the political, economic, religious, and cultural contexts. Women involved in transactional sex are viewed as deviants and criminals because of their experience of trading sex. Further research is needed to explore their view of sexuality and the effects it has on their relationships and personal lives. The women in the study disclosed their struggles with distinguishing between monetary gain and sex. Some of the women viewed transactional sex as a choice that allowed them to exert their agency and control yet this perspective contradicts the common view that all women associated with the trade are victims. One woman said that the current services and available programs do not meet the needs of the women who choose to exploit their sexuality willingly and freely for economic benefits.

To date, much of the research has focused on the victimization of this population in Canada, in particular on the women's vulnerability to drugs, abuse, STIs/HIV, and violence. Nonetheless, the study showed that some of the women chose to engage in this activity not for survival but for commodities and material gain. The outcome of the study presents the importance of involving the women in defining their social and health needs as apparently not all the women perceived themselves as sexually exploited. They should also be invited to express their perceptions of how their affiliation with transactional sex has affected their access to services.

Health research around the world has been recommending the removal of criminal sanctions against the people involved in sex work yet Canadian police forces continue to target street-involved women and their clients (Shannon, 2010). The women of the study expressed needing more assistance, cooperation, and understanding from the police, as well as assistance when violence, rape, and robberies occur, as much of their work is underground and hidden from public view.

Continued research is needed to understand how the dimensions of oppression are evident in the lived experience of transactional women that face impoverished conditions. The dimensions of oppression are entangled within the unrealistic assumptions and expectations of our laws, policies, and the legislations, which purportedly aim to protect and support individuals. Western cultures perpetuate the Aboriginal young women's struggles through blaming the participants for their own dilemmas while justify the lack of support given to those in need. The trauma of residential schools and their impact continues to be felt through the generations of Aboriginal people. The findings show the disadvantages this population faces in their everyday lives. These disadvantages from childhood to adulthood continue to have a snowball effect that

makes it increasingly difficult for the young women to sustain their financial and emotional stability.

Limitations

The main limitations to this study are not being able to diagnosis or physically examine some of the untreated health concerns that may be ongoing issues. Future studies should find out how much the young women really understand about their health concerns, as well as how service providers could educate these women better on the health risks they face and the effects they suffer when exchanging sex.

Although the sample size was small it provided information on why the women in the study chose not to use condoms and on how exchanging sex affects not only their physical and emotional health but also their personal relationships. Without understanding their sexual choices and decisions, organizations and agencies will not be able to tailor the services and programs to meet their needs. Without actually understanding their needs, the women will continue to face barriers to obtaining the services they desire and desperately need. A larger sample size and different methodology could provide a clearer picture of the needs of the women in the trade.

Further limitations to the study included not being able to access potential participants through organizations when they might have appeared to be singled out, not having underage study participants, and not having any women that were currently attending addictions treatment. It was also difficult to access the target population because some organizations refused to allow posters to be put up in the building, they expressed concern about the confidentiality of clients, they claimed too many studies were occurring at the same time, they felt the study did not relate to their program values and goals, or they declared that they did not want to assist the study.

Chapter Six: Conclusion and Implications

The two broad overarching purposes for this research project give it the potential to influence policy decisions at all levels of service delivery and the potential to understand and educate on the behavioural and social risks that young women involved in transactional sex face, as well as their related health problems. The interviews and focus groups engaged the women in exploring their health issues, so the findings could contribute to the development of a new service system.

The stories of the 15 women provided intimate details of their experiences with transactional sex and of their everyday struggle to survive. These women's accounts revealed lives affected by poverty, violence, abuse, and struggles with the child welfare system. As children and as youths, very few depicted supportive families. This, in turn, may have been a result of the Aboriginal history of compounding effects of oppression, poverty, discrimination, substance abuse, and intergenerational violence. Seven of the young women were removed from their families at a young age, and six of these women ran away from their foster homes and group homes. While homeless on the streets, these six young women had exchanged sex for money, food, shelter, and drugs.

Even though the women shared the same driving force to meet their basic needs by trading sex, the study found they had different stories and were motivated by different intentions. It became apparent that they knew of the dangers that could happen to them on the streets but without other means to meet their income and other needs they felt they had no other option. Even the women that had regulars or sugar daddies were not particularly safer.

The majority of the women stayed or returned to the streets to exchange sex as a result of money issues or addictions. With only two exceptions, the women had an Aboriginal

background. The poverty experienced by many Aboriginal women clearly needs to be addressed through policy and financial support. Many of the issues of transactional sex are often overlapping and intertwining.

Health care services tend to focus on the physical and mental health problems such as STIs, they but do not address well other determinants of health, shelter, and education. There is a need for collaboration between the systems—health care, social services, housing, education, and employment. Barriers need to be reduced to allow access to different services to assist women in exiting their current situations. Furthermore, policymakers and municipal city planners should actively include women involved in transactional sex in the process of developing long-term affordable housing options. This, in turn, would promote the women's agency and their ability to discuss health, safety, and risks of STIs. Without further resources aimed at assisting these women in their social and physical environments, it will continue to be difficult for these women to change their lifestyle. It is essential to develop targeted resources and services that extend beyond the physical needs of this marginalized population and address their emotional health needs.

Finally, it is important that this information find its way to policymakers in the federal, provincial, and municipal governments. When the women in this population seek to exit transactional sex, their efforts must be supported by addressing barriers related to health service access, substance use, employment issues, and access to adequate housing. [Editor's note: Previous review the previous sentence since the meaning was unclear.] Women at risk of transactional sex also need to be provided with research findings relevant to them so that they can make evidence-based decisions for their own lives. The lived experience of the women

requires public health intervention, safe housing, and financial supports to assist their current circumstances.

The study findings are summarized in the following recommendations:

- Provide training and workshops for service providers that work with transactional women on a regular basis
- Provide appropriate advice and information to young women about the health care system and how to use it
- Provide long-term housing to impoverished young women
- Provide employment training and workshops to women after or during addiction treatment
- Provide stable and safe housing arrangements after completion of addiction treatment
- Provide after-hour services and a help or crisis line where they can call
- Provide counseling services close to where transactional women live to meet their emotional and psychological needs
- Provide more detox programs in other areas of the city that are not close to drug dealers
- Provide workshops and training to CFS workers
- Increase culturally appropriate addiction treatment programs for youths and young women
- Establish a program for schools to connect with outreach services for students that drop out at a young age

- Provide medical, psychological, social, and economic supports to women to prevent them from returning to transactional sex for survival
- Focus preventative and harm-reduction methods on youths and women.

A comprehensive commitment to work holistically from the municipal, political, legal, health, and child welfare systems will provide better services to this population. Implementation of the recommendations has the potential to change young women's economic, political, and social environments and assist them in leaving behind the experience of transactional sex. Providing awareness, education, and knowledge to the women can positively influence their choices relating to risky sexual behaviour so that they are more likely to use safe sex practices and thereby regain their health. The work environment of these individuals places them at significant risk to physical, sexual, and emotional violence and decreases their power and control over negotiating sexual risk and financial gain. Without understanding the oppression that this population deals with daily, policies and services will continue to have gaps and the women will continue to struggle with accessing health care and other services. All of the information collected in this study can assist in developing a vision for a new health care system that would be more appropriate for female youths, and the findings could be used to inform service providers about how to better address the needs of young women involved in transactional sex.

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APPENDIX A

Transactional Sex among Female Youths Sample Question Guide

General demographic questions:

First, I'd like to know a bit, in general, about yourself?

How old are you?

How would you define your (ethnic) background? (E.g. Aboriginal, white, African, Métis, etc.)

How do you define your sexuality? (E.g. heterosexual/like/have sex with men only; bisexual; lesbian; transgender, etc.)

Are you in school? What is the highest level of education/grade you have completed?

What is your income source/get your money from? Are you currently working?

What kind of work do you do (formal and informal type)? Part-time/full-time

How would you describe the use or practice of sex to obtain something? Probes: specific definitions and views on the issue in general

What can you tell me about your personal experience in having sex for something? How this start happening with you /what did are the circumstances that led you to be in that situation?
Probe: to get shelter, money, comfort, etc.

Overall, how do you describe the situations when you need to have sex for something?
Probes: the downsides/negative aspects, any positive aspects?

How do you feel about this? How much in control of the situation do you feel?

How does this practice/do those situations affect your health? Probes: physical health and mental/emotional well-being, including violence

Have you or do you participate or attend health care or social related services in relation to health concerns resulting from engaging in this type of sexual activity?

What can you tell me about your experiences accessing services? Where do you usually go? How do you find out about it? What kind of services you receive or seek from there?
Do you feel that you have been able to satisfy your health needs by going there?

Is there any health need that you have faced or are facing right now that need to be addressed?

APPENDIX B

Consent Forms for Focus Group

Thesis proposal: **Understanding the experience of transactional sex among female youths in Winnipeg and implications of health policy**

WHAT IS THIS PROJECT ABOUT?

You are invited to take part in a research study called **Understanding the experience of transactional sex among female youths in Winnipeg and implications of health policy**. The purpose of this study is to learn about the experiences of young women between the ages of 18 to 24 who have ever been involved in transactional sex at one point in time in their life. The study will provide a better understanding, knowledge, education and practices including strengths, challenges and limitations to the experience of young women involved in transactional sex.

WHO ARE THE PEOPLE RUNNING THIS RESEARCH? HOW CAN I CALL THEM?

Dianne Cheng graduate student of the faculty of Human Ecology will be the main researcher. You can call Dianne at 000-0000. Should you have any questions, complaints or concerns about the research Dianne's advisor is Javier Mignone (Associate Professor, Faculty of Human Ecology) and you can contact him at 474-8065. Other members of Dianne's committee include Susan Frohlick (Associate Professor, Faculty of Anthropology), Kirsten Roger (Assistant Professor, Faculty of Human Ecology) and Paula Migliardi of Sexuality Education Research Centre (SERC).

WHAT WILL HAPPEN DURING THE RESEARCH?

Dianne will be holding group interviews (meetings) with 4-6 young women who have experienced transactional sex. The meetings will last about an hour to two hours. There will be additional group interviews if you consent to continuing your participation.

I will be asking questions about your experience with transactional sex, such as:

- How would you describe the use or practice of sex to obtain something?
- How does this practice/do those situations affect your health?
- Have you or do you participate or attend health care or social related services in relation to health concerns resulting from engaging in this type of sexual activity?
- What information or services do young women or youths need about transactional sex?

If you would like more details about something mentioned here or information not included, you should feel free to ask.

We will meet at University of Manitoba or an agency where you feel comfortable with- at a time that is suitable for you and the other group interviewees. The interviews will be recorded on a tape recorder with your permission. If you don't want to have the meeting recorded we will take notes instead. Dianne will be conducting this meeting as well as transcribing the interviews.

WHAT ARE THE BENEFITS OF THIS RESEARCH?

I believe this research will help in understanding about the experiences of young women who have been involved in transactional sex and in assisting in creating new and improved services. You will receive \$20 at the end of the session for participating in the meeting and bus tickets to cover your transportation costs. If you want, I will send you a copy of the summary of the report. Please add your email or mailing address at the end of the form if you want to get a copy of this summary. The report is expected to be ready by November 2011. Snacks and Coffee or/tea will be offered during the meeting. In addition, I would like to get your ideas on what difficulties and struggles you face from your involvement in transactional sex including health risks and sexual activity.

WHAT ARE THE RISKS OF BEING PART OF THIS RESEARCH?

Taking part in the project should not put you at risk for physical harm. If after your interview, you feel upset and need to talk to a counselor (someone who helps people through talking and giving information) to discuss any personal issues that the interview may have raised, please feel free to contact Klinik at 784-4090 or the North End Women's Centre at 589-7347.

WILL PEOPLE KNOW WHO TOOK PART IN THE RESEARCH?

To make sure what you say is **confidential**, we will not use your real name or other identifiable information anywhere in the transcripts (or notes) of the tape recordings or any other reports. All information will be kept in a locked file drawer at my home and electronic files will be password protected. Only the researcher and her committee (Mignone, Frohlick, Roger and Migliardi) will have access to the information. At the end of the study, the consent forms, audio tapes and transcripts will be destroyed.

Also, what other people say during the meeting is confidential, so we ask you not to share anything you hear or see in the group with people outside the group.

Canada has laws that protect children. If, during the interview someone talks about abuse of a child, or someone who needs special care, that is happening right now, or is being planned, the researcher must report the incident to the appropriate authorities. Abuse means things like physical harm, or severe emotional harm or neglect.

DO PARTICIPANTS HAVE TO ANSWER EVERY QUESTION? CAN PARTICIPANTS QUIT THE INTERVIEW WHENEVER THEY WANT?

Your participation is **voluntary**. You also do not have to answer any of the questions asked during the meeting. You are free to stop the interview at anytime, for any reason. You have the

right to quit the project at any time. If you choose not to answer any questions or stop the interview there will be no negative effects on any service you maybe receiving now or may receive in the future. If you wish to stop the interview, please let the researcher know, and I will stop immediately. You are also free to ask any questions regarding this consent form.

HAS THIS STUDY BEEN APPROVED BY A GROUP THAT MAKES SURE THE STUDY PARRICIPANTS ARE TREATED FAIRLY AND PROTECTED FROM HARM?

Yes. The Joint-Faculty Research Ethics Board (JFERB) at the University of Manitoba has approved this project. If you have any questions about your rights as a participant in this study, or are not satisfied at any time with any aspect of this study, you may contact any of the above named persons or the Human Ethics Secretariat at 474-7122. You do not need to give your name.

I am fully aware of the nature of this project and have agreed to participate in it. I have read (or had it interpreted to me), understood and been given a copy of this consent form.

Sign your name here _____ Date _____

Signature of Person Obtaining Consent _____ Date _____

If you would like a copy of the summary of the report, please write down your email or your mailing address.

Address: _____

APPENDIX C

Consent Form for interviews

Thesis proposal: **Understanding the experience of transactional sex among female youths in Winnipeg and implications of health policy (Community Members)**

WHAT IS THIS PROJECT ABOUT?

You are invited to take part in a research study called **Understanding the experience of transactional sex among female youths in Winnipeg and implications of health policy**. The purpose of this study is to learn about the experiences of young women between the ages of 18 to 24 who have ever been involved in transactional sex at one point in time in their life. The study will provide a better understanding, knowledge, education and practices including strengths, challenges and limitations to the experience of young women involved in transactional sex.

WHO ARE THE PEOPLE RUNNING THIS RESEARCH? HOW CAN I CALL THEM?

Dianne Cheng graduate student of the faculty of Human Ecology will be the main researcher. You can call Dianne at 000-0000. Should you have any questions, complaints or concerns about the research Dianne's advisor is Javier Mignone (Associate Professor, Faculty of Human Ecology) and you can contact him at 474-8065. Other members of Dianne's committee include Susan Frohlick (Associate Professor, Faculty of Anthropology), Kirsten Roger (Assistant Professor, Faculty of Human Ecology) and Paula Migliardi of Sexuality Education Research Centre (SERC).

WHAT WILL HAPPEN DURING THE PROJECT?

As a part of this project, I will be holding individual interviews with young women who have ever, even once, or regularly work the streets or occasionally exchange their bodies for personal or financial gain. As a part of the interviews we will explore your views and experiences with transactional sex. I will focus on topics such as health risks pertaining to sexual activity, including around communication about sexuality (relationships, dating, etc) and access to information/ education and services you see has important or lacking. The meeting will last about an hour to two hours. With your permission I would like to invite you to a second interview at a later date and to ensure the information you provided is accurately described.

The meetings will happen at a safe place such as the University of Manitoba, your home or your organization, and time that are convenient for you and the researcher. With your permission the interviews will be audio taped. The meeting will be conducted only by this researcher.

WHAT ARE THE BENEFITS OF THIS RESEARCH?

I believe this research will help in understanding about the experiences of young women who have been involved in transactional sex and in assisting in creating new and improved services.

You will receive \$20 at the end of the session for participating in the meeting. If you want, I will send you a copy of the summary of the report. Please add your email or mailing address at the end of the form if you want to get a copy of this summary. The report is expected to be ready by November 2011. Snacks and coffee or/tea will be offered during the meeting. In addition, I would like to get your ideas on what difficulties and struggles you face from your involvement in transactional sex including health risks and sexual activity.

WHAT ARE THE RISKS OF BEING PART OF THIS RESEARCH?

Taking part in the project should not put you at risk for physical harm. If after your interview, you feel upset and need to talk to a counselor (someone who helps people through talking and giving information) to discuss any personal issues that the interview may have raised, I will assist you in contacting counseling services at Klinik at 784-4090 or the North End Women's Centre at 589-7347.

WILL PEOPLE KNOW WHO TOOK PART IN THE RESEARCH?

To ensure what you say is **confidential**; we will not use your real name or other identifiable information anywhere in the reports. The audiotapes and transcripts will be kept in a locked file drawer in the researcher's home. Only this researcher Dianne Cheng and her advisor Dr. Mignone will have access to the information. At the end of the study, the consent forms, audiotapes, transcriptions and notes, will be destroyed.

Canada has laws that protect children. If, during the interview you talk about abuse of a child, or someone who needs special care, that is happening right now, or is being planned, the researcher must report the incident to the appropriate authorities. Abuse means things like physical harm, or severe emotional harm or neglect.

DO PARTICIPANTS HAVE TO ANSWER EVERY QUESTION? CAN PARTICIPANTS QUIT THE INTERVIEW WHENEVER THEY WANT?

Your participation is **voluntary**. You also do not have to answer any of the questions asked during the meeting. You are free to stop the interview at anytime, for any reason. You have the right to quit the project at any time. If you choose not to answer any questions or stop the interview there will be no negative effects on any service you maybe receiving now or may receive in the future. If you wish to stop the interview, please let the researcher know, and I will stop immediately. You are also free to ask any questions regarding this consent form.

HAS THIS STUDY BEEN APPROVED BY A GROUP THAT MAKES SURE THE STUDY PARTICIPANTS ARE TREATED FAIRLY AND PROTECTED FROM HARM?

Yes. The Joint-Faculty Research Ethics Board (JFREB) at the University of Manitoba has approved this project. If you have any questions about your rights as a participant in this study, or are not satisfied at any time with any aspect of this study, you may contact any of the above named persons or the Human Ethics Secretariat at 474-7122. You do not need to give your name.

I am fully aware of the nature of this project and have agreed to participate in it. I have read (or had it interpreted to me), understood and been given a copy of this consent form.

Sign your name here _____ Date _____

Signature of Person Obtaining Consent _____ Date _____

If you would like a copy of the summary of the report, please write down your email or your mailing address.

Address: _____