

**Women, Crack Cocaine Addiction and the Sex Trade Industry:  
A Standpoint Analysis**

by  
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**BY**

**Lauren E.L. Eakin**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree  
of**

**MASTER OF ARTS**

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## ABSTRACT

The use of crack cocaine among sex trade workers has increased in Canadian society (Cooper, 2001). The purpose of this study is to explore the lives of crack-addicted women who have engaged in sex trade work. This research provided women with the opportunity to speak of their own experiences, limitations and concerns regarding crack cocaine addiction and sex trade work. More importantly, this research makes female crack-addicted sex trade workers more visible by providing a better understanding of the material conditions surrounding their lives.

Based on audio tape-recorded qualitative interviews with 12 self-selected women, this research allowed these women's voices to be heard, offering a different approach than traditional methods of inquiry. Through the constant comparative method of analysis, the women's standpoint on crack cocaine addiction and sex trade work was developed, based on their needs. A feminist standpoint that juxtaposes the current addiction treatment community's response to crack cocaine addiction and sex trade work with women's experiences was then developed. The usefulness of this analysis lies in its ability to contextualize the practices and processes of the women's lives. This study offers alternative solutions and choices for recovering crack cocaine addicts and sex trade workers by listening to their perceptions of their needs.

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I cannot forget to mention the love and acceptance of my mother, Violet Eakin, who has always been there for me in my own struggles: a mother's love is endless. To my father, John Watters Eakin, who passed away on New Year's Day, 1983, I know you would be proud, dad. Where would I be without my two brothers, William and Thomas, who have relentlessly stood by me through the rough times, showing unconditional love and forgiveness? Also, thanks to Wanda Koop and Lydia Turczyn, who are the sisters I always wanted.

I would especially like to thank all of the women who have shared their stories with me. Your strength to come forward on such a sensitive and difficult topic is deeply admired. You are all courageous women who deserve to be heard. The anonymous letter on the next page says it all. Your willingness, honesty and courage do not go unnoticed. Without you, I could not have produced this work. Don't ever forget that you are beautiful, radiant and strong. Your messages of hope bring inspiration to us all, especially to those women who are still out there suffering, seeing no way out. You are living proof that change *is* possible.

***This work is dedicated to Bonnie Jean Casey, who died on October 21, 2001. Even though we only met once, I know in my heart your spirit lives on.***

August 13/01

To Your Honour

I would like to apologize for my behavior, that is being a prostitute, and a cocaine addict. Nine years ago a black man put me on the street, then another black man gave me a crack pipe and rock cocaine. Since then I've been addicted to cocaine, and unfortunately I lost my children. I also lost myself and ended up in jail more than once. I been in treatment five ~~times~~ times, I completed two programs. If you want I'll go back to treatment, but I'd rather go to school. I want to become a alcohol and drugs addiction counselor, I think I'd be good at that. On work where I could help get people off the streets, especially prostitutes. My main goal is to get my children back, I've only seen them four times in six years. I've had enough of this pathetic lifestyle, it's just existence, it not living. I plan to go to Cocaine anonymous meetings, and stay clean and sober. Maybe in a year or two I'll get my kids back. My daughter is thirteen and my son is twelve. They lost their father in 1998, and they need their mother. But I have to be sober, I asked God to bring me to jail, to save me from the streets. Thank You for listening.

## INTRODUCTION

The use and availability of crack cocaine has been increasing steadily in Canada as well as in the United States (Canadian Community Epidemiology Network on Drug Use, 1998). For instance, in 1998 the Addictions Foundation of Manitoba undertook a study which concluded that of the 1,260 women clients reporting drug use in Manitoba, crack was reported to be the primary drug of choice (1998 Report: 25). According to the telephone hotline in the Winnipeg area fellowship of Cocaine Anonymous, the phone calls from people requesting help with their addiction to crack cocaine are, on average, a ratio of four women to one man (Cocaine Anonymous, June 20, 2001). These calls are coming in daily and continuing to increase over time. Two years ago, there were virtually no incoming phone calls from women. While there were two female members of Cocaine Anonymous in Winnipeg in 1998, there are presently over twenty active female members within the fellowship among a total of 150 members. At the same time, the number of female sex trade workers struggling with crack cocaine addiction is growing (Inciardi, 1993). According to the Canadian Community Epidemiology Network on Drug Use (1998: 24), approximately 84 percent of women working as prostitutes in Winnipeg reported using illicit drugs, often along with alcohol. Of those women reporting drug use, 53 percent said they used crack cocaine.

While intensive research on substance abuse can be traced back at least sixty years, its utility for understanding crack cocaine use among women is limited. For one, most of the research has been concerned with either male

alcoholism or male heroin addiction (Inciardi, Lockwood & Pottieger, 1991; Rosenbaum, 1981). For another, many of these studies have been based on polydrug use, that is, a combination of alcohol and other mind-altering drugs. As well, because the focus was on the United States experience, little is known about the Canadian context (Inciardi, 1991). Inciardi, Lockwood and Pottieger (1983) suggest that the extent of female drug use was often downplayed prior to the 1980s as it undermined society's expectations of women; being a drug user and a woman were generally seen as incompatible social roles. The common practice has been to either minimize women's involvement or deny its very existence. When interest in women's drug use emerged as an issue in the 1980s, it was in the context of their deviation from the traditional gender role as mothers.

The purpose of this study is to explore the issue of crack cocaine addiction and sex trade work from the standpoint of the women who engage in this type of behaviour. In-person interviews were conducted with twelve self-selected women who have been addicted to crack cocaine and who have engaged in sex trade work. Before beginning, however, crack cocaine addiction and sex trade work must be placed within their historical contexts. As such, Chapter One provides a context for the study by exploring the constructions of the 'female crack addict' and the 'female sex trade worker.' Chapter Two will discuss the methodology used in the study, including research goals and design, research site and sample, research questions, data collection and data analysis. In Chapter Three, issues relating to inequalities of race, class and gender are explored through an examination of the material and structural conditions surrounding the lives of six

women. Chapter Four focuses on the addiction and sex trade aspect of women's lives, located within the context of the biographies and structural locations of six women. What was it like for the women to be addicted to crack and to engage in sex trade work? Coping mechanisms women have used in dealing with their difficulties will also be discussed. Chapter Five highlights various strategies women have used to overcome their addictive lifestyle, including relapse issues and treatment issues. Close attention will be paid to the needs and concerns expressed by the women interviewed. On the basis of the women's standpoint, I construct my own feminist standpoint, addressing the main issues arising from this research. The concluding chapter will summarize the research, highlighting the main strengths, limitations and implications of the study. Alternative addiction treatment models are discussed, addressing what is needed to implement change for the women.

## **CHAPTER ONE WOMEN'S CRACK COCAINE ADDICTION AND SEX TRADE WORK**

The purpose of this chapter is to provide a context for the present study by exploring the constructions of the 'female crack addict' and the 'female sex-trade worker.' With regard to the former, the media account for much of the information generated about female crack addicts, particularly as it pertains to crack-using mothers. Because crack cocaine originated in some of the larger cities in the United States, most of the media publications are based on the U.S. experience. The views on crack-addicted women generated in these media accounts will be contrasted with the results of recent research. With regard to the latter, while sex-trade work (particularly prostitution) has received the attention of criminologists, the focus traditionally has been on the women who participate in prostitution (and not their clients) and the tendency has been to pathologize prostitutes or to view them as 'Other.' More recently, however, feminists have endeavoured to develop a more women-centred approach, one that focuses attention on the social and economic conditions of sex trade workers and their similarities with women as a group. Before proceeding, however, it is important to understand the components of addiction, particularly addiction to crack cocaine.

### **THE NATURE OF ADDICTION**

The term "addiction" refers to a pattern of compulsive behaviour which results in serious negative consequences for the individual who, in spite of these consequences, continues the behaviour (The Addictions Foundation of Manitoba,

2001). The term “compulsive behaviour” refers to something an individual repeatedly does that he or she cannot seem to control. “Negative consequences” refers to a negative impact on any of the following areas: personal relationships, health, employment and legal or financial status. Addiction falls at the extreme end of a continuum of drug-taking behaviour and often includes a loss of control and a change of lifestyle (Tamarack Rehab, Inc., 2001). “Despite one’s best intentions, if an individual uses drugs and has difficulty stopping, this is evidence of loss of control and an indicator of addiction” (Hersovitch, 1996: 33). There are two main components of addiction, one psychological and the other physical. Psychological addiction occurs when the use of a drug is central to a person’s thoughts or emotions. If a person is preoccupied with a drug, and believes that he or she cannot function without it, this indicates psychological dependence. Physical addiction to a drug is characterized by an increase in tolerance and by a drug-withdrawal reaction. An increase in tolerance occurs when a person requires increasingly greater amounts of the drug to produce the desired effect. Withdrawal is the form of physical and mental discomfort associated with abrupt cessation of the drug. To avoid this discomfort, individuals will continue using, resulting in binge patterns (Herscovitch, 1996). Bingeing refers to the continual use of a drug, regardless of negative consequences, until the drug supply is depleted or the user is too exhausted to continue using the drug. Binges can last for hours, days or weeks at a time.

Crack is a nearly pure form of cocaine (See Appendix A). Because of this, the crack euphoria (the high) is more intense than that of powder cocaine, making

it more highly craved by users and thus more highly addictive. A community-based study examining crack cocaine users in Toronto, Ontario was undertaken by Chueng (1991). Based on interviews with 79 crack cocaine users, the study revealed that the quick and intense high of crack was most appealing, thereby making this drug very addictive.

The addictive nature of crack is cyclical (Koppelman & Jones, 1989). Crack depletes the brain's supply of dopamine – an essential neurotransmitter required to experience pleasure. Within minutes, the euphoria produced by crack is replaced by severe depression, paranoia and irritability. As a result, users feel compelled to smoke more crack to relieve the depression and maintain the “high.” Also, crack is relatively cheap to purchase and provides a euphoria that crack smokers liken to an extraordinary sexual climax (Koppelman & Jones, 1989). As one woman interviewed by Knowles (1996: 21) explains: “Well, whoever is hearing this, naturally you’re an adult and probably experienced an orgasm. Magnify that 10,000 times throughout your whole body, and I do mean 10,000.” However, the intense “high” is short-lived. The desire to repeat the sensation can lead to addiction quite rapidly for some users. Ellen Beck's (1996) study of crack addicts admitted to treatment in Maryland found that users of crack cocaine had a tendency to become addicted faster, had more intense cravings for the drug and had more difficulty abstaining after treatment than users of opiates, marijuana and/or alcohol.

Binges are common with crack cocaine use (Herscovitch, 1996). According to Keiber (1991), crack users typically embark on multiday crack

binges without eating, sleeping or bathing until their drug supply and money run out and they collapse physically. An interview study by Reinerman & Murphy (1991) of 267 heavy crack cocaine users found that many respondents cited the desire to maintain the euphoric state received from crack, which ultimately led to bingeing. Bingeing depleted their financial resources and often caused violent behaviour, extreme weight loss and psychotic states similar to schizophrenia. Binges can also lead to seizure, stroke, heart failure and death (Keiber, 1991).

Crack cocaine has been available since the mid 1980s, initially filtering into inner city neighbourhoods in the United States. Because of the increased availability of crack, women were gaining easier access to the drug and, as discussed previously, found its "high" difficult to resist. The following section will consider the construction of the 'female crack addict' and examine issues surrounding female crack cocaine addiction.

### **CONSTRUCTION OF THE 'FEMALE CRACK ADDICT'**

By the mid 1980s, crack cocaine had replaced heroin as the most dangerous drug on the street (Inciardi, 1993). A number of cross-sectional surveys documented the dramatic rise in incidence and prevalence of cocaine use and related problems (Inciardi, Lockwood & Pottinger, 1991). Drug use among women and women of childbearing age in particular seemed to be increasing. Much of the knowledge about women and drugs, however, was being generated by the mass media. Stories of women smoking crack while pregnant and violating that most sacred role as caretaker and mother gathered media attention and commentary, setting off a moral panic about the out-of-control epidemic of pregnant cocaine users. In

particular, a 1988 article for *Newsweek* by J. Adler estimated that there were 375,000 “crack babies” in the United States. The popular press seized upon the story, especially Adler’s claims that “the needs of babies who were exposed to drugs in utero would present an overwhelming challenge to schools, future employers and society;” that “crack cocaine can overwhelm one of the strongest forces in nature the parental instinct;” and that drug use during pregnancy was “interfering with the central core of what it is to be human” (Adler, 1988: 66). Negative media attention on drugs peaked with the phenomenon of the “crack baby” (Humphries, 1988).

By the late 1980s, the fetal rights movement had combined with the War on Drugs to single out pregnant drug users as a social problem (Humphries, 1988). The United States government responded by punishing pregnant users through prosecution. As a consequence, a drug-using pregnant woman could be arrested and incarcerated for giving drugs to a minor. A woman who tested positive for crack during delivery could immediately lose custody of her newborn. Although, by 1991, the association between fetal harm and cocaine use had been seriously questioned by medical research, hundreds of infants and children continued to be removed from their mother’s custody, overloading the child welfare system and jeopardizing women’s control of their own bodies.

Class and racial bias in these prosecutions was obvious. Although the use of illegal substances was distributed fairly evenly throughout the population in terms of class and race, all of the women who were prosecuted were not only poor, but also non-white. Humphries (1998) examined major network evening

news programs aired between 1983 and 1994 to understand the images associated with women who used crack during pregnancy. Qualitative analysis of 84 news segments showed that over time, the news media framed maternal crack use in at least three ways: 1) white middle-class women were presented as psychologically addicted, guilt-ridden for having exposed their babies to crack cocaine and motivated to succeed in treatment; 2) poor Black women were represented as mindlessly addicted, knowingly having exposed their fetuses to the adversity of crack and unwilling to enter treatment; and 3) poor Black women were subsequently represented as physically and spiritually depleted, not having regretted prior drug use and enthusiastic drug treatment clients only in an attempt to regain custody of their children (Humphries, 1998).

Contrary to these representations, Lisa Maher (1992) found that the crack-using pregnant women she studied were stigmatized and consumed by guilt. Maher observed more than 200 women crack smokers during her three years of fieldwork in Brooklyn and gathered data from interviews with 45 women who lived on the street. Maher found that these women expressed great concern about the levels of drug-related harm that occurred during their pregnancies and used a variety of strategies to reduce these negative effects. They tried to lower their intake of crack, switched from harder to softer drugs such as marijuana (which would help them eat and sleep) and ingested health-promoting substances such as vitamins. Of the crack-using women in Maher's study, 82 percent were African-American. The women were well aware that because they were Black, as soon as they entered a clinical setting they would automatically be suspected of illegal

drug use. They would be targeted for drug testing, which could lead to punitive social service and criminal justice interventions such as incarceration and removal of their children. Consequently, if they believed custody of their children would be jeopardized, they made the difficult decision to stay away from medical services.

According to Maher (1990), the social conditions characterizing crack-users' lives were far more deleterious to the health, well being and safety of mother and child than the drugs themselves. The media and political focus on drugs was not only oversimplified but purposeful. Crack mothers were being scapegoated, diverting attention from both the realities of the failed, post-Reagan social experiment with cutbacks of needed social programs and the complex social conditions that would require major political change.

The criminalization of crack pregnancies facilitates the punishment of those [who] blatantly violate established social mores. It provides a way of striking out simultaneously at minorities, druggies, and women who fail to conform to engendered cultural expectations. At the same time, Middle America can vent its moral indignation by using the rhetoric of compassion for those poor little (black) babies. Women who use crack cocaine provide an attractive place for Middle America to circle its wagons, and crack pregnancies provide an ideal opportunity for projecting deep-seated cultural anxieties about the urban minority poor and about drugging, crime, and female sexuality. (Maher, 1990: 96)

In his book entitled *The Crack Attack: America's Latest Drug Scare, 1986-1992*, Reinerman (1992) argued that by linking crack use with African-American urban poor, drug use became a ready scapegoat to account for lower-class unemployment, poverty, violence and crime. As depicted by the media, the "crack scare" served the political purpose of accounting for growing urban poverty without requiring politicians to address the real issues. The scare was

also characterized by many of the dangers inherent in all drug scares: increases in drug use resulting from exaggerated and dramatized media coverage; decline in health services aimed at helping addicts; and neglect for the social problems that inspire drug use. In addition, Golub and Hartman (1995) examined the media coverage of the crack "epidemic." They concluded that panic over the concerns of crack and "crack babies" had dramatic consequences on governmental policies. In particular, it diverted attention and resources from the larger social and structural problems by blaming minorities, the poor and youth.

The main feature of media depictions lies in their power to simplify, generalize and sensationalize crack-addicted women. As Sheldon and his colleagues (1997:3) note, media reports are often "highly exaggerated and based more on anecdotal, rather than scientific, evidence." Although crack-addicted babies are a problem that should not be overlooked, the media have placed too much emphasis on the women themselves, increasing the public's fear of crack users. In the process, crack-addicted women have been stigmatized and marginalized; they are 'Other.' Nevertheless, research has pointed to the importance of understanding and attending to the social and economic conditions in which crack-addicted women find themselves. A similar case can be made with respect to women who are prostitutes.

### **CONSTRUCTION OF THE 'FEMALE SEX TRADE WORKER'**

Criminology as a discipline has historically focused on the deviance and criminality of men. When women have been the focus of attention, typically such attention has relied on a narrow set of assumptions and stereotypes concerning the

nature of women and the reasons for their involvement in crime (Morris, 1987). This is especially the case for prostitution. Women working as prostitutes have variously been described in the literature as over-sexed (Glueck & Glueck, 1934; Thomas, 1923), frigid (Havelock Ellis, 1936) or motivated by a desire to seek revenge on men (Hollander, 1957). Such accounts were typical of male writers in this area "who generally sought to locate the basis of a woman's involvement in sex work in either her sexuality or her relationships with men" (Jordan, 1994).

Kingsley-Davis (1949) developed the classical approach to prostitution in criminology. Working from a functionalist perspective, Davis theorized that prostitution saved marriages and stabilized society. Davis viewed prostitution as providing restless men the necessary outlets for their 'naturally healthy' sexual appetites. It enabled men to engage in 'kinky' sex while taking the pressure off their virtuous wives. In providing an outlet for unmarried men, prostitution also prevented the rape of 'good girls.' In this view, prostitution is 'functional.' The prostitute is the 'quintessential bad girl.' Her clients, on the other hand, avoid such negative stigma. As men, they are simply at the mercy of their insatiable sex drives and desires.

Following on this male-centred approach, the focus of much criminological work in the area of prostitution has been on those women who engage in prostitution. What is it about these 'bad girls' that accounts for their deviance and disrepute? Shaver (1993: 165) notes that theorizing in criminology has explained entry into prostitution "as a consequence of family dysfunction, undersocialization, or different socialization." In other words, factors relating to a

woman's immediate social environment explain her deviance, not broader social, political and economic conditions.

More than any other criminal offence, prostitution signifies the historical continuum of the sexualization of female criminality and the criminalization of the female sex (Cain, 1990; Gelsthorpe & Morris, 1990; Naffine, 1987; Smart, 1990). Traditional criminology has relied on stereotypical notions of femininity and sexist role expectations in its study of prostitution. Like the female drug user, prostitutes have been pathologized and viewed as 'Other.' As Maureen Cain (1990: 2) has noted: "Males were the yardsticks against which both actions by and treatment of females were measured. Women existed as Other; that is, women existed *only* in their difference from the male, the normal." In contrast, feminist criminologists have endeavoured to locate these women in a broader context.

One of the ways in which feminists have countered traditional approaches to prostitution is in the language used to refer to prostitutes. With the negative stigma attached to the label 'prostitute,' women become easy targets for condemnation and finger pointing. As a political enterprise, feminists sought to rename 'prostitution' as 'sex trade work.'

'Sex trade work' is a term used to refer to individuals who are engaged in some sort of sexual activity for material reward. In this respect, sex trade work is not only tied to prostitution. It also includes those individuals who work in strip clubs or as performers in explicit sex films. One advantage of the use of the term 'sex trade work,' however, is that it moves away from viewing prostitution as a status to seeing it as a form of labour. In these terms, although sex trade work is

concerned with sexual behaviour, it is merely another form of work and those performing it are primarily motivated by the conditions of their work rather than by some particular sexual interest. As such, the renaming of prostitution as sex trade work is intended to remove the activity from the arena of illicit and socially unacceptable behaviour and to connect it to issues of exploitation and the conditions under which the work is performed (Perkins & Bennet, 1985).

Contrary to the 'bad girl' image of prostitutes traditionally held by criminologists, Susan Edwards (1988) found that many prostitutes were single parents who viewed prostitution as a financial imperative. Along with Edwards, Eileen McLeod (1982) and Mary McIntosh (1978) have highlighted the economic reality that underpins many women's entrance into prostitution. Poor housing, unemployment, welfare and the feminization of poverty combine to create a Catch 22 situation for women who may not have freely chosen to work as prostitutes but nevertheless pragmatically have decided that this is the best option available to them (Edwards, 1988; McIntosh, 1978; McLeod, 1982). Augustine Brannigan (1995) found in her research that many prostitutes left home early due, for the most part, due to physical and/or sexual abuse. Out of school and living on their own, they had not yet acquired the skills and experience to cope effectively in society. Therefore, they turned to prostitution in order to meet their financial needs.

Frances Shaver (1996) conducted 10 field studies in collaboration with the Department of Justice Canada to understand why women enter into prostitution. Her findings indicated that most prostitutes begin their careers at an early age,

usually in their teens. Most prostitutes were women and most of the women had not gone beyond high school. Economic problems or “knowing someone in the business” may have been motivating factors for entry into prostitution. Shaver concluded that there are some similarities for women entering into prostitution. For one, many experienced sexual or physical abuse as a child. For another, because sex work is the best of a number of limited employment options, many were drawn to the profession out of economic necessity.

Tomiye Ishida (1998), a former sex trade worker, believes that prostitution is a rational economic decision made by adult women as self-determining agents who work both within and in resistance to the constraints of a patriarchal society. Ishida notes: “Economics is a study of decision making and the majority of prostitutes choose prostitution as the occupational alternative in a patriarchal society that affords the highest attainable standard of living” (1998: 5). Ishida believes that from a pure economic standpoint, financial pressures push women towards prostitution, but financial gain is the overriding reason women stay in prostitution. Earnings from prostitution exceed earnings from the best labour market alternatives in other jobs available to women, particularly pink-collar, clerical or service jobs.

Maggie O’Neill (1996) explored life story narratives of female prostitutes gathered between 1990 and 1994. These narratives revealed the women’s routes into prostitution and the male violence against women working as prostitutes. O’Neill’s findings indicated that routes into prostitution were marked by differing life circumstances. These included getting involved in exploitative relations with

a man at a vulnerable age or point in one's life and associating with other workers on the scene which helps to legitimate selling sex. Desperate financial circumstances and a will to change one's current situation by any means was the bottom line for entry into prostitution. The women, O'Neill argues, are representative of women in contemporary society.

Prostitutes come from all social backgrounds and classes. Teachers and nurses have been documented as moving into prostitution, tired of earning so little for the social services they perform (New Statesman & Society, 1990). Other women who have been documented entering into the sex trade work include: executives supplementing salaries and increasing mortgage payments through escort work (Company, 1990); students working in the sex trade to pay tuition (Delacoste & Alexander, 1988); women supplementing social security payments or with low incomes (Edwards, 1988; Jaget, 1993, O'Neill, 1995); and women with no formal skills or training (O'Neill, 1995). In addition, sex trade work exhibits class differences much the same as any other occupation: street trade workers tend to make the least money, masseuses make more than street trade workers and high-priced call girls, on average, earn the most (Delacoste & Alexander, 1988).

Feminists have shown that prostitute women share many commonalities with women as a group in society. Instead of pathologizing prostitutes and viewing them as 'Other,' feminist criminologists have begun to examine social and political inequalities (such as low income, under-education, welfare, health and unemployment) along with the realities of sexual and social oppression, the

increasing feminization of poverty and male violence. As Margaret Baldwin (1992: 52) states: "Prostitution isn't like anything else. Rather, everything else is like prostitution because it is the model for women's condition."

As illustrated, it is obvious that women enter into prostitution for reasons other than 'deviance,' 'frigidity,' being 'oversexed' or being 'vengeful toward men.' Feminists have endeavoured to create a new construction of the female sex trade worker, one which includes women's experiences and their social conditions. As Ngaire Naffine (1995: 61) notes:

Men and women experience and perceive the world in different ways. Therefore, it is important for women to have a voice in interpreting their behaviour, as opposed to having it decided by beliefs and sanctions that do not include women's experience. Women can no longer be placed as objects of male knowledge.

Numerous studies have established a strong correlation between sex trade work and the use of illicit drugs (Inciardi, 1995; O'Neill, 1996; Shaver, 1996). Many women working in the sex trade industry are or are becoming addicted to illicit drugs, especially crack cocaine.

### **CONNECTING CRACK COCAINE ADDICTION WITH SEX TRADE WORK**

Sex trade work is not unique to crack cocaine users, but it is a common way for female drug users to support their habit. When crack began dominating the street market in the 1980s, many women began engaging in sex trade work to earn enough money to support their drug habits (Inciardi, 1986). Women's need to support themselves through sex trade work created an insidious cycle. Women remained in sex trade work because they had few, if any, other ways to make a

living. They were unable to separate themselves from the drug world, which in turn was what kept them tied to prostitution (Inciardi, 1986). There have been several studies carried out that illustrate the use of crack-for-sex exchanges and women turning to prostitution to support their crack habits (Inciardi, Lockwood & Pottieger, 1991; Maham, 1996). These studies indicate that many women who try crack cocaine love the euphoric effect of the "high." As a result, many women quickly become addicted. As their addiction progresses, women find they can no longer hold legitimate jobs. In order to support their crack habit, they turn to the sex trade to obtain enough money for their next hit of crack. Because crack use is often associated with multi-day binges, the women need to obtain a consistent flow of cash in order to continue using. Therefore, their lives become enmeshed in the crack world and sex trade work (Sterk, 1999).

To illustrate, Sue Maham (1996) conducted a study of women who had become addicted to crack. Throughout 1993, Maham interviewed 17 crack-addicted women about their lifestyles. Her findings revealed that: a) many of those addicted to crack began substance abuse at an early age; b) most of the women depended on a man to supply their drugs; and c) any kind of legitimate job was impossible to keep over extended periods of crack-using. Therefore, most women engaged in prostitution to support their need for crack. As one woman told Maham:

*None of the women on crack have legitimate jobs. I tried that at first, but I lost them all in less than a month. I couldn't keep a job. I would be in the bathroom smoking, or I wouldn't go at all. Jobs interfered with my using.* (cited in Maham, 1996: 24)

All the women reported that they would do just about anything in the desperation of craving:

*No morals, no principles. I let them treat me like a dog. I'm on my knees in the bathroom. There's an unbelievable stink. The water is off, but they still use it, and there is every kind of filth. When they open the door it smells bad. It gags you. And this disgusting guy pulls out his filthy, smelly dick, and I would suck it anyway. (cited in Maham, 1996: 21)*

It has been theorized that with the emergence of crack cocaine, there has been a "shift" in the prostitution scene (Inciardi, Lockwood & Pottinger, 1991; Miller, 1986). Claire Sterk (1999) conducted in-depth interviews with 149 women who were active users of crack cocaine and sex trade workers. The women in Sterk's study were sex trade workers *before* they tried crack cocaine; most of them were using marijuana and/or alcohol. While these women had previously used drugs other than crack cocaine, they remembered soliciting customers in public settings and having sex with them in hotel rooms or in the customer's car. They negotiated in advance both the type of sexual service to be provided and the price. When working the stroll, these women rarely used drugs in the same settings where they traded sex. Several other research studies have confirmed this finding (Perkins & Bennett, 1985; Sterk, 1999).

Once they became addicted to crack cocaine, however, the women often met and had sex with their clients in crack-use settings. The domination and exploitation in their relationships with clients greatly increased. One of the women in the study recalled an incident that took place in a crack-use setting:

*I was hitting on this guy because I knew he just bought some [crack]. He'd just look at me and joke around with his buddies. He called me over and he wanted to know what I had to give him. I didn't have anything to say. He told me that the guys thought I wasn't good at blow jobs and*

*some other things. I started crying and watched them smoke and have sex with some other girls right in front of me. (cited in Sterk, 1999: 71)*

In order to elaborate the structural and “criminal” positioning of a group of women who smoke crack and engage in street-level sex trade work and/or crack-for-sex exchanges, Maher (1992) set out to explore whether street-level work had been changing since the emergence of crack. In particular, she wanted to determine the ways in which the advent of crack cocaine, as an integral part of New York City’s expanding informal economy, had accelerated the risks of violent victimization for women. Her findings indicated that the internalization of social messages which denigrate “crack heads” as the lowest form of drug users were given expression in the victimization of women sex trade workers by (male) tricks, (male) crack smokers, (male) neighbourhood youth and (male) police. In addition to reinforcing the persistent correlation between masculinity and violence in Western cultures, the research also suggested that it is not the advent of crack per se nor its “behavioural effects” that precipitate the violent victimization of these women. Rather, Maher (1992: 23) argues that the stigma that is indelibly attached to being a woman crack smoker and, in particular, a crack-addicted sex trade worker serves to sanction and reinforce at the local level the social legitimacy of violence against women.

A similar study was undertaken by Miller (1995). By conducting extensive interviews with street prostitutes, mostly crack users, Miller revealed that experiences of rape and violence were widespread for these women. Themes emerging from the interviews in this study indicated that people often see prostitutes as “unrapeable;” that no harm is done; and that prostitutes “deserve” to

be raped. Because of the degradation and low self-worth experienced by the women, it became extremely difficult for them to abstain from crack (Miller, 1995).

While the previous studies found that sex trade workers switch from other drugs to crack cocaine, some women do not become involved in sex trade work until after they have tried crack and used it long enough to develop a habit. Many of these women do not begin selling sex until they are 30 or older. As one woman interviewed for the Sex Trade Report Study (2000: 12) reported: *"It was crack use as an adult, rather than childhood physical or sexual abuse, that sent me to the streets."* Women in this study indicated that once they became addicted to crack, they would sell their bodies and use the earnings to obtain more, often during a crack cocaine binge. After smoking some crack and finding themselves needing more, they would be ready to turn another trick. The cycle repeated itself endlessly. Money to buy another rock of crack was the main purpose of women's involvement in the sex trade.

Sex trade work and the use of crack cocaine appear to be connected for many women. As illustrated, some women begin engaging in the sex trade at a younger age in order to support themselves financially. Using "softer" drugs such as marijuana at first, eventually they try crack cocaine. Finding its euphoric "high" difficult to resist, women become addicted to crack, continuing to engage in sex trade work in order to support their crack habits. Other women engage in the sex trade only after they have tried crack cocaine, many of them being in their late 30s or older. These women probably would have never participated in the

sex trade if they had had not become addicted to crack (Sex Trade Report Study, 2000).

In sum, crack cocaine addiction and sex trade work appear to be “intertwined.” Women perform sex trade work as a means to support their ever-increasing appetite and need for more crack, particularly so once they become addicted to this drug. As such, many of these women’s lives become enmeshed with degradation, stigmatization and low self-worth. Also, women who participate in sex trade work may become vulnerable to the dangers associated with this lifestyle, such as violence, abuse or rape.

### **CONCLUDING REMARKS**

Western society has stigmatized the female crack-using prostitute (Centre for Substance Abuse Treatment, 1994). Studies being conducted on crack-addicted female sex trade workers reveal the silence, victimization and marginalization of women. Subject to ridicule and public ignorance, these women have been labelled “crack whores” and “crack heads.” They have been made invisible. It is this invisibility that has exacerbated the negative aspects of sex trade work and crack addiction both for the community and the women themselves. Being invisible also means being inaudible. Things will be less likely to change unless the women who are in the best position to explain why things are not working or what, in fact, the problem really is can be given a voice. A new model of understanding the ‘female crack addict/sex trade worker,’ one based on the material and structural realities of the women’s lives, must be established.

Despite media attention and public anxiety, there remains little academic research on crack addiction among women who have engaged in sex trade work. As Helen Ward (1997) notes: "Crack using female prostitutes appear to be a 'hard to reach' group. Little is known about these women's perception of their health needs and their knowledge, responses and access to appropriate services" (Ward, 1997: 1). With the growing problem of crack consumption and distribution among sex trade workers in Winnipeg (Cooper, 2001), more research is necessary. Not only do we need to know more about crack addiction, sex trade work and the connections between the two, we need to know more about this population in Canada as the overwhelming majority of this research has been carried out in the United States (Brock, 1998; Lowman, 1992).

Feminist research that takes women as the starting point constructs a very different view than those depicted in the media and in the traditional criminological approach. As a result, a more complete picture of the 'crack-addicted female sex trade worker' emerges, identifying such factors as poverty, stigmatization, lack of education, lack of employment, coming from a minority race and/or living in deteriorating inner-city conditions. We must move away from the traditional idea that crack-addicted female sex trade workers are deviants or 'Other.' These women, of course, are not all alike. As women, they are multiple subjects situated by age, social class and race. Their life experiences are marked by social conditions that have a great bearing upon the ways in which they see and give meaning to their lives and the wider social world.

What conditions do the women live in? How do they 'see' themselves in their position in society? Which comes first – sex trade work or crack addiction? How is gender negotiated within their relationships? How do women manage in sex trade work and crack addiction given the concomitant 'whore/crack head' stigma and related risks? How effective has treatment been for women who have sought help? In order to arrive at answers to these questions, it is necessary to engage with the women themselves, to hear what they have to say. Without the involvement of women who have been there, any efforts to address the issues of sex trade work and crack addiction will be based on faulty assumptions. Assuming that women's drug problems have more to do with social conditions than the drugs themselves, it is important to examine these conditions, paying particular attention to the specific needs of the women. The needs the women identify will become the basis from which to understand the impact of current addiction treatment models and support systems available for women desiring to obtain help in overcoming their addiction to crack and leaving sex trade work. In the next chapter, the methodology used for this study will be outlined.

**CHAPTER TWO**  
**METHODOLOGY:**  
**STARTING FROM WOMEN'S EXPERIENCES**

The methodology of research from the margins is based on the commitment to advancing knowledge through research grounded in the experience of living on the margins. We do not want to contribute further to the public silencing of voices from the margins. Instead, we want to do research in a way that creates opportunities to reclaim and re-name that experience. We want methods that will enable people to identify and examine how living on the margins affects their lives, their opportunities, the way they think and act. In this way we can begin to focus on the social relations which daily help to construct that experience. In particular, methods from the margins must focus on describing reality from the perspective of those who have traditionally been excluded as producers of research. (Kirby and McKenna, 1989: 64)

Following Kirby and McKenna, the aim of the present study is to create opportunities to reclaim and rename the experiences of women who have been addicted to crack cocaine and have engaged in sex trade work. The research has three main objectives. The first is to explore the nature of female crack cocaine addiction and sex trade work. Who are the women? Why did they get involved in this lifestyle? What histories do they bring with them to sex trade work? Were they addicted to crack before or after working in the sex trade? Do material conditions influence their choice to use crack and engage in sex trade work? The second objective of the research is to determine how the women make sense of their lives. How do they see themselves in society? What is their social positioning? What, if any, coping strategies do they use to deal with the problems, conflicts or dilemmas they encounter? How difficult has it been for the women to abstain from cocaine and leave sex trade work? What barriers, if any, stand in their way? The third objective is to uncover the women's needs. What are the complexities involved in a woman's decision to (or not to) seek support?

What difficulties did the women experience when they decided to seek help in overcoming their addiction? Did they encounter difficulties when they stopped engaging in sex trade work? How are the women treated in the addiction treatment community? Does the construction of crack-addicted sex trade workers as 'Other' colour the strategies employed to respond to these women's needs?

In order to arrive at answers to such questions, we must engage in research with women who have lived through and experienced crack cocaine addiction and sex trade work. Research that is women-centred is crucial to understanding women's needs and concerns. The purpose of this chapter, therefore, is to outline the methodology which will be used in the present study. This methodology is one that draws on standpoint feminism.

### **STANDPOINT FEMINISM**

Standpoint feminism is an epistemology which emerged in response to the male-centred traditions in social thought whereby women were the 'Other.' In contrast to the positivist claims to objectivity and scientific neutrality, standpoint feminists argue that knowledge production is an historically specific, culturally based and political enterprise. According to Maureen Cain (1990: 133), a standpoint is "a site which its creator and occupier has agreed to occupy in order to provide a special kind of knowledge and practice and of which he or she is aware in a special theoretical way."

The main premise of standpoint feminism is that knowledge is socially constructed and shaped by the social position occupied by the knower. According to Nancy Hartsock (1987), standpoint feminism derives from a materialist

understanding of society. Capitalism, patriarchy and racism all play a key role in shaping the life experiences and choices made available to women, thereby shaping and conditioning their lives. Standpoint epistemology claims that oppressed members of society are able to achieve a more complete view of social reality given their 'double vision.' Because less powerful groups, like women and racial minorities, are marginalized in society, they are apt to be more clear-sighted and critical about its inequalities. At the same time, biography and position in society also shape the point of view of the researcher.

According to Sandra Harding (1991), women's lives are not synonymous with feminist knowledge of women's lives. As such, there is a need to acknowledge two different meanings of standpoint: the women's standpoint, that is, their stories, interpretations and analyses; and a feminist standpoint based on an analysis of the women's experiences and understandings. The knowledge derived from the women's standpoint is informed by their social context (the daily activities of their lives), their histories (past reflections of their lives) and their culture (the modes of thought or discourses available to them) (Comack, 1999). In this respect, standpoint feminism begins from the perspective of women's lives. A feminist standpoint does not speak 'for' women; it offers a way to make sense of women's lives based on their own experiences. In listening to women's accounts, the task of the researcher is to discover patterns and similarities between them, referred to as "quiltmaking" by Elizabeth Comack (1996). The task is to find out who the women are and how they became who they are. The end result is

a feminist standpoint which establishes “a particular lens through which women’s lives can be interpreted” (Comack, 1999: 300).

### **DEVELOPING A STANDPOINT**

Standpoint feminism is the approach to be used in addressing the issue of women’s addiction to crack cocaine and involvement in sex trade work. Locating a standpoint from which to address this issue involves critical reflexivity on the part of the researcher. As Janice Ristock (1998: 310) has noted: “there is a need for the researcher to situate herself in the research process.”

My personal history not only influences my interest in crack-addicted female sex trade workers, but also the way I understand them. Being white and growing up in a middle-class family, I do not share the inequalities and experiences of being Aboriginal in a racist society, nor do I have intimate knowledge of sexual abuse or family disintegration. However, I do share some commonalities with the women. I left home at a very young age. Living downtown, I hung around with drug dealers, bikers and street gangs when I was 17 years old. At that time, I drank extensively and started experimenting with drugs. After ten or so years, I became addicted to cocaine. My crack cocaine addiction took me to some very desolate places. I tried to get clean for the next five years, going through five different treatment centres. However, I had extreme difficulty abstaining from crack. At the end of my addiction, I ended up on the streets of Long Beach, California, close to death and/or jail. This was my “bottom.” I have been clean and sober now for the past two and a half years.

Being an active member of an addiction treatment community, I am closely involved in working and volunteering at a local treatment facility specializing in the treatment of addictions. As an addiction counsellor, I have specifically focused my attention on women addicted to crack cocaine, many of whom engaged in sex trade work. Since 1998, I have pursued my interest in the issue of crack cocaine addiction and sex trade work in an academic context. Throughout my journey to sobriety and lifestyle change, I have noticed that I share similar struggles and experiences with the women whom I work with. This commonality gives me a vantage point from which to produce knowledge about the women's experiences.

Crack-addicted women who have engaged in sex trade work must be understood – not as a homogeneous group with similar needs and realities – but as a group of women with multi-varied experiences. As such, while 'crack-addicted sex trade workers' constitutes a standpoint from which to engage in analysis, this is not a unified social category. Each woman has her own personal accounts and experiences. Addiction does not discriminate. Anyone can become addicted to cocaine, regardless of that person's social or material positioning in society. As well, the experience of engaging in sex trade work will not be the same for every woman. Because women's lives are constructed around many social divisions or exclusions (race and class being two of them), experience is shaped by statuses other than gender alone. Although many women have experienced oppression in one way or another, not every woman has had the same experience. As such, women's experiences must be conceived of as diverse and non-static.

The purpose of the research, therefore, is to explore the issue of crack cocaine addiction and sex trade work from the standpoint of the women who engage in this type of behaviour. As a researcher, my task is to listen to not only what the women have to say, but also how they say it. What are their experiences? What do they need? What problems are they encountering? Like all knowledge, however, the feminist standpoint which will emerge will be 'partial.' This is, in part, because of the particular questions I pose to women about their lives. It is also because of what the women are willing or able to disclose about their experiences at the time of our meeting (Comack, 1996). Nevertheless, producing knowledge about women's lives "in their own words" has the potential to create the intellectual and practical spaces for women's voices to be heard and listened to.

#### **RESEARCH SITE AND SAMPLE**

Arrangements were made to meet with 12 women who are currently members of an addictions treatment program, Tamarack Rehab, Inc., and/or are members of Cocaine Anonymous in Winnipeg, Manitoba. I originally intended on meeting each woman by verbally approaching them if I thought they were potential candidates for my study. However, ethics' protocol stated that it was necessary to post a bulletin requesting women who were interested in participating in my study to contact me (See Appendix B). These bulletins were posted on the boards of Tamarack Rehab, Inc., as well as in the meeting rooms of Cocaine Anonymous. I had tremendous response and I arranged to meet with 12 women who fit the criteria of my study: abstinent from crack cocaine and all other mind altering

substances for a period of 30 days or longer and no longer involved in sex trade work.

### **THE INTERVIEWS: LISTENING TO THE WOMEN**

The interview schedule consisted of a series of semi-structured, open-ended questions (See Appendix C). Interviews were private and confidential. Confidentiality was extremely important. Therefore, I was the only person with access to the interview tapes, the resulting transcripts and other related research materials.

As soon as the women contacted me to express an interest in being part of my study, I arranged to meet with them at a convenient time at Tamarack Rehab, Inc. Mr. Doug Cooper, Executive Director, granted permission to use this facility (See Appendix D). This location was chosen because if the women felt the need for immediate counselling or resources due to the sensitive nature of the interview, a qualified addiction counsellor would be available. Fortunately, none of the women felt a need to speak with a counsellor. In fact, most of the women I interviewed were quite relieved to have shared such an intimate part of their lives. They said that being able to open up and communicate their feelings to me on such an intimate level had a healing effect. In *Women in Trouble*, Elizabeth Comack made a similar observation based on her consultation with a woman who ran an abuse workshop she had attended. From this woman's experience, it is important that the women talk about their abuse, because this was a first step in their healing process (Comack, 1996). From my own observations as an addiction counsellor and also as a researcher, this point is well taken. The women were, for

the most part, very eager to discuss their difficulties with crack addiction and sex trade work because, as one woman in my study explained: *"I am as sick as my secrets. Maybe there's someone out there suffering like I was who can benefit by what I have to say"* (Carolyn)

Prior to the start of the interview, each woman was informed of the nature of the research, the use of an audio recording device and the guidelines for anonymity and confidentiality. Participants were also asked to sign an Informed Consent Form (See Appendix E). All of the women signed this form. All names have been changed in the interviews to preserve the women's anonymity. Before the interviews began, the women were asked to pick their own anonymous names to use in the study. This gave it more of a "human" feel than simply referring to them as Interview #1, Interview #2, etc. Also, the women's names were not apparent on any written records. Once all interviews were transcribed, the tapes were destroyed. Additionally, I asked for the women's permission to use their words verbatim in my research. Deception was not used in this study.

Before each interview began, I informed the women that they had to be clean from crack cocaine and all other mind altering substances (for a period of at least 30 days or longer) and they had to have previously been involved in sex trade work and are no longer participating in such activities (for a period of 30 days or longer). Once these prerequisites were verbally agreed upon by each woman and the details of the research project were discussed and clarified, I proceeded with the interview questions. These questions related to each woman's demographic profile, the structural arrangements within their families, their

involvement in and history of sex trade work and their personal experiences with crack cocaine addiction and sex trade work.

Upon completion of the interview, each woman was asked if she would agree to meet with me to discuss the transcription of the interview. This allowed each woman the opportunity to share any missed information or fragmented ideas that may have been otherwise overlooked. Eleven of the 12 women reviewed the transcripts with me. Unfortunately, one of the women in my study relapsed and was using crack again. Therefore, we were unable to meet to discuss her transcript. Another woman approached me with an interest in participating in the study, so I interviewed her instead and we reviewed the transcript when it was completed. All of the women were informed that they could receive a copy of the final thesis report when completed.

My first contact with each woman was either in person or by telephone. Because I am currently employed at Tamarack Rehab, Inc., the women who were participating in treatment saw me in person to express their desire to participate in my study. Two of the 12 women contacted me by telephone and we agreed to meet at a convenient date at the location mentioned above. When the 12 women contacted me, I briefly described the nature of my research and their involvement. When this was done, I informed the women that their participation was completely voluntary and their responses to my questions would be confidential. We then arranged to meet at a convenient day and time for the interview. All 12 of my interviews were completed in their entirety within a period of three weeks. Interviews ranged from 45 minutes to almost two hours in length. After each

interview was completed, I thanked the women for their time and relaxed and unwound with them a little. Because the interviews were set up in a comfortable, safe environment, I found the women quite willing to open up their lives and feelings with me. The women appeared to feel very comfortable with the interview format. Some of the women answered the questions with intricate details, while others responded simply by answering the questions and providing more limited information. Nonetheless, all the women I interviewed expressed an appreciation for allowing them the opportunity to speak out about something they had “swept under the carpet” for so many years. I felt honoured and pleased that the women acknowledged the fact that opening themselves up to me had actually helped them.

When each interview was completed, I recorded thoughts and insights into my field notes journal, outlining questions such as: How did the interview ‘feel’? What was the rapport between myself and the woman I had interviewed? What was she trying to say? The experience of the interview process involved breaking the silence for many of the women.

### **THE WOMEN’S BIOGRAPHIES**

As a group, the women in my study shared two things in common – crack cocaine addiction and involvement in the sex trade industry. This is a vantage point for understanding the women’s lives. Despite different social locations, the women’s experiences with crack cocaine addiction and sex trade work have largely shaped their experiences as women. Each of the women had called upon a treatment

centre or someone who was already "clean" for help. Most of the women had tried to get clean several times, but ultimately returned to their previous lifestyle.

All of the women are now clean and sober and are no longer involved in sex trade work. The women's lengths of clean time range from one month to seven years. Two of the women were exotic dancers before or after becoming prostitutes. All of the women except one are involved in an intimate relationship with a male partner. Three of the women are married, three are separated and/or single and six are involved in a common-law relationship. The ages of the women range from 21 years to 49 years old.

All of the women presently live within the city of Winnipeg. Six of the women reside in middle class neighborhoods, while the other six reside in low-income areas. In class terms, the women were largely working class and unemployed. Of those residing in low-income areas, four live in the core area (either downtown Winnipeg or the North End).

Of the 12 women, only one had graduated from university and one is currently completing a Bachelor of Science degree. Eight of the women never finished high school, dropping out as early as grade eight. Two of the women returned to school to obtain their high school diplomas. In large part, most of these women are working for wages in semi-skilled, lower paying jobs. Several of the women have grown up in impoverished situations, particularly those of Aboriginal descent.

Four of the 12 women were Aboriginal and eight were Caucasian. Two of the 12 women did not have children. Of the 10 women with children, seven had

their children removed from their custody at some point during their crack addiction by Child and Family Services. The other three women managed to raise their children, either alone as a single parent or with a partner.

### **ANALYSIS OF THE DATA**

Interview tapes were transcribed as soon after the interviews as possible. From reading through the transcripts, I generated a list of key ideas, words, phrases and relevant quotes. These were used to identify categories for further organizing sub-topics within which I grouped quotations and relevant observations from the project's field notes. These same procedures relied heavily on using representative quotes from the transcripts in presenting findings, as it was crucial that each woman be given the opportunity to speak in the analysis.

The coding of the interviews took on the form of categories. These categories comprised the key issues and concerns that formed the basis for the questions outlined above. Some of these categories included: emotions/thoughts/feelings; expectations; supports; the impact crack addiction and sex trade work has had on the women; healing/coping strategies; and the need for change.

Having made note of apparent themes in my data analysis, I went back to the interview transcripts, cutting and grouping various quotations into the themes. I then developed my main categories, identifying common properties amongst the various themes. In this way, I allowed various themes to "emerge from the data."

The themes that emerged from interviews with the women will be presented in three separate analysis chapters. Chapter Three, **Life Before Crack Cocaine: Patterns and Pathways**, examines the structural conditions

surrounding entry into crack cocaine addiction and sex trade work. Chapter Four, **Caught in the Web**, focuses on the process of addiction and entry into sex trade work, including an examination of the emotional, psychological and physical life of the female crack addict/sex trade worker. Chapter Five, **Breaking Free: Shattering Silences**, considers the circumstances necessary for women to break away from the addictive lifestyle. Their own understanding of what women need to stay clean and refrain from sex trade work will also be revealed.

According to Kirby and McKenna (1989), it is important to have trust and confidence when speaking about the description and analysis of the data, known as reliability. Validity refers to whether the data actually says what I purport it to say. Reviewing the transcripts with my respondents helped to give the women more input and insight into the analysis. Also, I have been careful to present the views of the women and not to exceed the limits of what can be concluded by me. I emphasized to the women that they are an integral part of this work, and therefore their words have not been changed.

## **CONCLUSION**

In the feminist tradition, female crack-addicted sex trade workers can be seen in terms of structural inequalities that have had an impact on women's lives. My perspective and my motivations for conducting the research are political. As a feminist, I understand the 'social placement' of female crack-addicted sex trade workers in terms of structural inequalities. I do not wish to construct these women as 'victims.' Approaching the implications of the various constructions of crack-addicted female sex trade workers from a particular personal and theoretical

viewpoint, I recognize some of my 'biases.' Nonetheless, it is of paramount importance that the development of a better understanding of prostitution and crack cocaine addiction includes the need to explore experiences of women's lives: their hopes, daydreams, meanings, practices and the interrelated structures of sexuality, power and violence (McIntosh, 1978). One of my respondents, Angel, said:

*It is my dream to have a "normal" life again. I never thought the sexual abuse and violence would end. I don't want to slit my throat any more. I don't want to sell myself any more. I just want to live. I want to live life.*

In order to understand the standpoint of crack-addicted female sex trade workers, we must speak with them directly and use their standpoint to provide a basis to inform a feminist standpoint which will address questions, concerns and issues regarding the treatment of crack cocaine addiction and resources available for women desiring to leave sex trade work.

**CHAPTER THREE**  
**LIFE BEFORE CRACK COCAINE**  
**“PATTERNS AND PATHWAYS”**

In conducting interviews with the women, it became evident that race, gender and class are important factors in shaping women's experiences with sex trade work and crack cocaine use. Race, gender and class relations do not work in isolation from one another; they are interconnected. Nevertheless, how these relations play out in a woman's life will be an individual experience. Indeed, for the women who participated in this study, it became apparent that in some cases, factors pertaining to their class location were more determining while, for other women, gender and race factors were more apparent.

Each woman has her own reality within the constraints of society. Therefore, the standpoints of the women themselves must be understood in order to gain a clearer sense of their own experiences with inequalities operating within her world. It is necessary to analyze race, class and gender not only as markers of difference, but also as markers that produce and maintain hierarchical relations of inequality. Material and structural conditions have played a role in the influence of women's entry into sex trade work and crack cocaine addiction and women's social location and material and structural conditions (race, class, gender) operate differently. The language the women use and the ways they make sense of their world are important factors when examining race, class and gender inequalities. The standpoint, or knowledge, derived from the women is not objective; it becomes political (Comack, 1999: 62). Women's knowledge of life circumstances becomes their own truth. In this chapter, the stories of six of the

women will be examined to uncover how racism, gender and class inequalities shape the setting and consequences of crack cocaine use and sex trade work.

## RACE CONNECTIONS

### *Roxy's Story*

Roxy is a single 36-year-old, Aboriginal woman who is unemployed and on disability. Roxy is currently residing at a palliative care facility for people with respiratory disease. She has chronic lung disease and is alive with the assistance of oxygen 24 hours a day. This is the result of her chronic addiction to crack cocaine and other drugs. Roxy has a grade nine education. She has five children, aged nine to 20. She stays in touch with four of them. Her son, now 20 years old, was removed from her by authorities nineteen years ago. She has not seen him since and has no idea of his whereabouts. As Roxy told me: "*He could possibly be in British Columbia – I want to find him before I die.*" Roxy is dying and she knows it.

Roxy recalled her life growing up:

*I grew up on the reserve in Manitoba with my grandparents. I grew up there until I was about eight years old. Then I moved to Winnipeg and lived with my grandparents, then with my mom. By age 11, I was locked up at Marymound School for Girls and I remained locked up there until age 13. When I turned 15, I was locked up in Seven Oaks. I was always in the Manitoba Youth Centre, in and out until I reached the age of 18.*

Roxy talked about life on the reserve:

*When I lived on the reserve we killed our own deer and lived on rabbit soup. We had to get our own water from the well.*

When asked about negative experiences encountered while growing up,

Roxy replied:

*Alcoholism, drinking all the time. Grandpa used to beat up grandma, dragging her up the road. My relatives sexually abused me. That's all I want to say for now.*

The hardships encountered in Roxy's family are reflected in the fact that out of four brothers and three sisters, Roxy and one younger brother are the only siblings still alive. The rest of her brothers and sisters died either of overdoses from addiction or homicide:

*I had four brothers and three sisters. Everyone was dying on me. I remember when I was in Marymount School, I used to draw pictures of graves with my [brother and sister's] names on tombstones. Lots of death. Lots of suffering. I was still pretty young then. As I got older and began using hard-core drugs, I was actually able to stay clean for a year and a couple of months. This was because I got busted from dealing cocaine and ended up in prison. Then after I got released from prison, a couple of months later, I found out my sister had been murdered. I had to see her body [pause] Her neck had marks from the strangulation. I just lost it then and began to use every day and every night [pause] I just had to numb the pain. This is all really hard. I still have nightmares about it. My other sister died of a cocaine overdose.*

Roxy's drug life started at a young age:

*I started when I was 13 years old. I started smoking joints, started LSD when I was 15, then mushrooms. At that time, I smoked a lot of pot. When I was 18, I got into hard core drugs. I think I was alcoholic by age 10 or 11. I drank through those years. When I was 18, I started using cocaine. I really like it. I started through the nose and then smoked it [crack]. A male buddy of mine said, 'Here, try this' and that was it.*

Roxy recalled her experiences with sex trade work, which began soon after she was released from the Manitoba Youth Centre.

*I was 18 years old. Money-wise, it was good. It was bad and good, but it wasn't that good. [pause] It was evil. I just liked it because of the money – that's all. My drug addiction came first, though. I think this happened because of what happened to me when I was younger. I don't know. I*

*didn't like men, to be honest. I hated men. I just wanted to use them. So, if they've got the money, I'll fucking take it.*

Hardship and violence have characterized Roxy's life. Coming from a very abusive and broken family, she has had few positive role models in her life. Lacking formal education, she has never held down a "normal" job. Her education has been received on the streets. Since the age of 18, she has supported herself through dealing drugs and prostitution. While prostitution has been her means of survival, drugs have been her means of coping. Neither has been without its costs. Roxy has been raped, beaten, molested and knifed. She has witnessed assaults, murder and drug overdoses. In addition to being institutionalized as a youth, Roxy spent one year in prison as an adult.

When her sister died in 1996, Roxy began drinking heavily: *"A 26 ounce every day and every night."* She had liver failure in 1998 as a result of the excessive drinking. She was hospitalized for two weeks and then signed herself out. In January of 1999, Roxy was hospitalized again for three months. The doctors said she was going to die. Her liver was damaged. But, miraculously, she made it through. When the doctors asked her: "Do you think you've got a problem?" Roxy replied: *"No. I don't have a problem."* But deep down inside, Roxy knew she did. So, in her first attempt, she tried to sober up after her hospitalization. Instead of sobering up, however, Roxy began isolating herself from other people and ended up using cocaine heavily for another two years. In the hospital again, Roxy was hooked up to oxygen because of the damage done to her lungs from using crack. Still, she went on using. Three weeks later, unable to breathe and in desperation, she sought help from Cocaine Anonymous. Roxy has

been clean and sober now for nine months. She has a second chance for life and is determined to make what she can of it: *“Whoever is out there trying to get clean, listen to me. Look at me. I have lost my health, my family and my friends. But I still have one thing left: my dignity. At least I will die with dignity.”*

### ***Angel’s Story***

Angel is a 30-year-old single, Aboriginal woman. She currently lives at a woman’s recovery home, which specializes in the treatment of addiction. She is unemployed with a grade 10 education. Angel has three children, one daughter and two boys, aged seven, eight and 12 years old, none of whom are with her. Her daughter has been living with her father since birth, and her two sons are permanent wards in Ontario with Children’s Aid Society. Angel spoke about her childhood:

*I grew up in a small town in Ontario for 27 years. That was my home. I relocated to Winnipeg when I was 27. I grew up with my mother, one sister and stepfather. My mom was a single mother who lived common law with my stepfather. We didn’t have much money.*

There was very little emotional and physical support provided for Angel while she was growing up:

*My mother was an addict and my stepfather was a child molester. I mean, when I was nine years old he was molesting me. My mom would have parties and both men and women would be molesting me. I didn’t even know what was going on. [pause] I mean, who the fuck could do that to a little girl? When I was 13 years old, my stepfather paid me sixty dollars so he could ‘go down on me.’ I mean, it’s all really fucking sick [hesitation] and I was a very angry little girl.*

Angel's anger resulted in being jailed and institutionalized until she turned 18 years old. She recalled her life of sexual abuse as a child and remembered the circumstances that led to her institutionalization:

*Well, I remember being 15 years old and locked up in a clinic in Ontario. I was already into that life . . . you know, turning tricks and stuff before I went in there. My stepfather got charged for sexual molestation with me, and he was issued a restraining order to keep away from me as well. Finally, my mom left, too, that time. But beforehand she didn't believe [pause] she didn't believe me when I told her about the sexual abuse. So, I almost killed somebody in high school. Yeah, that's right. I was redirecting my anger towards that person because of my family life and problems at home I was hiding behind. So, I went to jail at age 15. I went to a group home way out in the sticks, then probation for one year. Then I started . . . that's where it all began . . . life of crime, sex, drugs and rock and roll.*

[Where you using crack cocaine at that time?]

*Of course. One of the bikers I knew offered me a hit off the pipe. I knew all the Satan's Choice, biker clubhouses, drugs, fast ways of making cash, running, staying away from home life. You know . . . I was a total rebel. I didn't give a shit about school. Who cares about school when I have this life? The drugs, sex, money, crime . . . was all more important to me. It was like I was on this high and I didn't want to come off of it. I no longer had to feel any pain, hurt, shame, anger or anything. I just wanted to be numb. I had a really bad attitude.*

When asked about her sex trade work, Angel replied:

*My prostitution started from my father. He got his jollies off on me and I learned at that age, what's the difference? He paid me, so why not any other man? He took my soul away from me. What's the difference if another man does it? I still get what I want . . . money, presents and drugs. That's how I was. I was really like that. It's so sickening going back there. I did it to survive. I was so young.*

Angel had a difficult childhood. Her father sexually molested her. She was locked up several times in various institutions. Her life of prostitution started at a very young age. Because of her abuse by her father at such a young age, Angel believed that strangers could use and abuse her also. She did not care what

happened to her physically. Angel's means of coping was to get high and forget about life. She did not care about her family, her friends or her position in society. But, then, something happened. Angel saw her life for the first time for what it really was

*I saw for the first time everything I was doing and had I guess what you would call a moment of clarity. I saw disgust and filth all around me. I saw men touching me who I didn't want touching me. I saw my life slipping away.*

Angel sought help for her addiction to crack first. In treatment, Angel realized that the drugs and the sex work went hand in hand and that she would have to make some serious lifestyle changes. She agreed to enter into a woman's recovery home. She is now in intensive therapy and is no longer working in the sex trade. There are times, however, when Angel thinks about going back to sex trade work:

*Sometimes I remember the fast money. When I get in a bind and I have no money for cigarettes or whatever, I think: 'Well, I can turn one trick.' But then I realize that one trick means two tricks. And two tricks means crack. And crack means death. So, instead of turning the trick, I pray.*

Angel is very proud to say that she has taken the steps necessary to go back to school. This has been her dream for many years:

*I always knew deep down inside that I was worth so much more, but I was afraid to really take a good, hard look at myself. Now I realize that my life is just beginning and I have many options available to me that I never even knew I had.*

Angel has been clean and sober now for six months and out of the sex trade for the same amount of time.

## DISCUSSION

The oppression Roxy and Angel have experienced is the result of colonization. "Colonialism is the legacy that the so-called discovery of the Americas has left to the peoples who are indigenous to these territories. Colonialism is the theory of power, while oppression is the result of the lived experience of colonialism" (Monture-Angus, 1999: 83). Racism has established barriers and produced problems for Aboriginal people, given the history of colonization and racial oppression and its impact on Aboriginal communities. As a result, many Aboriginal peoples have experienced broken families, violence and drug abuse.

Roxy and Angel's stories reflect the hardships encountered by many Aboriginal people in our society. For one, they experienced many episodes of violence, incest and sexual abuse. Penny Sinclair, a former Aboriginal sex trade worker, spoke of similar circumstances to a city hall committee in Winnipeg on July 5, 2001: "It's been a life of despair which has mirrored that of hundreds of others in Winnipeg" (cited in Romaniuk, 2001: 5). Sinclair stated that she had fled from the Interlake's Fisher River because of her experiences of molestation by male family members. With little options available to her, she worked Winnipeg streets from the age of 18 until she was 29 years old. "You're put in this place where you don't want to be and with things you don't want to remember, so you continue to use crack and alcohol" (cited in Romaniuk, 2001: 5).

Research has shown that especially in the cities of Saskatoon, Winnipeg and Regina, the majority of prostitutes, especially youth prostitutes, are believed

to be of First Nations backgrounds (Boritch, 1997; Brannigan, Knafia & Levy, 1989; Fraser, 1985; Lowman, 1987, Mayor's Task Force, 1996; Shaver, 1993). Roxy and Angel used crack and alcohol in part to help them bear the humiliation and potential danger of their work, along with the unbearable memories of their childhood. Both women have experienced and witnessed death, murder, violence, incest and abuse. Therefore, they became involved in sex trade work and drug addiction partly because neglect and abuse had characterized their early lives. First Nations and Metis youth are more vulnerable to sexual exploitation than their non-aboriginal counterparts (Badgley, 1984; Lowman, 1987; Mayor's Task Force, 1996; McCarthy, 1996). Lowman (1987) found that Aboriginal girls face many of the same problems which other teen prostitutes experience, but they encounter them in accentuated form. Not only do they enter into the sex trade at younger ages, they are also more like to be the victims of family violence. As Roxy and Angel's stories suggest, childhood physical and sexual abuse are strong precursors to involvement in sex trade work and crack addiction.

Racism is psychological and emotional violence. "Focusing solely on the physical aspects of violence both diminishes and disappears the full impact of violence in the lives of Aboriginal women" (Monture-Angus, 1999: 84). The Task Force on Federally Sentenced Women gathered information from interviews with 39 federally sentenced Aboriginal women:

The women spoke of violence, of racism and of the meaning of being female, Aboriginal and imprisoned. They spoke of systematic violence throughout their lives by those they lived with, those they depended on and those they loved and trusted. Twenty-seven of the 39 women interviewed described experiences of childhood violence, rape, regular

sexual abuse, the witnessing of a murder, watching their mothers repeatedly beaten. (cited in Comack, 1999: 85)

Many Aboriginal women fear the repercussions of seeking treatment. When examining race as a barrier to treatment, Lowman (1987) found that many respondents were reluctant to attend treatment programs out of fear of losing their children or being forced into a culturally inappropriate setting. Roxy only entered treatment because it was available in jail. She said she always felt "different," as if she were singled out, and refused to share much about her life. She tried to attend meetings of Alcoholics Anonymous, but felt that she never fit in. She said she was never able to open up and communicate. She continued to return to crack as a coping mechanism and for comfort. The drugs, however, stopped working and Roxy had no choice but to ask for help. She called another recovering female addict and for the first time, she became willing to open up about her life

During our interview, Roxy told me that it was extremely difficult to talk about some of the horrors she had endured while on the reserve. She stated that she was not ready to talk about some of these sensitive issues and that the memories were just too painful. She did tell me, however, that she has slowly been able to disclose some of these events to a close friend of hers who had also experienced similar abusive incidents (on a reserve). She felt she could talk to someone more freely who was also of Native descent and who had undergone similar experiences. The fact that I was of a different class and race than Roxy meant that my life experience was also different than hers. I have never lived on an isolated reserve. How, then, could I possibly relate to the life she had while growing up? It was a privilege to know that she felt she could trust me enough to

even agree to participate in my study and offer the insights she was able to provide.

Angel also felt most comfortable with her recovery re-examining some of the Native teachings she had learned as a child. To this day, she stays very grounded within the Native community. She expressed some concern that some of the treatment centres overlook her teachings. She hopes to work with Aboriginal peoples in the future:

*I believe there should be voices of women like me heard more in the Native community. They should go into facilities like Tamarack, other rehabs, jails, institutions, hospitals, anything to do with Anonymous programs. There should be more women speaking out about these issues and there should be more of those types of speakers. This should be mandatory in treatment facilities. Maybe if one Native woman could hear what I have to say while she was in a safe environment like a treatment centre, maybe she would see some light . . . some hope. That is my goal – to carry the message of recovery to other Aboriginal women who have lived through the same hell as me. Then maybe they wouldn't feel so alone and so isolated from the rest of the world.*

As illustrated, being Aboriginal in a racist society has conditioned and contoured the lives of women like Roxy and Angel. The impoverished conditions of many reserves (the violence, alcoholism and abuse) which so often accompany these conditions and the barriers encountered in seeking help have all contributed to the women's troubles. In addition to race, gender relations have also affected the lives of the women.

## **GENDER CONNECTIONS**

### ***Danielle's Story***

Danielle is a 38-year-old, Caucasian woman who is married with three children, aged four months, six years and 12 years. She owns her own home in Winnipeg.

She graduated from high school and then went on to obtain an Electronics Technology Certification. She is currently a stay-at-home mother with a few odd jobs (babysitting and working at a lunch program at the school her children attend). Danielle has never had her children taken away and she has been married to the same man for 20 years. At the request of her husband, for 12 years they had an "open" marriage.

Danielle's childhood differs greatly from Roxy's:

*I come from a military background. I moved all around Canada and lived overseas. We moved a lot, right up to age 17. I moved out on my own at age 17. I have three brothers and one sister. We grew up in a middle to upper class family. I grew up with both of my parents, three brothers and my sister.*

When asked about emotional and physical support within the family,

Danielle recalled:

*I always had complete support from both my mother and father. My mom and dad were really loving and always showing a lot of love. We got to travel lots. There was no abuse, alcoholism or addiction of any kind in my family. All my brothers and sisters are happily married and living on the West Coast. The only negative thing I can remember as an adolescent was that my dad was pretty strict, so I tended to sneak a lot to do things that my friends could do.*

[Things like what?]

*Like smoking cigarettes, marijuana . . . you know, teenage stuff. I had to sneak around to do these things.*

As mentioned, Danielle began using drugs as a teenager, mostly on weekends. She always had a lot of friends and she stated that she always wanted to be a part of the "in" crowd:

*Whatever the cool kids were doing I was doing, too. I started drinking alcohol when I was 12 in Europe. It was a common thing over there. I*

*smoked pot in high school for the first time in grade 10. By the time I was 18, I didn't like it anymore. I only drank on weekends at parties.*

Danielle met her current husband when she was 17 years old. He was using drugs heavily that time and they spent entire weekends using marijuana, pills and alcohol eventually, at the age of 18, Danielle and her partner got married:

*Then I got married. My husband wanted an open relationship where we could see other people.*

Danielle saw an advertisement for 'escort' in the newspaper and, in curiosity, she decided to inquire about it. Her husband did not object in the least:

*I answered an ad in the paper for an escort and thought: 'Wow, this is kind of cool. I can make money.' My husband and I were cool with it and thought it was good money. But we also started to associate with people we wouldn't normally associate with. I was very naïve.*

Danielle became involved in sex trade work from that time until she turned 30 years old. She worked much of the time and brought in most of the money. Her husband thought it was wonderful because she could make so much money. They could buy the things they wanted, including crack cocaine: "*When I was in my late twenties, I tried crack cocaine. That was when I was already in the business.*" She then went on to talk about her work:

*I was 22 years when I discovered I could make money this way. In the beginning, It was really exciting for me. I figured that I was doing something that I was told by my husband I was good at and somebody was giving me money for it. And I thought 'What an easy way to make money.'*

[So, obviously, you were married at the time. Your husband approved of this line of work?]

*Yes. Because of the open marriage thing, it wasn't really an issue. And with the business I knew I'd found a gold mine. I didn't touch crack cocaine until I met another woman in the business. Her boyfriend hooked*

*me up. I definitely see a connection between sex trade work and my use of cocaine. I would have never touched it before [getting into the business]. I met this one girl whose boyfriend sold it and they moved across the hallway from us, and they came and offered us some crack. Before we knew it, we were owing them three hundred dollars by the end of the night. We liked this stuff.*

When I asked Danielle about her personal experiences with crack cocaine and prostitution, she replied:

*At first it was fun. I felt like I had power and control because I was making so much money. I always went along with what my husband told me at the time. So, I never questioned his encouragement of me in prostitution. I just thought I could make lots of money and have fun. He was an addict, too, at the time. He was into needles, but I was never into needles, you know? I liked smoking crack. I remember working with girls in the business and they would always go out for drinks after work. I would never say no to drinks after work. They always talked about hating men, how men treated them, how men were jerks. I mean, they really hated men. I guess I started to feel the same way because I was realizing that I was being paid to fuck. Then me and my husband moved to Winnipeg.*

In 1990, Danielle and her husband moved to Winnipeg, where she continued to work in massage studios as a sex trade worker. Her husband stopped using drugs altogether and worked full-time. They had their first child together. Danielle and her husband had the financial means to live extravagantly and really never wanted for anything, at least not from a material standpoint. Then, tragically, when Danielle was 27 years old, her father died in an airplane crash. The following year, when Father's Day arrived, Danielle went on a drinking and crack-using binge with her girlfriends from the sex trade business: *"I just thought, 'fuck it.' My husband can go fuck himself. My dad's dead and I felt like I had nothing left to give. I felt like I was all used up."* From that time on, everything started to fall apart for Danielle. She started getting more involved in partying.

Her life seemed to be going from drinking and using crack one night a week to every other night. Men were always available to supply Danielle drugs and, according to Danielle, her clients actually gave her a false sense of self-esteem: *"I felt pretty, attractive, desirable. Men paid attention to me. I guess that's why I stayed in the business for so long. I liked the attention."* However, her attitude toward men became one of bitterness and resentment. Danielle's husband confronted her on her behaviour: *"Actually, it was my husband who brought me back to reality."* Numerous times, he tried to convince Danielle to get out of the business. After trying with no avail, he threatened her with a divorce. Danielle finally made the decision to leave sex trade work and to try to deal with her addiction. However, she had difficulty separating herself from sex trade work and from the lifestyle associated with it: *"I got so used to being "Danielle" that I did not know what it was like to be a mother and a wife. My husband, being the control freak that he was, wouldn't let up on me to quit working."* Danielle finally set a date to quit the business and immediately after that, she and her husband sought counselling together.

*He had completely lost trust in me because of all the sneaking around, lying and staying out all those nights. I lost faith in him as a husband because I felt that he was partially to blame for me working in the business in the first place.*

Danielle's journey has not been easy. It took three years of intensive therapy to work out all the differences between her and her husband. She had an extremely difficult time leaving the sex trade: *"It took me a long, long time to give that up. I hated my husband for encouraging me to go into it and then being Mr. Almighty and telling me when to get out. I had no control at home. But with*

*prostitution, I felt like I had all the control.*" Living in a patriarchal household, Danielle's husband is the sole breadwinner and she stays at home with the children. She has found new interests and has detached herself from her 'old lifestyle' friends: *"I had to give up everything to do with that life. The women in the business, the fast money, the drugs. It was frustrating because I felt like I was giving up the only part of me that had any power. The longer I am out of the business, though, the happier I am."* When I asked her how she felt now, her reply was: *"You couldn't pay me to go back to that lifestyle. I thought it was fun, I thought it was glamorous, but you know what? The only glamour in it was getting out of it."* Danielle has been out of sex trade work for seven years and has abstained from crack for five years.

### ***Lana's Story***

Lana is a 35-year-old, single Caucasian woman with no children. She grew up in a middle class home with both parents and three brothers. She has a grade 12 education and is currently working toward a Bachelor of Arts degree. She has lived in Winnipeg all her life and she worked in the sex trade for 13 years, from the ages of 18 to 31. She is currently employed while obtaining her education and is a very independent woman, supporting herself through university.

Lana recalled her childhood:

*I grew up in a home where my parents were very strict. I was never spanked or abused as far as I can remember. I just remember strictness. I was taught right from wrong and I always got what I wanted. I also recall that both of my parents were very nurturing, caring people, even though they followed a strict regimen. I was a very bright student at school and excelled in everything academic. I used to be involved in all kinds of things when I was a little girl: tap dancing, baseball, figure skating,*

*everything. Then, when I turned 15 something happened. I wanted to fit in with the cool kids. The ones smoking pot, drinking and getting into trouble. So, I started to hang with them and things changed.*

[Did you start experimenting with drugs or alcohol at that time?]

*Yes, I smoked pot for the first time then. I liked to sneak around – you know, good girl at home, bad girl outside. I started drinking and I remember I really liked the effect alcohol had on me. I felt funny, outgoing and free.*

[How does prostitution fit into all this?]

*I started hanging with the wrong crowd. My grades dropped, I didn't care about school as much. Then I met this girl who was working in a massage studio. I was 18 then and I had already left home, so I tried it.*

[What was it like for you?]

*At first it seemed scary. But once I got hold of that money I felt a rush of power and control. Now I knew that I could make my own money and didn't have to rely on anyone anymore. I remember I went to MacDonald's after my first trick and bought food. Weird, huh? Here I had parents who adored me and would give me anything, but I would rather sell my body to pay my own way in life. I guess I was caught up in the whole independence thing then.*

When asked about negative childhood experiences, Lana said:

*The only bad memory I had was when my oldest brother left home. I was only eight years old and I thought he was abandoning me. I was too young to know any better. He was moving out because he had just turned 18.*

[How about crack cocaine – where does that come into the picture?]

*I did lots of drugs from the time I was 18. When I was 19, my dad died and I guess you could say a part of me died with him. I was devastated. I thought he died because of my rebellion. I wasn't there to comfort him. I blamed myself for many years. When I tried crack for the first time I was about 25 years old. I did lots of cocaine, but only snorting it. When I smoked crack it made me feel like I was on top of the world. No other feeling came close. And I had the money to buy it, so I did – LOTS! I always knew how to manipulate men to give me what I wanted, so I continued to play good girl at home and bad girl away from home. What a double life I led. The lies, the endless lies. I guess in a way I was*

*looking for the father I lost for comfort, through the crack and through the men.*

I asked Lana if she saw any connection between her crack addiction and sex trade work:

*Absolutely. I was introduced to cocaine through my nights working as an independent call girl. This guy I know introduced me to it. I liked it a lot. We sat in this ritzy hotel room and smoked for hours and hours. When I put that crack pipe in my mouth, my whole world changed. I knew I had found my answer.*

[Your answer to what?]

*My answer to whatever I had been looking for my whole life.*

Lana told me that she always felt “used” by men. When she was teenager and she started hanging out with men who liked to use drugs and drink alcohol, she said one night she stayed out until 4:00 a.m. She called her father to pick her up: *“When he got me in the back seat of the car, he called me a slut, tramp. You name it. I felt like the lowest of the low. I always felt dirty [pause] always.* Danielle recalled being raped (when she was drunk), having a knife held to her throat by a male client she refused to see on a “date,” and being sexually and verbally abused by boyfriends after she left home: *“Men always treated me like shit and I felt so low because I always allowed it to happen. When I started hooking, I felt like at least I had some power and control because at least I could call the shots as to how much money I would get and when I would be available to meet my dates.”* Lana explained to me that she always felt like she never fit in anywhere. She said when she began working in the sex trade, she suddenly felt like she could do anything. She felt independent and free, unlike when she was growing up: *“My family was rigid and strict. I felt like I was in prison. When I*

*was 14 years old I lost my virginity to an asshole who dumped me right afterward. So, I thought, what the fuck? I may as well get paid for it."*

As Lana continued working in the sex trade, she began making more money. However, although she was making in excess of \$1,000.00 per day, she was miserable: *"I hated myself and I felt like I lost my soul."* Lana's comments echoed those expressed by a former sex trade worker interviewed by the King County Women's Advisory Board:

*For a great part of 1992 I lived in a beautiful apartment on Capitol Hill. I drove my expensive car. I bought lovely clothes and travelled extensively out of the country. For the first time in my 20 years as an adult woman, I paid my own way. There was no need to worry about affording my rent, my phone bill, all the debts one accumulates simply by living month to month. I felt invincible. And I was miserable to the core. I hated myself because I hated my life. All the things I came to possess meant nothing. I could not face myself in the mirror. Working in prostitution lost my soul. (cited in Boyer & Marshall, 1993: 42)*

Materially, Lana grew up in a privileged home. However, it appears as if there was little emotional comfort and support. She recalled instances where her father would display overt signs of anger: *"I remember he would yell at me when I was just a little kid. I felt scared and insecure all the time."* Even though there was emotional upset, Lana does not recall any sexual or physical abuse while growing up. When she turned eight years old, her oldest brother left home. She told me: *"I was devastated. I was just a kid. I felt abandoned [pause] I didn't understand that he was moving away because he was 18."* When she turned 19, Lana's father passed away: *"A part of me died, too."* Lana says that was the time she got more heavily involved in drinking and using drugs. As mentioned previously, Lana recalled a time when she was 14 years old and she had lost her

virginity by her first boyfriend: *"He said he loved me. I remember we 'did it' in my bedroom at my house. It was awful. I hated it. And then he dumped me. I didn't have trust in men. And then I lost my dad."* She did not date another man until she was 20 years old. He was a drug dealer. By that time, she was already involved heavily in the sex trade. The man she started dating was verbally and physically abusive toward her: *"Whenever we would get into a fight, he would call me a whore, a slut, whatever. So, I thought, if I am being called a whore and a slut, I may as well get paid for it and be one."* For the next 13 years, Lana prostituted, drank, used drugs and then became addicted to crack. When she turned 31 years old, Lana sought help: *"The road to recovery has been tough. It wasn't just the drugs, it was the whole lifestyle change. I got sort of used to living on the edge and I found myself at 31 years old with nothing. I was lost and empty."* Lana has been clean and sober and has not worked in the sex trade for four years.

## **DISCUSSION**

As the women's stories show, gender is an important aspect of their lives. For one, women gain access to crack principally through men. Men, generally, have or sell the drugs and women attempt to manipulate this uneven power relationship to their best advantage. Roxy stated:

*I always hated men. They were always hurting me. All the sexual abuse and physical abuse I went through when I was young, you know? I finally said 'Fuck it. Now I am going to hurt them.' I would rip them off or steal from them, whatever. And I lied to myself and said I was using them, but they were really using me.*

Lana was introduced to crack by a man:

*I was introduced to crack by a male trick. All my drug dealers were male. I remember they used to try to make girls desperate for another hit have sex with them in exchange for drugs. It was really sick, really. Fortunately, I always had my own money to pay for my drugs. But now that I think about it, what's the difference? I was still selling my body and my services to males to purchase the shit. I guess it's all the same.*

Danielle was introduced to crack by a sex trade worker's boyfriend:

*He pulled out the stuff and said: 'Here, try this.' And when I took that first hit, I knew I was hooked. He also knew I had enough money to purchase a lot of it. So, he became my first contact and my first dealer. I think I made him a very rich man.*

Along with introduction to crack by men, Roxy experienced violence and abuse primarily from men as well. Roxy's experiences echo with research undertaken by the Task Force on Federally Sentenced Women (1990):

For many of the women, this childhood violence became an ongoing feature of life, and continued through adolescence into adulthood. Twenty-one had been raped or sexually assaulted either as children or as adults. Twenty-seven of the 39 had experienced violence during adolescence. However to these experiences were added the violence of tricks, rape and assaults on the streets. In addition, 34 of the 39 had been the victims of tricks who had beaten and/or raped them. The violence experienced by these women is typically at the hands of men. (Monture-Angus, 1999: 63-64)

Angel recalled having flashbacks of how men used to treat her:

*That's going back a long time ago. Way, way back. I have to think about it. OK, um, I am starting to get a flashback in the car there. Yuck. I think I was 15. It was like, Oh, God. It was . . . I remember going down on this guy. He said he was going to give me a couple of grams [of cocaine] and some money. I didn't care. I said: 'Let's get it over with'. Whip the old dick out – he was old, you know. Whip out the old dick. As long as you don't come in my mouth, who cares? Those old days . . . just gross. Pay first, money first, drugs later. 'Get it over with, jerk-off. Get your jollies whatever.' Jump in the shower afterwards and wash my body down. Gotta have a hoot [from the crack pipe] first. Who cares? Keep doing more drugs. Who cares?*

Unequal gender relations and damaged relationships with men are apparent in the women's lives. Lana lost her virginity at the age of 14 by her first boyfriend. After they had sex, he broke up with her: "*I felt totally used up, like a piece of meat.*" As a teenager, her father called her a 'whore' and a 'slut.' Later, when she finally started dating a man, in the midst of fights he would always refer to her as a 'whore' and a 'slut.' She told me "*he was very abusive.*" Danielle became involved with sex trade work because her husband encouraged her. She said:

*I was working with women who hated men and they convinced me I had a terrible home life because my husband was allowing me to do this line of work. That got me thinking . . . yeah, I think they're right. What kind of husband would let his wife sell her ass? It was at this point that I started to really get into the drugging and drinking. I just didn't care anymore. I was staying out all night long and smoking crack. I was lying to my husband as to my whereabouts. My son was missing his mother. There was a lot of resentment in the family.*

After she worked in the sex trade for awhile and became addicted to crack, however, Danielle's husband gave her the ultimatum of leaving the sex trade or filing for a divorce. Knowing that her husband was serious, she succumbed to his wishes. Living in a patriarchal household, Danielle now stays at home and cares for her children while her husband is the sole breadwinner. He is still "*the man of the house.*"

Lana grew up in a patriarchal family. She said:

*My dad was always working and supporting the family. My mother never really had any rights. She basically did whatever my dad said she should do. I remembered thinking: 'I am never going to allow anyone to treat me like that.' It seems kind of ironic that I ended up being just like mom. I sold my body and my soul for some asshole's gratification and control. I choose to remain single now because I cannot fathom being with a man*

*who exerts any kind of power or control. Therapy is helping me to deal with this for the moment.*

Lana and Danielle also lost their fathers at an early age, which may have influenced their introduction to sex trade work. Lana said: *"I know in my heart I was always looking for a father figure. I always had guys to take care of me. I wanted someone to rescue me and I found it through my work."* Danielle indicated that she reclaimed her power over men when she worked in the sex trade:

*When I was the only woman in the room for my customer, I felt powerful and alive. I didn't feel less than. I felt like an attractive woman who was desirable. Sometimes I didn't feel that way at home with my husband, especially when he knew what I was doing for a living. It was all really weird, really. I now realize that power I felt was only a form of acceptance on my part of being desirable for a man who was willing to pay for my services. I was desirable and I had control. I wasn't getting that at home.*

## **CLASS CONNECTIONS**

### ***Terena's Story***

Terena is a 35-year-old, single Caucasian woman currently living with her partner. She is employed as a residential care worker at a local drug rehabilitation centre. Being a third year Bachelor of Science student, Terena is interested in pursuing a career in Medicine with hopes of either becoming a doctor or a nurse. She has no children. Terena has been clean and sober for three years and has been out of sex trade work for the same amount of time.

Terena grew up in British Columbia in a relatively poor working-class household. Terena was adopted when she was nine months old. She grew up in a two-parent family with five brothers and one sister. Both her mother and father

were emotionally unavailable for her as a child. She was sexually abused by two of her brothers and her father as well. She was also gang raped at the age of 12. After the rape, classmates from Terena's school found out about the rape and called her a whore and a slut. *"So, I thought I was bad. To this day, I still blame myself when I know in my heart of hearts it wasn't my fault. I thought I was a bad girl."* Terena began skipping school and hanging out with her next door neighbours. Her neighbours were all young adult men. Two weeks prior to her 13<sup>th</sup> birthday, one of these neighbours shot up Terena's arm full of cocaine:

*I hadn't even had a drink yet or smoked a joint. I was afraid to smoke a joint because I was told that marijuana was bad [laughs]. No one ever told me about cocaine and needles.*

When I asked Terena about her parents finding out, she replied:

*My parents didn't even notice. They were not emotionally available and my [father] was fucking his kid [me]. They didn't even notice I was next door getting high or not coming home.*

At the age of 13, Terena ran away from home. She could no longer tolerate the physical, sexual and emotional abuse she was getting from her family anymore. She drank alcohol and "shot" cocaine for the next two years. At the same time, she was introduced to prostitution in order to provide herself with a roof over her head. I asked her what being paid for sex was like:

*It was good, really good. I thought – wow! You're going to pay me for this? At home everyone was just doing it and not giving me any money. So, it was good [pause] Now I had power.*

Living on the streets of Calgary and 15 years old, Terena became a stripper. She was already going to bars on a regular basis. At the same time, she found crack cocaine. She said she immediately liked it:

*I knew I had a problem with this drug after the first binge, because I could cook it, smoke it and prepare it all on my own. With the needles I always needed someone there to shoot me up because I didn't like to shoot myself up.*

After three years, when she turned 18, Terena worked as an exotic dancer, turning tricks on the side and travelling extensively around Canada and the United States. Her cocaine use was increasing steadily, even though she was unaware of it: *"It was such a way of life for me. I never even knew I had a problem with drugs."* At this time in her life, Terena was making large amounts of money and living a very independent life. She was always "hooking up" with drug dealer men to provide her with cocaine:

*I was always with the drug dealers – the powerful men who had the drugs, so obtaining drugs wasn't the problem. That was the easy part. Keeping a roof over my head, now, that was the hard part. I always lived in hotels at that time.*

When Terena was in active addiction, a typical day was as follows:

*In the end, I hallucinated. I saw snakes – literally. I thought the police were propelling off my roof. I barricaded myself in. I would steal from my boyfriend. I would steal from anybody. It was ugly. Total cocaine psychosis. And I wouldn't eat and I was weak, pasty and ugly on the inside – empty, empty, empty. Crack wasn't filling me up anymore like it used to. Like, a big hole in my soul. I was living like an animal. I never bathed, I locked myself in a room and I could not stop using crack.*

Terena tried to get clean, unsuccessfully, several times. She did, however, manage to stay clean for nine months without 12-Step meetings or a self-help program. She "white-knuckled" it the entire nine months. She had no contact with other recovering addicts and was very moody, angry and depressed all the time: *"I was a real treat to be around [laughs]."* Terena's "fun times" were over. She no longer had the money she used to have, because she was always too

high to dance. Desperate for money, Terena was turning tricks at the bars instead of dancing, allowing her not to be seen in public for too long. She was confined to her room at the hotel all the time. Terena was finally realizing that the end was near. As she said: *"I was sick and tired of being sick and tired."*

In desperation, Terena finally gave up hope. She was standing on the rooftop on the 21st floor of her apartment building ready to jump. She had already tried to take her life several times. Somebody down below who knew her ran upstairs and prevented her from jumping. She ended up in the psychiatric ward of the hospital. This was not a new event for her – she had been to the psychiatric ward several times before. The topic of drugs never seemed to come up, however. This time was different, Terena said. She recalled her desperate plea for help: *"My medication [crack] wasn't working anymore. Crack and drinking and everything else used to make it go away."* When I asked her: "Make what go away?" she replied: *"The movie in my head of all the things that people had done to me and the things I had done to survive."*

Recovery has not been easy for Terena. She had to give up old ways of thinking, old "using" buddies and sex trade work. She said one of the greatest obstacles in recovery has been living in poverty: *"I was so used to making money. I never had to depend on anyone. Now, here I was with no job, broke and desperate for money. Three months clean, I turned my last trick to pay for groceries. It was horrible. It made me feel sick."*

Terena lived at her sponsor's house for the first six months of her recovery. She then managed to move into her own bachelor apartment. She

enrolled in university. Her words of hope were: *"When you get clean, anything can happen. Good things can happen. I am in university. I had a grade eight education. This is just one small blessing I have received from sobriety. I have my soul back and I can finally see."*

### ***Rene's Story***

Rene is a 29-year-old single Caucasian woman with one daughter. She is currently fighting to get custody of her. Her daughter was removed from her custody when Rene was 20 years old, due to her crack addiction. Rene currently lives on her own in an apartment, working in the field of addiction treatment. Rene has been clean and sober for almost two years and out of sex trade work the same period of time.

Rene grew up in poverty. *"My father was poor, but I knew that he did the best he could do."* All of her family members, including her mother and father, were practicing alcoholics and addicts. She has one sister who is still in active addiction. Rene had her first drink of alcohol when she was only six years old. She dropped out of school at the age of 14. Rene did not physically meet her mother until she was 12 years old. When Rene met her mother for the first time, she was introduced to cocaine:

*When I was a teen, I met my mother and she introduced me to cocaine. There was nothing but abuse. She was an addict. My mother exploited me sexually. I used to have to sleep with her boss so she could keep her job. I was only 13 years old at that time.*

Her mother had been away while Rene was growing up because she was a cocaine addict and felt she could not take care of her. Therefore, primarily her

father raised her. She says that her father instilled morals and values when she was growing up and he was a support for her: *"Even though he drank, he never missed work and I always had a roof over my head and food to eat. He never abused me and he tried to teach me right from wrong."* Her father kept a steady job while he raised Rene. However, he drank a lot of alcohol.

Rene had her first taste of alcohol at the tender young age of six: *"My dad was having a party. One of his friends thought it would be "cute" to let me have some alcohol. I remember it was wine. My dad stopped it from going any further."* When she turned 11, Rene started experimenting with marijuana, pills and alcohol: *"I would steal alcohol from my dad's stash and my sister would give me pills and marijuana. I was curious."* One year later, Rene's mother returned home out of the blue. She was a full-blown addict. She introduced Rene to cocaine: *"My mom said, 'Here, try this.' So, I did. I was doing lines with my mom like it was no big deal."* Finally getting to meet her mother, Rene was vulnerable to her mother's influence. She remembered her mother working at a bar and almost losing her job. Rene was 'asked' if she could sleep with her mother's boss so she could keep her job: *"I remember her saying: 'Honey, if you could just spend some time with [name], I will be forever grateful. I can work and we can have some more money. You know how broke your father is.'" At the age of 12, Rene slept with her mother's boss. Being the addict that she was, Rene's mother continued to come home with cocaine and she would use it with her daughter on a regular basis: "I was missing school. I wasn't out playing with my friends. I was in this sick world of drugs but I thought it was so cool at the*

time.” One night, during a cocaine snorting session with her mother, Rene’s father walked in:

*Then my father came home. He was drunk. He freaked out, and I mean freaked out. He started beating on my mom. He came toward me and I got scared and ran. I never went back home. I ran away and stayed away. I remembered the fights they used to have on the phone, but I never witnessed anything like this before. I took to the streets right then and there. I was only 13 years old. I just wanted to get away as far as I could from the whole family. My sister was an addict, my mother was an addict and my father was an alcoholic. I had no positive role models in my life. And I figured that I wouldn’t be missed anyway – maybe only when my mom needed another job [pause].*

Living in shelters and basically on the streets, Rene was introduced to crack cocaine when she was 14 years old: *“I did it in the park bathroom with a friend.”* This “friend” was a 22 year old man who took her in to his home. He fed her crack, knowing that she liked the high. She used crack cocaine for six months at that time and then started using other drugs (namely, methamphetamines). She actually quit using crack cocaine for about four years. However, the relationship she was in was very abusive. Rene got pregnant at the age of 19 with this man. Her boyfriend beat her up often, even while she was pregnant. After her daughter was born, Rene started using crack again to escape the abuse her partner had inflicted upon her. *“I said to myself: ‘Wait until you have the baby and then you can go out and get loaded.’ I couldn’t stand the pain of being in that relationship. And crack took away the pain, at least for the moment.”* After six months, Rene left the father of her child. Alone and raising her daughter, Rene turned her first trick at the age of 20. She was already hooked on crack and was on a desperate mission to buy more. I asked her what it was like:

*Disgusting. It stayed that way the whole time I did it. Except when I ran an escort service. I only would work for 15 minutes. The pay was better and I ran my business. It was all about the money.*

Rene started selling herself in order to feed her crack addiction. Child and Family Services removed her daughter from her. She continued using crack and prostituting herself for the next seven years. Rene recalled the nightmares of her past lifestyle:

*I would walk up and down the boulevard and get in a trick's car. I remember always looking for more dope [crack]. I remember getting raped, beaten up, pistol whipped, thrown out of a car and all I wanted was a hit off the pipe. I was finally at the point where I was literally begging for a hit. I would get one hit and now I really needed some more dope. So now I get back in another trick's car and get raped again with a screwdriver to my throat. All I'm thinking is 'Damn, I didn't get to get loaded before I die' [crying] This was repeated over and over again.*

During her seven years of crack addiction and sex trade work, Rene went to jail fifteen times either for prostitution or drug-related charges. She became heavily involved in street gangs and became involved in a relationship with a woman: "I hated men. I couldn't stand them touching me. My old lady looked after me real well." She and her girlfriend ran the streets together, going in and out of jail. Eventually, their relationship ended: "When you're using crack, nothing else matters except getting more crack. Plain and simple. That relationship was over because I loved crack more than I loved her." When I asked Rene about her addiction to crack and the lifestyle she was in, she replied:

*I would have to get loaded because I couldn't deal with the feelings. I hated myself. I hated everything I was doing. I hated people. I hated society always looking down on me. I hated everything. I was in a dark, black cloud and I couldn't get out. Crack made it all go away, at least for awhile. Most of all, though, I hated being a mom who was unable to care for her daughter. She was my most cherished possession and I didn't even*

*know where to find her. I found out she went into a pretty good foster home. Thank God. I would have never wanted her to see me like that.*

Rene finally cried out for help when she realized that she could never break free without the aid of another person. In desperation, she called somebody she knew who was an active member in Cocaine Anonymous, and he went to “rescue” her from a motel room in the seediest part of town. She was skinny, suicidal and desperate. She went into a detox centre to get the drugs out of her system and immediately became a member of Cocaine Anonymous:

*I knew I was on my way to the penitentiary. I had been in and out of jail so many times. I had been raped so many times. I had nothing left to give. I remember feeling so cold, lonely and tired. Nothing else mattered except [crack]; getting more [crack]. My life was over.*

Rene’s road to recovery has not been easy. Consumed with anger and pain, she said she felt alone in the world and that she missed her daughter terribly. But she also knew, deep down inside, that she could not go back to her old ways: “I was going to die. I thank God somebody was there for me when I finally picked up the phone and called for help. I had that moment of clarity where your life flashes before you and all I could see was death and despair.” Rene gave up sex trade work immediately. She says she has never regretted it. The only thing she says she misses is the money, “but only when I worked as an escort for a short period of time. At the end of my addiction, no one would hire me because I was so worn out and horrible looking. I am amazed I even made money on the streets.” Rene is hopeful that she will get her daughter back. She says she has a pretty good chance, especially because she has over two years clean: “Judges look favorably upon a woman who has really demonstrated the fact that she can

*maintain long-term sobriety. I have to remember, though, to just take it one day at a time.*" She is helping other women who are struggling with the same issues. *"It keeps me clean."* Rene especially focuses her attention on women who have been incarcerated and have lost their children as the result of their addiction.

## DISCUSSION

Poverty affects women in every possible type of family situation. Living in poverty while growing up and running away from at early ages, Rene and Terena were both single and uneducated with no formal job skills. Also, Rene became a single mother attempting to raise her daughter. Being too young to collect social assistance or obtain other employment, both women took to the streets and entered into sex trade work. They had to grow up fast: *"I never had the chance to be a little girl. I had to become a woman real fast"* (Rene). Frances Shaver (1993) found that up to one-third of the sex trade workers indicated that they came from poor or needy homes. Additionally, many living in poverty had run away from home at early ages. Unlike Lana and Danielle, Terena and Rene's choices were limited. Both women entered into the sex trade to provide a roof over their heads and to eat.

Class is also a crucial aspect of the context or setting of drug use. The middle-class women (Lana and Danielle) had more resources to dissipate before they "hit bottom." Danielle recalled her bottom with crack:

*My husband told me he was going to divorce me. I quit the business but I still continued going out, smoking crack and staying out all night. I just couldn't get out of the late hours. Finally, he told me he had gone to a lawyer and then things really changed.*

Lana decided to seek help after her crack addiction began to bring negative consequences into her life. For example, it had stopped her from receiving an education, which was something she had always dreamed of obtaining. She never had to work the streets. She always worked as a high-class call girl. She was making \$1,000 a day at the end of her addiction. When she realized all this money was being spent to feed her addiction, she decided to get help.

*I remember having many rich, powerful clients. They always paid me well. But it was getting to the point where every dollar I made went on crack. I still had my apartment, my car and many beautiful possessions. But I was dying inside. I felt like my soul was dead. I decided I didn't want that life anymore. So I went to treatment. After treatment, I had a lot of support from my non-using friends, family and those who loved me. I also found love and warmth in the rooms of Cocaine Anonymous.*

Interestingly, class positioning for Lana and Danielle had some negative effects as well. For instance, because the two women were educated and living in nicer homes, their denial was accentuated: *"I spent many years denying I even had a problem because I used to say things like: 'Look at the education I have. I'm not out living on the streets. I drive a nice car and live in a nice neighbourhood."* (Lana) Danielle stated that her neighbours would have been shocked if they found out about her lifestyle: *"My next door neighbours used to think I lived this pristine, sweet life. I was a great actress. Never in a million years did they have a clue what I was doing."* Because of the class positioning of Lana and Danielle in society, associates and acquaintances denied their addictions and lifestyles. Lana said: *"I remember having lunch with a recovering alcoholic customer and I told him I might have a problem with drugs. He just smiled at me*

*and said: 'Honey, you don't have any problems. Look at you. You are beautiful, smart and you make a lot of money. I believed him.'* Lana also talked about the "double life" she was leading: *"Good girl by day, bad girl by night. My family didn't have any idea I was a prostitute. I had some friends who knew and some friends who didn't. Talk about a juggling act."*

Roxy's addiction, on the other hand, resulted in the worst physical deterioration possible. Her lungs are permanently damaged. Although the doctors told her she was dying, she still went on using crack. She had absolutely no material possessions, she had been in and out of jail, she had lost all her children and she was, one might say, in the final stages of her addiction.

*I had been in and out of the hospital, I can't tell you how many times. My liver was shot, I was breathing with an oxygen tank hooked up to me and I still went on using crack. At the end, I remember not being able to breathe at all. I was on my knees. I prayed to God to please help me live through the night. Obviously He did, because I'm here. I have not had a drink or hit of crack or any other drug since.*

Angel has had numerous struggles attempting to get clean. Her first rehab was when she was 15 years old. Her children were also taken away from her because of her addiction. Angel is currently living in a women's recovery home, as she had no home left to go to. She has had no support from family. She accesses her support through the fellowship of 12-Step Anonymous groups and her Native teachings. She is struggling daily to stay off the streets.

*I finally realized: 'No, I don't want to die.' There was this realization that this is not the life – there must be another. I had to learn to reach out for help. I had to get over the fear of not being worthy enough to be alive, and I had to eventually make that phone call. It's not just the drugs. It's the whole lifestyle [pause] the sexual abuse, the street life, the addiction, all these gave me a false sense of power. I wish there were a place that deals specifically with women who are trying to get out of the life.*

Class positioning also affected the women when they finally “hit bottom.” Lana stopped using crack when she realized she could not obtain her education and Danielle stopped using crack because her husband was about to leave her. Their emotional and physical well-being had taken a toll, but not nearly as badly as Rene’s and Terena’s. They also had access to more resources (money, education and a support network of family and friends). They did not end up homeless. Danielle still had her husband, her children and all material possessions.

*I thank God that my husband didn't leave me. I thank God I still have my children. If my circumstances were different, I can honestly say I don't know where I may have ended up. I have a desire to live a long, happy, healthy life. I would never go back to it [previous lifestyle] even if I got paid to do it. It would be the end of my life as I know it.*

Rene, on the other hand, had little access to these resources. Coming from the streets and having little education or resources, her chances for positive role models were greatly diminished compared to Lana and Danielle.

### **CONCLUDING REMARKS**

The women’s stories reveal similarities and differences. Links between crack addiction and sex trade work and the social, physical and psychological well being of women are somewhat different depending on whether the woman is Aboriginal, non-aboriginal, middle-class or poor. Gender has also played an important role in the women’s lives.

The effect of childhood abuse, both sexual and physical, was common for Roxy, Angel, Terena and Rene. All four women ran away from home or were

locked up in institutions until they were 18. Every chance they got, they ran away from the places of their confinement. They viewed the streets as their only option for freedom as they sought to obtain food, shelter and financial capital. Once on the street, their only means of survival became routine engagement in prostitution. Angel said: *“Go ahead, get it over with. Who cares? My father did it, so why not you?”* Roxy, Angel, Terena and Rene entered into the street sex trade at a younger age and also became involved in drugs earlier than Lana and Danielle.

Lana and Danielle never experienced any physical or sexual abuse. However, both women lost their fathers at a young age. This seemed to trigger negative responses and an increase in sex trade and drug-related activity. Also, Lana mentioned that her father displayed signs of anger directed toward her as a child. This may have been experienced as mental and/or emotional abuse. Neither women, however, ran away from home. They entered into sex trade work more as a means of experimentation than survival. However, once they entered into the trade, they both found it extremely difficult to leave. They both talked about reclaiming their “power” over men by working in the sex trade. At the same time, their use of drugs increased significantly when they became involved in the sex trade.

Like the Aboriginal women, Rene and Terena also suffered horrific childhood periods of sexual abuse, incest and violence, which ultimately led them down a deeper path of destruction as they used crack to cope with their oppressive situations. Both women had been sexually exploited at very young ages. Rene had been raped more than once and had been the victim of violent abuse at the

hands of her customers on the street. Terena was gang raped. "About 80 percent of women in prostitution have been the victim of a rape. They are the most raped class of women in the history of our planet" (Hunter & Reed, 1990: 42). As the result of this, both women ran away from home and lived on the streets at a very early age, where they were forced to engage in sex trade work. Drugs had already been present for both of these women and the use of drugs exacerbated their need for engaging in the sex trade.

Three of the women suffered stigma, maternal rejection and state punishment because of the discovery of their crack use. Roxy had been in jail once as an adult. As a youth, she had been in and out of lock-down institutions for several years. Rene had been in and out of jail 15 times. Angel also had spent much of her youth in detention centres and institutions.

Different material conditions shaped all six women's ability to camouflage their crack use. Lana and Danielle maintained a non-deviant identity despite their rising drug use and sex trade work, while similar behaviour brought the other four women both formal and familial stigma and the attendant loss of self-esteem. Rene said: *"Once a crack whore, always a crack whore. That's how society treats me anyway, so I may as well keep on being a crack whore."* Because Terena and Rene were also economically disadvantaged, they have had less access to opportunities for developing a conventional life in which to build a stake. Terena escaped her economic oppression by working as an exotic dancer: *"I was making lots of money. More than I ever dreamed possible."* This, however, did not come without consequences. Her crack cocaine addiction came

with several suicide attempts and trips to psychiatric wards in hospitals. Although Terena always made large amounts of money, it was all being spent on crack cocaine in the end. As the women's stories reveal, the weight of class, gender and race oppression meant that they started out disadvantaged, got introduced to more dangerous drugs at earlier ages, experienced more deeply disturbing family lives and had fewer resources with which to deal with their troubles. The Aboriginal women and the women coming from needy homes lived either on the streets or in rough core area neighbourhoods. As a result, it was not uncommon for them to witness fights, stabbings or murders. The women's period of heavy crack use exacerbated their existing impoverishment and left them emotionally and physically devastated.

As the women's stories reveal, all of the women experienced an extreme sense of loss at some point in their lives. For instance, Roxy's siblings died at an early age. She was also removed from her immediate family and institutionalized during her teenage years. Angel recalled losing her childhood: *"I never got a chance to be a kid. I was never treated like a kid. I was just a sex slave for a sick father-in-law."* Being gang-raped, Terena lost her virginity in one of the worst ways possible. Rene lost her virginity at the expense of her mother's boyfriend: *"When I was forced to do that, a part of me died."* Lana lost her virginity at a very young age with a boyfriend who *"used"* her. Lana and Danielle indicated to me that they had lost their souls. Working in the profession of the sex trade, they felt they had no real sense of who they were anymore; they had no identities. Additionally, because of the deaths of their fathers as young adults, an extreme

sense of loss was encountered. All of the women, at one point or another, told me that *"there is a big hole in my soul"* (Angel). Relationships with men were damaged. Once they became addicted to crack, their sense of loss became even more pronounced. Feeling a need to fill an empty hole, the women were numbing themselves with drugs. In essence, all of the women lost their childhoods, their dreams and their innocence.

Women's actions, behaviours and ways of knowing their world must be situated by their social positioning (Comack, 1999: 66). It is apparent that class, race and gender have profoundly shaped the context of the crack scene and sex trade work for these women. The types of avenues and lifestyles that became available to the women conditioned their use patterns and the consequences that developed from them. Their stories show clearly that, in the first instance, women and particularly Aboriginal women are involved in the sex trade partly because neglect and abuse characterized their early lives. The question remains whether such early damage traumatizes children who are then unable to cope in a conventional world, or if such damage normalizes abuse and sexual exploitation in the minds of these young women. Childhood abuse has damaged the self-perception that would have allowed these young women to resist exploitation and patterns of behaviour that expose these women to dangerous individuals (bikers, drug dealers) and events (crack addiction, sex trade work). Lana and Danielle never experienced any neglect or abuse, however, they were influenced by unequal gender relations when they were in their teens.

All six women agreed that the use of crack cocaine and all other forms of drugs and alcohol were, in the beginning, relatively harmless and fun. However, as time went on, all the women turned to crack cocaine as a way of dealing with stressful life conditions such as coping with prior physical and sexual abuse (Roxy, Angel, Terena and Rene) or dealing with the death of a parent (Lana and Danielle). Crack cocaine was linked as a means of escape for all six women. As Lana explained:

*I was getting to a point where I was lying to everyone about my whereabouts. I was working in the sex trade, but my family didn't know it. I had some friends who knew my 'secret' and others who did not. I felt like I was juggling all the time. I got hooked on the money. I got hooked on the crack. I got to a point where I had to have the crack. But I had to sell my ass to get some more. There was no way I could hold down a straight job. It wouldn't have been enough money. There's not enough money in the world for that shit. I couldn't stand what I was doing for a living any more. I had to use crack just to escape my shame and pain. But it never stopped there, because I had to make more money to get more crack . . . all the time. On and on and on. I couldn't save a dime of my money in the end. It all went on crack.*

For Roxy and Angel, crack use blocked off some of the negative experiences encountered during their childhood. For Lana and Danielle, abandonment issues were contributing acts to crack addiction. Growing up in strict, patriarchal families may have also had some effect on their entry into this lifestyle. Sex trade work for Lana and Danielle was done in massage studios and/or escort services, whereas Roxy, Angel and Rene performed sex work on the streets or in the inner city drug subculture. Terena worked as a feature exotic dancer, performing sexual factors at various hotels she was dancing at.

In this chapter, I do not wish to construct these women as mere victims of racist, gendered and class positions in society. Women have choices and do

possess some power. “We must also keep in mind that power has a structural basis. It is unevenly distributed along a number of different axes – such as race, class and gender. Choice, as a result, is never free or open” (Comack, 1999: 66). The women’s stories have revealed structural and class inequalities that may have led them to their crack addiction and ultimately to sex trade work. According to Rosemary Hennessy (cited in Comack, 1999: 20):

The notion of choice has to be rewritten so as to make visible the systems of exploitation and oppression that affect the historical variability of particular positions to some subjects and not others as well as the possible movement of social subjects across and between them.

As illustrated, it is evident that race, class and gender are “primary bases on which inequality is produced and maintained” (Comack, 1999: 11). However, more can be revealed by the women’s stories. For instance, what is it like to be addicted to crack cocaine and to be involved in the sex trade? What are some of the experiences women have encountered, good and bad, while engaging in this lifestyle? What are the some of the stages that women go through before becoming addicted to crack? Do women get addicted to crack before or after entering into sex trade work? What is it like to be “caught in the web” of active crack addiction and sex trade work? The following chapter will focus on the lives of the other six women in the study, discussing their experiences, insights, coping strategies and, ultimately, their decisions to (or not to) seek help.

**CHAPTER FOUR**  
**“CAUGHT IN THE WEB”**  
**THE SPIRAL OF ADDICTION AND SEX TRADE WORK**

*When you start in sex trade work, it's good money. You think you've struck gold. And then all of a sudden you can't explain to potential partners what you're doing. So, then you decide you can't have the person to love, and then through the years you keep working and you're all alone. You're accustomed to men [pause] touch and go, touch and go. So, what do you do? You choose a drug you like the most and crack obviously made me feel like I was on top of the world. So, you continue working, making more money, and you keep getting higher and then the higher you get on crack, the lower you go in life. And the lower you get in life, you realize that you are caught in this web. And it's a fucking web. You try to get out and you can't. You try to stop using crack and you can't. You want to stop the men touching you and you feel like shit all the time. But it's a hopeless situation. You're really lucky if you make it out alive (Carolyn).*

Addiction and sex trade work affect women emotionally, sexually, physically, psychologically and socially. While each woman has experienced her own addictive nightmare, all of the women have experienced some form of victimization and/or complete loss of control at certain stages in their crack addiction and sex trade work. All the women expressed a desire to stop using crack cocaine and working in the sex trade industry. However, none of the women felt they *could* stop, until, of course, they were so entangled in the web and so desperate to get help, they became willing to do anything to escape their lifestyle and their addiction to crack cocaine.

The following will elaborate on the experiences of six women from the study. These women shared what it was like to get started in the field of prostitution and crack cocaine consumption. They will discuss what it was like to be caught in the web of active crack cocaine addiction and sex trade work, the

coping strategies they used while in active addiction and what circumstances finally led them to “hit bottom” and to seek help.

### *Jill's Story*

Jill is a 37 year-old Caucasian woman who is currently living common-law with her male partner. She has two sons, a 12-year-old and a 17-year-old, who are both currently living with her. She has never had her children removed from her by authorities. She is a stay-at-home mom and keeps busy taking care of her aging mother-in-law, who also lives with her and her family. Jill has been clean and sober now for two and a half months and she no longer works in the sex trade.

Coming from a middle class background, Jill grew up in a relatively “safe” neighborhood. However, her father and mother were both alcoholics. Her mother died from liver failure due to her alcoholism when Jill was 20 years old. She remembers a lot of fighting between her parents because of their alcoholism: *“They would get into battles.”* When Jill reached her teenage years, she told me that she began to sell drugs: *“My sister’s boyfriend, who was much older than me, drove a fast car and said he would give me pot if I took it to school and sold it.”* She was in grade eight at the time. Marijuana was the first drug Jill ever tried. At about age 15, Jill did a lot of experimentation with alcohol because she was raised around alcohol. *“Both my mom and dad drank so I couldn’t wait to start drinking. Party and drink and let’s have a good time.”* Jill dropped out of high school (in grade 11) and her parents never opposed this. She immediately sought employment at restaurants and other unskilled positions. When she left home at the age of 18, she became pregnant. Jill lived with the father of the baby

for about four years. During that time, she says: *"It was awful. He was always abusive toward me, both physically and emotionally. He drank very heavily and so did his family."* When Jill took a trip to Toronto, she remembered that she would call home and find out that her boyfriend had left her son with one of his family members (who were always drunk) and he had gone out drinking. He would be gone for days at a time. When she returned from Toronto, she said *"that was basically it for the relationship."* She ended up kicking him out and became a single mom. Her boyfriend, from that time on, never did support Jill and their baby financially, so she was on her own.

Being on her own, Jill's involvement with drugs and alcohol was limited to weekends only. When she was 22 years old, Jill turned her first trick. I asked her what her first experience in sex trade work was like:

*It was sad. It was not on the street. For me it was in a studio. I was so poor. I was living on my own with my son. If I wasn't in such a desperate situation and if somebody offered me to go into prostitution or said 'Here's a course or here's a full-time job.' It makes me so mad to this day that I had a welfare worker sitting across from me in my home and I asked her 'Is there some kind of course or job you could offer' and she said to me 'No. Stay home with your son.' My son was just a baby. Stay at home and have no money. I was desperate, so I thought, OK. If the system isn't offering me any help, then I have to go out and fend for myself. So, a friend told me about a studio she was working at and that she was making all this money. When I went to work there I thought I had hit the jackpot, literally. I was so overwhelmed by the money I was making. Boy, was I mistaken.*

[What do you mean, you were mistaken?]

*It was because of that business that I even got started on crack in the first place. The people in the business introduced me to a whole new world of drugs.*

The women Jill worked with at the studio always went out to the bar after their shifts. Within a short time, Jill started going out with them. Life was a party for Jill then. Marijuana, pills and lot of drinking were the norm. Jill was able to support her partying with the money she made in the sex trade: *"I used to tip waitresses twenty dollars for a two dollar shooter."* Going to bars was a regular event for Jill. Three years later, Jill met her second boyfriend, who is still with her today. Around that time, Jill was introduced to cocaine. Liking the effect it had on her, she began snorting cocaine and staying out a little later every time she went out. Because she had the money to buy it, powder cocaine was easy to purchase. She had all the connections. *"Everyone was doing cocaine then."* She recalled:

*We would party until four or five in the morning. Then I would sneak in while everyone was sleeping and still be able to get up on time to send my kids off to school and my partner off to work. It was a lot of fun then. I had a family, I had money and I had cocaine – lots of cocaine.*

Jill had not yet tried crack cocaine *"It was practically unheard of back then."* When she tried crack for the first time, her use of cocaine increased. Jill's first introduction to crack cocaine occurred when she reached the age of 27. She had been introduced to cocaine previously in powder form and she had only snorted it. When Jill tried crack for the first time, she realized it was *"a problem almost immediately because of the depression and the guilt it brought. The high was intense, but the "coming down" part was unbearable. I kept thinking of my kids."* Jill already had her second son when she was 26 years old and she was using crack only on weekends at that time. However, the weekends turned into

weekdays and her use increased steadily. I asked her what a typical day in active crack cocaine addiction was like:

*In the beginning, crack was fun. I would always go to the bar and then my friends and I would head off to the nearest crack house, although I didn't know at the time it was a crack house. It was a place we would go to purchase cocaine. The guy who lived there would cook it up for us and we would stay until all hours in the morning smoking crack. Strange people would go there. There were never any hassles, though. Everyone who went there had a good time. But I always made it home before daybreak and I never used any drugs or alcohol during the day.*

As her addiction progressed, Jill stopped working in a massage studio and became a licensed escort. She carried a cell phone with her and clients would call her for a date. She said she was making up to \$800.00 a day at this time. *"Not only that, but I had more free time to do my own thing because I wasn't confined to a studio anymore."* I asked Jill what a typical day was like then:

*My day would start out early in the morning. I would have, say, two clients. Then I would go for lunch and have a couple of drinks. After about two drinks or so, I would put a call in to my dealer who would deliver crack to me. I would go back to my hotel room where I ran my business and begin smoking crack. I would have enough money to use for awhile, then when it was all gone, I would drink some more and if I did not have any more money, I would keep my phone on and as soon as I got a call from another client and make more money, I would call my dealer again. This would go on for days on end.*

Within the next year, Jill's common-law husband threatened to leave but, by this time, she was already "caught in the web" of crack addiction.

*I was feeling so low [pause] so sad and felt so bad about myself. I was sad and depressed all the time. I had awful paranoia. I mean I would always think that the cops were going to crash in the doors on me – you know? That cocaine psychosis. I used to watch other crack heads do that sort of thing and I would think: 'Man, that is some sick behaviour.' But there I was, doing the same thing. It is amazing how crack takes a total hold of you.*

The more Jill worked, the more money she made. Consequently, the more she used crack. *"I felt like a hamster running around a wheel and I just couldn't stop the insane urge to use. I mean, that high helped me forget about my problems at least for awhile."* But Jill's problems eventually grew worse.

Jill "hit bottom" physically, spiritually and emotionally. She could not stop using crack, even though she wanted to. Her body was weak, she was severely depressed and she was on the verge of losing her children:

*I knew I would lose my kids. The thought of them getting older and finding out [pause] I mean, they're not dummies – they're smart. And I was on the verge of losing my partner, too. That was the guilt. It was an overwhelming feeling of guilt and shame at what my life had become. I just knew that I wasn't being the mother I knew I should have been to them [my children]. They needed more and I just wasn't there to give it.*

Jill was spending every dollar she made on crack. She began using crack at home in her basement with both her sons sleeping upstairs. She recalled constantly looking out the window to see if the police were coming, although this was all in her head. At this stage of addiction, typically known as psychotic episodes, crack smokers become paranoid due to the damage to the brain. As a result, many think "they" are out there. "They," in Jill's eyes, were the police. Suffocated by her own delusions, she was unable to make any contact with the public. She rarely went outside. Going to movies and restaurants and even bars became a thing of the past. She could no longer hold any conversation. The only thought she had once she started using crack was to get some more. To complicate matters, she was sickened at the thought of turning another trick only to support her crack habit. She was always broke. Her kids were not getting the attention they deserved. She was not providing any emotional stability at home

with her kids or her partner. Jill finally sought help through a friend who was a recovering crack addict and sex trade worker.

Jill had a difficult time abstaining from crack. She still struggles daily with the urge to work in the sex trade. She finally managed to get a regular job, but she has stated that the money was very poor:

*You know, the money I was making at the studio and on my own was a lot more than what I made working that straight job. I mean, come on. I was used to making three hundred dollars a day and now I was lucky if I made three hundred dollars every two weeks. That was hard to get used to. But then, now that I look at it, when I was making three hundred dollars a day it all went on that shit [crack] anyway. So, I guess I was breaking even. I quit that job because my mother-in-law has moved in with us. She's really sick, you know. She is getting old and I feel like it's the right thing to do looking after her.*

Jill has been attending meetings of Cocaine Anonymous and she has made changes in her life, such as getting out of sex trade work, which has somewhat lessened the urge for her to smoke crack: *"Let me tell you, crack use and the business go hand in hand. I don't care what anybody says. The money's like, easy come, easy go."* She then went on to say: *"Sometimes I feel like I am going to split out of my skin because the cravings for crack are so intense. I honestly don't know how people get clean from this drug. I really hope I will be one of them."* Jill is now at home taking care of her children and raising her family. She regrets the time she lost with them, but she is hopeful that she can make things up to them: *"I guess it could have been worse. I saw somebody OD [overdose] and die from crack – a heart attack. I am very lucky."*

### *Carolyn's Story*

Carolyn is a 49-year-old Caucasian woman who is currently living common-law with her boyfriend. She is a free-lance writer and clothing designer. She owns her own home. Carolyn has one daughter who is now 26 years old and one grandson who is 10 years old. She has been clean and sober for almost two years and she has not worked in the sex trade industry for over two years.

Carolyn grew up in a very small town in Ontario. She had eight brothers and one sister. She says both her parents were very loving and kind and there was no sexual abuse or victimization in the family. Her economic situation growing up was middle class. *"I had a very normal childhood."* For Carolyn, life as a child was wonderful until she was 12 years old, when her mother died of cancer:

*Everything was really positive. In the town I grew up in we had a lot of Sundays in the park. Everything was normal. There was never any beatings, alcoholism or sexual molestation. Everything was good until my mother passed away with cancer.*

Not understanding death, Carolyn said she felt lost and abandoned:

*Everything went downhill after my mother died. I was 12 years old. No one explained death to me, and there was no counselling or anything after that. When I was sixteen I turned to drugs. I used a lot of LSD.*

For the next two years, Carolyn used LSD quite regularly to cope with the death of her mother. Then, just before her 19<sup>th</sup> birthday, her father died as well. His funeral was on her 19<sup>th</sup> birthday. Her coping strategy was to use drugs even more frequently: *"When my parents died I turned to drugs for solace. I had to stop my brain from complaining."*

Carolyn continued to use LSD, marijuana, alcohol and pills until she tried cocaine for the first time at the age of 29. She became a stripper and lived in

Vancouver. She was 23 years old when she “turned her first trick.” She comments on her experience:

*I was a stripper and there were four Chinese guys and my girlfriend said ‘Come on, let’s make some extra money.’ And I did it and I thought ‘This is the greatest thing in the world.’ One hundred dollars, man, that could buy a lot of stuff in those days.*

Carolyn lived the life of expensive restaurants, wealthy men and the ability to buy anything she wanted or needed. When recalling her life as a sex trade worker, Carolyn says: “It [prostitution] covered up a lot of loneliness through the years.” She admits that sex trade work definitely came before active crack cocaine addiction. In fact, she never tried crack cocaine until she was 40 years old. For the next seven years, her life started to change. She was caught in the web:

*I realized I had a problem when I would phone up Alcoholics Anonymous and decided to get high instead. This was the last two years of smoking crack. For two years, I knew I had a problem but I still continued using crack. And it’s so embarrassing to realize you have a problem. You think ‘This can’t be happening to me.’ I remember saying ‘This is Carolyn – this can’t be Carolyn.’ So have another hoot and your problems just add to the problem. You got a problem? Feed the fire.*

Carolyn recalled a typical day in active crack cocaine addiction:

*My dealer came over to borrow the phone because she had to go to court. She threw me a rock and said ‘have a little hoot – I’ve got to get going.’ Oh, yeah, that’s like 9:00 in the morning and I said, um, ‘Give me some more. Here’s twenty dollars. Give me a piece’. And she says ‘I’ll be back in an hour.’ She would come back and we would party for three days. It’s like I couldn’t even get high any more. And my boyfriend would phone and I would put the ringer down and put the towel over the phone. Horrible nightmares, horrible, horrible. Then, after those three days, I swear to God, my boyfriend was coming into town and I hadn’t slept for three days and I had to go to the bank to get money. I had fifty dollars left from four hundred and fifty dollars the night before. And then I was walking to the restaurant and I had the worst heartburn. I couldn’t even eat.*

The insanity continued for another two years until Carolyn saw the futility of her life. She realized that she wanted to end the vicious cycle but found it extremely difficult to stop. She knew she had a problem, but she could not see any way out.

Carolyn tried to get clean four times before being successful. The first time she made it all the way to 30 days. When she unexpectedly caught her boyfriend in bed with her best friend, she went on a three-day binge. The second time she tried to get clean was a year later. However, her dealer was constantly coming over with crack, so she could not resist the temptation.

Carolyn recalled her "bottom":

*I finally realized 'This is it. I can't go on like this any more.' I was sick and tired of being sick and tired. It was time to change my life. It was time to do something. It was time to grow up and feel good about myself again. I'm not going to be 50 years old and have a grandson that has an addicted grandmother. He doesn't need that. And I don't need that.*

Carolyn called for help and finally managed to unravel herself from the web. She spends a great deal of her time trying to help women who are currently engaging in sex trade work, especially younger women:

*There are so many out there. It's unbelievable. If they apply for a job at the studio I used to work at and if they appear to be addicted, my former boss will call me. If they want to talk, I will tell them my story. Sometimes they will listen. Often, though, they talk to me like they are invincible and this will never happen to them. Then I see one of them no longer working in the studio and outside standing on Ellice, so skinny and loaded she doesn't even recognize me. It's all really sad. Hopefully she'll get help before it's too late.*

### *Marilyn's Story*

Marilyn is a 34-year-old single Aboriginal woman currently employed. Having a grade eight education, she returned to school in British Columbia where she obtained her High School Diploma. She has four children; a daughter who is 12 years old and three sons, ages 10, six and five. None of her children are in her custody and they currently live in British Columbia. Marilyn is HIV positive and has Hepatitis A and Hepatitis C. Marilyn "hit the streets" at a very early age. With no other outside resources to draw from, she basically raised herself on the streets: *"My economic situation was shitty because I couldn't get welfare [too young] and a job so I did what I had to do to survive."* Marilyn left home at a very young age because her birth mother died of addiction and she could not cope with the situation within her family: *"A lot of sickness and death and stuff like that tore my family apart. Family illnesses and death separated the family earlier than they should have been separated."* Marilyn started drinking alcohol in junior high school. In grade eight, she left home. While on the streets, she injected heroin, claiming *"there was not much cocaine back then."* Marilyn was 12 years old when she turned her first trick: *"At a hotel room in Winnipeg somewhere. I remember walking away crying."* She tried crack cocaine for the first time when she was 15 years old. She instantly loved the high it produced. She used crack cocaine and worked as a sex trade worker for the next 20 years. She contracted the HIV virus through dirty needles. Though she used needles frequently, crack cocaine was always her primary drug of choice. She has been violently raped, beaten, arrested and in and out of treatment centres and

detoxification units for many years. Her maximum sobriety has been 30 days, but she continually returns back to her old lifestyle. Marilyn currently has 30 days of continuous sobriety and has been attempting to refrain from sex trade work. I asked Marilyn what she thought she needed to help her get out of this lifestyle and refrain from sex trade work:

*I believe there should be more services such as employment opportunities and more access to help facilities. More services, period. I think there should be more programming through the Ministry of Family and Children, and opportunities like Big Sisters and Big Brothers. Anything that would give younger girls like I was half a chance in life. I hated prostituting myself. The money is the most addictive part. Once you're used to this, it's hard to stop.*

Marilyn has been trying to get off crack for a long time now, but she is having an extremely difficult time getting and staying clean. She sends a powerful message of what she believes to be the problem regarding sex trade work and addiction:

*I guess that the first thing that is at hand regarding prostitution is that the problem needs to be dealt with in order to have a neighbourhood that can function in an orderly fashion. I have been in sex trade work for over twenty years now. I was born to a Native mother of addictions. I was then apprehended and placed for adoption back in the sixties. I left my adopted home at a very early age due to family problems and wound up on the streets of Vancouver with an addiction problem. I guess I never did deal with my childhood issues and used the drugs as a means of coping. Help was never readily available when I was under age and so far away from home.*

In the book, entitled *Good Girls/Bad Girls: Sex Trade Workers & Feminists Face to Face* (Bell, 1987), one of the participants, also is a former sex trade worker, made the following statement which addresses this issue:

*There are kids out there who are thirteen and they can't sign a lease for an apartment and they can't get a job because they're not sixteen, and they can't stay at home because they're being physically abused or*

*sexually abused. We have to look at those issues too. (cited in Bell, 1987: 53).*

Marilyn then went on to say:

*During my younger years drugs seemed to be very fun and exciting, but somewhere down the line it became a serious issue that almost took my life on several occasions. The fun and games were completely depleted when I found out that I was HIV positive. Then it became necessary to kill pain and deal with the denial. I have been trying to quit doing crack for two years now and I am still struggling to this day. I am getting frustrated and very discouraged. I am sick of other working girls throwing garbage and stones at me while I am trying to work on the street because of my HIV. I am sick of cops telling my customers to drive away because I have AIDS. I practice safe sex, probably more than most of those girls. With my frustration and discouragement, and realizing I could not quit smoking crack on my own, I have asked for assistance through community organizations and friends.*

A double-edge sword reigns over Marilyn's life. She believes that because her choices are so limited, she finds it very difficult to stop working in the sex trade industry, even when she is able to abstain from drugs and alcohol. She states that she needs to get high to deal with the insurmountable problems in her life: *"I just feel like there is no way out. I really want to change my life, but I feel so trapped."* Marilyn continues to struggle to stay clean and she holds onto the fact that she can be of use to those women out there struggling. She volunteers her time at an HIV resource centre. *"It helps me keep what sanity I have left."* Marilyn also tries to help women on the street by telling them her life story. *"They don't have to end up like me, but they probably will."*

### ***Shalimar's Story***

Shalimar is a 37-year-old Aboriginal woman who lives with her husband outside the city of Winnipeg. She has two daughters, aged 16 and 20. The 20-year-old

lives in Calgary. Shalimar experienced several years of sexual and physical abuse in her nuclear family while growing up. In fact, she has a loss of memory or very little memory of her years growing up between the ages of two and 14. She reports having “flashbacks” of the sexual abuse now that she is no longer involved in sex trade work and is clean and sober. Because of the abuse, Shalimar got married at 16 and left home. She had already smoked her first “joint” of marijuana. She remembers how she used to view drugs: *“I didn’t believe in drugs when I was going to school. I didn’t even associate with people who did them.”* When Shalimar was 20 years old, she got a divorce. Her husband was very abusive physically, mentally and emotionally toward her. Forced to raise her two children on her own, she turned to prostitution at the age of 21. She first used crack cocaine at that time as well. She explains her first experience with crack:

*Initially, I felt like I was on top of the world. I was with girls from the business and clients – kind of like a party. It was a place I should have never been. Bikers ordered some girls, and like an idiot I went. In the end it turned ugly. The big guy that was watching said, ‘Oh, no, you can’t leave yet. You’ve got to stay.’ But I had a friend who was a buddy of his, and he drove me home from there. He made sure I made it back to the studio alive. I felt like my heart was coming out of my chest. I also swore to God that night that I would never do it again if He let me live. It was horrible. It wasn’t really a good experience, all in all.*

Shalimar continued down the road of destruction for another 17 years. She worked in the sex trade in a massage studio and eventually opened up her own studio. Because of the sex trade work, money was not a problem for Shalimar. She always had money to live in a nice home and to care for her kids. However, as time went on, the money became scarce due to her increased appetite

for crack. Also, Shalimar explained to me that sex trade work was equally as addictive as the crack:

*I really had a hard time envisioning myself working a straight job. I couldn't imagine working for a measly eight dollars an hour when I was making one hundred and fifty dollars an hour. Sure, I hated the work, but I much rather preferred doing it than working my ass off for minimum wage, especially while I was raising my daughter. I would not let my daughter grow up in the poverty I had grown up in. No way. So, I had a hell of a time giving up this work. It's an addiction as much as the crack was. I was addicted to the money, the fewer working hours and having more leisure time to myself. I used to think those chicks that worked in department stores and restaurants were losers. But, really, who was the loser?*

She finally got clean and sober over a year ago, and stopped quite abruptly working in sex trade: *"My husband and I had to pack up our things and move back to Winnipeg. I had to get away from the environment completely in Edmonton."* However, like Marilyn, she has had difficulty adapting to a new lifestyle: *"With prostitution, I got used to the money and the lifestyle. That part hasn't changed – like the money. I am slowly becoming more frugal but I still spend lots of money. I have an addiction to money."* I asked Shalimar what she thought she needed in order to rebuild her life:

*I need stability like my husband and his parents, because they love me unconditionally, unlike that of my parents. For women struggling with what I am struggling with, I think we need more programs, sending them back to school and giving them options. Especially if you're Native like me. Then you can go do anything you want. There is a lot of funding now. But I don't think it's the same for everybody.*

Shalimar stressed the importance of having family and friends – real friends. Her husband is also a strong support for her. *"Many of these girls have boyfriends who would be there for the ride, for the money."* Although Shalimar has been clean and sober for about a year and a half now, she is just beginning

counselling sessions for her issues of sexual and physical abuse that she endured over the years. She still says: *"I have never really examined this. The drugs and prostitution have blocked everything. I am ready to do whatever needs to be done. I know I won't fully heal until I deal with these issues."*

### ***Jessica's Story***

Jessica is a 22-year-old single Caucasian woman living on her own. Growing up in Vancouver, she dropped out of school when she was in grade nine, but returned and obtained her High School Diploma. She has one daughter, five years old, who was removed by authorities when she was a baby. Her daughter currently lives with her biological father in British Columbia. Like the other two women, Jessica left home at the age of 15. She moved in with her older sisters, who were both addicts. Her father was an alcoholic and her mother was manic-depressive. Jessica left home early. She stated: *"My parents got divorced and I was sick of having to see my mom at the hospital all the time because of her manic depression. I was mentally abused a lot."* When Jessica moved in with her sisters, she began drinking and smoking pot. *"I looked up to my sisters as role models and thought it was cool to smoke pot and drink."* By the time she was 16 she had tried LSD, mushrooms and crystal methamphetamines. When she turned 18 she tried cocaine. By her nineteenth birthday she was smoking crack cocaine and shooting heroin. She worked as an exotic dancer and also as a paid prostitute. *"I accepted money or drugs in exchange for sex."* Eventually Jessica left Vancouver and moved to Winnipeg to *"stay away from the cocaine and heroin."* Within five months in Winnipeg, *"I started doing lines one day, the next smoking*

*crack, and the day after back to shooting it.” Jessica’s problem with crack cocaine worsened. She would use crack for periods of 14 days at a time without sleep and not much food. She was losing weight and she was having sex in order to pay for crack. “I would have sex for money in order to get more, but I never enjoyed it because I was high. Sometimes it’s hard. I hate to admit it”.*

Jessica spent most of her time with members of biker clubs. She loved the excitement of riding on the back of a Harley Davidson: *“I felt a surge of power through my bones.”* With this life, however, she had witnessed murder, beatings and many assaults. Her boyfriend, also a biker, was very controlling and she indicated to me that she would literally do whatever he told her to: *“If he told me to find a woman at the bar and bring her home so we could have a threesome, I would do it. Anything for him. He totally controlled my every move.”* Jessica finally escaped Vancouver and returned to Winnipeg, where she met her current boyfriend. He was also a biker and a crack addict. Using together for days at a time, their relationship was practically non-existent. They never went outside, they never had friends over and they were constantly fighting over who had more crack. Finally, Jessica sought help with her boyfriend. Together, they called Cocaine Anonymous and went to their first meeting. Her boyfriend got clean and has stayed clean. However, Jessica relapsed continually after her first meeting: *“I had a hell of a time changing my old friends, my old behaviours and the things I used to like to do like going to bars. I couldn’t stay clean. It sucked because I saw my boyfriend getting clean and I felt like a failure.”* This went on for another year and a half. Not having financial support, she moved into “the hood”

where addicts were plentiful and where sex trade workers were next door neighbours. She went right back to where she started: using crack and working the streets. Finally, in desperation, she called her sponsor. Her sponsor went to her apartment and helped her to pack her belongings so that she could move away from the area. She moved in with her mother and has been clean ever since. She now has three months of continuous sobriety and no longer works in the sex trade. When I asked her what she thought was important to help her along in her recovery, she commented:

*I need friends and family who will support me. My mother today is a very good support. I can't do sex trade work because the money is a trigger and having that trigger I may not stay clean, so it's too risky to do it. And my old attitudes come back. I start to get cocky and for once in my life I've gotten past all that, and I no longer feel that guilt and shame associated with selling myself.*

Jessica also hopes to obtain her education in the field of youth and drug/alcohol counselling. She believes this will also help her to maintain her sobriety:

*I've seen the problem start at a young age, but that's not going to prevent them from going through it. Maybe people with our experiences could start by going to schools and sharing their stories. Community awareness – that's what it's all about.*

Jessica is just beginning to talk about her problems and her needs. She also changed her views pertaining to her situation regarding relationships with women:

*I've never been able to have relationships with women. I never had women friends while I was smoking crack and working the business. Women are so competitive. My friendships used to be with males, mostly bikers. But now I talk to the women. They support me. I've come to realize they're not my enemies; they're my friends. We're all in this together and we need more facilities to accommodate us.*

### *Jessie's Story*

Jessie is a 42-year-old Caucasian woman. She has no children and owns her own business. She grew up in a small town in an adoptive family. Her economic situation was poor while growing up. Jessie did very well in school and was spared early drug use or alcohol consumption because there was not much available in the town where she grew up. Jessie referred to her mother as a "*vicious, manipulative tyrant.*" She recalled spending three years of her life, from the age of 12 to 15, isolating herself from her mother in her room. "*Somebody was gonna get killed and it was either her or me.*" When I asked Jessie about problems with her mother, she replied that she left home at the age of 15 because she "*couldn't handle living with such an evil woman.*" Apparently Jessie's mother showed no signs of love or emotional support. She was constantly yelling at Jessie and Jessie said that she "*had mental problems.*" Feeling isolated from normal society, Jessie ran away from home. By the time she was 16, Jessie tried crack cocaine for the first time. She continued to experiment with crack and alcohol until she turned 18, at which time she got married. While she was married, Jessie discontinued her use of drugs and alcohol and lived a relatively happy life with her husband: "*We were newlyweds deeply in love.*" Then, when she turned 20, her husband was tragically killed in a car accident. This hit Jessie hard. She felt depressed, alone and suicidal: "*I wanted to kill myself.*" By the age of 21, Jessie had turned her first trick in a massage parlour. Jessie recalled the

day she met the owner of the studio, who convinced her that she should come to work at his place:

*I worked because my husband died. I was so young and naïve. The bottom fell out for me. The psychological death of a spouse hit me hard, so I started to work and make money, blocking out any negative emotion I was experiencing at the time.*

While working in sex trade, Jessie began smoking larger amounts of crack:

*Once that deep sadness sets in [pause] nobody does this shit when things are happy. It's when you've got lots of sorrow, lots of loneliness. And then when the free will and free society kicks in you've got dynamite.*

The "dynamite" Jessie is referring to was her addiction to crack cocaine. Jessie tried several times to seek help for her crack addiction. She entered into a couple of treatment centres, but she only lasted for two or three months at a time, and ended right back onto the pipe:

*It got even worse, even a deeper pit, you know? To have the knowledge and be doing what I was doing. It was absolutely insane. But rehab always had male counsellors, or mixed-sex groups, and I couldn't open myself up with these men around.*

Jessie recounted her experiences with men, particularly the man who first introduced her to sex trade work:

*The guy was loaded with cash. I mean, he had lots of money. In fact, he was a pimp because all his money was made by the girls working in the studio. Sure, they got to keep their tips, but he charged the customers a fortune just for half an hour or an hour of the girls' time. To top it all off, he had a wife who stayed at home and lived the luxurious life: nice neighbourhood, BMW cars, you name it. Eventually I thought to myself: 'Screw this. I am making this guy richer. He's getting the money and I'm the one selling my ass. I can make more money if I open up my own deal.' So, that's exactly what I did. I stopped working in the trade with men, but I hired women to work for me. Ironic, isn't it?*

In her thirties, Jessie finally managed to seek help for her addiction: “*I would work in the sex trade and then at night I would go to my meeting. I went to a meeting every night and when I wasn’t working I hung out with the people in Alcoholics Anonymous.*” I asked Jessie what she thought might help her to cope with her addiction and resolve her issues:

*Definitely more women-based treatment centres with a longer stay than 28 days. After 28 days I am just getting de-fogged from the drugs. How can I possibly deal with the death of my spouse, or my involvement in prostitution, in 28 days. That is why I continued to relapse, over and over again. I couldn’t stand the pain and I had no other way to escape from it. I now have seven years clean and I am still continuing to deal with memories of the past. That’s one thing for sure. Recovery is not a 28-day thing. It’s the rest of your life thing.*

Jessie’s life has been characterized by emotional abuse at home by her mother, the loss of a spouse at an early age and being introduced to prostitution while she was in a vulnerable stage of her life. She said she never really had any time to deal with her feelings because she was always “*numbing them with sex, money or drugs.*” Jessie has now been clean and sober for over seven years and out of the sex trade for five years.

## DISCUSSION

Throughout listening to the women’s stories, it became apparent that addiction and sex trade work are “intertwined.” Jill states:

*For women that think they are going to make a fast buck, don’t be fooled. Drugs and prostitution go hand in hand. They go together no matter how strong you think you are. I always used to say ‘Oh, my God! I will never touch cocaine.’ And as soon as I got into the business, it started.*

Jessica claimed that she became an addict before she started working in the sex trade. However, all of the other women started in sex trade work first.

They were “blown away” by the money. They somehow felt a surge of independence. As Carolyn stated, *“It was good. Now I had the power.”* Whether working on the stroll or in escort and massage studios, women became addicted. While the women who worked on the streets made less money, that did not make it any easier for them to stop working: *“I worked the streets. I knew everyone. I made my own hours and I got high whenever I felt like it. Try doing that with a normal job”* (Marilyn). The women who worked as escorts or in massage studios seemed to have an equally difficult time giving up the money they had become accustomed to: *“That was the hardest part of recovery. I still think of how much money I could make, if I just worked for six months. It’s just like another addiction and sometimes even worse because the money can be made so quickly”* (Jill).

Unfortunately for the women, however, a new demon evolved: crack cocaine. With the money to buy as much as they wanted, over time most women found themselves becoming trapped in an endless cycle, or a downward spiral, of addiction. Crack cocaine and sex trade work became a tangled web, creating a sense of hopelessness and despair for the women.

### **THE SPIRAL OF ADDICTION**

The conceptualization of addiction as a spiral is only useful here if given a context and recognized as a tool for understanding rather than a description of the prototypical case. Addiction is a process. None of the women instantly became addicted. They liked the high of the drug and most of them used crack for a very long period of time before they realized they even had a problem. According to

Carolyn, *"You start blaming the whole world for your problem, except you can't look in the mirror and say, 'OK, maybe I'm the one with the problem.'*

The medical model of addiction implies that addiction is a disease and progresses over time. The definition of addiction is "the loss of control over the use of a substance" (Hercovitch, 1996: 10). The disease is a loss of control manifested – not in terms of days or weeks, but in terms of months and years. In the long term, the addict cannot control the overwhelming physiological impulse to use. A crack-dependent person cannot stop the over-powering cravings for the substance in the long term any more than someone with Parkinson's disease can stop tremors. The addiction will never somehow "go away" without intervention of some kind. An addict will never recover if she can just abstain for a few days. The desire to use again will be greater than any so-called "willpower" demonstrated by the addict. In fact, willpower over the drug of choice (in this case, crack) is almost nonexistent with an addict. Emotional, physical and neurological systems have already been altered too drastically for any temporary abstinence to even scratch the surface of the underlying disorder. Addiction, over time, gets worse – never better. The end result is always the same: jails, institutions and death (Cocaine Anonymous, 2000).

Clearly, all of the women have demonstrated this process. At first, using drugs and drinking alcohol was fun for the women. It provided a release from boredom and a temporary escape from worries. However, as the addiction progressed, the good times were replaced with nightmares. All the women expressed a desire to stop using crack long before they were actually able to.

Jessie said: *"I needed that hit off the pipe like I needed to take my next breath."*

Along with the physical compulsion to use crack came the endless rounds of jails and institutions. Jessica did not want to lose custody of her daughter, but that is where her crack addiction and lifestyle took her. The other four women wound up in detox and treatment institutions.

### **CRACK COCAINE AND SEX TRADE WORK: COPING MECHANISMS**

As discussed in Chapter Three, for many of the women, memories of violence, abuse and incest drive them to continue using crack and working in the sex trade as a way of coping with and suppressing their feelings of hopelessness, dismay, and despair. As Rene said: *"I had to push those horrible memories of my childhood aside and the only way to do that at the time was with crack."*

Along with the neurological and physically addictive disorder, there are other factors to consider when looking at addiction to crack cocaine. Current research indicates high levels of past and present abuse in the lives of women crack users, particularly those involved in sex trade work (Maher, 1996). It has been suggested that there is a relationship and perhaps a causal link between violence experienced by women in the past and crack use. Maher (1996) found that of all the women who had been involved in crack cocaine use, almost one-half (49 percent) reported having been in one or more relationships in which they had been physically battered by a male partner. More than one-half (57 percent) reported that they had been sexually assaulted as children. These findings concur with the women's stories, indicating a link between childhood experiences of violence, sexual abuse, physical abuse and the increased likelihood that a woman

will develop drug and alcohol problems later in life. Four of the six women had been battered by a male partner. Three of the six women had been raped, either during adolescence or once they became engaged in sex trade work.

For these women, drug use was a way of numbing themselves to the violence that they had experienced. The threat of violence, although difficult to determine in a tangible way, affected women's perceptions of their ability to get clean. As illustrated in the stories of the women, violence provided a catalyst to self-medicate. Jill recalled: *"I used to hate the beatings. The only way I could numb myself was to get high. But the problem was, the beatings never went away until I left him. Then I had to succumb to being a slave to men in general for crack. That wasn't any better."* In addition, women's sense of self-worth, importance, competence and control were eroded with the accumulation of violent and abusive experiences. Psychological turmoil from violent episodes drives women to initiate or continue to use crack for self-medication and escape. The effects of past violence, if not sufficiently addressed, continued to haunt the women and propel them towards using crack for escape.

Other research suggests that crack-abusing women experience high levels of guilt, shame, depression and anxiety with their addiction (Nelson-Zlupko, Kauffman & Morrison, 1995). In addition, women who are crack dependent report more negative feelings. In general, crack dependent women have been found to have lower expectations for their lives, expressing greater preoccupation with simply surviving and minimizing discomfort than getting ahead in life. Carolyn said: *"Just to have a clean bed to sleep in was enough. I didn't even try*

*to think about my future. I thought my future was over. After all, I was already in my late 40's.*" Crack-dependent women also reported feeling helpless and unable to change their life circumstances. Across class, race and age, the women's stories reflect low levels of self-esteem and high levels of anxiety and depression, demonstrating that these conditions have detrimental psychological and social effects on women. In many ways, the crack-addicted woman reflects the dependence and oppression of women in society. These women experience a disproportionate amount of trauma (death, abandonment, neglect and/or abuse) in their lives without the resources necessary to alter these unfavourable conditions.

The women's stories reinforce what researchers O'Dell, Turner and Weaver (1998) found in studying crack-using women: that there definitely seems to be a link with childhood experiences of sexual abuse, abandonment and neglect. There were varying forms of abuse evident in all of the women's lives. As discussed in Chapter Three, Rene was molested by her mother's boyfriend. To this day Rene has been in intensive psychotherapy to address her issues of rape, assault and violence from men. Terena was molested by her brothers and father. She was also gang raped at the age of 14. Jill had alcoholic parents who fought all the time. Her father had physically harmed her during a few of his alcoholic bouts. Jessica was beaten by her biker boyfriends. Lana disclosed to me that she once had a knife held to her throat by a male customer.

Similar to Maher's study (1990) with crack-addicted pregnant women, I have also found the women in my study to be stigmatized and consumed with guilt. As Jill said: *"It was an overwhelming feeling of guilt and shame."* Along

with negative experiences in childhood, the guilt and shame also seemed to be the result of being stigmatized by society in general. As Carolyn stated:

*Society doesn't accept the working field [prostitution], so you may as well go on doing everything that society doesn't accept [using crack]. I could never have normal relationships with men; I could never feel normal while working in the sex trade. I was always too embarrassed to answer someone when they would ask me what I did for a living. I remember I would go to the bar with some of the girls in the business and we would have to make up stories to men who approached as to what we did for a living. We knew we would never be accepted or asked out on a date otherwise.*

### **CONCLUDING REMARKS**

In order to address the issues associated with crack addiction and sex trade work, the patterns of passivity, dependence and victimization which define many women's existence must be acknowledged and addressed (Forth-Finegan, 1991). Far too many women's lives are characterized by a struggle to cope with multiple roles and responsibilities, often within a constricted reality of inadequate financial resources, poor housing and little educational/vocational preparation with which to improve their situations. Many women also do not have a safe home to which to return, if they do decide to enter treatment. When many women leave treatment, they must return to homelessness or to dependency on an unreliable, sometimes abusive, often substance-abusing male. Jessica and Terena were dating bikers who were also known drug dealers. They had no choice but to leave their partners in order to get clean. Rene had to move into a homeless shelter until she could get her feet on the ground and find a job. Many women lack the resources to be self-sufficient (excluding sex trade work) or to adequately care for their families' basic needs. Jill struggled to feed her children and get a decent job.

Although her husband worked, the debts accumulated over so many years of spending money on crack were immense. Shalimar is struggling to become accustomed to not working in the sex trade while her husband supports her financially. Lacking education and resources, she is finding it difficult to seek employment. Marilyn still struggles daily not to go back to the streets to work.

The women wanted to stop using crack, but were unable to because they reached the chronic stage of their crack addiction or were unable to obtain the resources necessary to get help. In desperation, all of the women finally reached out for help. To try and get off crack, women contacted treatment agencies such as the Addictions Foundation of Manitoba. However, most treatment facilities in Canada only offer 28 day programs (Cooper, 2001). After 28 days, women are released back into mainstream society, with follow-up occurring once a week. Because of the addictive nature of crack, the women had difficulty abstaining from the drug. According to the Addictions Foundation of Manitoba (2001), there is a 98 percent relapse rate among crack cocaine users. As Doug Cooper, Executive Director, Tamarack Rehab (2001) has stated: "I have been working in the treatment community for addictions for over 25 years. In all that time, I have rarely witnessed a crack addict get clean the first time he or she enters treatment."

Finding it difficult to abstain from crack, women began using again and the "revolving-door" cycle occurred, one characterized by going in and out of treatment centres and detoxification units, suffering untreated crack addiction and therefore being unable to separate themselves from sex trade work. As a result, many women ended up in jail, institutionalized or close to death.

My interpretation of these women's lives is that they are becoming neither more helpless nor more "criminal." What they are becoming – within the contexts in which their daily lives and their crack cocaine use and sex trade work are situated – is both more vulnerable and more victimized. The women who have not fared well in employment, family relationships or social circles are much more vulnerable. Therefore, there is a need for prevention work to move beyond imploring people to "just say no." Instead, a prevention policy rooted in a sociological perspective on drug problems would focus on the *social sources of vulnerability* and the social support programs that could raise women's capacities for resisting crack cocaine and other drugs. That being said, what are the *needs* of these women? Clearly, there are more problems associated with getting out of the addictive lifestyle and sex trade work than simply not using crack and not working in the sex trade. The next chapter will highlight the needs and concerns expressed by the women themselves.

**CHAPTER FIVE**  
**WOMEN IN NEED:**  
**BREAKING FREE/SHATTERING SILENCES**

While listening to the women's stories, it became quite clear that they are in extreme need of assistance. This was not merely an assumption on my part, as these needs were expressed directly by the women themselves. This chapter is divided into three sections: Seeking Support, Relapse Issues and Treatment Issues. Seeking support for the women has very much been a process rather than isolated actions. With this in mind, four of the women's support-seeking patterns will be highlighted in the context of their biographies. Following this, Section Two identifies difficulties experienced by four women when they decided to seek help in overcoming their addiction and leaving the sex trade. Section Three discusses four women's experiences in the treatment community. Throughout the sections, specific needs and concerns are expressed by the women. They identify, in their own words, what it is, exactly, that they think they need to refrain from going back to the lifestyle of crack addiction and sex trade work. The women's standpoint will emerge, along with my own standpoint, in an effort to address the problems and concerns commonly experienced by women recovering from crack cocaine and leaving sex trade work.

**SEEKING SUPPORT**

The women used a variety of strategies to both access and avoid support. As illustrated earlier, the women coped with their circumstances by continuing to use crack cocaine. With this, they continued to engage in the sex trade. These coping processes involved denial and despair. Denial came in the form of denying that

they had a drug problem or that their lives were taking a turn for the worse. Terena had stated: *"Denial was what kept me together through all the years of drug abuse and sex trade work. If I could push the reality I was living in out of my mind, then I wouldn't have to address the situation. I could forget my situation as best as I could with crack."* Angel said: *"At one time in my life I used crack for three years straight, day in and day out. That's when I was in denial. I didn't think or pretended I didn't have a problem, but I knew I did."* The women used techniques of pretending and rationalizing to deal with their situations. They would often tell themselves that it was not as bad as it seemed. Lana said: *"I used to say things like: 'Look at my life. I am not lying in the ditch somewhere. I have a nice home, rich men and all the freedom I want. But now I know I was only rationalizing.'" Deep depression was also evident in the women, especially when they were 'coming down' from the crack and saw the futility of their lives. Carolyn said: "I was so depressed I was suicidal. It's a good thing I never had a gun because if I did I probably would have used it."*

However, there were many difficulties encountered when women did decide to seek support. For one, the fear of stigmatization ruled the lives of the women. Roxy said: *"I had been in and out of the hospital so many times and I knew they all looked at me like I was just a hopeless addict. That stopped me from seeking support, at least for my medical condition."* The women sought support only when they found no other way. They kept their addiction and their lives 'secret' from society because of the fear of stigmatization. Lana said: *"I could never talk about my work as a prostitute because I knew I would be judged."*

*So, I kept it inside and that only made things worse. I had to get loaded to deal with my secrets.*" As previously mentioned, seeking support is very much a process rather than isolated actions. The following four women will discuss their support-seeking patterns and associated problems and concerns.

### ***Roxy's Story – Continued***

Roxy finally sought support when she found no other alternative. She nearly died: *"I saw a bright light. I knew I was going to die."* She sought support for her addiction by contacting another female member of Cocaine Anonymous. This woman took Roxy to her first meeting: *"I was scared to death. My oxygen machine was loud and I felt like everyone was watching me."* Roxy's support system has primarily been through members of Cocaine Anonymous and Alcoholics Anonymous. She got a sponsor right away and has been going to two to four meetings a day. Although Roxy has found support from others in recovery, she is very angry that she is on oxygen. She feels ill all the time. Her lungs hurt and she is always tired. She has had trouble accepting her condition; *"I'm pissed off that I went on using for so long I ended up this way."* Roxy admits she has had difficulty accepting the fact that she will remain hooked up to oxygen. Her physical needs have been expressed by Roxy as the most important:

*I want to be normal again and off this oxygen. I feel like I am incapacitated and I am unable to do the things I used to take for granted. I want people to realize that this is what happens. This is serious shit. Don't fuck around. I would do anything to get off this machine. I want another chance at life.*

Roxy has expressed the need to be given a new chance at life. She says she is sick of depending on people: *"I have always been so independent. I just want to be myself."*

Along with the physical pain, Roxy is also experiencing emotional pain:

*Women need someone to listen to them. When I was growing up, a lot of us women kept to ourselves. We couldn't say anything because someone was going to hurt us. Then childhood is taken away and it gets hidden for years. I know a lot of Native women like me. They just hide it and hide it and still drink and use drugs. Nobody wants to share the emotional pain as I've been through from my childhood issues. This is just not done in our culture. Families stick together and a lot of Native families deny the existence of abuse. But you know, like I don't know. What I got today is I've got to pass on what was given to me. Staying clean, facing reality, sharing my life and I don't have to rely on drugs anymore. That's evil. That will kill us. I do a lot of reading and praying. I think there should be more women's groups. I think it would be better. Sharing with men around is hard. I would never bring my shit out at my meetings. I would never even share it with women. Not all of it, anyway. There's a lot that's happened to me, and I don't want to remember. Maybe I don't want to remember.*

Roxy feels that more women's Aboriginal support groups should be available: *"Many Natives don't feel comfortable with white people sometimes."*

I asked Roxy if there was anything further she would like to add:

*Don't ever touch cocaine. It killed my sister after twenty years of cocaine use – just that one hit. Going to meetings is of extreme importance. The Steps are important. That's why they're in order. Get a sponsor, pray and in your heart be honest and open-minded.*

### ***Danielle's Story – Continued***

Being clean from crack for over seven years, Danielle recalled what her life used to be like: *"I still remember like it was yesterday what a fucked up world I used to live in. It's like I was in another world. That world is so different from my world today, but it didn't come easily."* Danielle uses her family as her main support

system augmented by the counselling she underwent to address her issues with crack addiction and sex trade work. I asked Danielle what she went through during her struggle to break free from crack cocaine addiction and sex trade work:

*I went into the business thinking: 'My husband and I made a deal when I first started in the business. And that was if he ever saw me change, let me know and that's when it will be time for me to leave that line of work.' The problem was when he did tell me that I was changing, I was too addicted. I just couldn't walk away. I had a hell of a time breaking away from sex trade work. I was addicted to the money. Finally, on my thirtieth birthday I quit. But it wasn't easy. I had to go through counselling for one year with my husband. I had to find my identity again. I remember when I went to the counsellor and my husband and I were trying to work things out. One time I went by myself and I told my counsellor: 'I don't know who I am anymore. I don't know whether I am a working girl or a mother.' All these identities and I had to learn how to let go of this identity I was pretending to be for so long. I mean, it's acting. The business is acting. And when you're in the same role for so many years, you have an identity crisis.*

Danielle believes today that the biggest dilemma confronting her when in recovery was that there were few women who were getting clean and leaving sex trade work. She would have liked to have had someone, preferably a woman who had gone through the same experiences, listen to her:

*Seeing a counsellor is one thing. But when I talk to another woman who really knows where I'm coming from because she's been there herself – now that, to me, is a lot more effective. But you see, women aren't supposed to talk about these things. They are taboo in society. Prostitutes just aren't taken seriously. So, I believe there is an extreme need for women like us to speak out. Our voices need to be heard.*

### ***Marilyn's Story – Continued***

Marilyn is still struggling to maintain sobriety. She had a lot to say regarding obstacles and complexities involved in her decision to seek support:

*The question is, how exactly do we deal with the problem with crack addiction and prostitution? As it is presently we have neighbourhood watch citizens patrolling the streets and police arresting the girls and*

*putting them in jail. Is this solving the problem or is it merely pushing it into somebody else's back yard and making it more difficult for the girls to get help? How quickly we are to judge these ladies but not so willing to get our hands dirty to be of real assistance. What, exactly, put these girls out there? Which of these girls want to be helped? Which of these girls are approachable? These are good places to begin. Are there enough social programs in place to tackle the problem or not? I don't think that the problems will be solved completely, but what we can do is greatly decrease the number of street trade workers if we solve the underlying problems. Among these are addiction, social, economic, housing, education and employment issues. I myself have found these issues very unapproachable and consequently more difficult to retire from street trade work. First I will start with public housing. What about making more affordable housing available? The waiting lists for the Manitoba, Winnipeg and other federal and provincial housing lists are so long that these women are now limited to the places they can affordably rent. Being on the provincial welfare system only allows them to rent in certain areas that are the trouble spots that contain drug dealers, panhandlers and other street people. Making affordable housing more readily available to those that prove themselves would give them a greater chance to get away from the elements that are giving these women poor judgement calls and influencing their lives.*

Marilyn has also has found it extremely difficult to stay clean and refrain from the sex trade because treatment centres only provide their services for 28 days. Coming from the streets, she ended up moving back to the area they lived in before. Therefore, it is exceeding difficult for them to escape the lifestyle:

*I can't tell you how many rehabs I have gone through. I come from the streets. That has been my home. I am HIV positive. I have major problems that simply cannot be solved in 28 days. I can't afford to live elsewhere, so I always end up right back to where I came from in the first place.*

As revealed in Chapter Four, Jessica went through the same ordeal. When she moved to an area where she could obtain affordable housing, she began using crack again because the only people who lived in the apartment dwelling she resided were drug addicts and sex trade workers. She could not break away from crack or sex trade work as a result.

Marilyn expressed a concern about the policing of prostitutes. She has been sentenced to jail and/or issued a fine several times: *"I remember one time saying to the Judge: 'Just how do you expect me to pay this two hundred dollar fine? By selling my ass? Who are you, my pimp?'* Obviously, that comment landed me in jail once again." Marilyn then went on to say:

*The next issue I would like to bring up is that it is presently costing the taxpayers several hundred dollars per day to charge these women and to keep them confined to prisons. I feel that if some of these monies were distributed to the education and employment programs and made mandatory for inmates to take upon release this would make sense. This way skills are learned and developed and the possibility of bettering themselves in society are increased.*

Marilyn concluded that, until more people become willing to listen to the women who have been involved in crack cocaine addiction and the sex trade industry, little support will be available for them:

*I am sure that I could go on and on with these issues and how to rectify them in a more positive fashion, but, really, what is the use until people want to listen? Prostitutes will die and streets will continue on the way that they have for decades. Good luck to the street patrol and police officers that feel they are making a difference by locking these women in jails and chasing them around the streets. If you really want to make a difference why don't you take the time to get to know a working girl and help her get off drugs and the street. Be a mentor and then you will be able to go forth with a clear conscience that you are doing the best you can to try to correct the situation.*

### ***Shalimar's Story – Continued***

Shalimar says that she has been very lucky to have a supportive husband and family: *"I have stability, my husband and his parents. They love me unconditionally, unlike my parents. I have them and that helps me a lot."*

Shalimar has encountered few barriers in her support network. When she retired

from the sex trade, her recovery from addiction followed. She had to relocate to stop working in the sex trade. However,

*Sometimes I contemplate about going back to work. My husband tells me it's not an option. Don't even put it in the choices. After watching a lot of the girls in the business getting treated like shit by their boyfriends [pause] I mean, they basically supported those assholes financially. I am blessed to have a loving, caring husband. Without him I think my recovery would have been much tougher.*

Probably Shalimar's greatest struggle has been to leave the sex trade. She is glad that she no longer associates with the women who are still involved: *"It would be so easy to go back to that work when I hear of how much money so and so made. I cut all ties with women in the business."*

## **DISCUSSION**

The women have discussed a number of limitations and barriers facing them and affecting their decisions to (or not to) seek support. These include lack of female support; introduction to 12-Step meetings; 'Othering' and discrimination; and misunderstanding/demoralization.

### **Lack of Female Support**

All of the women found it difficult to reach out for help. As Roxy said: *"I hated going to meetings a couple of years ago because there were only men there. I hated that."* Women felt a deep sense of isolation because of the lack of accessible women. Numerous times throughout this study, the women spoke of the need to have more women speakers, women counsellors and women facilitators in the treatment community. Two years ago, the fellowship of Cocaine Anonymous was predominantly men. Since more women have been

entering into the fellowship, this problem is slowly decreasing. However, it still remains a problem for many women wanting to seek support. All-women's support groups are emerging, but they are rare. In fact, there are no all-women's meetings within the fellowship of Cocaine Anonymous in Winnipeg. Similarly, few former sex trade workers speak in the addiction community. Only if the women are arrested for prostitution on the streets for a first-time offense, as Marilyn was, do they have the opportunity to go to the Prostitution Diversion Camp, sponsored by Street Connections. As part of their workshop, the Camp hires former sex trade worker speakers to talk about their life experiences. They discuss childhood abuse; how they got on the street; experiences on the street; alcohol/drug use; child custody and CFS and adoption issues; criminal charges and experiences; getting off the street; the effects of prostitution, past and present, the positive side of taking control of life and dealing with personal problems; and what it is like for them today. Marilyn said: *"For the first time in my life I finally heard the stories of three women who had been where I was. That was the best part of the camp. The rest was bullshit."*

### **Introduction to 12-Step Meetings**

A common theme expressed by all of the women was the difficulty of attending 12-Step meetings. When women were in the process of seeking support, the first thing someone would say to them was: 'Get yourself to a meeting.' Because addiction is, for the most part, treated with the help of 12-Step fellowships, meetings are mandatory. However, the women felt alone and isolated, making it very difficult for them to enter into a room full of recovering addicts, especially

when the room is predominantly filled with men. Danielle said: *"I may have felt better if a woman answered my call to the Cocaine Anonymous hotline and said: 'Look, I will pick you up and take you to a meeting. That was my biggest barrier in recovery. I felt singled out and alone.'" Another obstacle facing women's decisions to seek support was the thought of complete abstinence from cocaine and all other mind-altering substances (See Appendix F: Step One). Marilyn said: "When you go to a meeting, they say you must be clean from everything, marijuana, crack, everything. I could not accept this for a very long time."*

### **'Othering' and Discrimination**

As Marilyn discussed, her experiences with the police have been negative and she felt discriminated against by the court process. When Marilyn was raped, she took the perpetrator to court. In court, the Judge said: *"Let's look at the record. You have been a known prostitute for 15 years. You should know better. Are you sure you weren't too high at the time to know if it was a rape or not?"* Marilyn also has been arrested for prostitution and has been treated poorly by the police. In one instance, *"the cops told the customer in the car by me to get away; that I had AIDS."* Because she was accustomed to being treated so poorly, Marilyn felt like she did not deserve anything good in life. As illustrated in Chapter One, Marilyn's accounts suggest that she has been cast as deviant or as 'Other.' Because of this 'Othering,' she had had extreme difficulty communicating with the police and in court. As a result, Marilyn has had difficulty staying clean.

Another aspect of 'Othering' has been found in Roxy's accounts of her

treatment during hospitalizations: *"The nurses treated me like shit because they only saw me as an addict. They would look at me with total disgust and wouldn't answer me if I needed something sometimes."* Roxy is a candidate for a lung transplant, however, the medical community is reluctant to give her one because she is a recovering Aboriginal addict: *"They have been interrogating me like crazy. Questions like: 'Are you sure you are clean? How do we know you'll stay clean? Questions like that."* Marilyn also experienced poor treatment in the hospital:

*One time I was in the middle of a meeting in Cocaine Anonymous. I had just come off a long run and I was really sick. I had a grand mal seizure in the middle of the room. They called the paramedics because the seizure lasted so long. When I got to the hospital, after waiting for more than four hours, they informed me that I could not be admitted because I was a cocaine addict. I said to them: 'What am I supposed to do? Go back out to the street?' They did not reply. They just turned me away.*

Because she is HIV positive, Marilyn has also been cast as 'Other' from others in society: *"Some people won't even shake my hand. They seem to think you can catch HIV by a handshake. There is so much ignorance in this world."*

### **Misunderstanding and Demoralization**

The women experienced barriers because of society's interpretation of what addiction is and their marginalized views on prostitution. Neither Roxy nor Angel could openly discuss their experiences and problems with overcoming addictions and working in the sex trade with others. Terms such as 'crack whore' and 'cheap little dirty crack slut' were common. Angel said: *"When my boyfriend called me a crack whore, I exploded. That was it. You think people, especially people you love, will understand what you're going through, but they don't."*

Roxy encountered many difficulties with misunderstandings of her physical condition: *"Doctors would say things like: 'Why don't you just stop?' and I would say back 'Try taking Ex-Lax and make yourself stop shitting.' I know it was crude, but I had to get my point across."*

### **GETTING AND STAYING CLEAN: RELAPSE ISSUES**

In this section, women's experiences pertaining to their decisions to seek help in overcoming their addiction and leaving the sex trade will be discussed. How difficult was it for the women to get clean? Did they continually relapse and, if so, why?

#### ***Angel's Story - Continued***

Angel tried to get clean several times. However, she would only last for days at a time and then go back to her old lifestyle. She could not identify with anyone in Cocaine Anonymous because she felt isolated and alone. She had no support or outside help because everyone she knew was a practicing addict or a sex trade worker. Angel said it was very getting clean: *"I didn't have anyone out there who knew what I was going through, so I thought. I was scared to reach out for help."* From the time she was 15 years old, Angel went in and out of treatment centres. She continually relapsed. Each time she relapsed, things got worse: *"I used to only use for a day or two. In the end, I was using crack and going on weeklong binges. My body was deteriorated. I wasn't even attractive for my tricks. I just didn't care."*

Desperate for help, Angel finally admitted herself into a treatment centre. From there, she went into an aftercare facility for an additional 60 days. She now

resides at a woman's recovery home and will probably remain there until she has been clean for one year. I asked her what she thought was important in order for her to remain clean and not relapse:

*I need two sponsors. I need a Higher Power. For the first time in my life, I need meetings. Everything is wrong with me. I go to Cocaine Anonymous, Narcotics Anonymous and Alcoholics Anonymous. I need counselling with a female counsellor for my sexual abuse issues and anger. The masks I wore were unbelievable.*

Angel then went on to say that she needs to maintain sobriety and clean time by keeping her foundation firmly grounded in 12-Step Anonymous programs: *"A whole different change of lifestyle to maintain those changes and continue self-help and continue healing. To stay on that. To stay away from the street life and that kind of lifestyle."* She also expressed the need for *"women's support programs that specifically deal with women like me."*

Angel believes that relapse was a part of her journey, but she also added that it is not mandatory: *"For women coming into recovery, I tell them not to repeat the same mistakes I did. Learn to open up and talk about what's really going on in your life. Talk about the abuse. Talk about the prostitution. Because we're all in this together."*

Angel concluded that relapse seems to be common, especially for crack cocaine addicts: *"I don't know any woman who becomes addicted to crack who 'gets it' [recovery] the first time around. I have seen many women die or never make it into the rooms. It's all very depressing. I am one of the lucky ones."*

Angel then went on to say:

*There should be a treatment centre just built for former sex trade workers. It should be a residential facility and very intensive, one that we can focus*

*on issues from the past and girls who have been in jail. Speakers should come to talk about how they have survived rape and the street life. People like me who have survived all that crap. I wish there were a place that deals specifically with women who are trying to get out of the life. It's not just the drugs. It's the whole lifestyle: sexual abuse, street life, addiction to money, addiction to men. False sense of power.*

Reaching out for help was another obstacle Angel had to learn to overcome:

*I finally realized: 'No, I don't want to die.' The realization that this is not the life. There must be another way. I had to learn to reach out for help. I had to get over the fear of not being worthy enough to be alive and I had to eventually make that phone call.*

Angel concluded the interview by saying:

*There should be voices of women like me heard more. They should go into facilities like Tamarack, rehabs, jails, institutions, hospitals, anything to do with Anonymous programs. There should be more women speaking out about these issues and those types of speakers should be mandatory in treatment facilities.*

### ***Lana's Story – Continued***

Like Angel, Lana also tried to get clean several times. However, she never sought any outside help: *"I never even knew about Cocaine Anonymous. I just thought I could stop using crack on my own."* However, as the years went by, Lana found it extremely difficult to stop using crack:

*In the beginning, it was a lot of fun. It was a social thing to do. I remember going into this crack house with all the money in the world and everyone would talk and socialize. As time went on, however, my addiction progressed. Instead of using crack once a week, I was using it every other day. I became isolated. I started using alone.*

Lana tried to get clean in the summer of 1994 because her boyfriend at the time was in rehabilitation: *"It was him that said: 'Maybe you should check yourself in somewhere. I think you've got a problem.'" Lana told me that she could not see herself checking herself into a rehab: "I wasn't as bad as him."*

Lana stayed clean for 30 days and then began smoking crack again: *"I was still drinking at the bars and having a good time. Why would I want to give something up that I was still having fun with?"*

As the problem grew worse, Lana attempted, unsuccessfully, to abstain from crack:

*I remember realizing at one point that I no longer wanted to get high, I needed to get high. That was my first realization that I might be an addict. I was also doing some pretty sick things while I was high like sick sexual things I would never have done straight. I used to call it freak fucking. I would come to and there would be lingerie spread out across my entire apartment. I began doing sexual favours for drug dealers in order to get more crack. I would suck their dicks, whatever it took. The devil's drug is what it is. It makes you do things you would never normally do. I tried to stop using, I tried to limit the amount I bought, but every time I tried, I always ended up in the same fucking place: hell.*

Lana eventually became so isolated from society that she was locked up in her apartment for days on end using alone:

*I was so psychotic that I couldn't even answer my phone. I always thought the police were going to come and break down my door. To top it all off, I was literally working as an escort only to pay the crack dealers for more crack. My body was breaking down. My nervous system was severely damaged. I was at the point where I couldn't live without crack and I couldn't live with it.*

Lana told me that she was always relapsing because she had never tried to get help. When things got worse, however, she started to think that she had no other choice. She said she knew another woman from the escort business who got clean and sober and she finally called her. The woman told her to go to a meeting right away. Lana felt uncomfortable at her first meeting:

*I looked around the room and thought: 'What a bunch of losers.' But then I thought I must be a loser, too because I was right there with them. People greeted me and shook my hand. It was the first time in my life that*

*I actually felt welcome anywhere. It gave me a feeling of comfort knowing that I finally belonged somewhere.*

Lana entered into an all-women treatment facility specializing in the treatment of alcoholism and addiction. She said it was there that she finally got the courage to open up to a group of women about her life:

*I finally told a group of women that I was a prostitute. I felt so ashamed and scared. But then I found comfort when a couple of the other women made comments like: 'At least you got paid.' There was laughter in the room and it was at that moment I knew that I just might be OK.*

The most difficult obstacle in Lana's recovery process has been addressing her issues of sex trade work. Like so many of the other women told me, Lana said that she found it as difficult to give up sex trade work as it was to get clean. She got so used to the money she was making, but she knew she had to quit working in the sex trade:

*In my first year of recovery, I did not date any men. In fact, I stayed as far away from men as possible. I found out that all my life I had been manipulating men to get what I wanted, even since I was a little girl. I learned that addiction to crack cocaine or any other drug was only a small part of the problem. Not only did I have to learn how to live without drugs, but I had to make drastic changes in my lifestyle.*

Fortunately for Lana, she had no trouble finding a job: *"It paid minimum wage, but I didn't care. At least I was making an honest living."* Like the other women, Lana stressed the importance of staying connected with other recovering women, working closely with a sponsor and seeking additional counselling to address her issues and involvement in the sex trade. Since getting clean the last time, she has not relapsed again: *"one day at a time."*

### ***Jill's Story - Continued***

Like the other women, Jill's journey has not been an easy one. She became addicted to crack after the birth of her second child. Although her partner at the time supported her, Jill's addiction grew worse. She talked about years of lost memory: *"There have been weeks that I don't even remember because of being so screwed up on crack. I want to let women know who are starting to go down that road the pure insanity of it all and the sadness. It's so sad. It's such a sad life."* Jill relapsed over and over again. She was unable to abstain for 10 days at a time: *"I needed to have it. I couldn't breathe without it. I would feel so anxious, angry and sick until I got my first hit. Then the nightmare would begin all over again."* Jill relapsed often because of severe depression: *"I've never been sad or depressed more than a few days before I started using crack. Then it was all the time. I had to smoke it just to make myself feel better."*

Since getting clean and sober, Jill has come to realize what is important to her: *"My kids are number one. I finally got my self-esteem back. I never used to have any. And I have a lot of self-determination."*

### ***Carolyn's Story – Continued***

Carolyn relapsed several times before she finally got clean: *"I was in and out, in and out. I kept relapsing. The last major relapse I had was when I just left a 28-day treatment program and found my best friend in bed with my husband. That relapse lasted two years."* For Carolyn, it was mandatory to make major lifestyle changes:

*Basically what I need is to go to bed at 10:30 at night, get up and go to work and stay busy with routine. My money can get me things now. I can go to a restaurant, having a routine. A healthy routine. Not fucking trying to sleep at 11:00 in the morning knowing my money's gone.*

Carolyn added the following comment:

*Women have to go through addiction by themselves. But they don't need to be alone when they get clean. There's nothing that could be said or done to prevent an addict. Nothing you can say that will stop them. They think it's fun, just like I did. But it's just a mask, a cover up. It's a Band-Aid over the sore. My void has finally become filled. I still crave, every day, but I haven't used for a couple of years and I am not going to start up again. Maybe I will die next time. It doesn't matter how much I have been hurt. It doesn't matter how much self-abuse I have myself. It doesn't matter how many men have touched me and given me money and done the dirtiest things in the world. I still have the biggest heart. My mother is the one who gave me the soft heart and my father's the one who made the soft heart a strong heart. My parents gave me the biggest gift. Yes, I lost them young, but their memory stays with me every new day I have clean.*

## **DISCUSSION**

All of the women in this study have relapsed. The term "relapse" refers to the process of returning to the use of crack after a period of abstinence. Relapse is a possibility for anyone who is recovering from addiction. An addict is never "cured." During recovery, especially in the early months, it is common to experience urges or cravings to use crack cocaine. An urge or craving can occur at any time, even when actively involved in a recovery program. Urges and cravings may differ in frequency and intensity with each woman. Triggers in the environment which may remind women of using crack or getting high may initiate these cravings. These things may also trigger internal discomfort such as anxiety or anger. Physical signs include tightness in the stomach, feeling nervous throughout the body and in some cases actually 'experiencing' the high. Angel

said: *"When I was getting ready to relapse, I could taste the crack and I could almost feel the high, even before I actually lit up the pipe."* Psychological signs may include increased thoughts of how good the "high" feels, or the feeling of "needing" crack.

The women discussed that after quitting crack for 30 or so days, they thought they could return to using the drug without any consequences: *"Well, I've got 30 days clean. Now I can handle a little treat of crack"* (Jill). Using crack again caused the women to engage in sex trade work. The women's problems escalated and the added stress led to more crack to escape the feelings. A vicious cycle repeated itself again. The women told me that it took them a very long time to realize that entire abstinence was the solution. *"A lifetime without crack was too hard to handle"* (Jessica). *"Crack was my medication. I couldn't live without it. I thought being straight would be boring"* (Jessie). Every time the women relapsed, their problems grew worse. Their lives had become so unmanageable that they could see no way out. Also, because of their multiple relapses, women felt like failures: *"I kept crawling back to a meeting feeling like a total loser. People there were clean but I just couldn't get it. Thank God they always welcomed me back with open arms and with no lectures to endure or judgement calls made."* The following themes emerged from the women's stories regarding relapse issues: avoidance of 12-Step meetings, denial and depression.

### **Avoidance of 12-Step Meetings**

The women were not regularly attending 12-Step Cocaine Anonymous meetings, mainly due to the intimidation they felt in a mostly-male fellowship. They were

unaware that they could go to other 12-Step fellowships such as Alcoholics Anonymous or Narcotics Anonymous. Jill explained: *"I always thought Alcoholics Anonymous was just for alcoholics so I never went."* Other reasons also discouraged attendance. Carolyn observed: *"There's talk about God. I can't imagine praying on my hands and knees. I always felt like I was about to give a blow job."* Jessica indicated that she had a lot of trouble opening up her life story at the meetings: *"I could never share what I share with my sponsor at those meetings. It's too intimidating."* Whatever the reasons for lack of attendance at 12-Step meetings, common to all of the women was non-attendance when first trying to get clean.

### **Defense Mechanisms: Denial**

In the Narcotics Anonymous book entitled *It Works: How and Why* (1993), denial is defined as

the part of our addiction that makes it difficult, if not impossible, for us to acknowledge reality. In our addiction, denial protected us from seeing the reality of what our lives had become. We often told ourselves that, given the right set of circumstances, we might still be able to bring our lives under control. Always skillful at defending our actions, we refused to accept responsibility for the damage done by our addiction (Narcotics Anonymous, 1993: 7).

Various forms of denial emerged in my conversations with the women. Some said they were not "ready" while others made comparisons to fellow addicts. As mentioned previously, Lana had said: *"My boyfriend was worse off than me."* Roxy's denial was evident when she switched from alcohol to crack: *"I told myself that I may have a problem with alcohol, but I sure as hell can handle the crack."* Denial was also a defense mechanism blocking off the realities of the

women's lives. For instance, Terena had stated to me that denial was what actually kept her "sane" during her years of using crack. *"Denial is a marvelous mechanism. I think if I knew I really had a problem with crack, I would have been even worse off. It was interesting to hear other women talk about that, too."* Not wanting to admit they had a problem allowed these women to continue using crack and engaging in the sex trade. As Angel said: *"Who the fuck cares? I will never get clean anyway."* Some of the women chose to enter into rehab, thinking that they would be "cured" after 28 days. Jessie stated: *"After 28 days in rehab, I thought I was cured. I went back to work in the sex trade because I was so used to the money I was making. What happened? There I was smoking crack again."* As indicated, some of the women returned back to the sex trade, thinking that they could do this line of work and stay clean. This, however, never worked:

*One time I made it as far as 30 days. I thought I had the crack problem licked, so I could continue to work. I hated those men touching me, but I wanted the money. Eventually the crack won out. I couldn't handle the work without running to crack again. I guess that's why you see so many girls in it who are addicted or alcoholic. (Carolyn)*

Along with denying their addiction to crack, the women also denied the fact that sex trade work was strongly correlated to their use of crack. All of the women expressed to me that especially in early recovery, they thought they could still work in the sex trade. When they tried, however, they always returned to smoking crack. This is another example of crack cocaine addiction and sex trade work being "intertwined," as discussed in Chapter Four. They felt a deep sense of loss in their lives.

### **Depression**

The women talked about depression, anxiety and increased moodiness. Depression was also often associated with relapse: *"I couldn't stop the train from crashing through my head. I was so depressed. And only crack would make it go away, at least for the moment."* (Lana) *"I thought crack would make me feel better, but after using it and coming down and not having any [crack] left, I was in a suicidal depressive state"* (Terena). Depression was reported by all of the women at one point or another in their lives. When they initially tried to get clean, they would often sit at home, isolated and feeling miserable. As Terena's story expressed, at one time she managed to stay clean for nine months *"without a program."* This intensified Terena's feelings of depression and eventually she began to use crack again. Many women expressed feelings of anger, pain, sorrow and loss. They felt that the only way to deal with these emotions was to get high: *"It was a quick fix for years of pain. It worked for a long time, but then the crack stopped working. That is really when I got to live in hell. That's hell on earth"* (Lana). As discussed in Chapter Three, all of the women indicated to me that they felt deep senses of loss in their lives, leading to feelings of hopelessness and despair. All of the women eventually sought help for their addiction by entering into a treatment facility.

### **WOMEN'S TREATMENT ISSUES**

This section discusses four women's experiences in the treatment community. Does the construction of female crack-addicted sex trade workers as 'Other' colour the strategies employed to respond to these women's needs? To what

extent is the addiction treatment community attentive to women's needs in terms of helping them manage their lives and move into recovery?

***Rene's Story: Continued***

Rene found sobriety through active involvement in Cocaine Anonymous. She had tried to get clean by entering treatment centres before, but she was assigned to a male counsellor. She found this very difficult when addressing her issues: *"This guy was a jerk. I felt like he was always judging me. I never felt comfortable around him. After a month or so, after I left treatment, I was referred to a woman counsellor. She's been great. I see her once a week. There's a lot of shit I have to walk through."*

When Rene was in and out of treatment facilities (including when she was in jail), she found it difficult to open up about her past life of sexual abuse and sex trade work: *"Most treatment facilities have male staff and male residents. I hated men. I couldn't even look at them. I clammed up and refused to talk about my life. The last thing I wanted was for them to know my business."*

In Cocaine Anonymous, Rene knew a couple of women who were also members: *"After a meeting, we would go for coffee. There wouldn't be any judgement calls made. There were no lectures to endure. We would just talk about the shit that was going on in our lives."* Rene felt discriminated against when she was in treatment because of her position in society (crack-addicted sex trade worker): *"I even heard a couple of women say: 'I was just a used up crack whore.' The men would laugh and make jokes about cheap sex. It was very*

*degrading and fucking frustrating, to say the least. I just wanted to tear the tongues out of those men."*

During her first year of recovery, her focus was solely on not using crack cocaine or engaging in sex trade work: *"It was really hard. I was nuts -- bouncing off walls. I went to tons of CA meetings and got myself a sponsor right away. My sponsor took me through the Steps"* (See Appendix F). Rene had a lot of trouble trusting anyone, especially men: *"I found men hard to talk to. I know now I was scared of them. I knew how to manipulate men, but I never recalled any positive experiences with women, other than my short-term lover. My mom was a bitch. I hated her for a long time for what she did."* Eventually, after her first year of physical sobriety, Rene began the process of intensive psychotherapy. She said she hated it because it was with a male psychiatrist: *"Once again, I got stuck with a dick for a shrink. Our sessions were pathetic. So, after a couple of sessions, I asked for a female therapist and I have been seeing her ever since."*

I asked Rene what she thought she needed to refrain from active crack addiction and sex trade work: *"I need newcomer women coming into the rooms of Cocaine Anonymous. When I see them and the desperation on their faces, I remember how far I've come. Sometimes, when you get some time under your belt, you forget."* Rene also stated that she needed a lot of courage and faith. Perseverance to keep moving forward was her strongest quality that has allowed her to make it as far as she has.

### ***Jessie's Story – Continued***

Jessie finally got clean and sober in an all-women treatment facility. She especially liked the female counselling: *"It was great to have the one-on-one counselling. I really liked that part of treatment."* However, there was one aspect of treatment that Jessie did not care for: *"It was really weird. They were preaching about no men, no men. But there were still men coming to pick us up to go to meetings. This one guy, he was a real creep. He ended taking a couple of the girls out with him to get loaded."* Jessie found the most important thing in her treatment was constant contact and connection with people in the 12-Step meeting rooms *"I hung onto those people like I used to hang onto my crack pipe. They literally saved my ass, more than once."*

### ***Jessica's Story – Continued***

Like many of the other women, especially Lana, Jessica initially tried to get clean by herself without the help of treatment or self-help groups. When she entered into treatment, she went into a 28-day residential facility and then moved onto an aftercare facility. Like Angel, she continued onto another women's recovery home specializing in the treatment of addictions:

*I got nine months of treatment. I really needed that because I have relapsed so often. I figured the more the better. The longer, the better. While in treatment, I managed to work through all 12 Steps and focus on nothing but recovery. It was helpful and I got to know a lot of women. We were each other's strongest support. I got really involved in the 12-Step community and got into a lot of service work there. I have been clean ever since.*

### *Terena's Story – Continued*

Terena relapsed once after she sought treatment for her addiction. She also “turned a couple of tricks” in sobriety: “*It was the most horrible, awful feeling in the world.*” Terena recalled her relapse: “*I was still using pills. Even though I was clean from crack, I was still using pills.*” Terena stressed the importance of having women-centred groups:

*Treatment should not be aggressive. It should be a softer, more balanced approach. Confrontational treatment will get me nowhere. I will respond by saying ‘fuck you.’ If I am asked to engage in group, however, without any confrontation or finger-pointing, I will respond much better. I am a rebellious person, so I don’t need a rebellious facilitator conducting the groups. There should be more women facilitators, more women’s meetings and more women counsellors. That would have made such a difference in my experience with the treatment community.*

## **DISCUSSION**

As illustrated by the women, women’s success rates in the treatment community have been relatively poor. What women need, as Marilyn has suggested, are a change in thinking and a change in the current institutional structures that attempt to deal with these issues. Many characteristics of crack-addicted women not only contribute to crack dependence, but often present formidable barriers to treatment. Financial hardship, social isolation and greater physiological complications keep crack-addicted women from ready access to or effective use of traditional drug treatment programs. Women’s failure rates in traditional drug treatment programs are not surprising given that such programs have been designed primarily by men for male clients. Their approaches have been informed by research conducted on male substance-abusing populations (Nelson-Zlupko, Kauffman & Morrison,

1995). As a result, it has been my experience that traditional drug treatment programs frequently use an aggressively confrontational approach with clients designed to break through the layers of denial. Relapse is met with a punitive response rather than exploration of environmental factors that may have contributed to resuming drug use. As Marilyn stated: *"I have been in several treatment centres. Some won't even take me back. They see me as a hopeless addict. It's almost like I am being punished for relapsing."*

Clinical evidence suggests that female clients are likely to experience denial of their drug problem and are more likely to experience acute guilt and shame in acknowledging their drug use and inability to sustain sobriety (Nelson-Zlupko, Kauffman & Morrison, 1995). Clearly this was evident in this study. Confrontational approaches, which serve to enhance guilt and shame, have been found to be counter-productive with female substance abusers (Reed, 1985). Women in this study have often expressed a desire to engage in non-confrontational approaches:

*The first time that I was in rehab, I was put on as they call it in recovery the hot seat in a mixed-gender group. The male counsellor was confronting me about my abuse issues. That night I went home and tried to commit suicide. Obviously this is not a productive method of dealing with me. I was ashamed, embarrassed and I felt very, very useless. With that in mind, a kinder, softer, more gentle approach worked with me in the long-run. Non-confrontational woman's programs with no men and no male counsellors worked for me. It was a loving, 'I know what you've been through' approach. Let's see how we can overcome this and come out strong on the other end. And I did. I haven't used since then. (Terena)*

Many traditional drug treatment programs base their treatment approach on the 12 Steps of Alcoholics Anonymous or Cocaine Anonymous, which are a set of principles developed by alcohol-dependent men. Alcoholics Anonymous,

which promotes reliance on a male deity, is grounded in patriarchal thinking; some believe this philosophy further promotes female dependence on others and discourages self-reliance (Berenson, 1991). Terena stated:

*The 12-Step program is about surrender, repentance and humility. I didn't have anything left to surrender. It was already gone. Humility I confused with humiliation and so I went to the dictionary to look up humility. This is what it says: 'The quality or state of being humble.' So, I looked up humble and humble is 'to destroy the power or independence.' Well, I was already destroyed. So, I have a hard time with that. There was no power left for me to destroy. My whole recovery was about building the power, not destroying it and tearing it down. And this business about taking a moral inventory and confessing our sins. That sent me out [using crack again]. How could I write down everything that I did bad? It became this whole Terena-bashing exercise. Look at all the horrible, horrible things I did. I think for anyone going through the 12-Step program, they need to find some kind of balance so it doesn't become an exercise of self-abuse. There needs to be guidance because it can't become a dangerous thing, especially with people who don't know what they're doing. Seek advice from people who know what they're doing. Talk to the women. That's important.*

From listening to the stories of the women, it became apparent that female representation is low in both staff and clientele in most drug treatment programs. Typically, there are a disproportionate number of male staff members in positions of authority, leaving few female role models for women in treatment. And although most programs treat both male and female addicts, males typically represent a much higher proportion of the clientele. The women in this study have stated that this gender imbalance is most keenly felt in group therapy sessions in which there may be only one woman in a group of 10 or more members. In such circumstances, women often withdraw from the discussion or fail to address issues of personal significance. Terena, who now works as a residential care worker at a local co-ed rehab, has noticed "that the female

*clienteles tend to clam up in mixed-sex groups and then they're accused of not working their programs hard enough. They are accused of not wanting to participate in the group and sometimes it gets to the point where they're asked to leave, especially with the Aboriginal women."* When we reflect back to Chapter Three, Roxy and Angel, both Aboriginal, had difficulty talking about their abuse issues. Therefore, this can create barriers in their recovery, particularly if they are participating in group therapy.

In traditional drug treatment programs, participants are often encouraged to engage in cathartic sessions in which secrets are divulged. Although this can be experienced as a cleansing activity for some, for a sexually or physically abused woman, the experience of being pressured into public confession often leaves her feeling re-violated. This is particularly true if she has not yet been helped to acquire the skills necessary to protect herself or to cope with memories of the abuse. Lana made the following statement concerning this issue:

*OK, when you're in treatment, right? They have you sit around in a group and talk about your personal life and all the nightmares you've been through. Well, there I was, sitting around a whole bunch of men, and feeling completely violated. I mean, I haven't even had the chance to open a lot of this shit up to women, never mind men who I can't stand right about now. So, I chose to disclose parts of me I wanted to; the rest remained silent. What happened? I went out and got loaded.*

Terena added:

*Even after three years clean I cannot talk about the horrific abuses that I went through. Why would I want to? This whole talking, talking, is very disturbing sometimes and if I am not in a good place, it becomes a life-threatening issue. By this I mean that if I am not ready to deal with this, I will have to somehow numb it. The best way that I know how to numb anything is to use crack. And if I use crack or alcohol or any other mood altering substance, I will either die a slow, painful death or I will become*

*so overwhelmed with guilt and shame that I will commit suicide. Some things are just best left alone until they come up on their own.*

## CONCLUDING REMARKS

The more we listen to the stories of women who become involved in the world of crack and sex trade work, the more we recognize that there is no one profile of a typical female crack-abusing sex trade worker. These women comprise a heterogeneous group and differ from one another on a variety of important dimensions, including age, race, ethnicity, marital status, educational attainment, socioeconomic status and life experience. An expanded definition of treatment services, as well as further clarification of women's specific needs, are essential to respond appropriately to the variety of concerns and needs that women present:

*The drug rehabilitation centres are difficult to get into because of shortages of staff, beds, etc. If the federal government would take the time to enhance these programs the drug dealers would obviously have fewer women to deal drugs to, ultimately pushing them out of business. From what I have seen and shared with many other women involved in sex trade work, the problems that actually cause these women to go and use crack is that they have had abusive situations in their home lives. These include neglect, sexual, mental and physical abuse not to mention many more. Educating the women in treatment and having more support programs and parenting programs would assist in nipping the situation in the bud before it has the opportunity to get so bloody mixed up. (Marilyn)*

In the concluding chapter, I will attempt to bring closure to this work by highlighting the main strengths, limitations and implications of the study. This will be followed by a discussion of the recovery process and alternative treatment models for women specifically designed to address their needs.

## CHAPTER SIX CONCLUSION

As discussed in Chapter Three, central to developing my own feminist standpoint was situating the women's lives within the nexus of race, class and gender relations. This has been accomplished "not in regard to the words of the women, but rather in regard to the contexts within which and out of which they are functioning" (cited in Kirby & McKenna, 1989: 115-117). The women's accounts are a function of their experiences not only as gendered beings, but as women of different races and from distinct class positions. Women's needs, then, cannot be examined in isolation; they must be understood within the context in which they arise. In Chapter Four, I argued that women who have been addicted to crack and have engaged in sex trade work must be located in structural terms as their experiences, needs and choices emerge in the context of societal structures. They have been "caught in the web" of crack addiction and sex trade work, entangled more so with society's response to their situations. Chapter Five has illustrated that women's needs are varied. They reflect not only a woman's physical recovery, but her emotional and psychological well being as well. Women's needs, then, are multidimensional. However, many of the agencies responding to these needs have used a unidimensional approach. In this way, the women's choices are limited by the very nature and understanding of these traditional approaches.

In bringing my work to a close, I must first reiterate the fact that this study is only a beginning. The women whose voices have been heard have much more to say. Although their stories have not been fully told and their accounts only

touch the surface of the problem, we have much to learn from them. The first step requires listening to them and their experiences as done here. In Winnipeg, positive change has already taken place. For instance, the Addictions Foundation of Manitoba (2001) now offers an all-women's treatment facility, supported by all-women counsellors and staff. This is a positive beginning for women seeking help for their addiction to crack cocaine. For women working in the sex trade, Sage House has been opened, which was formerly known as Street Connections in Winnipeg. Sage House is a health, outreach and resource centre for women who have been involved in the sex trade. Outreach methods include walks by volunteers working at Sage House along Ellice and Sargent Avenues (where most of Winnipeg's sex trade workers are found), along with visits to hotels along the Main Street community. It also offers AIDS and Hepatitis prevention, health education, street safety and advocacy. The philosophy of Sage House is based on a non-judgmental atmosphere of acceptance, to encourage women to explore their own potential and life paths. Sage House acts as a bridge to available resources in the community such as Social Services, Family Centre of Winnipeg, Child and Family Services, Clinic and Probation Services.

The accounts of the 12 women in this study provide insights into treatment agency responses that could only be gained by an in-depth analysis of the women addicted to crack cocaine and engaging in sex trade work. Treatment agencies and outreach programs offer more supports and alternatives for women than in the past. However, the women's standpoint outlined here presents the experiences of women as complex and varied. Their needs are multidimensional and constantly

changing. The feminist standpoint I have developed found limitations to meeting women's needs. Therefore, the main purpose of this chapter will be to explore the process of recovery and offer alternative methods of treatment, based primarily in addressing women's needs. Before I begin, however, I will discuss the limitations of this study.

### **LIMITATIONS**

This study has limitations. For one, the sampling strategy I used to elicit responses was one of 'self-selection.' This could be problematic because the women who came forward to participate in the research may have had particularly negative experiences within the treatment community, the police and/or the medical community. Not all the women's experiences are the same. However, I argue that given the many similarities among the women, if more women had been interviewed, the likelihood of similar results would be high. Second, this study represents only twelve women's voices. A much larger sample would have been beneficial. However, due to the in-depth nature of the interviews, the women's stories are authentic. Allowing the women to read through their transcripts, as discussed in the methodology chapter, allowed for more detailed and accurate accounts of the women's experiences. Third, given my position as a specialized addiction counsellor, I had to continually be grounded in the work as a researcher and not as a counsellor. Due to the emotional and sensitive nature of this work, this was difficult at times. Having had my own personal experiences with crack cocaine addiction, this study was unique because not only could I relate to a lot of the frustration the women have experienced, but my personal

experience with addiction served to enhance the validity of this work. I must reiterate, however, that I made every attempt to minimize the influence of my own personal biases into the work.

### **STRATEGIES FOR CHANGE**

Women must be made visible. As such, crack cocaine addiction and sex trade work must be recognized and politicized. Addiction is a public problem and agencies have responded to it with positive changes. However, the experiences of the women in this study question the effectiveness of the system. Women will continue to become addicted to crack cocaine and they will continually reach out for help. Some type of treatment will be available, albeit not always appropriate. In order to address the needs expressed by the women themselves, alternative treatment models of understanding should also be considered. The remainder of this chapter will explore alternatives that have the potential to respond to women's needs. Before we begin, however, it is necessary to understand the process of recovery.

### **THE PROCESS OF RECOVERY**

The Institute of Substance Abuse Studies, San Diego, California, teaches that recovery is a lifetime process with the first three years requiring much support and teaching. After a comprehensive treatment program, there are definite and definable steps a person goes through. Recovery from the physical aspects of addiction begins during the treatment phase and continues throughout the three-year process and beyond. Once a person starts feeling physically well and

between six and nine months of recovery, the person starts healing the emotional and psychological self, which typically extends well into the second year of recovery. By the third year, the addict starts the process of a maturation and integration back into mainstream society. Part of any successful recovery program, then, is an ongoing supportive environment in which a woman can discuss ongoing problems necessary in maintaining a clean and sober lifestyle. In the concluding section of this chapter, I will address alternative treatment models for women, highlighting my own standpoint on responding to women's critical needs.

#### **ALTERNATIVE TREATMENT MODELS FOR WOMEN**

As women's realities are recognized for their complexities, so too are individual women recognized as complex. Alternative treatment models hold that value cannot be given to the variety of struggles and coping responses of women when the individual is defined only by her addiction. The stressors for women are many and crack dependency is viewed as just one of a myriad of issues facing women in treatment (Nichols, 1985).

New forms of treatment have been developed in response to the failure rates of women in traditional drug treatment programs, particularly those directed toward women who have also been involved in sex trade work. These programs reflect a philosophy that focuses on the strengths of each individual and uses her experiences, both past and present, as learning tools rather than as sources of grief and shame (Maher, 1986). This philosophy is based, in part, on feminist theory, which recognizes the historical and current oppression of women in this society

by acknowledging the ways in which some women are economically disadvantaged, financially dependent and lacking in marketable job skills (Nichols, 1985). Alternative treatment models also recognize women's experiences of physical, verbal, psychological and sexual mistreatment.

Alternative models for understanding crack use as a coping mechanism are central to understanding the root cause of crack use for women. As illustrated in this study, women often use chemicals to cope with what appear to be insurmountable stressors. Crack use may actually succeed as a coping mechanism for a period of time. At some point, however, the negative effects of crack use and sex trade work outweigh the benefits. Having realized that this method of coping is no longer reliable or effective, the crack-dependent woman is often at a loss for productive alternatives.

When viewed from this standpoint, it is clear why crack became such an integral part of these women's lives. In alternative treatment, women identify components of the environment that are unhealthy and oppressive and that trigger the use of crack. Having identified these sources of struggle and stress, women can then be helped to develop and use effective, safe and nondestructive alternative coping strategies.

### **TEAM APPROACH**

Women's needs are multidimensional. As such, alternative treatment uses a team approach that incorporates the contributions of a variety of disciplines, including mental health, social services, medicine, nutrition, job skills, training and job placement. Staff relations are based on a nonhierarchical model of open and

direct communication and responsibility sharing that provides a positive model of interdependent relationships for women in treatment. A strong female presence on the staff communicates acceptance of competent, self-directed women to clients (DiMatteo & Cesarini, 1996).

### **EDUCATION/ABORIGINAL TEACHINGS**

Other components to alternative treatment include education about women's general and reproductive health, family planning services and appropriate referral for medical services essential to providing women with the ability to take charge of their own bodies and reproductive rights. Volpe and Hamilton (1993) advocated for careful presentations about sexuality, menstruation, birth control, pregnancy and childbirth to empower women with knowledge of the choices available to them. Mumme (1991) encouraged the fostering of sexual autonomy in sex trade worker clients by helping them identify and express their sexual desires, preferences and limits as a means of addressing and healing the effects of abuse. Women who have formerly been involved in the sex trade would be useful advocates for addressing issues related to their involvement with sex trade work. Culturally appropriate settings would also be useful, particularly so for women of Aboriginal descent. This way, women would be given the opportunity to explore their Native teachings in recovery.

### **ON-SITE CHILDCARE AND PARENTING CLASSES**

On-site childcare, when possible, or referral to accessible, affordable off-site care is essential to give women the ability to continue their caregiving roles with time

and attention to their own recovery (Walker, Pivnick & Drucker, 1991). Too many times, however, women's children have been removed by authorities by the time they seek help. With this in mind, if such services were available to women, perhaps they would seek help sooner. All of the women in this study experienced extreme guilt and shame when their children were removed.

Parenting classes enhance the treatment experience by increasing feelings of adequacy in the parenting role, by encouraging healthy parent-child bonding and by fostering self-esteem in the crack-dependent mother (Lief, 1985). This component of drug treatment for women becomes critically important in light of the aforementioned political trend toward punishing pregnant crack-addicted women by incarcerating them for child abuse. This punitive response not only fails to address the problem of women's crack use but also prevents therapeutic intervention at a time when she may be most open to working toward sobriety (the "hitting bottom" stage).

### **CASE MANAGEMENT (LIFE SKILLS)**

Case management that addresses such issues as domestic violence, welfare assistance, vocational issues, housing and legal services provides crack-recovering women with the tools they need to be financially stable (without participating in sex trade work) as well as an opportunity to learn skills of self-advocacy. Marilyn told me several times how the system has been unable to help her in this regard, which is why she continually returned back to the streets: *"Nobody ever sat down with me and talked to me about life issues such as seeking*

*employment, housing, or legal services. All I have ever known is life on the streets."*

### **ALL-FEMALE GROUPS AND STAFF**

All-female groups in alternative treatment programs provide positive role modeling and help normalize feelings, develop interpersonal skills, build support networks and, through shared experiences, help women recognize societal patterns of female oppression. Creating an emotionally safe and supportive environment allows women in treatment to address issues of sexual, physical and emotional abuse at a rate and intensity appropriate for each individual. Recognition of women's ability to survive horrific experiences gives them the ability to move beyond the abuse and create environments in which they can be vulnerable and feel safe opening up various negative aspects of their lives.

### **CONCLUDING REMARKS**

As illustrated in the recovery process, women's needs are varied and complex. Women seeking treatment need to feel less victimized and stigmatized. They must tend to their physical health first. This can take several weeks to up to one year, as their systems are cleansing and readjusting to life without the use of crack. Along with physical sobriety, women have psychological and emotional issues that will surface. For years, they have been numbing themselves with drugs and the impact of negative emotional and psychological memories often drive these women back to using crack cocaine. Therefore, these needs must be addressed. Following this, women can integrate back into mainstream society,

learning to live a new way of life, without alcohol, drugs or sex trade work. This can be a lifetime process.

Unemployment rates, the feminization of poverty and race, class and gender hierarchies are evident. Within this context, feminists continue to struggle to respond to the needs of female crack-addicted sex trade workers. Crack cocaine addiction and sex trade work, however, are only part of the problem for these women. Therefore, attention must also be directed toward the social, economic, cultural and political context surrounding their lives. We must challenge the traditional stereotypical and limited constructions of female crack cocaine addicts/sex trade workers. This requires that we understand and contextualize these women from their own standpoint.

In this study, I have begun to break the silence for these women. I have made them visible. I have given them the opportunity to share their stories. For them, the experience has been beneficial: *"It's not very often someone asks women like us to speak out. We are usually told to shut up"* (Danielle). I have endeavoured to present an analysis describing issues that have impacted the lives of the women directly involved in crack cocaine addiction and sex trade work. Through making their voices heard, the women have shared their experiences. In doing this, they have offered their own understandings of their needs and choices. Through my feminist standpoint, I have argued that women's needs cannot be fully met within a society that has race, gender and class inequalities.

Upon listening to the women's stories, there is much to learn about how feminists can bring about change which addresses women's needs and challenges

the problem of crack cocaine addiction and sex trade work. In this chapter, I have endeavoured to explore alternative treatment options and possible solutions to bridge the gap between women's experiences, their needs and agencies' responses. The hardships and struggles of these women in their attempts to get clean, to heal and to rebuild their lives are clouded with obstacles such as silencing, discrimination, 'Othering,' sexism, racism and marginalization. However, their stories carry hope, determination, faith and courage. In spite of such adversity, these women have emerged triumphant. They have been through hell and back, yet they still trudge onward. We, as a society, can learn a lot from them.

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## APPENDIX A

### What is Crack Cocaine?

Cocaine is an alkaloid found in leaves of the South American shrub *Erythroxylon coca*. It is a powerfully reinforcing psycho stimulant. The drug induces a sense of exhilaration in the user primarily by blocking the reuptake of the neurotransmitter dopamine in the midbrain. A coca leaf typically contains between 0.1 and 0.9 percent cocaine. If chewed in such form, it rarely presents the user with any social or medical problems. When the leaves are soaked and mashed, however, cocaine is extracted as a coca-paste. The paste is 60 to 80 percent pure. It is usually exported in the form of the salt, cocaine hydrochloride. This is the powdered cocaine most common, until recently, in the West.

As time went on, many users were looking for the "ultimate rush." They had not been satisfied with the enhanced mood, sexual interest, self-confidence, conversational prowess and intensified consciousness to be derived from snorting cocaine. Normally, only the intravenous route of administration could be expected to deliver the more potent and rapid hit they had been seeking. Yet there are very cultural prejudices against injecting recreational drugs. So, a smokeable form was developed.

A convenient method of producing smokeable free-base cocaine became popular, also known as crack. To produce crack cocaine, ordinary cocaine hydrochloride is concentrated by heating the drug in a solution of baking soda and water until the water evaporates. When the water evaporates, the crack hardens into what is known as a "rock." Rocks are then inhaled via a heated pipe. This type of base cocaine makes a crackling sound when heated; hence the name "crack." Crack is said to be highly addictive due to the intensity of euphoria it produces within fifteen seconds of use.

**APPENDIX B**  
**Bulletin Posted to Advertise Study**

*If you are a recovering crack cocaine addict who has been involved in sex trade work and are interested in being part of a research study entitled: "Women, Crack Cocaine Addiction and the Sex Trade Industry: A Standpoint Analysis"*

***PLEASE READ.***

I am a qualified addictions counsellor (Tamarack Rehab), and also a member of Cocaine Anonymous. I am currently completing a Master of Arts Degree. This proposed study will solicit the stories of crack-addicted women, and its main focus is on the issue of crack-addicted women who have participated in sex trade work before or during their active addiction. The main purpose of this research project is to obtain an understanding of how women see their own experiences with crack cocaine addiction and sex trade, the social and psychological influences on their circumstances, the development of coping skills, and how they understand the problems at large. By discovering the meaning of women's addiction and sex trade work, this research project will provide ways to prevent and intervene in reducing crack cocaine addiction and the problems associated with this widespread phenomena. This study will also fulfill my Master of Arts requirement at the University of Manitoba.

I am looking for individual women who would like to participate in my study. You will be interviewed using an audio tape recording device. Your name(s) will not be used, and you will not be identified. All interviews are strictly confidential and are on a volunteer basis. There are no dues or fees required to take part in this study. You will be free to decline to volunteer at any time before or during the interview without any negative consequences. In order to be a part of this research study, the following requirements are necessary:

- 1) You have been clean from crack cocaine and all other mind altering substances for a period of at least 30 days or longer;
- 2) You are no longer involved in sex trade work (for at least 30 days or longer).

*If you are interested in participating in this study, please contact  
Lauren Eakin at (204) 783-9350.*

## **APPENDIX C**

### **Interview Schedule**

#### ***I. Demographic Profile***

Tell me a little bit about yourself. How old are you? What are your current living arrangements? What is your current employment?

Could you tell me about your educational background - where you went to school and how far you went in your education?

What is your current marital status?

Do you have any children? If so, what are their ages?

Do all of your children currently live with you?

#### ***II. Biographical Information***

Could you tell me a bit about where you grew up?

What kind of family did you grow up in? (i.e., one- or two-parent family, step-parents; number of brothers and sisters)

Could you describe your economic situation as a child or adolescent?

As children growing up, what kind of emotional and physical support did you receive? From whom?

What are some positive experiences you encountered while growing up?

What are some negative experiences you encountered while growing up?

#### ***III. Personal Experiences with Crack Cocaine and Prostitution***

Tell me about your addiction. How did your drug life start? For example, do you remember any experiences or experimentation with drugs or alcohol as a child or adolescent?

Do you think your upbringing has had any influence on your use of drugs?

How old were you when you first used crack cocaine?

How long did you use crack cocaine before you realized you may have a problem?

Tell me about a typical day you may have had while in active crack cocaine

addiction.

How old were you when you “turned your first trick”?

What was it like for you?

Do you see any connections between your use of crack cocaine and your involvement in sex trade work? Which came first - drug addiction or prostitution?

#### *IV. Coping Strategies and Treatment Issues*

Have you ever tried to get clean before?

What brought you to seek help this time?

Who is in your support system to help you cope with your addiction?

What do you need to help you stay clean and refrain from sex trade work?

What do you think could be done to reduce or prevent women going through what you've been through?

What do you believe are your main strengths that have enabled you to make it through all this?

To conclude, is there anything you think should be added or addressed regarding the issue of crack cocaine addiction and sex trade work which you believe may be of importance to my study?



# Tamarack Rehab Inc.

60 Balmoral Street  
Winnipeg, MB R3C 1X4

Tel (204) 772-9836  
Fax (204) 772-9908

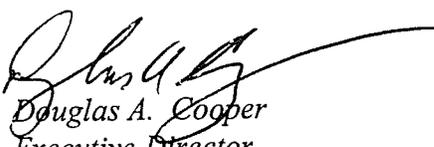
## APPENDIX D Letter of Permission

*Letter of Permission - Mr. Douglas A. Cooper, Tamarack Rehab, Inc.*

April 9, 2001

I, Douglas A. Cooper, Executive Director of Tamarack Rehab, Inc. hereby authorize Lauren Eakin to interview clients for her Master's of Arts Thesis on the premises of Tamarack Rehab, Inc., 60 Balmoral Street, Winnipeg, Manitoba. I understand this research is entirely confidential, and will be treated accordingly.

*Sincerely,*

  
Douglas A. Cooper  
Executive Director  
Tamarack Rehab, Inc.  
April 10, 2001

## APPENDIX E

### Informed Consent Form

"Women, Crack Cocaine Addiction and the Sex Trade Industry" is a thesis research project being conducted by Lauren Eakin of the Department of Sociology, University of Manitoba and is a thesis requirement for a Master of Arts degree.

This research project focuses on the issue of crack-addicted women who have participated in sex trade work before or during their active addiction. The main purpose of this research project is to obtain an understanding of how women see their own experiences with crack cocaine addiction and sex trade work, the social and psychological influences on their circumstances, the development of coping skills and how they understand the problems at large. By discovering the meaning of women's addiction and sex trade work, this research project seeks to provide a means with which to think more clearly about what approaches could be taken to prevent and intervene in reducing crack cocaine addiction and the problems associated with this widespread phenomena.

I am requesting that you take approximately one to two hours of your time to talk with me about your own personal experiences with crack cocaine addiction and sex trade work and about your own personal views on intervention programs for addiction treatment and counseling services available for you in order to deal with your history of sex trade work. Your participation in this research project is completely voluntary, and you are not obligated to answer any question to which you do not wish to respond. There will be no prejudice or consequences for the decision not to respond to any question that may be asked of you. Also, if you choose to withdraw from this research project, you may do so at any time, without the risk of adverse consequences for your decision not to proceed. There is no fee to participate in this research project, and there will be no financial incentives awarded for your participation in this research.

*The interview will be tape recorded using an audio recording device. At any time during the interview, you have the right to ask that the audio recording device be turned off. All of the information that you provide will remain strictly confidential and all the results of this research project will remain anonymous. It will not be possible to identify any research participant in the final thesis report. At the completion of the project, all audio tapes will be destroyed.*

I agree to participate in the "Women, Crack Cocaine Addiction and the Sex Trade Industry" thesis research project, as outlined above, and I allow the researcher to use the information obtained for the purpose of writing a final thesis report as credit toward a Department of Sociology, University of Manitoba, Master of Arts degree. In addition, I allow the researcher to use the information obtained in this research project for the potential purpose of implementing future programs and policies relating to the issue of addiction and sex trade work. I understand that, in the course of data collection, if any matters concerning child abuse or violent offenses against children are disclosed, the researcher is obligated to report such offenses to legal authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Research Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lauren E.L. Eakin  
Graduate Student  
Department of Sociology  
University of Manitoba

If you should have any questions or concerns regarding this thesis research project, or if you would like to obtain a summary of the research project's results\* please feel free to contact me at (204) 783-9350. Further questions or concerns may be provided to you by contacting my thesis advisor:

Barb Payne  
Department of Sociology  
University of Manitoba  
(204) 474-8903

or

Ms. Margaret Bowman  
Human Ethics Secretariat  
University of Manitoba  
(204) 474-7122

\* Summary results are not expected to be available until September 2001

## **APPENDIX F**

### **The 12 Steps of Cocaine Anonymous\***

1. We admitted we were powerless over cocaine; that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God we we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to addicts and to practice these principles in all our affairs.

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