



## *Women Involved in the Sex Trade*

### How do we know that women involved in the sex trade are at risk?

- Women who exchange sex for money, drugs or survival needs are at an increased risk of violence, sexual assault, murder, STIs and HIV. Exaggerated notions of sex trade workers being ‘vectors’ of HIV who knowingly infect their male clients illustrate the pervasive stigma and discrimination that plague sex trade work<sup>1</sup>.
- However, research has shown that sex trade workers themselves, are more at risk of acquiring HIV, STIs or injuries related to violence through their employment<sup>2</sup>.
- In Canada, as in other countries, sex trade workers are made more vulnerable to HIV infection because of marginalization and laws that make accessing HIV prevention, health services and legal protection more difficult<sup>3</sup>.

### What puts women involved in the sex trade at risk?

- Poverty, financial dependence, unemployment, drug addiction and previous sexual and physical abuse are some variables that have been linked to women’s involvement in the sex trade<sup>4</sup>.
- Once involved in sex work, women experience alternating levels of HIV risk depending on their unique experiences and context. Some women may receive additional financial compensation to perform unprotected sex acts and accept these conditions to support themselves, family members or an addiction.
- In other cases, women may not have control over safer sex negotiation and find themselves dependent on their client’s intent to practice safer sex.
- Street involved sex trade workers and transgendered sex trade workers are generally at higher risk of violence than are male sex trade workers or those employed by sex venues or establishments<sup>5</sup>.
- Gender issues such as violence against women, social and economic inequalities, as well as the biological vulnerability of women to HIV, increase a woman’s individual risk.

### Research

- A recent study found that 40% of women who inject drugs reported engaging in commercial sex work as a means of securing funds for drugs and basic survival needs. When asked if the women used condoms with their male clients, 92% of participants reported always using condoms with male clients. However, when asked about their use of condoms at home with their casual or regular partners, fewer than 33% of the women used condoms although many women reported using injection drugs and/or sleeping with men who inject drugs<sup>6</sup>.



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### Recommendations

1. Ensure non-stigmatizing access to condom promotion, HIV/STI testing and counseling, HIV/AIDS education, harm reduction, detox and addiction counseling.
2. Encourage partnerships between HIV prevention programs, social services, health care services and drug treatment programs as a means of diminishing access barriers.
3. Promote lower risk sexual and drug use activities via harm reduction methods and skill building.
4. Promote safer sex behaviours with both paying sexual clients and personal, non-paying sexual partners.
5. Advocate for policy reform that protects the human rights of sex trade workers.
6. Advocate for the development of accessible female-controlled preventive technologies.

Prepared by Sue McWilliam, Lynne Leonard, and Emily Medd of the HIV Prevention Research Team at the University of Ottawa, and members of the Ontario Women and HIV Working Group.

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<sup>1</sup> Patton, C. (1994). *Last Served? Gendering the HIV Pandemic*. Taylor and Francis: London.

<sup>2</sup> Maticka-Tyndale, E., Lewis, J., Clark, J.P. et al. (1999). *Social and cultural vulnerability to sexually transmitted infection: the work of exotic dancers*. *Canadian Journal of Public Health*, 90(1): 19-22.

<sup>3</sup> Canadian HIV/AIDS Legal Network. (2005). *Sex, work, rights: reforming Canadian criminal laws on prostitution*.

<sup>4</sup> Nadon, S., Koverola, C. & Schudermann, E. (1998). *Antecedents to prostitution: Childhood victimization*. *Journal of Interpersonal Violence*, 13(2): 206-222.

<sup>5</sup> Lowman, J. (2000). *Violence and the outlaw status of (street) prostitution in Canada*. *Violence Against Women*, 6(9): 987-988.

<sup>6</sup> Jackson, L. A., Bailey, D.L., Fraser, J.R. et al. (2002). *Safer and unsafe infection drug use and sex practices among injection drug users in Halifax, Nova Scotia. An exploratory look at community and interpersonal influences*. *Canadian Journal of Public Health*, 93(3): 219-222.