The Built Environment & ‘Spatial Isolation’ of Sex Workers: The Exchange of Sex for Drugs

Background
Spatial isolation of sex workers describes the geographic concentration of sex work in hidden areas away from the public eye, often due to police enforcement of sex work laws. We know that isolation is associated with increased harms to sex workers, including gender-based violence, risky sexual or drug use behaviours, and lack of access to health care, but sex work research has yet to look at how the built environment, and social harms facing sex workers, relate to each other.

The Question
How can the exchange of sex for drugs be understood through the social, physical and structural features of overlapping street-based sex work and drug scenes?

The Study
The Gender & Sexual Health Initiative (GSHI) research team drew upon data from questionnaires and interviews with 510 women in sex work in Vancouver, BC between 2010-2011 and publically available data about different neighbourhoods. This project is part of AESHA (An Evaluation of Sex Workers Health Access), an ongoing study on working conditions, health and safety in the sex industry led by GSHI/BCCfE and UBC, in collaboration with a range of community partners, with ongoing outreach to street and indoor sex work venues (by experiential and non-experiential team).

The Results
Of 510 sex workers interviewed, 328 reported working in street-based/ outdoor environments and were included in the analyses.

The ‘Spatial Isolation’ Index showed that where spatial isolation was greater, the exchange of sex for drugs by sex workers was more common.

Individual indicators:
Parks and indicators suggesting greater spatial isolation were significantly associated with sex workers exchanging sex for drugs.

Commercial areas, lighting, buildings and indicators suggesting less spatial isolation were significantly associated with sex workers not exchanging sex for drugs.

The Policy Implications
• This study highlights the important role that responses focusing on physical environments, such as safer work space interventions, and structural responses, such as a decriminalized model of sex work, could potentially play in improving the health, safety and well-being of sex workers.