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'You just have to be smart': spatial practices and subjectivity among women in sex work in London, Ontario

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ABSTRACT

Social science research on the relationship between space and sex work, specifically among women in street-based settings, demonstrates the spatialized nature of risk and how different forms of civic and legal governance contribute to their socio-economic marginalization. However, these studies rarely consider the women's spatial practices and gendered subjectivities beyond the sex trade, which is problematic because sex work is not their singular life activity or the only impetus for their spatial movements through the urban landscape. Using social mapping and interview data from 33 women in sex work in London, Ontario, this article explores how our participants navigate the spaces where they work and live alongside those regarding health care, social services, violence and places they avoid. Findings reveal that the women traverse diverse spaces as they access health services, especially for crisis issues that necessitate travel to hospitals located beyond the inner city. The spaces used to access social services and those they avoid (i.e. to not be emotionally triggered or under police surveillance) overlap significantly, which presents unique challenges for our participants who depend upon these services for their socio-economic survival. The theoretical contributions these data make to the feminist geography literature on gender and space are discussed, particularly with respect to the issues of nomadic subjectivity and the relationality between city spaces and marginalized bodies.

Sólo tienes que ser astuta: prácticas espaciales y subjetividad entre mujeres en el trabajo sexual en London, Ontario

RESUMEN

La investigación en ciencias sociales sobre la relación entre el espacio y el trabajo sexual, específicamente entre mujeres en ambientes de la calle, demuestra la naturaleza espacializada del riesgo y cómo las diferentes formas de la gobernanza civil y legal contribuyen a su marginación socioeconómica. Sin embargo, estos estudios raramente consideran las prácticas espaciales y las subjetividades generizadas de las mujeres más allá del comercio sexual, lo cual es problemático, porque el trabajo sexual no es su única actividad en la vida o el único ímpetu para sus movimientos espaciales a través del paisaje urbano. Utilizando mapeo social y datos de entrevistas a treinta y tres mujeres en el trabajo sexual en London, Ontario, este artículo explora cómo

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Street-based sex work; social mapping; spatial practices; gender; subjectivity; resilience

PALABRAS CLAVES

Trabajo sexual en la calle; mapeo social; prácticas espaciales; género; subjetividad; resistencia

关键词

街头的性工作; 社会制图; 空间实践; 性别; 主体性; 恢复力

nuestras participantes utilizan los espacios donde trabajan y viven, junto a los relacionados con la salud, la asistencia social y la violencia y aquellos que evitan. Los resultados revelan que las mujeres recorren diversos espacios cuando utilizan los servicios de salud, especialmente en situaciones de crisis en las que necesitan viajar a hospitales localizados fuera de los límites del centro de la ciudad. Los espacios utilizados para acceder a servicios sociales y aquellos para evitar (por ej. para no sentirse alteradas emocionalmente o bajo la vigilancia policial) se superponen significativamente, lo que les presenta desafíos únicos a nuestras participantes, quienes dependen de esos servicios para su supervivencia socioeconómica. Las contribuciones teóricas que estos datos hacen a la literatura en geografía feminista sobre género y espacio se desarrollan, particularmente con respecto a los temas de la subjetividad nómada y la relacionalidad entre los espacios de la ciudad y los cuerpos marginalizados.

你必须相当聪明：安大略省伦敦的女性工作者的空间实践与主体性

摘要

有关空间与性工作之间的关係之社会科学研究，特别是针对在街头讨生活的女性之研究，显示了风险的空间化本质，以及不同的城市与法律治理形式，如何导致她们的社会经济边缘化。但这些研究鲜少考量这些女性在性交易之外的空间实践与性别化的主体性，而这是相当有问题的，因为性工作并非这些女性唯一的生活活动，抑或是她们在城市地景中空间移动的唯一驱力。本文运用三十三位在安大略省伦敦从事性工作的女性的社会制图和访谈数据，探讨我们的研究参与者，如何航行于她们工作和生活的空间，以及有关健康照护、社会服务与暴力的空间，以及她们所避免的地方。研究发现揭露了这些女性在取得健康服务时横越各种空间，特别是为了危急的问题必须造访位于市中心外的医院。她们用来获取社会服务的空间，和她们所避免的空间（例如避免引发情绪波动或避免警察监视）有着显著的重叠，并对依赖上述服务以获得社会经济生存的研究参与者呈现出特殊的挑战。本文探讨这些数据对于女性主义地理学的性别与空间文献所作出的理论贡献，特别是有关游牧的主体性之议题，以及城市空间和边缘化的身体之间的关係性。

Introduction

The spatial contextualization of sex work is integral to how the industry is understood in the media and academic discourse. The image of a lone woman leaning against a brick wall, an abandoned alleyway or stepping into a parked car along a derelict stretch of road is reproduced in print and social media with such regularity that it has become emblematic of all forms of sex work. Such images reproduce stereotypes about sex work and the women involved, who are often ascribed the characteristics of these devalued spaces; they are considered to be irrelevant, dangerous and lost. Urban studies and feminist geography scholars have explored the hegemonic political, medico-moral and sexual ideologies that inform these problematic associations and the resulting structural violence and socio-economic exclusion experienced by many people in the sex trade (Aalbers and Deinema 2012; Hubbard 2001; Pitcher et al. 2006; Prior, Hubbard, and Birch 2013). Despite growing research interest in the ways that space informs the political governance and vulnerability of women in street-based sex work (Katsulis 2008; Laing and Cook 2014; Maginn and Steinmetz 2014; Prior and Hubbard 2015; Williams 2013), few studies examine how these women negotiate the different spaces within which their everyday lives are anchored. In particular, their experiences beyond the spatial and socio-sexual confines of the sex trade have received little attention in the feminist geography and urban studies literatures. Exploring these issues is important because although sex work consumes a great deal of their time and socio-sexual and spatialized experiences, it is neither their sole identity nor their only embodied directive for moving

through urban landscapes. These women occupy multiple gendered, familial and social roles as mothers, daughters and service recipients alongside their sex work-related identities (Dewey, Zheng, and Orchard 2016; Orchard et al. 2014). Since they do not live under a socio-sexual or spatial bell jar, we need to understand their spatial practices and subjectivities in ways that better reflect the diversity of their lives.

Using social mapping and interview data from a community-based project with 33 women in street-based sex work in the Canadian city of London, Ontario, we examine how our participants navigate the socio-economic and legal systems that impact their daily lives, some of which support them as economically poor women who depend upon a myriad of social services and others police them given their participation in criminalized activities (i.e. sex work, drug trade). While the women are caught in these competing systems of governance, which often highlight their vulnerable social status and stigmatized identity, their spatial practices are defined by more than their participation in sex work or other devalued activities. Indeed, our findings demonstrate how their 'mundane' identities as women direct many of their spatial practices and embodied subjectivity(ies). Given the tendency in geography and urban studies literatures to focus on these women's sexualized identities as 'sex workers' and the spatial confines or patterns related to their working lives (Hubbard and Sanders 2003; Laing and Cook 2014; Prior, Hubbard, and Birch 2013), exploring our participants' gendered spatial practices and multiple subjectivities is important and represents a unique contribution to the current research literature. The primary aim of this article is to flesh out these issues by examining how our participants' gendered identities as women, alongside their identities as sex trade workers, structure their spatial practices, subjectivity and capacity to resist the socio-spatial and legal regimes that exert considerable control over their lives.

Theoretical orientation and literature review

Theoretical insights from the fields of anthropology, the disciplinary home of the first author and team lead, as well as feminist geography have shaped the development of this study. Medical anthropologists study health by considering how individual, socio-cultural and systemic factors converge within people's everyday lives to shape their experiences of health, disease, the body and other attendant issues (Brodwin 2013; Kleinman 1988). Through this lens health, and ill-health, are positioned as a political phenomenon that follow existing socio-economic, gendered, racial and political fault lines, which contribute to their inequitable distribution, particularly among marginalized populations (Farmer 1999). Sex work is a complex and divisive issue and while some view it in terms of risk and deviance (Birch 2015) or position all sex work as oppressive (Barry 1979; MacKinnon 2006), anthropologists take a different approach. Their primary aim is to understand how people involved in these socio-economic and sexual systems think about their lives, and sex work is viewed as a both product of structural violence and way for people survive in the face of historical and ongoing trauma, poverty, racism and political exclusion (Bourgois and Schonberg 2009; Lutnick et al. 2015). In this context, structural violence refers to violence that is exerted systematically through economic conditions of poverty and social structures that contribute to the uneven distribution of various inequalities, including racism, gender inequity and the criminalization of the poor (Farmer 2004).

Theoretical insights from feminist geographers align with and extend these ideas by focusing more specifically on how women's spatialized realities are contextualized within the broader socio-economic, political and sexualized networks that constitute their daily lives, embodied movement and agency (Bondi 2005; Pile 2008). There has been much debate about finding ways to move beyond binaries like public/private, inside/outside and sex/gender, which are of limited use in the explanation and interpretation of the complex relationship between space, gender and subjectivity. Some scholars discuss going 'beyond' gender to address these limitations and ameliorate the idea that as feminist geographers their research must focus on gender. This does not mean discarding gender as an issue of empirical or theoretical examination, rather it signals the need to consider more explicitly the diverse constituent elements that shape peoples' lived experience of 'gender', including race, age, class, sexuality and (dis)ability (Coddington 2015). It also draws attention to the mutability or 'nomadic' nature

of subjectivity (Braidotti 2011, cited in Moss 2014) in the production of multiple gendered identities and spatial practices, which can both reflect dominant socio-economic and political hierarchies and contest these hegemonic forces (Baydar 2012; Domosh 1999; Wright 2010).

Spatial considerations of sex work

Historical treatments of prostitution provide rich insights into how space has been mobilized in the socio-moral and legal regulation of sex work, most notably during the 'social purity' campaigns of the nineteenth century colonial period. Walkowitz (1980) and Hershatter (1997) demonstrate the ways in which street-level and indoor sex work were relegated to marginalized urban spaces, often those associated with poor, immigrant or 'generally undesirable' populations, and how the movements of women in the trade were strictly regulated to curb the spread of venereal disease and other vices associated with sex work to the public. With the 'cultural turn' of the 1980s (Lees 2002) in geography, and renewed attention regarding sex work and the movement of people globally, different understandings of the relationship between space and sex work emerged. Extending the analysis beyond space as primarily a technique of state regulation, such studies explore the production of spatialized subjectivities, diverse sexual geographies inhabited by different groups sex workers (i.e. women, men and transgender people), and the links between citizenship and the production of urban spaces among those in the sex trade (Domosh 1999; Hubbard 2001; Hubbard and Sanders 2003; Tani 2002). More recently, researchers have examined how street-based sex work spaces are intertwined with broader socio-civic debates about urban development, gentrification and neoliberal governance (Kerkin 2004; Pitcher et al. 2006; Prior 2008; Robertson 2007).

Mapping and sex work

Mapping the distribution of high-risk behaviours within sex work areas, particularly those related to drug use and disease transmission, has a long history in public health and urban planning. The focus on disease hot spots, the volume and types of sex between women and their clients and attendant issues like rates of condom use and physical violence predominate contemporary epidemiological mapping studies (Emmanuel et al. 2013; Scorgie et al. 2012). A noteworthy exception is Lorway and Khan's (2014) analysis of how these mapping techniques discipline the ways that men in sex work discuss space and risk-related behaviours, while also providing them opportunities to create new forms of sociality and subjectivity stemming from their engagement with these methodologies. Social mapping is distinct from epidemiological approaches because the focus is not on risk-related 'hot spots', rather this methodology is designed to gather data on physical spaces as well as the social context and symbolic meanings associated with them (Futch and Fine 2014; Rowe and Wolch 1990). With the exception of Katsulis's 2008 study and a handful of reports (Alliance for a Safe & Diverse DC 2008; Brown et al. n.d.), social mapping has rarely been used in studies with women in sex work. There is only one other Canadian study that has employed this approach in research with women in sex work (Shannon et al. 2008). However, the thrust of this project remains largely epidemiological and is set in the metropolitan city of Vancouver, British Columbia, a setting that differs substantially from our study site.

Research setting: London and the 'East of Adelaide' neighbourhood

With a population of 350,000 London is a medium-sized city in the Canadian province of Ontario (see Figure 1), known for its educational institutions, financial industry and health care facilities. Our research was primarily based in the East of Adelaide area (or 'E o A' locally), a small working-class neighbourhood separated from the City of London by Adelaide Street until it was annexed to become part of London in 1885. The City has recently undergone a significant economic downswing and numerous factories and service industries that employed many East of Adelaide residents have closed. This has contributed to increased socio-economic disparities in the neighbourhood relative to other parts of London, which is reflected in lower income levels and higher rates of home rentals and lone-parent households (Statistics

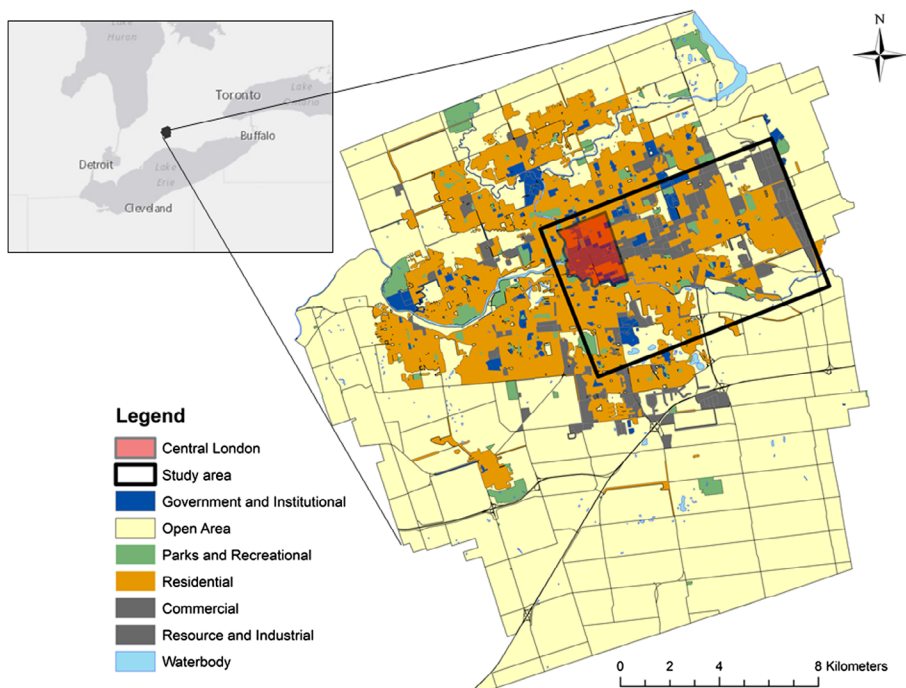


Figure 1. Map showing location of study site in the province of Ontario and Canada.

Canada 2006). The neighbourhood is home to one of the main street-based sex work strolls and it is a highly policed area, with the police headquarters located half a block from its centre. Attempts to gentrify the E o A area have been ongoing and despite the presence of new cafes, thrift shops and artisan food stores, these developments have yet to produce the structural socio-economic changes needed to address the underlying problems affecting the area and its most disenfranchised residents.

Methodology

This qualitative, community-based study was a collaboration between Western University and My Sister's Place (MSP), a local support agency for women who experience poverty, violence, mental health issues, homelessness and other forms of socio-economic marginalization. To facilitate study participants, flyers were distributed at MSP that featured a project description and contact information for the first and second authors. The second author, who is an employee at MSP, also shared study information with women at the agency and this was facilitated by other staff who recommended potential participants to us. Many women in this project participated in our previous studies and often passed on news about the research to other women in sex work they knew. Snowball sampling has been critiqued for generating a 'biased' sample (Harsh 2011), however, when working on sensitive issues with marginalized populations it is very effective in connecting with and gaining the trust of participants. All of our participants ($n = 33$) met the inclusion criteria of identifying as women, between 18 and 65 years of age, living in London, and having past or current sex trade experience in the city. Our participants identified as cis-women, who were the focus of our study given their significantly higher representation in the sex trade compared to men or other groups.

Data collection

Data for this study were gathered from November 2014 to January 2015. Twenty-nine of the 33 interviews took place at MSP, an environment participants are familiar with and which also houses staff who

are trained to respond to emotional distress. While this was a concern given the sensitive nature of the issues discussed, none of our participants indicated that they felt emotionally distraught during the interviews or mapping. This may have been because we created a space in which the women felt safe and respected. As Jay said about taking part in the study, 'I'm really glad we got to talk and even just talking about this stuff helps me more than I know sometimes because at least you guys understand. It's nice to be understood sometimes and not have to explain, you know. You get it in a way that a lot of people don't get'. Our interviews were designed to gather data about health care, social services, physical and sexual violence and how space shapes the women's experiences across these and other aspects of life (i.e. sex work, street culture, addictions). The four interviews not held at MSP were conducted at another community agency, where these participants were living at the time of the research.

During the mapping exercises each participant was provided with a map of the study area that included the 'E o A' neighbourhood and surrounding areas, which are the prime locales for street-based sex work and where many health and social services are located. Each woman was asked the following questions, which were answered by marking their response on the maps in different coloured markers: (1) Where do you live?; (2) Where does street-based sex work happen?; (3) Where do you go for health and social services?; (4) Have you experienced violence while working?; (5) Are there areas you avoid while working?; and (6) Where is drug trade/street activities concentrated? The mapping exercises took 15–20 min to complete, were conducted at the end of the interview, and as part of the interviews they were audio-recorded with the women's consent. The first and second authors conducted the interviews and mapping exercises, which were completed by all participants.

In July of 2015, a member-checking meeting was held with eight participants to update them on the project and gather their feedback on the maps. Upon reviewing the maps related to sex work, drug use, health care and social services and places of violence/avoidance, the women were comfortable sharing all of them except the one pertaining to sex work. For many participants, their sex trade participation is not something their family, partners or children and certain friends are aware of and they want to keep it that way. Although there is no risk of identifying individual women on any of the maps, we honour their concerns and this article features data related to health care, social services, violence and places avoided. The women received \$40.00 for their participation and the project received Ethics Approval from Western University. All personal and place names used here are pseudonyms. The 14 participants featured in this article (42% of our sample) include participants of varying ages, racial identities and types of sex work undertaken, thus making this a representative account of our sample.

Analysis

In the analysis of the social mapping data, a set of individual layers in a geographic information system (GIS) database was created following the completion of interviews and mapping exercises. All mapping and spatial analyses were conducted with ArcGIS 10.2 (Esri, Redlands, CA, U.S.A.). Each layer contained geocoded location data corresponding to the questions asked during the mapping portion of interviews. To protect the privacy of participants, the locations indicated for question (1) pertaining to place of residence were linked to 2011 census boundary files for dissemination areas (DA) (Statistics Canada 2013). The DAs highlighted in Figure 2 were home to 1–3 study participants each. Standard deviational ellipses were calculated to facilitate comparisons of locations indicated in response to all other questions. These ellipses are based on calculating the standard deviation of points from the mean centre in two dimensions separately (x and y coordinates). The resulting ellipses contain approximately 68% of all locational data points used in a particular calculation, and provide an informative representation of the area within which corresponding activities are located. Finally, the 2011 census road network file (Statistics Canada 2015) and land use classification data from DMTI Spatial (Markham, ON, Canada) were used to illustrate geographic features of interest.

The textual data from the women's interviews were analysed by the first and second authors to contextualize the geo-spatial analytical procedures and insights described above. We focused on their responses to the six social mapping questions and, following procedures basic to qualitative data

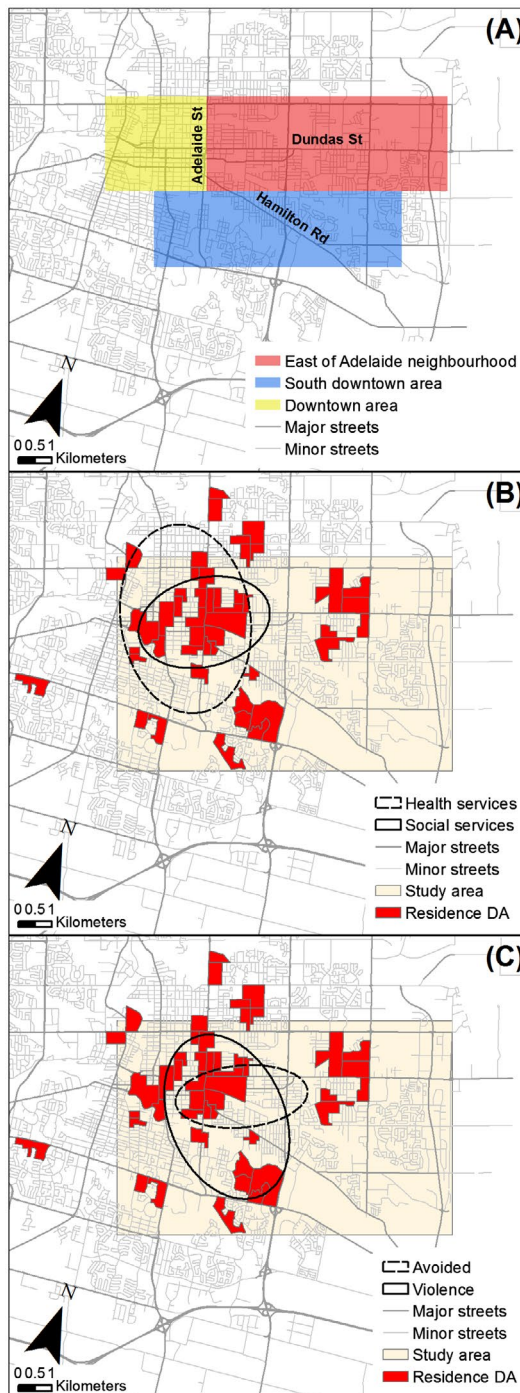


Figure 2. (a) Map showing primary streets and areas of city mentioned in manuscript, (b) map showing participant dissemination area of residence and reported locations of utilized health and social services, (c) map showing participant dissemination area of residence and reported locations avoided and associated with violence.

analysis (Chenail 2012; Thomas and Harden 2008), employed line-by-line coding to identify key themes. Given the critical theoretical and feminist frameworks that inform this study, during the analysis we paid particular attention to how structural, social and individual level factors intersect in the women’s

lives to produce experiences of marginalization as well as the spatialized strategies they employed to resist and negotiate these punitive forces.

Findings

Profile of participants

Our study participants are between the ages of 25 and 65, with most being in their late 30s. Approximately two-thirds of our samples are white and one-third are women of colour, namely Indigenous and a few participants identify as being black or of mixed racial heritage. Most of the women are mothers with children ranging in age from 2 to 30 years of age, and while some have full custody many have lost guardianship of their children to social agencies. Few women (approximately 10%) are from London originally and most were raised in nearby towns, other provinces and a couple are from metropolitan cities in other parts of Canada or the U.S. While our participants have done different kinds of sex work (stripping, massage parlours, telephone, Internet) and many engage in multiple forms of work at the same time (Orchard et al. 2012, see also Bowen 2015), street-based work is predominant. The nature of their sex trade participation fluctuates according to financial need, other events in their lives (i.e. loss of children, incarceration, abusive relationships) and the degree to which they are immersed in drug use. Along with their sex work earnings, most women rely on welfare (Ontario Works/OW) and some are able to access to additional funds via the provincial disability programme (Ontario Disability Support Program/ ODSP).

Many studies with women in street-based settings demonstrate that they often live in or around the places they work (Caputo 2008; McCracken 2013; Tani 2002), however, our data reveal a much broader distribution of residency. As illustrated in Figure 2, approximately half of the women live in the core E o A neighbourhood and just as many live in other areas of the City. Their discussions of where they live and why are complex and some women, like Maya, prefer living outside of the neighbourhood: 'I like it, it's quiet. My pharmacy's next door and buses aren't far away, like um, grocery stores and basics, No Frills [discount grocery store]'. For other participants, like Lise, living in the E o A area is ideal because it offers work-related flexibility: 'Pretty much the heart of the city ... that's mainly why I wanted to live there. I'm only on welfare right¹ so I wanted to have something that if I needed groceries or I wanted to have smokes I could go make money quickly'. Living in rooms or apartments assigned to them by social housing agencies is common among our participants, and they are often located in the E o A Neighbourhood due to the cheap rent and abundance of rental units. These places were described as undesirable because they are close to areas of criminal activity, as Billie said: 'Any London Housing Complex, like the one that I'm in, I know about six crack dealers, two crystal meth dealers'. Living in these areas can also make it difficult for women who want to get out of sex work, as Sheena explained: 'I don't like [living in the area] 'cause I want to get off of going out on the street and making money. It's too easy because I'm in the area'.

Health care and social services

The spaces used by the women in the management of their health and social service needs straddle the E o A and Downtown/South Downtown regions. Health care places in this context include: walk-in and community clinics, doctor's offices (family physicians and psychiatrists), pharmacies and hospitals. There is a discernable spatial pattern in their service usage and most of their regular health needs (i.e. family doctor, nurse practitioner, methadone and addictions services) are accessed in the E o A area, between two and five times per month. Their crisis-oriented health issues are dealt with at one or more of London's four hospitals located beyond the core area, and the frequency of these visits oscillates depending on many life factors. The primary crisis-related health concerns identified by the women are injuries or conditions related to drug use (e.g. lancing of abscesses, endocarditis), mental health issues and urgent health needs of their loved ones. Many women traverse different spaces in the management

of their addictions, seeing their 'methadone doctor' and/or psychiatrist in the north end of the City and getting the prescriptions filled in the E o A Neighbourhood. Getting to and from health services is difficult for some women, but in general transportation issues do not impede the management of their health. Some participants access transport services provided for family members to get to their own appointments, as Casey explained: 'I just called Paratransit 'cause mom's in a wheelchair, we can use Paratransit'.

The social services located in the E o A Neighbourhood are the primary reference point for most women in our study and the main services they use include: housing (transitional housing, shelters, social housing); psycho-social counselling; support and activity groups (i.e. anger management, art therapy, legal services); Indigenous-specific programmes; food banks and soup kitchens; harm reduction supplies (i.e. condoms, needle exchange); and getting help with applying for OW and ODSP. My Sister's Place is used most often because they offer many of these vital services, have respectful and experienced staff, and it is centrally located in the E o A Neighbourhood. This impacts how our participants use the other social services they need because most women begin their days at MSP and then proceed to their appointments, often checking back in at least once during the day (for a hot lunch or to rest) and before heading out to work in the evening.

The spatial pattern of social service usage differs from that identified for health services in terms of the diversity of services accessed, frequency of use and transportation issues. Our participants have between 15 and 30 social service appointments each month and organizing them, preparing documentation if needed and engaging in follow-up meetings that are often required involves a tremendous amount of work. Jay's discussion of the services she regularly uses illustrates this diversity and frequency, as well as the spatial breadth of her therapeutic landscape:

There's the shelter and certain things they offer there [Downtown], the food banks are up here [E o A area]... most of the NA or CA or AA² meetings I go to are here [E o A and South Downtown]. My Sister's Place is a lot, what else? Community clinic [E o A], but I'm supposed to go to the one across from where my Hep C counselling is [Downtown]. So those would be the ones I use the most, oh, and I see my methadone doctor [North end].

Our participants' primary mode of transport is by bus or walking, and many purchase bus tickets or used transfer stubs because the cash price of \$2.75 CDN per ride is prohibitive. At \$81.00 CDN, a monthly bus pass is a luxury available to a small number of our participants on ODSP, who must provide detailed documentation regarding the number of weekly appointments to be eligible. Meeting the arbitrary minimum number of three appointments per week that are required to get a bus pass through ODSP is very difficult for women to consistently guarantee because they rarely have control over when their appointments are, as they may have two one week and seven the next. Nadia expressed her frustration with this punitive approach to the dispensing of bus passes and its impact on her ability to make her appointments: 'It's the transportation going to see these places that's killing me 'cause disability won't give me a bus pass unless I have three appointments or more ... three appointments or more during the week'.

Violence and places to avoid

The mapping data demonstrate that the spaces in which the women have experienced physical and sexual violence and those they seek to avoid are located primarily in the E o A Neighbourhood and South Downtown, two of London's roughest areas. The spaces related to violence are the only ones the women exclusively associated with sex work, a unique finding of our study. Our participants often talked about the links between violence and working in isolated spaces, namely parks and ravine areas, industrial areas, places that are unused at night time (i.e. school parking lots) and truck stops outside the City. They discussed trying to manage the prospect of violence by choosing to work in places they are familiar with, but this strategy was sometimes usurped by the men who often controlled their encounters. As Riley said, 'Usually I pick the spot, but, he took me out to, where the fuck was it? I think it was in an industrial area ... Yeah, there's a dog park'. One of the isolated areas several women have experienced violence in is a ravine in the South Downtown area, which is ironically touted in local civic

circles and tourist brochures as an area of historical and environmental importance. Robin's description captures the remoteness of this spot and her fears of being alone in this space with clients:

When they suggest the spot to you and you think to yourself, 'Is it kind of off, by yourself, where nobody's gonna be there?'... It's more on a river, like the street kind of slips a bit and you're in a spot where there's parking spots and there's no lights down there. It's just no longer part of the street.

Jane relayed her attempts to get a client to tell her where they were going and to not take her to a truck stop out of the City:

He took me from Hamilton Road and pulled onto the [highway] and I said 'I don't go out of the city.' He said 'Oh, we're just going up here' and I'm like 'Where up here?... I need to know exactly where 'cause I don't go out of the city.' That's the number one rule for us working girls, we don't go out of this city.

She was physically assaulted by this client and described being ignored by the staff at the Café next to the truck stop, who did nothing but stare at her when she used their phone to call a taxi to get back into London.

The spaces our participants talked about wanting to avoid constitute a denser geographic area than those related to violence, and they are mainly in the E o A Neighbourhood and along Hamilton Road in the South Downtown area. Their primary reasons for avoiding these areas include not wanting to be triggered (primarily in relation to drugs), they fear being attacked (raped or robbed³), and they do not want to be subject to police surveillance or arrest. As Maya said: 'I try to stay away from the East of Adelaide neighbourhood because that's where most of the drugs happen and um, you know, the prostitution ... I'm trying to change my life and I don't wanna something to trigger.' Similarly, Taniya told us: 'I'm trying to stay clean eh, you know? So I'm trying hard not to stay down there and I moved out to [the North end] and it really has helped me. My using has gone down 80% since I moved.' That many of the social services the women access overlap with these areas they seek to avoid adds another layer of complexity to their navigation of these spaces, especially for those trying to stay clean: 'They deal right in front of [E o A clinic] ... Every time I walk down there it's "You need this? You need that? You need benzos?" Like "No, thank you", all the time' (Nadia).

Intense police presence in the E o A neighbourhood, especially along Dundas Street, was discussed as a key reason women try to avoid working in the area or getting caught by the police while working there. Dundas Street is the main street-based stroll in London and for many of our participants, leaving the area can cost them customers and push them into isolated places where they would rather not work: 'That's the main cop area and if they see the guy driving around looking for a girl or whatever, he pulls them over. That's another reason why there's not a lot of guys out there too ... They're making it impossible to get picked up' (Lise). Arora made the link between the police on Dundas Street, client fears of arrest and needing to go further afield for work: 'A lot of people are kind of iffy to pick you up in this area because it's where the police station is and so the further out you go.' To avoid the police in this area some women have transitioned to Hamilton Road, the definitive street in South Downtown. Long known for its concentration of drug dealers/users, in the last few years it has become the city's second main street-based stroll: 'Hamilton Road is the new Dundas [Street]' (Casey). However, the women consistently described it as a dangerous, scary place they try to avoid because of the violence associated with the drug dealers who dictate the criminal activity in the area and its unchecked yet contested status; a veritable 'no-man's land'. The generalized fear that our participants expressed regarding this area was striking: 'I heard a lot about crime on Hamilton Road ... Walking is a bit scary, during the day or night, but mostly during the night' (Nadia), 'Hamilton Road is bad, it's just horrible' (Georgia), and 'I know a lot about that area, it's a bad area ... like, it's just not a good place to be' (Lauren).

Discussion

In her examination of the mutually constitutive relationship between the city and the body Grosz (1992) argues that just as humans make cities, the norms and structure of the city permeate the construction of the body and its circulation through the urban landscape. Our study data reflect the relationality

that exists between certain areas in London and the women's spatial practices, which are informed by more than their participation in sex work. This point is significant given the tendency in the social mapping, geography and urban studies literatures to focus on the spaces associated with sex work as bound, exclusionary zones in which women are repressed via sex work legislation, policing practices and gentrification processes (Aalbers and Deinema 2012; Hubbard and Sanders 2003; Pitcher et al. 2006; Shannon et al. 2008). We do not refute these observations, indeed our participants discussed the disciplining effects of the criminalization of sex work and how their fears of police surveillance shape the ways that they negotiate the spaces in which they work. The women's insights regarding violence, in particular, demonstrate how the dangers associated with criminalization are expressed spatially in the isolated places in which many work and behaviourally in the actions of clients who rely on this isolation when exacting physical and sexual violence against them.

What we wish to highlight, along with these valuable insights, are the other equally important observations about power, gender and social marginalization that are woven into the women's spatial practices and subjectivities. The city extends and recirculates many forms of power as it orients, organizes and divides all facets of cultural life (Grosz 1992, 250), which is reflected in the location of hospitals, social service agencies, police stations and the places made available for our participants to live. The women have little to no choice in these matters and yet their lives are powerfully dictated by this complex web of places and systems. Some of these places and systems, MSP, for instance, provide support to the women in the management of their health, social service and housing needs. However, others impair our participants' abilities to meet their service and safety needs and reflect a lack of understanding of their complex lived realities and how space plays out in their configurations of health, social support and safety. This disconnect between governing systems and our participants' lives may also be an outcome of the complicated context in which sex work is managed, which includes a *mélange* of federal and civic government and service-related stakeholders (Dewey, Zheng, and Orchard 2016; Laing and Cook 2014).

These data reveal the fault lines along which different kinds of power structures flow and how the women in our study negotiate these structures and spaces that are often unsafe, unwelcoming and rarely account for their complex everyday realities and needs. Our findings illuminate these tensions and provide insights that could help improve their experiences with social service and health care systems and increase their safety. For instance, decentralizing social services and health services beyond the E o A or Downtown regions could enable more women to access these services from the relative safety of their residential neighbourhoods, which are distributed across the city. Providing monthly bus passes free of charge or at a markedly reduced rate would allow them to regularly attend their appointments and more easily navigate the 'three appointments per week rule' imposed by ODSF regarding the provision of bus passes. In addition, lights could be installed in the South Downtown ravine area and a security guard hired to patrol the space, which was identified in the mapping exercises as an isolated and dangerous place.

In this article, we have attempted to 'place' the women's everyday routines and embodied labour within the civic landscape in ways that reveal their diverse socio-economic, sexual and health-related spatial practices and subjectivities. Their lives are not restricted to geographic areas and social environments associated with sex work, and our findings reveal the degree to which they participate in and subtly resist the socio-spatial barriers imposed by health care, social service and justice systems tasked with their rehabilitation, policing and support. While these systems contribute to their socio-economic and sexual marginalization, our participants' lives are shaped by more than the oppressive weight of structurally imposed vulnerability. They possess in-depth knowledge of the systems that sometimes conspire against them and exercise resilience as they carve out spaces of their own, as Allison made clear in her discussion of how to circumnavigate the police: 'You just have to be smart'. They also move between margin and centre in complex ways that destabilize commonly held ideas about their sexualized subjectivities and spatialized identities as 'sex workers', and in this way the women in our study are truly 'nomadic subjects' (Braidotti 2011). These insights also align with what Grosz (1992, 250) says about understanding the relationship between the city and the bodies that inhabit urban spaces, namely that

it is less about determining conducive from non-conductive environments and more about exploring how different socio-cultural environments produce particular kinds of bodies with particular kinds of physiologies, affective lives and concrete behaviours. The particular spatial practices and embodied routines adopted by our participants in their pursuit of work, health and safety are produced by the multiple identities they cultivate and use in their daily lives, which are powerfully shaped by gender, class and their capacities to negotiate the socio-legal and civic power structures that often constrain their abilities to survive with dignity.

Notes

1. Which provides her \$1200 CDN per month. After paying her rent (\$625/month) she is left with around \$575 to live on, a paltry sum.
2. Narcotics Anonymous, Cocaine Anonymous, Alcoholics Anonymous.
3. Several women indicated that because people in these areas know they are working and can have large sums of money on them, they are sometimes targeted for robberies.

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