

# Prostitution of Indigenous Women: Sex Inequality and the Colonization of Canada's First Nations Women

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## Introduction

The recent history of Canada is the history of the colonization of Aboriginal peoples. We use the terms Aboriginal, Indigenous, First Nations, and Native throughout this paper to refer to nations of people who have lived in Canada continuously for thousands of years. Colonization is a process that includes geographic incursion, sociocultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services, and ultimately, the creation of ideological formulations around race and skin color which position the colonizers at a higher evolutionary level than the colonized (Frideres, 1983).

The transformation of Aboriginal people from the state of good health that had impressed travellers from Europe to one of ill health, for which Aboriginal people were (and still are) often held responsible, grew worse as sources of food and clothing from the land declined and traditional economies collapsed. It grew worse still as once-mobile peoples were confined to small plots of land where resources and opportunities for natural sanitation were limited. It worsened yet again as long-standing norms, values, social systems, and spiritual practices were undermined or outlawed. (Canada, RCAP, 1996, p 113)

Theft of land and destruction of traditional ways of life left many First Nations people in extreme poverty that has lasted for generations. For example, among First Nations women raising children by themselves in urban Winnipeg, Regina and Saskatoon, 80 to 90% were living below poverty level (Statistics Canada 1991 Census, RCAP 1996 p. 171). This level of poverty in any patriarchal culture is associated with a high rate of prostitution.

Estimates of the First Nations population of Canada at the time of first contact with Europeans range from 220,000 to two million, with a conservative figure of 500,000 currently accepted by Canada's Royal Commission on Aboriginal Health (RCAP, 1996, p 116). Estimates of contemporary First Nations populations vary. The official 1996 Canadian Census of the First Nations population in Vancouver is 1.7%, whereas the estimate from the 1998/1999 Capture/Recapture data cites 7% of Vancouver/Richmond's people as First Nations (Vancouver/Richmond Health Board, 1999).

Canada's Royal Commission Report describes the current state of Aboriginal housing as an "acute threat to health" (1996, p 372) (2). The Royal Commission report documented the perilous state of First Nations housing: 84% of Aboriginal households on reserves did not have sufficient income to cover housing (RCAP, 1996, p 180). Housing instability increases reserve-to-urban migration, leaving young women extremely vulnerable to prostitution, in that homelessness has been established as a primary risk factor for prostitution. Today, when women in prostitution are asked what they need in order to escape prostitution, housing is first on their list of needs (Farley et al, 2003).

First Nations women were considered "exotic" sexual commodities and were assumed by colonizers to enjoy that status, not only because they were viewed as primitive but because they were female. Men's assumption of the right to rape indigenous women is not a new idea - whether that right is institutionalized in prostitution or not. Vespucci, a colleague of Christopher Columbus, wrote that women colonized by the Spanish in 1498 were "urged by excessive lust, defiled and prostituted themselves." (Small & Jaffe, 1991). Colonist Vespucci, like today's customer of prostitutes, attributed his own impulse to dominate and sexually assault First Nations women to the colonized/prostituted woman herself.

Three descriptions of prostitution of Aboriginal women from different historical periods follow. First is a summary of how Canada's colonizers procured and profited from the prostitution of First Nations women in North America in 1792:

“The...Chipewyan Indians complain ...of the injustice done to them by the Canadians in taking their women from them by force; some of the Canadians keep no less than 3 women.... [For example, a] Canadian that had 2 women before, went to their tents and took a young woman away by force... The old Indian, her father, interfered, he was knocked down ...all this is encouraged by their masters, who often stand as Pimps to procure women... they make great profit, the Masters in the Traffic of the Females for the men’s uses.” (Philip Turner, 1792, cited in Bourgeault, 1989, pp 100-101)

A second example comes from Kenya where an official described the need for “home comforts” of Europeans in Nairobi (Leys, 1902, cited by White, 1988). In 1938, Nairobi’s Municipal Native Affairs Officer noted that when indigenous men were trafficked for labor, a population imbalance of one female for every eight males resulted, with “a demand for a large number of native prostitutes.” Trafficking of Kikuyu girls into Nairobi was “continually mentioned by the Kikuyu Native Councils urging that steps be taken to stop it.” (St. Davies, 1939 cited by White, 1988).

A third example of prostitution of indigenous women is seen in a description of today’s globalized labor practices in Africa. Congo has been described, like women, as “*too well endowed* with natural resources” (Harden, 2001, authors’ italics). The colonist cannot be expected to resist the opportunity to rape the land or the women. The nations of people in what is now called Congo have been devastated by centuries of colonial assault primarily by Belgium and the United States, but recently joined in by Rwanda. (1) Coltran, a metal used for superconductor chips in cell phones and pagers, is found abundantly in Ituri peoples’ lands (eastern Congo). When the price of Coltran crashed (from \$80. to \$8. a kilo) as a result of environmentalists’ protests, the prostitution that had been instituted to provide Coltran miners with “temporary wives” continued, even though the mines were closed down (Harden, 2001).

Prostitution requires a devalued class of women (Barry, 1995) which Canada produced by means of the combined forces of the military, the state, the church, and market capitalism. During Canada’s first 100 years, the Hudson’s Bay Company prohibited European women from emigrating to Canada. British brothels were established around military bases and trading posts. Just as men today purchase “mail order brides” in servile marriage, British military officers in colonial Canada acquired “country brides” in marriage-like prostitution that provided men with exclusive sexual access to First Nations women. Children were often born from this prostitution, although European common law did not recognize these relationships. When European women were later permitted to emigrate to Canada, European men often abandoned their First Nations families (Bourgeault, 1989).

Prostitution is colonization of women, generally. It is also one specific legacy of colonization, although it is infrequently analyzed as such. (Lynne, 1998; Scully, 2001). Prostitution of Aboriginal women occurs globally, in epidemic numbers, with indigenous women at the bottom of a brutal race and class hierarchy in prostitution itself (in addition to being at the bottom of race and class hierarchies in other walks of life)(UNICEF, 2004). Scully described “universal racialized sexual hierarchies” in sex businesses, the most visible of which involved colonists supplying their indigenous, indentured laborers with sexual access to women of their own ethnicity. Thus one aspect of Canadian prostitution was colonists’ intention to keep European women off-limits to indigenous men. (Scully, 2001).

Pimps and traffickers take advantage of the subordinate status of women and girls by exploiting sexist and racist stereotypes of women as servants and commodities. The economic dependence of countries on multinational corporations creates conditions for women to sell their own sexual exploitation at far better rates of pay than other forms of labor, thereby promoting prostitution and trafficking (Hernandez, 2001). Global economic policies seamlessly weave together sexism, racism, and colonialism via invasions of peoples’ lands, causing agricultural and community dislocation and environmental destruction. These events then result in poverty and rural-to-urban migration which produces a huge urban labor pool available for labor exploitation generally as well as for prostitution of women and children. Promoting prostitution as a reasonable job for poor women, the International Labor Organization euphemistically declared: “Mobile populations tend to have greater motivation and opportunities for commercial sex” (Lim, 1998, p 34).

On the other hand, Yakama Elder Russell Jim described prostitution as “self-cannibalization” (Jim, 1997). Jim’s characterization suggests the demolition of the self that occurs in prostitution, which paradoxically appears to be a result of the



victim's own choices. One woman in the Netherlands described prostitution as "volunteer slavery," articulating both the appearance of choice and the overwhelming coercion behind that choice (Vanwesenbeeck, 1994, page 149).

Most people in prostitution entered prostitution as adolescents. Nadon and colleagues (1998) found that 89% of her interviewees had begun prostitution before the age of 16. In Canada, as elsewhere, the average age of entry into prostitution is adolescence (cited as between thirteen and nineteen in Lowman, 1993). (3) Children enter prostitution because of abusive treatment by caregivers (Lowman, 1993 p 72) and because they run away from dangerous home environments (Federal/Provincial Territorial Working Group on Prostitution, 1998). Boyer and colleagues (1993) interviewed 60 women prostituting in escort, street, strip club, phone sex, and massage parlors in Seattle. All began prostituting between the ages of 12 and 14. Fifty two percent of 183 Vancouver women turned their first trick when they were younger than age 16, and 70% turned the first trick before age 18 (Cunningham & Christensen, 2001).

The vast majority of those in prostitution have been sexually abused as children, usually by several predators. Currie (1994) reported a 73% incidence of childhood sexual abuse of women who were prostituting in Vancouver. One girl prostituting in Seattle said:

We've all been molested. Over and over, and raped. We were all molested and sexually abused as children, don't you know that? We ran to get away. They didn't want us in the house anymore. We were thrown out, thrown away. We've been on the street since we were 12, 13, 14. (Boyer, Chapman & Marshall, 1993)

Cunningham & Christensen (2001) found that 68% of women prostituting in the Downtown Eastside had been recently raped, and 72% had been kidnapped. 89% of the women interviewed by Cunningham & Christensen reported that customers refused condoms in the previous year, another type of violence.

First Nations gay men, like First Nations women, are in double jeopardy. Comparing Canadian Aboriginal and non-Aboriginal gay men, researchers found that the Aboriginal gay men were significantly more likely to be poor, unstably housed, more depressed, to have been sexually abused as children, to have had nonconsensual sex, and to have been prostituted (Heath et al, 1999).

In order to find out about women's experiences in prostitution, what preceded their entry into prostitution, and what their current needs were, we interviewed women prostituting in Vancouver, Canada. This was a part of a multi-country study of prostitution (Farley et al., 2003). We knew that First Nations women were overrepresented in prostitution, with an especially high number of Canadian youth in prostitution from First Nations. Estimates of First Nations prostituted youth range from 14% - 60% across various regions in Canada (Assistant Deputy Minister's Committee, 2001, p 26).

## **Method**

Brief structured interviews of 100 prostituting women and children were conducted in Vancouver, B.C. We contacted agencies working with prostitutes and set up collaborative efforts where possible. The second author was a board member of a Vancouver agency that provided services to prostitutes and was familiar with locations where prostitution commonly occurred in Vancouver. She was known to some of our interviewees in her capacity as a social worker. Interviewers, two of whom were First Nations and one of whom was white European-American, were screened for the ability to establish an easygoing rapport on the street and in occasionally dangerous locations.

The women we interviewed were from the Downtown Eastside, Franklin, and Broadway/Fraser prostitution strolls in Vancouver, B.C. We attempted to contact any woman known to be prostituting, whether indoor or outdoors. Using a snowball recruitment technique, we asked women to let their friends who were prostituting elsewhere (e.g. in other areas or indoors) know that we would return to a specific location at a specific time the next day.

Informed consent included a summary of research goals and participants' rights. Respondents' copies of the consent form included names and phone numbers of local agencies that could be contacted for support and assistance and included the authors' phone numbers and email addresses. In all cases we offered to read the items to respondents. Most were able to complete the

questionnaire without assistance; however, a few were illiterate.

If respondents indicated that they were prostituting we asked them to fill out the questionnaire. We paid a small stipend (\$10 Canadian) to those who responded. The Prostitution Questionnaire (PQ), used in similar research in South Africa, Thailand, Turkey, USA, and Zambia, Germany, Colombia, and Mexico consists of 32 items asking about physical and sexual assault in prostitution, lifetime history of physical and sexual violence, and the use of or making of pornography during prostitution (Farley et al., 2003). It takes about 15 minutes to complete. The questionnaire asked whether respondents wished to leave prostitution and what they needed in order to leave. We asked if they had been homeless, if they had physical health problems, and if they used drugs or alcohol or both. Because of item heterogeneity, psychometrics on the PQ are not available. Sample items include:

2. Since you've been in prostitution, have you been physically assaulted?
- 14a. When you were a child, were you ever hit or beaten by a parent or caregiver until you had bruises on your body or were injured in some other way by them?
16. Did you ever have pictures taken of you while you were working in prostitution?
19. Have you ever been homeless? (4)

## Results

52% of our interviewees were women from Canada's First Nations, a significant overrepresentation of this group of people, compared to their representation in Vancouver generally (1.7-7%). 52% were First Nations, 38% were white European-Canadian, 5% were African Canadian, and 5% left the question blank. In response to "race/ethnic group," the majority of the 52 First Nations women described themselves as Native. Next most often, they described themselves as Metis, a French word that translates to English as "mixed blood" and is used by those we interviewed to describe themselves as having both First Nations and European ancestries. Historically, the two major colonizers of First Nations of Canada were the British and the French, therefore the majority of those called Metis were First Nations/French or First Nations/British. The First Nations women also described themselves as Native Indian, Cree, Cree Native, First Nations, Cree Metis, Ojibwa, Blackfoot/Cree, Aboriginal, and Interior Salish. Unfortunately, fewer than 10 women identified themselves by specific tribal ancestry, so we were unable to compare tribes in our analyses.

82% of our respondents reported a history of childhood sexual abuse, by an average of 4 perpetrators. This statistic (those assaulted by an average of four perpetrators) did not include those who responded to the question "If there was unwanted sexual touching or sexual contact between you and an adult, how many people in all?" with "tons" or "I can't count that high" or "I was too young to remember." 72% reported that as children, they had been hit or beaten by a caregiver until they had bruises or were injured.

90% of these women had been physically assaulted in prostitution. Of those who had been physically assaulted, 82% had been assaulted by customers. 78% of these respondents had been raped in prostitution.

67% of our interviewees reported that pornography was made of them in prostitution; and 64% had been upset by an attempt to force them to perform an act that customers had seen in pornography.

75% of the women we interviewed in Vancouver reported physical injuries from violence in prostitution. Many reported stabbings and beatings, concussions and broken bones (broken jaws, ribs, collar bones, fingers, spinal injuries, and a fractured skull), as well as cuts, black eyes, and "fat lips." (5)

50% of these women suffered head injuries as a result of violent assaults with, for example, baseball bats, crowbars, and having their heads slammed against walls and against car dashboards. Women were regularly subjected to extreme violence when they refused to perform a specific sex act.

Verbal abuse in prostitution tends to be socially invisible just as other sexual harassment in prostitution is normalized and invisible. Yet it is pervasive. 88% of our respondents described verbal abuse as intrinsic to prostitution. One woman in

Vancouver commented: "Lots of johns are super-nice at first. Then when the sex act starts, they get real verbally abusive." Johns' verbal assaults in all types of prostitution are likely to cause acute and long-term psychological symptoms. One woman said that over time, "It is internally damaging. You become in your own mind what these people do and say with you. You wonder how could you let yourself do this and why do these people want to do this to you?" (Farley, 2003b).

We compared First Nations women with European-Canadian women in a number of analyses. Childhood sexual abuse was reported significantly more often by interviewees identifying as First Nations than by those describing themselves as European-Canadian. Significantly more First Nations women than European-Canadian women reported childhood physical abuse.

We asked all participants what their current needs were. 95% of these respondents stated that they wanted to leave prostitution. 82% expressed a need for drug or alcohol addiction treatment. They also told us that they needed job training (67%), a home or safe place (66%), individual counseling (58%), self-defense training (49%), health care (41%), and peer support (41%). 33% needed legal assistance and 32% wanted legalized prostitution, and 12% needed childcare.

There were also ethnic differences in response to the needs assessment. First Nations women indicated a significantly greater need for self defense training, a greater need for peer support, a greater need for job training, and for individual counseling.

## **Discussion and Recommendations**

Prostitution is intimately associated with sex inequality, poverty, racism and colonialism. Vancouver's Downtown Eastside, one of the poorest areas in North America, is referred to as the "urban reserve" by its First Nations residents. Life expectancy is short: a neighborhood center in the Downtown Eastside categorizes anyone over age 40 as a senior. The women we interviewed were survivors of conditions that many do not survive. Many were hungry, drug-sick, and almost all had a palpable look of fear in their eyes. Violence seemed to be in the very air they breathed. Our findings document this horrific level of physical and sexual violence.

One woman told us that she was continually raped in prostitution, explaining: "what rape is to others, is normal to us." Another woman, 36 years old, described a rape as the "defining experience" of her life. At age sixteen, she was raped at knifepoint, after which the rapist gave her a gold chain, in effect, paying her for the rape, and defining her as a prostitute. A fear of men was pervasive among these women, one of whom told us that being hit and bruised was "just your common aggressiveness from men."

The violence against these women while in prostitution was one aspect of a lifetime continuum of violence. The normalcy of living with violence began, for many, in childhood. 82% of the women we interviewed had been sexually abused as children. Previous research has linked childhood sexual abuse with prostitution. One young woman told Silbert & Pines (1982, p 488), "I started turning tricks to show my father what he made me." Dworkin (1997) described sexual abuse of children as "boot camp" for prostitution. (6) West et al (2000) found that women were most likely to prostitute if they had experienced sexual abuse as children and were later revictimized by rape in adulthood. Our respondents were in a state of almost constant revictimization.

In Canada the triple force of race, class and sex discrimination disparately impact First Nations women. With 52% of our respondents being First Nations women, their overrepresentation in prostitution reflects their poverty and their marginalized status within Canada (7). Although almost all of our respondents (including non-First Nations women) had migrated, given the brutal poverty that has been documented on Canadian reserves, migration is often critical for First Nations women's economic survival. Many women told us that they urgently needed safe housing. Prostitution is intimately related to homelessness, with 86% of our respondents currently or previously homeless. First Nations youth who leave their home communities for urban areas are particularly vulnerable to sexual exploitation in that they are both homeless and in an unfamiliar cultural environment (Federal/Provincial Working Group, 1998 p. 14). One young woman commented "The prostitutes in [Canada] are very young and have no place to sleep. They sleep on the streets and this is when the men take advantage of them and rape them" (Youth Delegates of Out from the Shadows, 1998. P 6).



A recent study in New Zealand found similar housing crises among the Maori. Maori in prostitution were significantly more likely than European-ancestry New Zealanders to have been homeless and to have entered prostitution as children (Farley, 2003a). Similar findings with respect to high rates of childhood abuse and entry of Maori women into prostitution at a young age have been reported by others (Plumridge & Abel, 2000, Saphira & Herbert, 2004).

Race, class and gender are multiplicative risk factors for prostitution. In order to understand prostitution, the effects of racism in addition to sexism and poverty must be addressed. Traumatic stress includes the historical trauma of colonization. Racism and cultural stereotyping can be understood as chronic, insidious trauma that wear away at peoples' self esteem and well being (Root, 1996). In a series of studies, Kirmayer (1994, 2000) documented the pervasive negative effects of racism and cultural alienation among First Nations youth: high rates of depression, anxiety, and suicide.

Imposing a sexist and racist regime on First Nations women, colonization simultaneously elevated male power within the colonized community (Fiske, 2002). Freire described the colonial destruction of positive roles for men as resulting in "adhesion to the oppressor" (1994, p 27). Dworkin also discussed the harm inflicted on women by colonized men:

The stigma of the prostitute allows the violent, the angry, the socially and politically impoverished male to nurse a grudge against all women, including prostituted women; this is aggressive bias, made rawer and more dangerous by the need to counter one's own presumed inferiority. (Dworkin, 2000, p 325)

The cultural destruction of positive roles for First Nations men and their subsequent identification with supremacist attitudes have had disastrous consequences for First Nations women, with astronomical rates of incest, rape, and husband violence. Nahanee wrote of "the almost total victimization of [Aboriginal] women and children" and noted that violence against Aboriginal women has reached epidemic proportions according to many studies. "This violence includes the victimization of women and their children, both of whom are seen as property of their men (husbands, lovers, fathers), or of the community in which they live" (Nahanee, 1993). 80% of Indian women seeking care at one U.S. clinic reported having been raped (Old Dog Cross, 1982). (8)

First Nations women in this study almost always reported childhood physical and sexual abuse. A Dene woman interviewed by the second author spoke of communities in which the entire female population had been sexually assaulted by men. She had been threatened with further violence if she attempted to speak out against this (Lynne, 1998, p 43).

The number one issue we have to deal with is violence against women and children, because as long as we destroy ourselves from within, we don't have to worry about anyone else. Sexual violence.... causes so much shame for survivors and communities... Nevertheless, because sexual violence has been one of the most successful avenues of colonization, Native communities cannot prosper until we find a way to eradicate sexual violence and heal from the shame and self-hatred it has instilled in us... (INCITE, 2001)

In order to address the harm of prostitution it is necessary to use education, prevention and intervention strategies similar to those dedicated to other forms of gender-based abuse such as rape and intimate partner violence. This understanding of prostitution as violence against women must then become a part of public policy and it must be structurally implemented in public health care, mental health services, homeless shelters, rape crisis centers and battered women's shelters (Stark & Hodgson, 2003). Any intervention for those in prostitution must first acknowledge prostitution as a form of violence. As with battered women, physical safety is a critical concern.

Culturally appropriate treatment for those escaping prostitution is also a necessity. The Royal Commission Report suggested that a general health strategy for First Nations should include 1) equitable access to health services, 2) holistic approaches to treatment, 3) Aboriginal control of services, and 4) diverse approaches which respond to cultural priorities and community needs (RCAP, 1996 p 110). These four basic strategies are applicable to the healing of those in prostitution. Western medical treatment must be combined with traditional healing practices for urban First Nations women who want to exit prostitution.

An approach that addresses prostitution from a public health perspective only (how can we make sure she does not

have STD/HIV so she does not transmit STD/HIV to the customer to take home to his wife/girlfriend) or from a legal perspective only (how can we keep prostitution out of my neighborhood) but that fails to address the psychological and spiritual damage to the person in prostitution - will not be effective.

The Peguis First Nation community in Manitoba found that a combination of traditional and western healing approaches was especially effective for those who suffer from emotional problems, including those related to alcohol and drug abuse, violence, and suicide. (Cohen, cited in RCAP, 1996, p 213). Strickland explained use of Maori philosophy to address the harm of prostitution:

I am a Maori community worker addressing the problems of my people who are caught up in this colonised system that has uprooted them from their land, rivers, mountains, forests, their language, and their gods and beliefs. When a nation of people has been stripped of their heritage one can easily become a lost soul - vulnerable and open to manipulation and exploitation. In this instance our women and children have been forced into paid rape (prostitution). Healing from prostitution involves healing of the four cornerstones for my people: Tinana (body), Hinengaro (mind), Wairua (spirit), and Whanau (family). (Strickland, 2003)

The health provider must become culturally competent regarding tribal differences in culture and language and also acquainted with community services and tribal anti-violence resources (Polacca, 2003, Walters, Simoni, & Evans-Campbell, 2002). In the United States there is the additional complexity of jurisdictional confusion. Tribal courts may lack the means or the will for prosecution of perpetrators of violence. Tribal jurisdiction sometimes conflicts with federal law enforcement, and perpetrators may be well aware that there are minimal consequences for violence against women (National Sexual Violence Resource Center, 2000, Polacca, 2003).

The most relevant paradigm currently available for understanding and treating the immediate harm of prostitution is that of domestic violence. Physical coercion, rape, and violence by husband/partner/pimp and john are perpetrated against women in prostitution (Currie, 1994; Lowman, 199; Lowman & Fraser, 1995; Miller, 1995; Stark & Hodgson, 2003). Of 854 people in prostitution, 73% reported that they had been physically assaulted in prostitution (Farley et al., 2003). Prostitution can be lethal (Potterat et al., 2004). A Canadian commission found that the death rate of women in prostitution was 40 times higher than that of the general population (Special Committee on Pornography and Prostitution, 1985). A study of Vancouver prostitution reported a 36% incidence of attempted murder (Cler-Cunningham & Christenson, 2001). In most instances, women in prostitution are battered women. Giobbe (1993) compared pimps and batterers and found similarities in their use of minimization and denial, attitude of ownership, enforced social isolation, threats, intimidation, verbal and sexual abuse, and extreme physical violence to control women.

Alcohol and drug abuse claim the lives of countless First Nations women and men. Traumatic events have been recognized as powerful contributors to drug and alcohol addictions. Substance abuse is commonly used as a means to numb the physical and emotional pain of prostitution. Observing that addictions among First Nations originate from cultural assaults and poverty, Summit leader Bill Wilson stated:

When you look at the conditions that [First Nations people] are in, it would be a surprise to me if they did quit drugs and alcohol and stopped committing suicide. We are not dealing with the core problem in all of this. If we had healthy communities that were thriving and had an economy, in all probability, we wouldn't be as interested in doing drugs and alcohol. (Rees, 2001)

And yet a colonizing attitude regarding drug prescription continues. In 2001, one in three First Nations women over age 40 was prescribed benzodiazepines (e.g. Valium, Xanax, Ativan), drugs that are highly addictive. Stewart Phillip, president of the Union of B.C. Indian Chiefs, described this practice as tantamount to "sedating poverty." (Rees, 2001). Wayne Christian, director of the First Nations Round Lake Treatment Centre in Armstrong noted that most of his clients used drugs and alcohol to deaden the pain of emotional and physical trauma. "Up to 95% of clients at Round Lake reported a history of some kind of trauma, personal trauma, whether it was residential school, sexual abuse, physical violence, abandonment -- those types of issues..." (Rees, 2001).

82% of the women we interviewed voiced an urgent need for treatment of drug and alcohol addiction. Like combat veterans, women in prostitution self-medicate for depression, anxiety and post-traumatic stress disorder (PTSD) with drugs and alcohol. An integrated approach to treating substance abuse and PTSD has proven more effective than treatment that addresses only substance abuse and fails to treat PTSD. (Epstein et al., 1998, Najavits, 1998, Ouimette et al., 2000). In order to treat addiction, one must also address the reasons for relapse. These include childhood sexual and physical abuse, prostitution, and generally, the harms of colonialism mentioned above.

Women in prostitution need special groups that simultaneously address addiction, prostitution, and other sexual exploitation. Since men regularly proposition survivors of prostitution as soon as the women are known to have prostituted, a mixed-gender 12-step setting is not appropriate. Furthermore, confidentiality is a concern in small communities where everyone is either related or knows one another.

First Nations women may need special supports in escaping prostitution and addictions. First Nations women in our study were finely attuned to the violence that surrounds them and expressed a need for self defense training as well as peer support, individual counseling and job training. Stating that “the Canadian sex trade is grim evidence of the ongoing struggles of Aboriginal peoples in Canada,” (Rabinovitch, 2003) PEERS, a Victoria BC agency serving women in prostitution, has recognized the unique challenges of serving Aboriginal youth and women in prostitution:

An Indigenous Community Empowerment Vision workshop attempts to overcome resistance within the Aboriginal community to acknowledging the over-representation of Aboriginal women in the sex trade. The goals of the workshop are to generate a sense of awareness of and responsibility for community members in the sex trade. Workshop leaders Tallefer and Moore stated: ‘We owe it to our ancestors, Nations, children and selves to work together and reclaim our lost community members.’ (Tallefer & Moore, 2002, p 1)

The needs assessment in our study points to possibilities for program development and public health policy. Programs for those in prostitution should include culturally relevant programming, job training, individual counseling, self-defense training, health care focused specifically on sequelae of chronic poverty and sexual and physical violence-related health concerns, and peer support (Rabinovitch, 2003; Hotaling, Burris et al., 2003).

It is beyond the scope of this paper to discuss what should be done to attempt to ameliorate the violence perpetrated by states (such as Canada) against nations (such as Ojibwa, Cree, Blackfoot, Salish). A lack of coexistence between nations and states is at the root of social and political crises and these ultimately impact First Nations women in prostitution (Ryser, 1995). Prostituted women are displaced women, in the most profound and pervasive meaning of what displacement is – they are displaced physically, emotionally, socially, and spiritually. Trafficked from reserve to city, the internally displaced in North America are poor, rural, and indigenous (Lynne, 1998, Cohen & Sanchez-Garzoli, 2001). This displacement makes them extremely vulnerable to the sexual exploitation and violence intrinsic to all types of prostitution.

Prostitution is a sexually exploitative, often violent economic option most often entered into by those with a lengthy history of sexual, racial and economic victimization. Prostitution is only now beginning to be understood as violence against women and girls. Prostitution has rarely been included in discussions of sexual violence against First Nations. Just as wife beating was historically viewed as having been provoked by the victim, prostitution is still viewed by some as a job choice to which the victim “consents.” Ninety-five percent of our interviewees said that they wanted to escape prostitution, while also telling us that they did not feel that they had other options for survival. Another Canadian study found that a comparable 90% of women in prostitution wanted to leave prostitution but could not (Elizabeth Fry Society of Toronto, 1987). If consent implies a range of options to choose from then these women in Vancouver certainly did not consent as most of us understand that term. There was no suggestion from these women that they desired to continue in prostitution. Many expressed a resigned hopelessness regarding the possibility of escape from prostitution.

In March 2005, Canadian legislators considered decriminalizing prostitution in Canada. While some well-intentioned people might assume that decriminalization will reduce the harm of prostitution by not arresting women – in fact, decriminalization removes legal sanctions against pimps and tricks as well, thereby normalizing prostitution as equivalent to any other sale of a product (Sullivan & Jeffreys, 2001). Despite some descriptions of prostitution as a reasonable job for poor women, the realities of prostitution,



including the findings reported in this paper, better describe multiple violations of human rights (MacKinnon, 1993, Leidholdt, 1993). Decriminalization of prostitution mainstreams and expands prostitution, and it would have devastating effects on the lives of First Nations women (Farley, 2004). Once prostitution is socially and legally considered a job like any other, it is possible that welfare offices might recommend prostitution as an employment option. Recent reports indicated that women in Germany (which has legalized prostitution) felt threatened with loss of welfare benefits if they refused to consider work in prostitution (Hall, 2005). Decriminalized or legalized prostitution would solidify the human rights abuses in these women's lives while at the same time doing nothing to provide them what they told us they most needed: treatment for addictions, vocational training (for jobs outside the sex industry), and stable housing.

Harm reduction strategies however, must address men's demand for prostitution as well as the supply. Viewing prostitution as a social phenomenon that should be abolished, the Swedish government in 1999 criminalized *the buying of sex acts but not the selling of sex acts*. Understanding that without the demand for purchased sexual access to women and children, prostitution and trafficking would not flourish; the Swedish law criminalized the customer of prostitution, the pimp, the procurer, and the trafficker, but *not the prostituted person*. The Swedish law recognized that "in the majority of cases... [the woman in prostitution] is a weaker partner who is exploited" and allocated funding for social services to "motivate prostitutes to seek help to leave their way of life" (Ministry of Labour, 1998). The effects of the law thus far seem beneficial. Two years after the law's passage, a Stockholm taskforce reported that there was a 50% decrease in women prostituting and a 75% decrease in men buying sex. Since the law was implemented, trafficking of women into Sweden has decreased as well, with pimps and traffickers apparently transporting women to nearby states that tolerate or legalize prostitution, such as the Netherlands, Germany, and Estonia (Ekberg, 2001, 2004).

We hope to see prostitution prevention programs for First Nations and non-First Nations women – programs that address the root causes of prostitution: sex inequality, colonialism, and poverty. We hope to see programs for healing those who have escaped prostitution and other sexual violence, including programs that are culturally relevant for those to whom services are offered.

Notes

1. The World Health Organization estimated that 2001's monthly toll of avoidable deaths in Congo was 72,800 (Harden, 2001).
2. Similar health consequences of colonialism on Aboriginal people are seen in health data from the United States. American Indians and Alaska Natives have the second highest infant mortality rate in USA, and the suicide rate of American Indians is 50% higher than the national rate. (US Dept of Health and Human Services, 2001 p82; US Dept of Health and Human Services 2001a p 17).
3. Victoria and British Colombia surveys found the average age of entry into prostitution to be 14-15.5 years, and a Vancouver survey found average age of entry into prostitution to be 16.3 for girls and 15.6 for boys. (Lowman and Fraser, 1989).
4. The Prostitution Questionnaire may be obtained from the first author.
5. Other descriptions of violence included:
  - a) "[I have a] long history of physical abuse. I was beaten by my mother's boyfriend, ran away from home to a pimp who beat me, I left him for a man who beat me up, and so on...."
  - b) A 13 year-old told us she had: "disalignment in my neck, cuts, and scratches, bruises caused by bad dates. Also deafness."
  - c) "A stalker hit me with his car on purpose."
  - d) "Date tried to assault me with steel-toed boots because I wouldn't do something he wanted."
  - e) "A bad date hit my head on a wall."
  - f) "I was beaten with stones by a couple of women."
  - g) A pimp locked her in a room and beat her 30 times with baseball bat.
  - h) "My boyfriend pushed me downstairs and broke my arm, [I've had] multiple beatings by various boyfriends, broken kneecaps, broken limbs. I'm scared of men."
  - i) "Two years ago, I was beat and raped for 45 minutes."
6. Use of a child for sex by adults, with or without payment, is prostitution of the child. When a child is incestuously assaulted, the perpetrator's objectification of the child, his rationalization and denial are the same as those of the john in prostitution. Incest and prostitution result in similar physical and psychological symptoms in the victim.
7. Aboriginal households were 90 times more likely than other Canadian households to be living without piped water supply (RCAP Report, p 369).

In Canada, the death rates of First Nations women from homicide were more than four times higher than all Canadian women, and their deaths from suicide were three times that of Canadian women (Health Canada, Medical Services Branch, unpublished tables,

One woman at first answered “no” to the question, “before you were 18 years old, did you experience any unwanted sexual touching or any sexual contact between you and a grownup?” Then she thought about it briefly and asked (without interviewer prompt): “does this question mean for when I was prostituting underage?” After the interviewer said yes, the young woman said, “every time a john touches me, it’s unwanted.” She started prostituting at age 12.

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