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Systemic Violence, Social Harms and Necropolitics: The Interaction of Prison and Life 'on Road' for Women Engaged in Sexual Commerce in East London

Rachel Stuart*, [ORCID], Kate L. O'Brien, Caroline Chatwin
and Pippa Grenfell

*R. Stuart, College of Arts Law and Social Sciences, Brunel University London, Middlesex, London,
United Kingdom; email: rachel.stuart@brunel.ac.uk; K. L. O'Brien, Criminology, Durham University,
Durham, United Kingdom; C. Chatwin, School of Law and Criminology, University of Greenwich,
London, United Kingdom; P. Grenfell, Faculty of Public Health and Policy, London School of Hygiene
and Tropical Medicine, London, United Kingdom

This study draws on theories of systemic violence (Ruggiero 2020; Žižek 2008), social harms (Canning
and Tombs 2021; Hall *et al.* 2020; Pemberton 2016) and Mbembe's (2019; 2003) necropolitics to high-
light social harms experienced by women 'on road'. Data originally generated for a consultation funded
by Doctors of the World UK (Henceforth DOTW UK) to examine the self-perceptions of health needs
by women engaged in street level sex work was reanalysed to tease out a panoramic view of the social
harms and systemic violence experienced by the women interviewed. The reanalysis highlighted how the
early life systemic violence experienced by many of the women interviewed exacerbated acute margin-
alization, resulting in spiralling levels of systemic and personal violence, stigma and social harm.

KEY WORDS: social harm, systemic violence, reanalysis, 'on road', necropolitics, sex work

INTRODUCTION

This study draws on data gathered from a short, time-limited 'rapid consultation' commissioned
by the Doctors of the World UK (DOTW) that explored sex workers' self-identified health and
support needs in Newham, East London. A relatively recent addition to qualitative research, 'rapid
consultation' is a methodology designed to quickly capture perspectives to inform service delivery
(Beebe 2014). In this instance, the process involved qualitative interviews with women engaged
in street-based sex work in Newham. The first round of data was collected over a period of seven
nights/early mornings between September and November 2019. The second phase took place
in October 2020 during the COVID-19 lockdown. The consultation functioned as an unintended

naturalistic follow-on to an earlier study, the East London Project (ELP), which considered how the removal of police enforcement impacted sex workers' safety, health and access to services in East London. Two of the authors were involved in both the DOTW consultation and the ELP, and both projects interviewed women from the same geographical location. The projects yielded valuable findings related to interpersonal violence, unmet mental and physical health needs, homelessness and the impact of policing on the health of sex workers in East London (Elmes *et al.* 2022; Grenfell *et al.* 2023; Platt *et al.* 2022; Stuart and Grenfell 2021; Walker *et al.* 2024).

Qualitative interviews with 29 women generated rich accounts of the experiences of a subgroup of women whose lives were defined by interpersonal and systemic violence, acute social harms and ongoing and significant drug use histories, resulting in frequent engagement with welfare and criminal justice systems. Of particular note was the frequency with which participants spoke about the interplay between their increasing marginalization and their experiences of the carceral system, including for some women, recurring short-term imprisonment. The deeply challenging experiences that women openly shared provided insights into their lives beyond those directly relevant to the DOTW-commissioned report. When the consultation ended with the publication of the final report, no further funding was sourced to address the issues raised, despite strenuous efforts by DOTW UK. The original researchers approached DOTW UK and sought permission to reanalyse the data to highlight and potentially attract legislative or political attention to the extreme levels of social harm disclosed during the consultation interviews.

The rationale for this decision was based on the willingness of participants to share often very intimate and painful experiences with the research team. This was likely in part because the remit of the consultation was to gain an understanding of health needs and inform service provision. It may also have reflected the researchers' prior familiarity with participants through the ELP. To this end, colleagues whose work focused respectively on women's experiences of imprisonment (redacted) and drugs (redacted), were invited to join the reanalysis to provide a broader picture of lives impacted by the carceral continuum (Foucault 1995). It is the results of this collaborative reanalysis that are reported here.

In this study, we frame our participants, not primarily as sex workers, but as acutely marginalized, stigmatized and criminalized women who experience the full force of the savagery unleashed in the liminal spaces of the neoliberal state (Mbembe 2019: 187). We discuss how a community of women encountered across several research projects were subjected to multiple and multilayered social harms, which we illustrate with their own words. We document how both interpersonal and systemic violence resonates throughout their lives 'on road' (Young 1999). To contextualize 'on road', we use Reid's (2017: 10) description of a physical and social space, often found within an urban neighbourhood. She characterizes 'on road' as an 'alternative space marked by distinct (road) practices and norms, language, and values'; a 'fragile way of life for those who pass through' and 'which is defined essentially by vulnerability'.

We draw on the women's narratives to illustrate the interplay between systemic violence, social harms, substance use and the carceral system through a discourse of necropolitics, systemic violence, social harms and exclusion. We explore the use of drugs to cope with existing trauma and ease the pain of lives shaped by the carceral continuum (Foucault 1995), where prison is always looming. The work is significant because it longitudinally engages with women living at the absolute margins of society, privileging their seldom-heard voices in a way that seeks to limit harm by revisiting the often painful stories they had already shared. Many points are drawn out concerning their extreme exclusion. The key point that we highlight from our reanalysis, in part because of its poignancy, is that despite the well-documented propensity for prisons to exacerbate women's physical and mental health problems (APPG 2022); compound victimization and trauma through patriarchal and racialized practices (Moore and Scraton 2014) and disproportionately devastate the lives of women and children (Carlen and Worrall 2013; Grace *et al.* 2022), the women in our

sample often experienced the carceral grip as 'closer to an embrace' (Schneider 2023: 60). At times prison was experienced and described as a reprieve from an even harsher life 'on road' (Asberg and Renk 2015).

This article spotlights the experiences of women who are typically only accessed by researchers during imprisonment and often only through a gatekeeper. It makes four original contributions to the academic literature. First, it offers an empirical contribution by presenting seldom-heard voices of women beyond imprisonment, accessed longitudinally through researchers with a sustained 'on-road' presence. Second, it advances theoretical insights by applying necropolitics, systemic violence, zemiology, exclusion and the carceral continuum to street-based sex work, thereby highlighting the conflicting role of prison as both a harmful institution and, at the same time, a temporary reprieve. Third, it provides a policy contribution by demonstrating how systemic failures in welfare, health and housing push women into conditions where prison functions as a dysfunctional field hospital. Finally, it moves forward the discussion around the ethical reuse of existing data. Together, these contributions extend debates on systemic violence, social harm and prison-as-refuge in new and original ways. Through the innovative reuse of data, initially generated for a Grey Literature report, commissioned by an NGO (DOTW) who were concerned about the health needs of a group of women that were not being addressed, we call attention to the extreme levels of marginalization, systemic violence and social harms that are experienced by street-based sex workers in Newham. While prior work (Bucerius et al. 2021; Schneider 2023; Scraton and McCulloch 2023) has highlighted prison as refuge, we show how women's lives beyond imprisonment reveal more complex and contradictory realities. This reanalysis demonstrates how women's interactions with prison reflect the cumulative failures of state and third sector systems, rather than evidence of prison's adequacy as care provision.

REFRAMING WOMEN'S LIVES 'ON ROAD'

Participants were recruited to the DOTW consultation because they were engaging in street-based sex work in Newham. Often, they also lived in or within close proximity of Newham. As part of our reanalysis, we wanted to reframe our sample beyond their sex worker status, providing a more nuanced understanding of lives that oscillated between 'on road' existence and the carceral system. Our reanalysis sought to move beyond sex work as a 'master identity' (Bruckert 2014: 308), which risks concealing the complexity of women's lives who were negotiating 'on road' life and the carceral system. Sustained engagement across two projects, including for several years the ELP's near ethnographic involvement, had already revealed women's broader experiences beyond sex work. Reflecting the need to place the role of sex work in women's lives to one side, so that it did not serve as a distraction, the reanalysis was undertaken by researchers specializing in prisons and drugs. Intentionally setting aside existing sex-work frames, therefore, enables the emergence of 'new perspectives from previously obscured angles' (Hall and Winlow 2015: 1).

SYSTEMIC VIOLENCE AND SOCIAL HARMS

Systemic violence, as theorized by Ruggiero (2020) and Žižek (2008) underpins the apparent smooth functioning of political and economic systems, producing disproportionate harms for marginalized groups. Unlike interpersonal violence, attributed to visible perpetrators, systemic violence is embedded in institutions. Systemic violence has been discussed in the context of poverty, water shortage, air pollution, lack of access to healthcare, child mortality and humanitarian catastrophe and is also linked to domestic violence, hate crime, police violence, state violence, terrorism and war (Ruggiero 2020; Žižek 2008). Within research on sex work, systemic violence is discussed in terms of homophobia, racism and policing (Platt et al. 2022); colonial

violence (Hunt 2015; Seshia 2010); the experiences of transwomen (Nadal *et al.* 2014); and police violence against sex workers (Elmes *et al.* 2022; Grenfell *et al.* 2023)

Systemic violence is intertwined with zemiology (Canning and Tombs 2021; Hall *et al.* 2020), the study of harm, increasingly referenced among critical criminologists as a framework for analysing conditions that harm communities and individuals, beyond narrow crime definitions (Hall and Winlow 2015). Recognizing societal harms forces fresh consideration of the macro-level inequalities enacted by powerful societal actors, which disproportionately damage marginalized individuals and communities (Stuart 2022). Social harm as a framework of critique has been applied to areas pertinent to the lives of the women interviewed; including the social harms of the criminal justice system (Alexander 2010; Copson 2018: 934; Hillyard and Tombs 2004; 2007; 2017; Pantazis 2006; 2008; Pemberton 2016), migration (Canning 2018; 2021), poverty (Pantazis 2016; Pemberton 2016; Wright *et al.* 2020), sleep and the night-time economy (Bushell 2023); COVID-19 (Briggs *et al.* 2021); drug enforcement (Mason 2020); violence and female homelessness (Cooper and McCulloch 2023).

The geographical and spatial aspects of the DOTW and ELP reports detailing the 'on road' experiences of the participants resonate with Mbembe's discussions of 'dead spaces'. In his theory of Necropolitics, Mbembe (2003; 2019) situates democracy as historically discharging its most extreme manifestations of violence in what he calls 'dead spaces' (Mbembe 2019: 34). He describes 'dead spaces' as outside of 'social existence', both literally and figuratively, occupying the liminal spaces at the very edge of life (Mbembe 2019: 96), 'where the lives of multitudes of people judged as undesirable come to be shattered'. Mbembe's (2003) theory of necropolitics was originally a critique and expansion of Foucault's (2003) theorization of biopolitics, which Mbembe considered too Eurocentric. Mbembe argued that 'forms of social existence in which vast populations are subjected to conditions of life conferring upon them the status of living dead' in plantations and colonies were absent from Foucault's Eurocentric frame of biopolitics (Mbembe 2003: 49). In the current era, Mbembe theorizes that the refugee camp, the compound under apartheid, the ghetto and the prison system are sites where the full violence of the necropolitical system is enacted (Mbembe 2003).

These are liminal spaces where those deemed undesirable are consigned to a form of social death. In this article, we situate the women we encountered as denizens of the dead spaces created by states and corporations both *within* the neoliberal state and on its margins through the structuring of precariousness, inequality, state violence and deregulation (Jagannathan and Rai 2022). Through the voices of our participants, we demonstrate that within the neoliberal society, 'dead spaces' can be so harmful that prisons, themselves referred to as deadspaces by Mbembe (2019) and despite being sites of systemic violence, may be experienced as relative relief or 'temporary refuge' from the 'on road' existence of the women we interviewed (Bucerius *et al.* 2021).

To deepen this framing, we draw on Agamben's (1988) *Homo Sacer*, the exclusionary figure of the outlaw who, once expunged from society, has all rights as a citizen removed. Sanchez (2004) has theorized that while the *Homo Sacer* is a male exclusionary figure, who can, on rare occasions, be reintroduced into society, women selling sex in a public fashion are permanently excluded. Their permanent exclusion from society derives from their proximity to the law in terms of surveillance, threat of arrest and legal categorization. The necropolitical 'on road' spaces of Newham, where extreme marginalization and multilevels of harm and violence are experienced by marginalized women who sell sex, provided a rare opportunity to explore how the notion of permanent exclusion is experienced in lives that are marked by the carceral continuum. In the context of this article, we use the phrase carceral continuum as described by Foucault (1995) as the infiltration of the carceral system into all societal institutions that are tasked with the transformation, supervision, correction and improvement of the populace, thereby diffusing the reach of the penitentiary beyond the prison walls, often through the most benign appearing services.

METHODOLOGY, ETHICS AND ANALYSIS

The methodological approach detailed below includes the rationale for site selection, interview process, coding and ethical considerations related to reanalysis. The data drawn upon in this study were collected as part of a DOTW UK rapid consultation into the self-identified health and welfare needs of women engaging in sex work in Newham, conducted in two waves from September—November 2019 and again in October 2020, with ethical approval granted by The London School of Hygiene and Tropical Medicine Ethics Committee. Rapid consultation is a qualitative methodology designed to quickly capture perspectives to inform service delivery. While intensive in terms of fieldwork, the approach involves a compressed timescale, streamlined recruitment and prioritization of participants' immediate voices to guide practice and policy (Beebe 2014).

Consultations in the form of qualitative semi-structured interviews and small focus groups were conducted with women encountered on a specific road in Newham between the hours of midnight and 6 am. This location was purposively selected because it was the main site of visible street sex work in the borough, allowing access to women who were otherwise difficult to reach. Women were recruited using techniques established during the preceding ELP (Elmes *et al.* 2022; Grenfell *et al.* 2023; Platt *et al.* 2022). Researchers drove along the road that comprised the primary loci of street sex work in the area and talked to the women they encountered. The researchers, who had been in the area intermittently since May 2018, were well-received by the potential participants, perhaps because, by this time, they were a familiar sight and perhaps also because they dispensed condoms supplied by DOTW UK (redacted).

The nature of the consultation was explained to women, and they were invited to be interviewed at a local fast-food restaurant. Women were bought a meal and soft drink of their choice; the project was explained to them in more detail and verbal consent, including for use of the data in future publications and projects, was sought before beginning the interview. Care was taken to sit at a quiet table where the conversation could not be overheard. Interviews typically lasted between 45 and 90 min, depending on participants' availability and comfort. The first round of data was collected over a period of seven nights/early mornings (midnight—6 am) between September and November 2019. During the second phase, conducted in October 2020 during the COVID-19 lockdown when restaurants were closed, interviews were conducted on the benches outside the restaurant and at a homeless women's shelter in the borough. At all times, researchers adhered to stipulations set out during the pandemic lockdown. The second round of consultations took place over four nights and was conducted by one original team researcher (REDACTED) and a nurse employed by DOTW UK. All women were offered £40 in recognition of their time commitment as well as information about DOTW UK and other appropriate health and social support services in the area. All interviews were audio-recorded on encrypted devices with participants' consent.

Data were analysed thematically for the original DOTW UK study around health concerns and service needs (REDACTED). The resulting data were extremely rich, extending far beyond what was required for the purposes of the DOTW UK report. Three factors may have particularly contributed to the richness of data: the positionality of the research team, some of whom had lived experiences that echoed those of the participants; the length of time that the researchers had spent in the field prior to the collection of the DOTW UK data (as part of the ELP); and the deployment of qualitative interviewing techniques which allowed discussions to be participant led. The report was duly published (REDACTED), although themes present within the data, which were beyond the scope of the DOTW UK rapid consultation, particularly in relation to drugs and imprisonment, could not be represented fully in the DOTW UK report.

The reanalysis of qualitative data sets has attracted increasing interest and exploratory discussion over the past 20 years, but is still relatively rarely used and lacks a unifying and comprehensive

set of guidelines for researchers. Many of the critiques of this method coalesce around the degree to which new analysts can connect with original data that they didn't collect themselves without fully grasping its collection context (Heaton 2008). There are also ethical concerns about whether research participants have consented to the reuse of their data by different people or for different studies. These issues are most pertinent when researchers are reanalysing qualitative data placed in an archive and where they do not know details about its collection, what kind of consent was obtained, or sometimes even what the purpose of the original data collection had been (Heaton 2008). On the other hand, there can be compelling reasons to engage in secondary qualitative data analysis (Corti and Thompson 2004). Of relevance here is the observation made by Fielding and Fielding (2000), who note that secondary analysis has a valuable role when researching hard-to-reach and/or vulnerable populations who might have experienced trauma, as it reduces the burden on potential participants of emotionally draining data collection. Booth and Harriet (2021) go further, suggesting that the continual cycle of research, drawing repeatedly on data collected from people who have been traumatized by imprisonment rather than seeking to reuse data where possible, is unethical. Finally, those interested in this method have expressed a need for more studies based on secondary analysis of qualitative data sets alongside more detailed reporting on what it entailed (Chatfield 2020; Ruggiano and Perry 2019), which we attempt to provide here.

As previously mentioned, (REDACTED) were purposively selected to reanalyse the data alongside two members of the original research team, because of their expertise in two of the themes (drugs and imprisonment) prevalent within the data set. This approach ensured the new researchers understood the context in which the original data was collected while providing the opportunity for triangulation of perspectives. The process was intended to provide a 'supplementary' analysis of the original data so that broader themes could be addressed. This additional analysis and data-sharing received approval from the LSHTM ethics committee as an amendment to the original application. Importantly, participants had given explicit verbal consent at the outset for their data to be used in future publications, which provided an ethical basis for reanalysis.

The original interviews were transcribed (a broad overview of the content was shared with transcribers by way of a content warning), the audio files were destroyed and the transcripts were stored on a secure SharePoint site only accessible by the authors of this study. (REDACTED) first engaged in a thematic analysis approach of 'lumping' (Bazeley 2013) data into broad themes. The four researchers came together to compare analyses and themes and established inter-rater reliability through detailed discussion and consensus-building. This process revealed strong cohesion in their coding and themes were chosen for more granular exploration: imprisonment, drugs, interpersonal and systemic violence and multi-generational trauma. A 'splitting' (Bazeley 2013) approach was then engaged in by all four researchers, aiming to draw out more detail across each of these areas. What emerged allowed for a fuller picture of the lives of extremely marginalized and criminalized women which foregrounded their experiences of prison, drugs, social harms and systemic violence.

FINDINGS
Introducing our participants

The original research comprised 17 women; 7 were reinterviewed as part of the second wave of consultations alongside 12 new participants. All 29 women were actively engaged in street-based sex work at the time of the consultation. The majority were aged between 20 and 40 years, and all but four were dependent on drugs, predominantly heroin and crack cocaine. They broadly reflected the racial and ethnic diversity of the borough, including one Black African woman, one Black British woman, three Traveller and Roma women, three British Asian women, five women

from Eastern Europe (Albanian, Lithuanian and Romanian) and 20 White British women (REDACTED).

The severity and precariousness of participants' lives were signposted in their health problems, often chronic and untreated. Seventeen shared their mental health issues, often managed only through their self-medicating with criminalized drugs. Seven told us they had attempted suicide and/or regularly self-harmed. Twelve were street homeless at the time of fieldwork, sleeping in tents, cars and doorways; seven, predominantly those interviewed during the pandemic, were living in hostels or refuges. Eleven described domestic violence; five revealed that daily functioning was impaired because of lack of sleep; six admitted to being extremely hungry; and two mentioned only owning the clothes they were wearing at the time.

Not all women's situations were identical. Most British participants were entrenched in drug use, homelessness and violence, whereas several Eastern European women were precariously housed, supporting children abroad and only one referred to problematic drug use. These variations complicate homogenized accounts and highlight how structural vulnerabilities intersect with gendered and racialized marginalization. Patterns, identified in the DOTW report, serve here as essential context for reanalysis (REDACTED). In what follows, we concisely present the key findings of our reanalysis before exploring them through our theoretical frameworks in the discussion.

MULTI-GENERATIONAL TRAUMA, DRUG USE AND VIOLENCE

Before our participants were sex workers, drug users, homeless or any of the other myriad identities assigned to them, they were children; often traumatized through their experiences of the care system (see Fitzpatrick et al. 2024). One woman described a traumatizing adoption experience, and seven had experienced extreme family abuse.

> I was in care my whole life. I was born in Newham, but I was taken away from my family [as a very young child] … My mum ran away [two years earlier] … my dad is a paedophile, and I was abused by him and his brother [from then onwards].[1]

Others were introduced to sexual commerce and/or illegal drug use by their parents. One woman described how, 'my mum introduced me to drugs, and my shit dad sent me out on road'. Another woman shared, 'My mum was a street worker for years- she still is now. She gave me my first [crack] pipe at thirteen'.

Trauma from the past was impacting the next generation. In total, 29 participants had given birth to 28 living children, none of whom were currently in their care. One woman described the unbearable, multigenerational trauma of discovering, after growing up within the care system, that her father had been abusing her daughter after she left her in his care, while her life descended into chaos as she found herself a victim of domestic violence.

> I only found out last year the police raided him 'cos they basically traced him watching child porn on the internet, and, um, my daughter was one of his main victims ….it was the worst feeling and pain I think I've ever experienced in my life…that's another reason why I smoke the white [crack] because I can't deal with what's going through my head when I think about her.

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[1]   We opted not to use pseudonyms, to avoid deductive identifiability based on the extent of detail provided about participants' experiences and that the area was identified in the report. It was felt that some of the details shared made women easily identifiable even with a pseudonym, given that they were sharing details that often covered a life span and were so specific that these details may make them recognisable to authorities, especially police.

This woman, explaining that one of the reasons for her heavy drug use was as a coping strategy for dealing with the pain of multigenerational trauma, reflected a common theme amongst participants. The idea of 'self-medicating' (Khantzian and Albanese 2008) as a motivation for criminalized drug use is well-established within the literature, often in response to untreated mental health conditions (Rigg and Ibañez 2010), or to a specific past or ongoing trauma (Baldwin 2023; Klee and Reid 1998). For the women we interviewed, this was exacerbated by the emotional trauma of having children taken into care, often as a response to a custodial sentence, a documented trigger for self-harm and self-medicating with illegal drugs (O'Brien and King 2023).

Drug addiction, combined with significant pre-existing trauma, homelessness and poor physical and mental health, left women vulnerable to physical violence. One woman described how when she owed money to a drug dealer, she 'was kicked in the boot of a car, gun to my head, burnt from head to toe with cigarettes…. I've got burn marks all over my body'. Another woman described how a combination of extreme tiredness from rough sleeping and drug use saw her falling asleep while she was with a customer, 'I fell asleep in the car and then when I woke up, the guy was trying to pay me £10, £10 he'd taken out of my pocket when I was asleep. So, he was trying to pay me with my own money'. A third woman told us how she had 'been strangled- been taken to a spot where five men have jumped out. I've been raped out there'.

These events both compounded existing trauma and deepened reliance on drugs as survival mechanisms. Women variously described methadone as their 'saviour', heroin as necessary 'just so I can feel normal' and drugs as escape; with one woman sharing that when she was using drugs, she was 'passed out, in the land of happiness'. The brutalities and victimization our participants experienced as part of their everyday lives were further magnified by their multi-generational trauma. Here, drug use was both protective and destructive; a vital coping mechanism that also served to further exacerbate their marginalization and stigmatization (Addison 2023). These factors combined, as we argue in the next section, meant our participants were excluded from accessing support services and exposed them to excessive levels of systemic and interpersonal violence and entrapment in the 'dead spaces' of Newham.

INTERSECTIONS OF VIOLENCE

Despite their significant vulnerability and extreme marginalization, most of our participants reported that they could not depend on societal institutions for support. Many described reluctance to report violent crimes because they believed their voices would not be taken seriously, given their identities as drug users and street sex workers (Elmes *et al.* 2022; Grenfell *et al.* 2023; Platt *et al.* 2022).

> Someone like me …. you're a drug user, you're a prostitute. Why are we going to bother wasting our time dealing with a crime that you've reported, when we can be elsewhere dealing with someone who's a genuine legal member of society that's been a victim of a crime?

> I just thought, you know what, they're not going to help—they're not going to really take my side, are they, because I'm a working girl

The mistrust of police was echoed across different groups of women, though expressed with different emphasis. For British women entrenched in addiction, the police were seen as hostile and punitive; for some Eastern European women, police contact was framed more in terms of immigration control and harassment.

The perception of services being inaccessible extended beyond the police. Women described being refused donations when they turned up at food banks, being treated rudely by shopkeepers, being looked down upon by support workers and judged by medical staff who failed to engage

with them appropriately, often blaming them for their lifestyles. One woman described her experiences after finally going to hospital for an abscess caused by intravenous drug use.

> I didn't have any dressing round it [the abscess], so I made—I fashioned my own [dressing]. And they couldn't get it off; it was taking them ages to get it off, and it was really hurting me…. And because it was hurting me and I was screaming, the doctor was getting the hump with me, and she went, 'Do you know what…?' Pulled it, just pulled it. I was glad for her doing it, but the blood just poured out, and I was—I just cried. And then I remember waking up, they were going, 'Come on, you've got to go.' … They got security to get me out.

These examples illustrate both systemic violence and routine degradation within institutions (Addison *et al.* 2023; McGrath *et al.* 2023). Such exclusions compounded the social harm of women already positioned as 'disposable' within neoliberal 'dead spaces'. Loneliness was a recurring theme, echoing Agamben's *Homo Sacer* (1998). One woman related that, 'people in my situation we find ourselves more like outcasts in society, like nobody to talk to, no one wants to know about our situation and nobody cares, there's nowhere to go'. Other women shared that 'I need somebody to be next to me and talk to me because I'm scared'. Drug use, often relied on as a coping mechanism when no other help was offered, could exacerbate feelings of social isolation, for example by disrupting social ties:

> I keep myself to myself, 'cos I've tried having friends round here, and you can't have friends in this game, 'cos it's all about the drugs, you know, 'cos you've only got friends if you've got drugs. Once you haven't got the drugs, that's it, they all piss off, you know.

Collectively, these accounts reveal how systemic violence and interpersonal isolation intertwine, pulling women further into cycles of drug use and stigma. Such marginalization increases exposure to the carceral continuum, where failure of welfare, health and justice systems makes prison contact more likely.

EXPERIENCING PRISON: HARM AND REPRIEVE

Imprisonment had emerged as a theme in the original report, but we were able to explore it more thoroughly in our reanalysis. Despite it not being something we specifically asked about, half of our participants (15) brought up the time they had spent in prison, and others mentioned being arrested, on probation, on licence and subject to court orders and recall for breach of license conditions. Short sentences, often coming in quick succession, were frequently referenced, with women commonly imprisoned for offences such as shoplifting, theft, fraud, or breaching orders. Two women reported having been sent to prison more than 20 times, two said they had most recently been released less than a week ago and two told us they were currently on license or probation.

Participants talked about how the trauma they experienced, combined with their isolation and inability to access support services within their community, resulted in retraumatizing events that would follow them into prison. In some cases, this meant that efforts to cope with trauma would take place within the prison system. One woman described the events after she experienced a late-term miscarriage alone despite seeking medical assistance:

> A couple of hours after leaving the hospital like my back was hurting, and it come out and he's [the baby] like—you know them little alien eggs, he looked like one of them, but he's obviously beige. Yeah, that fucked me right up. And then I ended up going to prison.

Other participants talked about being retraumatized by experiences within the women's prison estate itself. One woman, who had been street homeless since being released from a lengthy prison sentence some months previously, reported: 'Two years in prison absolutely killed me. My mum died on Christmas Day. I went handcuffed to her funeral'. Although drugs are widely available in prisons (Bucerius *et al.* 2023; Wakeling and Lynch 2020) they couldn't always be immediately obtained, particularly for those on very short sentences, and the 'proliferating pains of imprisonment' (Haggerty and Bucerius 2020) were therefore particularly acute if this coping mechanism had been removed: 'When I go off to prison I struggle because there's no drugs and the anxiety kicks in and there's nothing there to suppress it'.

Although prison was very much experienced as a place of punishment, and could be retraumatizing, some women also talked about prison as a place of safety and an opportunity to access vital health-related support. For many, the last time they had had a smear test, or a sexual health check-up or any kind of check-up at all, had been in prison. For others, prison provided the opportunity to get dental care or to receive medical diagnoses. Other participants reported feeling that prison represented a place of (relative) safety for them. For one woman, prison provided an opportunity to eat relatively well and catch up on sleep. For another, her only experience of menstruating was when 'I'm *being looked after* in detox or prison'. A third, when asked about her mental health, replied: 'I think a long spell in prison would do me good'. For other women prison provided an opportunity to take a break from problematic drug use: 'I'd like to go to prison and just do a detox'. These contrasting voices illustrate the contradiction that while prison exacerbated trauma and separation, it can also function as a site of basic healthcare, food and rest. Others described prison as a way to escape traumatic and abusive men in their lives and violent and unsafe living situations. One woman told us about her abusive partner and when we asked how she got away from him she replied, 'I went to prison'. For some women in this study, prison provided basic life-supporting services in lives so marked by overlapping forms of violence that for them, the prison's 'carceral grip' is more aligned to an 'embrace' (Schneider 2023: 60) and 'temporary refuge' (Bucerius *et al.* 2021).

Regardless of experiences while imprisoned, the consequences of being repetitively imprisoned and released after short-term sentences were keenly felt by our participants. With nowhere to go and without support networks, they once again slipped back into homelessness and addiction, in part because of their inability to connect with the support services they were so often already excluded from. One woman told us her 15–20 short-term prison sentences had made it impossible to keep a place in a domestic violence refuge, while another talked about the impact of disruption to drug support services.

> I've gone straight into my drop-in centre and said like, 'I've just come out of prison'. They phoned up the prison, they got all the proof, and I said, 'I need something to cover me over the weekend'. And they said, 'Come back Monday, we can't help', but they had it on my brief and everything. I had to go back on Monday. By then, I didn't even bother going there on Monday.

Another woman described experiencing 20–30 prison sentences, including, most recently and during the pandemic lockdown, for breaching a public space protection order and then being found in possession of a crackpipe, for which she received a 6-day sentence. She reflected on the relationship between being released from prison without anywhere to go and continued drug use.

> I always walk out there homeless… so I don't want to stop drinking, I don't want to stop smoking [heroin], I won't lie to anybody and say I do, but I want a place, I want to wake up in the morning. If I don't want to smoke, I don't have to smoke, 'cos I've got my methadone, could chill and put on the TV, but why would I want to be drug-free out here? I've got nowhere to go; yeah, I'm sleeping on the streets. Why would I deal with that without this?

Such narratives highlight the complex nature of the carceral continuum for participants; imprisonment as both harm and refuge, entangled with systemic failures in welfare, housing and healthcare. Women's contradictory experiences—brutalization on one hand, safety on the other—demonstrate why prison cannot be understood as solely punishment or as protection. The negative impacts of recall, serial short-term prison sentences (Baldwin and Epstein 2017) and the retraumatizing and harmful impacts of imprisonment, particularly for women (APPG 2022; Carlen 1993; Moore and Scraton 2014), are well known. Sentences of less than 6 months have been identified as particularly catastrophic for women, leading to loss of accommodation, employment and custody of children (Masson 2019). For our participants, already suffering from multigenerational and complex trauma, generally dependent on drugs and subject to interpersonal and systemic violence, their experiences of frequent incarcerations (Cracknell 2023; Gelsthorpe 2018) were complex and contradictory. Prison could be an inadequate and/or brutalizing experience, but such was the extent of the intersecting violence and harm they experienced outside of the carceral system, it could also provide a respite, reprieve, or place of relative safety. However, despite offering the basics needed for sustaining life while women were incarcerated, the consequences of imprisonment, particularly a series of short sentences, also contributed to the confining of our participants to the deadspaces of society, a point which we explore in our next section.

DISCUSSION

A distinctive feature of this study is that the women whose stories are discussed were accessed not through a gatekeeper but through sustained contact by researchers who shared historical commonality with them. This approach resonates with ethnographic practices, allowing a more naturalistic insight into lives largely hidden, except when fully engulfed within the carceral system. We provide a seldom-encountered perspective of lives framed by the carceral continuum when women are caught within its reach, but not actually imprisoned.

The prison, in this context, helps demonstrate how harm and violence shaped women's lives when they were not in custody. It is critical to stress that we are not endorsing prisons for women, nor arguing that prisons are safe and should be used as sites of support. Rather, within the context of systemic victimization, marginalization and a dearth of appropriate, respectful community-based support services, prison could appear as a limited and temporary reprieve. The women we interviewed were never free of the carceral continuum; subject to probation orders, license conditions and constant police contact, their lives reflected Mbembe's description of lives experienced 'outside social existence'. Instead, their existence was consigned to the liminal, marginal spaces where 'vast populations are subjected to living conditions that confer upon them the status of the living dead' (Mbembe 2019: 96). Systemic violence left the women we interviewed so disconnected from services and society that only in contact with the most punitive arm of the state were their basic needs met. The dearth of resources available to them should be placed in the context of longstanding barriers to accessing quality and timely healthcare in prison (Asberg and Renk 2015; Bowstead and Meek 2024)

Žižek (2008) likened systemic violence to 'the notorious "dark matter" of physics, the counterpart to an all-too-visible subjective violence'. He argues the necessity of identifying and locating systemic violence to better understand subjective violence. The invisible systemic violence that shaped our participants' lives was embedded within virtually every encounter they experienced with governmental and some third-sector actors. They described how societal institutions exposed them to multiple forms of harm, ranging from the police not responding to them when they were the victims of crimes, dismissive health professionals, violent childhoods that were marked by inadequate care from social services, and drug services that did not operate in ways that responded to the complex and gendered nature of their addiction. Systemic violence pushed our participants

further and further into the liminal spaces that led to the gradual exiling of their needs and bodies to dead spaces where embodied violence became the norm.

These experiences illustrate not only systemic and interpersonal violence but also the social harms (Canning and Tombs 2021; Hillyard and Tombs 2004) that come as a consequence of the cumulative effects of homelessness, hunger, child removal, untreated illness and addiction, all of which featured prominently in our participants' accounts. Framing women's lives through social harms makes visible the complex layering of structural inequalities and institutional failures and the consequential interpersonal violence that keeps women confined in Mbembe's (2019) dead spaces and entrenches their exclusion, much like Agamben's *Homo Sacer* (1998), the exiled citizen stripped of recognition. But whereas the *Homo Sacer's* exile was a consequence of singular acts of transgression, the exile of the women we interviewed was not the outcome of a singular event. Instead, their exile was the culmination of waves of systemic violence that pushed them further and further into the margins. Each act of systemic violence, be it a dysfunctional childhood in care replicated in the next generation by the removal of children, or any of the other examples that women shared, resulted in trauma-related harm. The women in this study had endured multi-faceted harms stemming from both systems of care and punishment, subjected to the negative judgements, surveillance and intersecting layers of stigma that are attached to women, especially mothers, who have been in care themselves and are in contact with the criminal justice system (Fitzpatrick *et al.* 2024).

Like Agamben's (1998) *Homo Sacer*, the women resembled outcasts. While it may be overstated to say that, like the *Homo Sacer*, they can be killed without the killer being considered a murderer, they nonetheless have shortened lives because of the combination of systemic and inter-personal violence they experience. Their relationship with prison offered insights into tensions between the forms of systemic violence they experienced. Prison provided women 'on road' with the most basic of care, which, although minimal and conditional upon simultaneous punishment, was such an improvement on their day-to-day existence that menstruation returned, and they were able to sleep (redacted).

Agamben (1998) distinguishes between *zoe*—bare life, biological existence stripped of political and social recognition and *bios*, the socially and politically enriched life of those who benefit from immersion within society. This distinction is central to understanding our participants' lives. 'On road', their existence was marked by *zoe*: survival shaped by hunger, sleeplessness, untreated illness and violence, without institutional protection. In contrast, short prison sentences sometimes brought elements of *bios*: food, rest, healthcare and temporary recognition of their humanity, albeit within punitive structures. Yet this shift was fragile and conditional. The carceral continuum (Foucault 1995) ensured that even these partial movements towards *bios* were inseparable from surveillance and punishment. Thus, women's accounts reveal the dissonance between *zoe* and *bios* in the context of prison for the women we spoke with. Prison initiated limited bodily repair, but release quickly returned them to *zoe* like existence in the 'dead spaces' of East London

Prison represents a place of displacement and punishment for those within society's boundaries, even if criminalized, dispossessed, poor and marginalized. For the excluded, those considered so marginalized that they exist in the liminal spaces beyond society's edges (Sanchez 2004), prison, although harmful, can appear closer to civil society and its accompanying benefits. Thus, prison represents a contradictory space, simultaneously punitive and minimally supportive, both a site of exclusion and a portal that allows access to the meagre benefits that are available via one of the most hostile environments within the societal fold. For women, effectively excluded when not incarcerated, prison becomes a temporary entry point to services, food and healthcare otherwise unavailable.

CONCLUSION

A reanalysis of data collected for a DOTW consultation highlighted pockets of existence within East London where 'on-road' women were subjected to conditions conferring upon them the status of 'living dead' (Mbembe 2003: 49). Our findings extend existing scholarship by showing not only that prison sometimes represents a temporary reprieve, but also that the conflicting position of the prison reflects systemic neglect; healthcare, housing and safety are so absent for marginalized women that on occasion they relied on prison to access their most basic needs. By framing these experiences through the lens of social harm (Canning and Tombs 2021; Hillyard and Tombs 2004), we show that homelessness, hunger, child removal, untreated illness and addiction are not individual misfortunes, but structural harms produced at the intersections of welfare failure, systemic violence and carceral control.

Policy implications flow directly from this analysis. First, prisons must not continue to be the default health and welfare providers. Investment is urgently needed in trauma-informed, community-based services that address addiction, homelessness and violence without resorting to carcerality. Second, the findings highlight the need to decriminalize women's survival strategies and reduce reliance on short custodial sentences, which entrench harm and destabilize support networks. Finally, our methodological approach demonstrates the value of ethical reanalysis of qualitative data to inform both academic debate and policy design, while simultaneously reducing the burden on vulnerable participants and foregrounding their experiences.

We sought to highlight how women 'on road' in East London live when they are not incarcerated but still within reach of the carceral grasp. Women's experience of systemic violence and social harm means that an institution well known for its ability to devastate lives and communities serves as a dysfunctional field hospital, providing the bare minimum of care and then consigning women back into the deadspaces to be found 'on road' in East London. So abject are the lives we encountered that the carceral pinnacle offers temporary respite for women's lives blighted by systemic violence and the harms that are a consequence. This tension -that prison can be experienced as reprieve while also deepening harm- illustrates the wider failure of state and third sector institutions. Put simply, when prison is the only reliable access point for food, healthcare or sleep, the problem is not that prison works, but that everything else has failed. Prison provided basic care, but only conditionally within a punitive environment and only for a short period. Upon release, women were quickly returned to the 'dead spaces' of East London where harm, stigma and marginalization reasserted themselves.

For women living lives marked by multigenerational trauma, violence, and exclusion, the carceral continuum functioned not only as a mechanism of punishment but also as a default site of welfare. This duality underlines the urgency of addressing the broader conditions of social harm that drive women into cycles of marginalization and imprisonment. A zemiological approach helps make visible how systemic failures- in housing, healthcare, welfare, and addiction services- generate harms as destructive as those directly inflicted by interpersonal violence.

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