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"You just give them what they want and pray they don't kill you": Street-level sex workers' reports of victimization, personal resources and coping strategies

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Abstract

Using both qualitative (in-depth, personal interviews) and quantitative (self-report survey indices) techniques, data were collected from 43 women involved in street-walking prostitution. The purpose of the investigation was to examine exposure to violence and victimization among a particularly vulnerable female population across the life span. A secondary goal was to apply stress theory as an organizing framework for examining personal resources (e.g., social support, locus of control) and coping behavior. Results from both data collection strategies are presented, and implications for intervention are described.

Keywords: coping, prostitution, violence

National and international organizations (e.g., American Medical Association, World Health Organization) are attracting widespread attention to the public health concern of violence against women (Watts & Zimmerman, 2002). Recognition that female victimization represents transgressions against human rights and constitutes a serious risk for physical and emotional problems has fueled the attention (Watts & Zimmerman, 2002). One of the eight most prevalent forms of global violence against women, as identified by Watts and Zimmerman (2002), is violence against prostituted women.

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Street-level prostitutes are particularly vulnerable to physical and sexual victimization (Miller, 1993, 1995;Williamson & Folaron, 2001). Of significance, the sheer scope and magnitude of violence against street workers has increased dramatically in the past decade, paralleling the street-culture crack epidemic (Inciardi, Lockwood, & Pottieger, 1993). Still, "physical and sexual violence towards prostitutes has seldom been the focus of public or academic interest" (Watts & Zimmerman, 2002, p. 1238). The marginalized status of prostituted women, some argue (Overall, 1992; Pheterson, 1990), largely accounts for the limited academic interest in or concern for their physical and emotional well-being. Using qualitative and quantitative strategies, this investigation was designed to (a) document the extent of violence against street-level prostituted women, including perceptions of and responses to that violence, and (b) explore relationships between factors associated with stress theory among this vulnerable population. Programmatic intervention to mitigate health risks associated with victimization is useless without rich, well-documented data guiding such efforts.

Literature Review

Inherently, victimization implies an interpersonal power differential in which one party dominates another (Hagan, 1989). MacMillan (2001) noted that violent victimization includes interactions in which individuals are unable to prevent or protect themselves from attack. Thus, "victimization has implications for one's sense of agency, self-efficacy, and perceptions of others in the social world" (p. 11). Victimization may have profound psychological consequences (Farley & Barkan, 1998; Menard, 2001; Norris, Kaniasty, & Thompson, 1997) and significantly alter long-term developmental trajectories (MacMillan, 2001).

Not all individuals are equally at risk for victimization. Compared to men, women in intimate heterosexual relationships are significantly more likely to experience physical and sexual assault (Watts & Zimmerman, 2002), and exposure to and involvement in environments characterized by crime and deviance increase risk of victimization (Sampson & Lauritsen, 1994). The sex industry, as one such environmental context, breeds violence and victimization. Street-level prostitution presents significant personal risk (Maher, 1996; Miller, 1993; Williamson & Cluse-Tolar, 2002), particularly when drug use is involved(Williamson & Folaron, 2001). Still, "societal attitudes concerning prostitutes continue to be that they are unrapeable, do not suffer physical attack, deserve violence inflicted upon them, or that no harm is done when [they] are hurt or killed" (Williamson & Folaron, 2001, p. 464).

Despite recent attention to prostituted women's experiences with violence, studies to date have been either qualitative *or* quantitative, thus limiting the amount and type of information obtained; have been largely atheoretical in nature; have failed to examine lifespan victimization (i.e., childhood and adulthood victimization); and have neglected personal (e.g., social support) and psychological (e.g., sense of agency) factors that may mitigate negative consequences of victimization. To address gaps in previous research, this study was theoretically grounded, qualitative and quantitative data were collected, and lifespan victimization was explored. A brief review of relevant literature is presented below.

Childhood Victimization

A majority of individuals working in the sex industry have experienced childhood abuse (Dalla, 2001; McClanahan, McClelland, Abram, & Teplin, 1999; Simons & Whitbeck, 1991). Physical and sexual abuse have been identified as precursors to involvement in violent and nonviolent crime, including prostitution (Hagan & McCarthy, 1997), although the percentage of prostituted women who experienced childhood sexual abuse varies considerably from 10% to 50% (Russell, 1988), to 60% (Silbert & Pines, 1983), to more than 70% (Bagley & Young, 1987). Some (Nandon, Koverola, & Schludermann, 1998; Seng, 1989; Simons & Whitbeck, 1991) believe the link between childhood sexual abuse and later prostitution is indirect, mediated by runaway behavior.

Research indicates that childhood victimization may have profound short- and long-term consequences for mental health. Childhood victims of physical and sexual abuse have increased prevalence of anxiety, depression, and symptoms of posttraumatic stress disorder (PTSD) (McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988; Menard, 2001; White, Halpin, Strom, & Santilli, 1988). And teenagers in correctional and mental health institutions tend to report high rates of childhood physical abuse (Cavaiola & Schiff, 1988; Lewis, Shanok, & Balla, 1979). Long-term consequences of childhood abuse are also well documented. Abused children show higher rates of psychological distress in adulthood (Chu & Dill, 1990; Kessler & Magee, 1994). Antisocial behavior, including drug and alcohol abuse (Bagley, Bolitho, & Bertrand, 1997; Bagley & Ramsey, 1986; Conte & Schuerman, 1987), and symptoms of emotional distress (i.e., depression, poor self-esteem, sexual dysfunction) have been identified among adult survivors of childhood sexual abuse (Burnam et al., 1988). Arboleda-Flores and Wade (1999) further reported that childhood physical abuse doubled the odds of having a major depressive episode in adulthood. Given the broad body of literature documenting life-course

implications of childhood experiences of victimization, it was deemed critical to explore lifelong exposure to violence in the present investigation.

Victimization of Prostituted Women

Church, Henderson, Barnoar, and Hart (2001) reported that outdoor versus indoor prostitution was associated with higher levels of violence perpetrated by clients than were the effects of the city, drug use, and duration of or age that the women began prostitution. Others have focused on the extent and severity of violence experienced by street workers. Miller (1993) found a significant proportion of participants had experienced sexual assault (93%), forced or coerced sex with self-identified police officers (44%), rape (75%), and robbery (56%). Physical assault with and without weapons (i.e., being beat up, stabbed, or slashed) was also commonly reported. Williamson and Folaron (2001) reported findings of exposure to and intensity of violence experienced by street workers similar to those of Miller and others (Silbert & Pines, 1982).

Farley and Barkan (1998) examined violence experienced by prostituted women across the life span in relation to experiences of PTSD. PTSD was related to childhood physical abuse and to the occurrence of rape in adult prostitution.

The more types of violence reported (e.g., childhood sexual assault, adult rape and physical assault), the greater the severity of PTSD symptoms. A significant association also emerged between the number of types of lifetime violence experiences and severity of PTSD numbing and hyperarousal symptoms.

Understanding lifespan exposure to violence clearly provides new avenues from which to explore vulnerability and risk associated with victimization. Of importance, the crack cocaine epidemic of the previous decade significantly heightened the danger associated with street-level prostitution (Faugier & Sargeant, 1997).

Drug Culture

Drug addiction has been widely examined in relation to female prostitution. Crack cocaine specifically, and its use by street-level sex workers, has received much academic attention. Potterat, Rothenberg, Muth, Darrow, and Phillips-Plummer (1998) examined the sequence and timing of prostitution entry and drug use among prostitution-involved women and a comparable control group. Drug use was more common among the prostitution-involved women and preceded sexual activity in both groups. Moreover, the majority

of prostitution-involved women (66%) reported drug use prior to prostitution involvement. In contrast, Dalla (2000) found an equal number of participants reporting drug addiction following prostitution entry as preceding entry. Her work supports that of Graham and Wish (1994), who examined female drug use in relation to deviant behavior and found that drug use did not always precede prostitution work. Drug use, they contended, may evolve as a coping strategy among women already involved in prostitution.

Regardless of entry motivation, the entire culture of street-level prostitution has been dramatically altered due to the inundation of crack cocaine (Inciardi et al., 1993). Many (Barry, 1995; Fullilove, Lown, & Fullilove, 1992; Sterk & Elifson, 1990) have described a newly emerging form of prostitution, namely, the direct exchange of sex for crack. The street presence of crack cocaine is directly and indirectly related to the diminishing price of sexual services and the increased danger and vulnerability associated with street-level prostitution (Faugier & Sargeant, 1997; Inciardi et al., 1993). Addiction-motivated street workers are increasingly willing to provide cheaper and more degrading sexual services in exchange for the drug (Dalla, 2002; Maher, 1996). Still, this is not an entirely new phenomenon. Heroin "bag brides" engaged in similar behavior (Goldstein, 1979); the difference rests in the sheer magnitude with which the behavior has expanded among female crack addicts (Feucht, 1993; Inciardi, 1995). According to Maher (1996) and others (Jones et al., 1998), not only have the tricks become cheaper and the violence more pronounced, but street workers are also increasingly viewed as carriers of HIV and as morally contaminated.

Theoretical Orientation

To provide unique data on the victimization of prostituted women, including reactions to such, stress theory formed the foundation of this investigation. According to stress theory (Lazarus, 1966; Lazarus & Folkman, 1984; Lazarus & Launier, 1978), individuals presented with a potentially stressful event react first by making a primary cognitive appraisal of the event as irrelevant, benign/positive, or stressful (Lazarus & Folkman, 1984). Secondary cognitive appraisal occurs as one evaluates internal (e.g., locus of control, impulse control) and external (e.g., social support) resources and one's options for managing the event. Events are perceived as stressful based on unique perceptions of the events as exceeding or taxing one's coping resources (Lazarus & Launier, 1978).

Although coping strategies are tactics used to minimize stress, they need not be conscious or effective; denial and drug use (i.e., escapism) are considered coping responses (Matheny, Aycock, Pugh, Curlette, & Cannella, 1986). In this investigation, a survey of life events comprised potentially

stress-inducing circumstances. Internal resources were operationalized with three surveys: emotional well-being (i.e., depression), locus of control, and impulse control. Social support was examined as an indicator of perceived external resources, and five coping strategies were evaluated.

Based on prior research and the theoretical model, six hypotheses were formulated:

Hypothesis 1: Active coping strategies (e.g., seeking assistance) will be positively associated with emotional and practical support.

Hypothesis 2: Passive (e.g., internalizing) or potentially harm-inducing (e.g., escapism) coping strategies will be positively associated with depression and negatively associated with emotional and practical support.

Hypothesis 3: External locus of control will be positively associated with depression and negatively associated with emotional and practical support.

Hypothesis 4: Number of life events will be positively associated with external locus of control.

Hypothesis 5: Low impulse control will be negatively related to talking coping strategies and positively related to escapism and an external locus of control.

Hypothesis 6: Coping responses will be determined first based on internal resources (e.g., impulse control) and second on perceived external resources (i.e., social support).

METHOD

Participants

The final sample consisted of 43 women. Inclusion required that participants be female, involved or formerly involved in streetwalking prostitution, and 18 years of age or older. When interviewed, participants averaged 33.3 years of age; most identified themselves as White (n = 20) or Black (n = 18). The majority lived in shelters (n = 16), and most (n = 40) were no longer actively involved in prostitution, although length of time since the last prostitution incident varied considerably, as did tenure in the sex industry (range = 6 months to 44 years) (see Table 1).

Table 1. Demographic Data

Variable	*Total Sample (*N = *43)*
Age	
Mean	33.3
Mode	37.0
Range	19-56
Race/ethnicity (*n*)	
Black	18
White	20
Native American	5
Marital status (*n*)	
Never married	22
Married	10
Divorced/separated	11
Residence (*n*)	
Shelter	16
Friends	3
Prison	14
Partner or husband	6
Alone or with children	4
Education	
Mean	9.3
Range	7th grade-2 years of college
GED (*n*)	14
Children	
Mothers (*n*)	38
Number of children (total)[a]	105
Mean	2.4
Range	1-7
Children's residence (*n*)	
Mother	10
Father	19
Grandparent or aunt	21
On own	14
Foster care	22
Adopted	8
Other[b]	11
Prostitution	
Age at entry	
Mean	19.4
Mode	18
Range	11-31
Time in sex industry[c]	
Mean	11.5 years
Range	6 months-44 years
Onset of drug abuse[d] (*n*)	41
Preprostitution	16
Concurrent with prostitution	8
Postprostitution	17

GED = General Equivalency Diploma
a. Does not include number of pregnancies; numerous participants reported abortions.
b. Includes individuals living with extended kin, in mental health facilities, and incarcerated.
c. Multiple modes exist; includes streetwalking as well as other forms of prostitution (e.g., sugar daddy involvement).
d. Drugs of choice included crack, amphetamines, alcohol, and heroin.

Procedures

Most participants (n = 26) were located through an intervention program designed to assist prostituted women in leaving the streets. The program offered weekly group meetings and one-on-one counseling. Of the program clientele, 90% were voluntary participants; 10% attended as a probation requirement. Due to the voluntary nature of the program, group attendees were transitional, and involvement was sporadic at best. With support from the program director and the approval of program attendees, the principal investigator (PI) attended weekly group meetings for 17 months. Each week, the PI explained her presence in the group, including the purpose and goals of the investigation. Interviews were scheduled with interested individuals. Two additional recruitment strategies were used to obtain a diversified sample of prostituted women not involved in an intervention program.

To accomplish this, 14 participants were recruited while incarcerated in a women's prison in an adjacent state. Approval from the prison warden was obtained to conduct personal, private, tape-recorded interviews with women meeting participation requirements. Finally, 3 participants were located through word of mouth. None of the 3 had participated in counseling or any intervention program.

All data were collected by the PI in two North American midwestern cities. After signing an informed consent form, participants were given the choice of individually completing the surveys or having the PI read each question and all response choices. Surveys were completed in an average of 35 minutes. Participants then engaged in an in-depth, tape-recorded interview with the PI focusing on violence experienced during childhood, on the streets (e.g., by clients, strangers, pimps), and with intimates. Audiotaped data were transcribed verbatim by trained research assistants. Based on prison policy, incarcerated participants could not receive compensation; all other participants received $20.00 for their time.

Instruments

Life Events

To assess life events or stressors, a revised version of the Family Inventory of Life Events and Changes (Olson et al., 1982) was used, consisting of 26 items (e.g., divorce, victim of violence, was jailed or had trouble with the law). Participants indicated if the event had occurred within the previous year; responses were then summed so that higher scores indicated more occurrences of potentially stressful life events (M = 13.3, range = 4 to 21).

Depression

To assess emotional well-being, an internal resource, a seven-item depression inventory assessing feelings over the previous 2 months, was used. Items included, for instance, "I have had little energy and not felt like doing anything" and "I have felt depressed." Response choices ranged from 1 (*rarely*) to 4 (*most of the time*). Two items were reverse coded so that higher scores indicated greater feelings of depression (M = 2.5, range = 1.3 to 4.0, SD = 0.74). The instrument demonstrated high reliability (.83) using Cronbach's test.

Locus of Control

Locus of control, another internal resource, refers to the extent to which individuals see themselves as in control of and responsible for events in their lives. Locus of control was assessed using a seven-item instrument that included statements such as "I have little control over the things that happen to me" and "I often feel helpless in dealing with problems in life." Respondents answered each statement using a Likert-type response scale ranging from 1 (*not true*) to 4 (*always true*). Two items were reverse coded so that higher scores indicated greater external locus of control (scale M = 1.6, range = 1.0 to 3.3, SD = 0.49). The survey evidenced high reliability (Cronbach's alpha = .65).

Impulse Control

Impulse control, the third internal resource measured, refers to the ability to delay gratification; those lacking impulse control tend to act on the spur of the moment without thought for future consequences. Impulse control was measured using a 20-item instrument that asked participants to respond on a 5-point Likert-type scale, ranging from5 (*strongly agree*) to 1 (*strongly disagree*), to statements such as "I often act on the spur of the moment without stopping to think" and "I like to test myself every now and then by doing something a little risky." Several statements were reverse coded so that higher scores indicated limited impulse control. The scale mean was 3.0 (SD = 1.0), and the scale demonstrated high reliability (.70) based on Cronbach's alpha.

Social Support

Social support, an external resource, may buffer potentially negative or stressful experiences. To assess network composition and type of support

received, the Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1981, 1982) was administered. Respondents were asked to list up to 10 "significant" people in their lives. Respondents answered each question for each individual included in their network list using a 5-point Likert-type response scale; response choices ranged from1 (*not at all*) to 5 (*a great deal*). Emotional support was assessed with four questions such as "How much does this person make you feel liked or loved?" The subscale mean was 2.9 (*SD* = 1.4) with an internal reliability of .95. Practical support, the giving of symbolic or material aid, was assessed by asking two questions such as "If you need to borrow some money, a ride to the doctor, or some other form of immediate help, how much could this person help you?" This scale demonstrated a mean of 2.6 (*SD* = 1.3) and an alpha coefficient of .93.

Coping

The Coping Resources Inventory–Form D (Hammer & Marting, 1987) was used to identify participants' strategies for managing stress. This 26-item instrument was designed to measure five types of coping: social (e.g., talking to someone), escapism (e.g., eating, using drugs), externalizing (e.g., hitting someone or something), internalizing (e.g., keep feelings to self), and active (e.g., do something about the situation). Participants responded to statements indicating the extent to which they would employ each of the five strategies; response choices ranged from 1 (*would not do*) to 4 (*would always do*). Total subscale scores were computed for each strategy. Using Cronbach's alpha, the reliability coefficient for each subscale was as follows: Social = .77, Escapism = .72, Internalize = .71, Externalize = .77, and Active = .78.

Data Analyses

Interview Data

Thematic analysis (Aronson, 1994; Taylor & Bogdan, 1984) was used for analyzing all text-based data. The process begins with a thorough reading of all transcribed data and the listing of patterns of experiences. Patterns are then classified into meaningful categories. The classified data are then expounded on by adding all information from the transcribed interviews that relates to those patterns or themes. Themes are defined as units derived from patterns (Taylor & Bogdan, 1984). The next step involves combining and cataloging related patterns into subthemes. The process requires researcher interpretation based on rigorous identification and compilation of related ideas, thoughts, and experiences into meaningful concepts when examined together. All data were coded by the PI and a graduate-level research

assistant. When coding discrepancies arose, original transcripts were reexamined until coding agreement could be reached.

Survey Data

Survey data were analyzed using standard statistics (i.e., correlation, *t*-test, and hierarchical regression techniques). Statistical significance was evaluated using standard parametric and nonparametric tests, as appropriate.

RESULTS

Qualitative Analyses: Interview Data

Childhood Sexual Abuse

In all, 32 participants (74%) reported experiencing childhood sexual abuse. Sexual molestation, in and of itself, does not necessarily result in damaging long-term consequences. When attempting to understand the potential repercussions of sexual abuse, Sauzier, Salt, and Calhoun (1990) reported that certain factors appear most salient, including the perpetrator's relationship with the victim, how long the abuse continued, age when the abuse began, the severity of abuse (e.g., fondling versus penetration), and whether someone intervened on behalf of the victim. The potential for long-term psychosocial damage is greater when the perpetrator is a trusted adult (e.g., nuclear family member), the abuse is sustained over a long period of time, and the acts involve penetration (Finkelhor, 1987).

Sexual perpetrators, in the order most commonly implicated by the participants, included biological fathers, stepfathers, family friends, brothers, and uncles. Other perpetrators, including grandfathers, adopted and foster fathers and brothers, neighbors, and mothers' boyfriends, were also mentioned. One woman was sexually molested by her biological mother and another by an older sister. And 8 participants (25%) had been victimized by more than one individual; 5 participants reported that, in addition to themselves, their siblings were also victims of sexual abuse. Although several participants were unable to report how long the molestation continued, others were quite cognizant of this information. Sexual victimization, among those who were able to provide the information, ranged from2 years or less (n = 5) to 3 to 5 years (n = 4), to 6 to 8 years (n = 4), to 10 or more years (n = 6). Molestation began for 8 women (25%) during infancy or toddlerhood (age 3 or earlier). And 3 participants were impregnated by their abusers: one at age 11 by an older brother, another at age 13 by her biological father, and the third at age 14 while in foster care (by another foster child).

Childhood Physical and/or Emotional Abuse

Of the participants, 6 reported being victims of physical abuse during childhood by parents or parental figures; 9 reported witnessing severe and sustained domestic violence. Shan, for instance, was physically abused as a child and reported frequently witnessing her father beating her mother. She explained that although her mother was physically present, she was emotionally absent. She stated, "My mother, she just fed us. . . . She was just there." Others described similar experiences. Landis was raised in a home where domestic violence was commonplace. She was often beaten by both her mother and an older brother. About her brother she stated, "He was very violent toward me. . . . I got pregnant, and he was still beating me; my mom allowed it. It was like she didn't even care." Simply stated, the physical presence of an adult caregiver accounted for little if those caregivers failed to "act" as parental figures. Finally, verbal degradation and emotional abuse characterized relationships between several participants and their parental figures. To illustrate, Randi's older sister was accidentally killed 2 weeks prior to Randi's birth. Randi explained how, when angry, her mother would degrade and ridicule her by saying, "I wish you were the one who died and your sister lived!" Randi's experience provides but one example of the cruelty inherent in many of the verbal assaults endured by participants during childhood. Participants often reported being told they were "no good for anything" or that they were worthless and "would never amount to anything."

Violence on the Streets

Street prostitution is a form of self-destruction. As explained by one participant, "There were times when the only way out of a situation was by the grace of God." Another reported, "Once you hit the streets, there's no guarantee you'll come back." Most participants (n = 31) relayed incidents of severe abuse suffered at the hands of their partners, clients, and/or pimps. Many reported having been beaten with objects, threatened with weapons, and abandoned in remote regions. Rape was commonly reported (3 had been gang raped, and 4 had been raped on multiple occasions). One participant's teeth had been knocked out by her boyfriend; she had also been raped at knifepoint by a trick. When asked to explain how she returned to the streets after being raped, she explained, "I just looked at it as not getting paid." Her response likely indicates a coping mechanism that apparently allowed her to return to the dangerous street environment without paralyzing fear and perhaps also with some level of personal dignity intact. When asked to describe her feelings of being beaten with a tire iron and left for dead, Sam responded, "I didn't care. I didn't think about it. I got 150 stitches and was back on the streets that same day." Another explained her attitude toward the

potential for personal harm by saying "You just give them what they want and pray they don't kill you." Participants rarely reported crimes of victimization to authorities. One explained, "Society and law enforcement consider a prostitute getting raped or beat as something she deserves. It goes along with the lifestyle. There's nothing that you can do."

Self-Protection

During the interviews, participants were asked to describe steps they took to protect themselves from potential harm. Participants reported using the following strategies: relying on intuition in determining the "safety" of a client, meeting clients in designated areas, refusing to travel more than a few blocks with them, and making exchanges in visible areas (e.g., near street lights). One participant explicitly noted that she would not date "White men driving red trucks"; the word on the streets, she explained, was that they were "dangerous." And 3 participants reported jumping from moving vehicles after sensing danger; although most participants refused to get into clients' cars, the potential for violence was too great. Others reported always carrying weapons; as Alissa explained, "I carried a knife, and I let it be known." Physical safety, however, was never guaranteed. One woman remarked, "Every time I got in a car I knew my life was in danger; I didn't care." Moreover, despite the potential for harm, several participants (n = 8) reported thriving on the "excitement" of the streets, the lights, the sounds, and as one woman remarked, "It was a high just getting home alive some nights." It is possible that these women had become so emotionally numb that life-threatening situations were necessary in order to feel any sensation at all.

Yet even those women who reported feeling attraction to the glamour and the excitement of the streets also admitted that the streets held a much darker side. Tara, for instance, reported liking it when she worked the streets and then stated, "[But] I wouldn't encourage nobody to do it. It's dangerous. It's not a life to have." Similarly, Sam explained, "I was addicted to the prostitution too, to the excitement, not just the drugs. . . . I just loved it out there." After reflection, however, she described a recent experience:

> We had a class and they played tapes, and we had to write down how we felt while we were listening to the songs. And they played "Roxanne, you don't have to put on that red dress tonight," and a vision came to me. I was walking down the street at 3 or 4 in the morning, and it was drizzling and one car was going by every half hour, just lonely as could be. And it made me realize how lonely that life really was, that it wasn't anything exciting. It was lonely. It was very lonely.

In sum, participants reported extensive experience with street violence. Several indicated surprise that they were still alive. Moreover, despite the danger inherent in street work, several participants were drawn to the danger, the excitement, and the "glamour" of street prostitution; surviving life-threatening encounters created an emotional high for some of the participants.

Violence From Partners and Pimps

Not only were participants exposed to violence on the streets, they also experienced violence in their intimate relationships. In fact, despite being subjected to multiple forms of bodily injury by clients (tricks/johns), intimate partners were the source of the majority and most severe forms of abuse reported by the participants. Many were hospitalized on numerous occasions for injuries received from beatings by their partners. One received a broken eardrum. Another was shot at by her ex-husband; the bullet missed her but hit her 4-year-old daughter. Another described being beaten with a shoe for not telling her partner she was pregnant. Still another stated that her boyfriend "brought me home a disease once and then beat me for it." And Cammie, who was only 19, described how her boyfriend beat her unconscious and then drove her around a graveyard describing how he was going to bury her alive. She reported constantly having "choke marks on my neck or bruises on my face" and continued by stating, "What is really sad is that I expected that; I didn't think there was anything better for me." Several described being beaten on a weekly basis. Few sought help.

Pimp-controlled prostitution continues to exist (Williamson & Cluse-Tolar, 2002). Of participants, 17 reported having worked for a pimp, 5 women had children with men described as their pimps, and 2 reported relationships with their pimps lasting more than 10 years. Pimps were typically described as having several women working for them simultaneously, a situation described as a "stable." In this type of situation, the pimp has sexual access to all women working for him, and physical violence is frequently used to maintain power and control. Involvement with a pimp was described as beginning in one of two ways. In the first instance, a woman already involved in the sex industry may develop an ongoing relationship with a man who then begins pimping her for drug money or other desirable commodities. Eventually, she begins assisting him in finding other women to join the group (the stable), but she is generally considered the "main" woman. In this study, Tara and Monika were stable members. When asked how they felt about being one of many, each responded, "It meant less work for me."

The second process by which someone begins working for a pimp involves young females, usually runaways, who are befriended by (typically) much older men who provide them with shelter and clothing. Only later do they

discover they are indebted and expected to return the favors. About the man who became her pimp when she was 14, one participant reported, "I thought he was just being a friend and helping out; I thought 'Well, cool.'" Of interest, when asked whether they had worked for a pimp, 3 participants simply responded, "The rock [crack] was my pimp." Their lives, in other words, were completely controlled by their addictions.

Participants were adamant in distinguishing relationships between men who were "partners" from those who were "pimps," although the differences were subtle. Both partners and pimps were characterized as prone to physical violence and abuse, both fathered children of the women, both were aware of the women's prostitution and drug-related activities, and often both partners and pimps introduced the women to the streets. The primary differences were described as the following: (a) Pimps typically "required" that the women make a specific amount of money; (b) the women gave all their earnings to their pimps who, in turn, provided shelter and clothing; and (c) the pimps often had several women working for them at once with whom they were also sexually involved. Women with partners not considered pimps reported personally determining the amount of money they made, controlling (at least to some degree) how it was spent, and a belief that their partners did not engage in sexual relations with others.

Of the participants, 10 indicated that although their partners were neither tricks nor pimps, their partners were aware of their prostitution activity. When asked to describe how a marriage or a similar relationship works when prostitution is involved, Mandy explained, "They're dysfunctional … They [the men] are usually using [drugs], and so they want you to go out prostituting so they can have dope." This was confirmed by several women (n = 8) who reported being introduced to sex work by their partners, who encouraged or forced continued prostitution to support personal drug habits. Several participants indicated that their partners would baby-sit their children while they worked the streets; partners benefited in that the women would return with drugs or enough money to buy drugs.

Quantitative Analyses: Survey Data

Independent samples t tests were conducted to compare participants located through WellSpring (n = 26) with those located while incarcerated (n = 14) or through word of mouth (n = 3). Comparisons were made on all survey indices and the following demographic variables: age, education, number of children, and age when prostituting began. Only one significant difference emerged. Participants located through the WellSpring program were slightly less educated (M = 8.5 years, SD = 5.1) (F = 5.32, $p < .05$) than those who were incarcerated or contacted through word of mouth (M = 10.5 years,

SD = 3.4). All participants were then grouped together for the remaining statistical analyses.

Hypothesis 1: Active coping strategies (e.g., seeking assistance from someone else, taking action) will be positively associated with emotional and practical support. Hypothesis 1 was partially supported (see Table 2).

Emotional support was positively associated with two types of coping strategies: seeking social assistance (r = .30, p < .05) and taking action (r = .32, p < .05). Practical support was significantly related to taking action (r = .32, p < .05) and emotional support (r = .95, p < .01).

Hypothesis 2: Passive or potentially harm-inducing coping strategies (e.g., escapism, keeping feelings inside) will be positively associated with depression and negatively associated with emotional and practical support. Partial support was also found for Hypothesis 2. Using escapism and internalization as coping strategies was not significantly related to depression (see Table 2). However, as predicted, escapism was significantly and negatively associated with seeking assistance from others (r = −.53, p < .01) and taking action (r = − .35, p < .05). Furthermore, escapism was positively associated with internalizing coping behaviors (r = .52, p < .01). Finally, although not predicted, taking action as a coping strategy was positively associated with seeking assistance from others (r = .58, p < .01).

Hypothesis 3: External locus of control will be positively associated with depression and negatively associated with emotional and practical support. Hypothesis 3 was supported. Results indicate that external locus of control was significantly and negatively associated with emotional support (r = −.31, p < .05) and practical support (r = −.30, p < .05) and positively associated with depression (r = .59, p < .01).

Table 2. Correlational Analyses: Significance of Associations

	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*
1. Escapism	—										
2. Talk to someone	−.53**	—									
3. Internalize	.52**	−.09	—								
4. Externalize	.14	−.04	.01	—							
5. Take action	−.35*	.58**	.15	−.20	—						
6. Emotional support	−.10	.30*	−.09	.08	.32*	—					
7. Practical support	−.06	.29	−.09	.08	.32*	.95**	—				
8. Depression	.13	−.10	−.07	.23	−.29	−.20	−.19	—			
9. Life events	.35*	−.41**	.33*	.13	−.21	.05	.11	−.04	—		
10. Locus of control	.26	−.21	−.01	.16	−.23	−.31*	−.30*	.59**	−.15	—	
11. Impulse control	.22	−.37*	−.33*	.17	−.49**	.01	.02	.23	−.01	.34*	—

* p < .05 ; ** p < .01

Hypothesis 4: Number of life events will be positively associated with external locus of control. Hypothesis 4 was not supported. However, number of life events was significantly associated with *type* of coping behavior. Specifically, the greater the number of life events reported, the more likely it is that individuals reported using escapism ($r = .35$, $p < .05$) and internalizing behavior ($r = .33$, $p < .05$), and the less likely respondents were to seek assistance from others ($r = -.41$, $p < .01$).

The most commonly reported types of life events included increases in arguments or fights with parents ($n = 7$), close friend or family member died ($n = 6$), close friend or family member seriously hurt or injured ($n = 5$), became involved in counseling or therapy ($n = 5$), and decrease in amount of alcohol or drugs using ($n = 4$).

Hypothesis 5: Lower impulse control will be negatively related to talking to someone as a coping strategy and positively related to escapism and having an external locus of control. As indicated in Table 2, partial support was found for the fifth hypothesis. Impulse control was significantly and negatively related to talking to someone ($r = -.37$, $p < .05$) and positively related to external locus of control ($r = .34$, $p < .05$). Significant associations between impulse control and escapism were not evident. However, two unexpected findings emerged: Impulse control was negatively associated with internalizing ($r = -.33$, $p < .05$) and with taking action ($r = -.49$, $p < .01$).

Regression Analyses

Separate hierarchical multiple regression analyses assessed the effect of internal resources (Block 1) and external resources (Block 2) on each of the five coping strategies. Hypothesis 6 was partially supported. Table 3 shows the univariate statistics, R^2 changes from Models 1 and 2, and standardized regression weights from Model 2.

For active coping strategies (i.e., doing something about the problem), Model 1 with all three internal resource variables had an $R^2 = .26$, adjusted $R^2 = .20$, $F(3, 39)$ change $= 4.49$, $p < .01$, with impulse control having a negative significant regression weight, indicating impulse control was negatively associated with using active coping strategies. Model 2, with external resource variables added, had an R^2 change $= .10$, $F(3, 39)$ change $= 5.95$, $p < .05$, with practical support and impulse control having significant regression weights. Emotional support was excluded from Model 2, indicating that given all other variables, emotional support did not contribute significantly to variations in choosing active coping strategies.

For social coping strategies (e.g., talking to someone), Model 1 with internal resource variables (Block 1) had an $R^2 = .14$, adjusted $R^2 = .11$, $F(1, 41)$

Table 3. Summary Statistics and Results From Regression Models

Coping Strategy	*Internal or External Resource*	R^2 *Change Model 1*	*Model 2*	*Standardized Regression Weights From Model 2*
Active		.26**	.10*	
	Depression			−.14
	Locus of control			.12
	Impulse control			−.49**
	Practical support			.33*
Social		.14 .	09*	
	Depression			.08
	Locus of control			−.02
	Impulse control			−.38*
	Emotional support			.31*
Internalizing		.12		
	Depression			−.06
	Locus of control			.15
	Impulse control			−.36*
	Emotional support			—
	Practical support			—
Externalizing		.06		
	Depression			.19
	Locus of control			.01
	Impulse control			.12
	Emotional support			—
	Practical support			—
Escapism		.09		
	Depression			−.06
	Locus of control			.24
	Impulse control			.15
	Emotional support			—
	Practical support			—

* $p < .05$; ** $p < .01$

change = 6.38, $p = .01$. Impulse control had a negative significant regression weight, indicating that impulse control was negatively associated with social coping strategies but not the two other internal resources (i.e., depression, locus of control). Model 2 retained all three internal resource variables and emotional support when external resource variables (Block 2) were added in the analysis, with an R^2 change = .09, $F(3, 39)$ change = 5.95, $p < .05$. Emotional support had a positive significant regression weight, and impulse control had a negative significant regression weight, indicating that higher levels of social coping was significantly related to less impulse control and more perceived emotional support. Simply stated, after controlling internal resources, perceived emotional support was a significant predictor of using social coping strategies.

Hierarchical regression models for escapism, internalizing, and externalizing did not exhibit significant R^2 change and F values. External resource variables were excluded from the models for these coping strategies. For escapism, R^2 change = .09, $F(3, 39)$ change = 1.28, $p > .05$. For internalizing, R^2 change = .12, $F(3, 39)$ change = 1.80, $p > .05$. For externalizing, R^2 change = .06, $F(3, 39)$ change = 0.89, $p > .05$. Internal and external resources were not found to be significantly associated with escapism, internalizing, or externalizing except for impulse control, which had a negative significant regression weight in the model for internalizing coping strategies.

DISCUSSION

Certain populations, including women and individuals residing in deviant or crime-infested contexts, are particularly vulnerable to the threat of psychological and physical harm. This investigation sought to examine victimization across the life span and from a theoretical frame of reference among street-level sex workers, specifically. The uniqueness of this investigation lies not in the phenomenon under examination (i.e., victimization); exposure to violence among street workers has been well documented. However, this investigation provides multiple types of data (qualitative interviews and self-report survey indices) and a manner for conceptualizing that information (through stress theory) for enhanced programmatic planning and intervention purposes.

Simply stated, victimization may exert profound impacts on an individual's sense of security and agency and may significantly diminish optimal well-being. According to stress theory, assessment of threat or harm is an individual-specific phenomenon based largely on primary (cognitive registration of the event) and secondary (evaluation of internal and external resources) appraisals for determining responses (i.e., coping strategies). The manner in which one copes with or responds to potentially threatening circumstances may or may not be effective and may or may not present additional challenges to well-being. For instance, drug use is commonly reported among street-level prostituted women and serves as a form of escapism, but for many, chemical addiction furthers the necessity of remaining on the streets to support the addiction. Such information is valuable for assisting street workers in responding more effectively to their dangerous environmental contexts and social service agencies in providing optimal intervention.

Results from intensive interviews revealed lifelong patterns of abuse and victimization. Participants overwhelmingly reported experiencing sexual, physical, and/or verbal abuse and witnessing various forms of domestic violence during their formative years. Unfortunately, victimization continued

into their adult lives. Not surprisingly, violence on the streets from pimps, strangers, and clients was a commonly reported phenomenon and largely supports findings from previous investigations (Maher, 1996; Raphael & Shapiro, 2002) documenting the vulnerability of women engaged in street-level prostitution to various forms of victimization. Unexpectedly, however, participants reported experiencing greater and more severe violence from intimate partners than from clients or strangers. Significantly, although participants clearly distinguished partners from pimps, the behaviors of both were described as frighteningly similar. Williamson and Cluse-Tolar (2002) drew parallels between pimp-controlled prostituted women and women experiencing domestic violence by intimates. Both types of relationships are ultimately based on power and control, and more importantly, both types of relationships provide the women with certain "needs," which may include a sense of love and belonging (Williamson & Cluse-Tolar, 2002). When a prostituted woman's primary source of support is her partner or pimp, who benefits greatly from her prostitution activities, the challenges for leaving prostitution rise exponentially. Women who have experienced an entire life of victimization are most at risk for remaining with abusive men and least likely to expect otherwise.

These data have strong implications for intervention. Violence perpetrated by strangers likely has different consequences than prolonged violence from intimates; domestic violence intervention services must address the multiple sources of violence experienced across the life span by women attempting to leave the streets. In addition, finding safe housing is a priority for effectively assisting female sex workers; it cannot be assumed that having a place of residence (i.e., not homeless or living on the streets) means living within an environment free of assaultive behaviors. Correlational analyses provide additional data significant for providing effective, comprehensive intervention. First, assisting prostituting women in forming healthy social support systems (e.g., with mentors, sponsors, prostitution survivors) is critical. Turning to others for assistance, emotional and physical, was strongly related to more positive coping strategies (e.g., taking action) and negatively related to health-compromising coping behaviors (i.e., escapism). Moreover, emotional and practical support were negatively associated with external locus of control, indicating that lack of supportive relations (or inability to access those resources) is related to a lower sense of agency or competence in affecting one's environment.

Of concern also is the strong correlation between use of escapism and internalization as coping strategies; both challenge the development and maintenance of healthy support network relationships and likely feed off one another to create a cycle of self-compromising behaviors, when

seeking assistance could offer more positive outcomes to stress-inducing circumstances.

Interesting also was that number of life events was negatively associated with seeking assistance from others. Lacking causal data, it is equally likely that individuals experiencing numerous stress events within a relatively brief amount of time (one year) overwhelm support network members, thus creating a sense that one cannot turn to others as additional events occur. On the other hand, it could be argued that lacking rich emotional and practical support systems, individuals are more likely to take greater risks or rely on themselves out of necessity, thus resulting in more stressful life events. Regardless, correlational analyses reveal the need, both directly and indirectly, for intervention and prevention programs to provide educational and practical guidance in establishing, accessing, and maintaining strong (and health promoting) networks of support.

Despite the valuable findings presented here, future work using path analyses to test (rather than simply explore) the theoretical model (i.e., stress theory) among this vulnerable population is warranted. Such data will reveal particular points for intervention and preventive efforts. More specifically, it may be revealed that present theoretical models do not adequately capture the phenomenon of interest when applied to particularly vulnerable populations. New theoretical models, with preventive goals, may be warranted. Finally, limitations of the present investigation must be acknowledged. First, each participant was interviewed at one point only. Thus, process data (i.e., examining change through time) are impossible. Second, participants reported experiences throughout the life course; childhood events were described retrospectively. Despite the clarity with which childhood phenomena and exposure to victimization were reported, memories of the formative years are nonetheless filtered and interpreted through an adult lens. Third, despite an attempt to obtain a diversified sample of prostituted women (i.e., through an intervention program, word of mouth, and prison), the data reflect a nonrandom participant group.

Finally, a recent investigation of prostitution in the Chicago metropolitan area (Raphael & Shapiro, 2002) reveals significant violence perpetrated against prostituting women *generally* (not only street workers). Violence against vulnerable female populations is not open for debate as it cannot be denied. The task of academicians is to conduct rigorous research that enables service providers and policy advocates to apply attendant data to real-life phenomena as a means of enhancing overall well-being for *all* at-risk female populations.

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