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# How Do I Fit? Understanding Barriers and Facilitators to Social Services among Women Involved in Commercial Sexual Exploitation through Identities, Traumas, and Substance Use

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How Do I Fit? Understanding Barriers and Facilitators to Social Services among Women  
Involved in Commercial Sexual Exploitation through Identities, Traumas, and Substance Use

by

Lara Gerassi, MSW, LCSW

A dissertation presented to  
The Graduate School  
of Washington University in  
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*May 2017*

## ABSTRACT OF THE DISSERTATION

How Do I Fit? Understanding Barriers and Facilitators to Social Services among Women Involved in Commercial Sexual Exploitation through Identities, Traumas, and Substance Use

by

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Doctor of Philosophy in Social Work

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Sex trafficking and commercial sexual exploitation can lead to devastating health and mental health consequences for women, such as elevated rates of substance use, trauma, posttraumatic stress disorder, and depression, as well as sexually transmitted infections, including HIV. Consequently, access to and engagement with services that address addiction, mental health, housing, and provide general advocacy are critically important to women's increased safety, stabilization, and quality of life. The purpose of this grounded theory study is to 1) understand self-identities (with regard to sex trading) and the role of substance use among women involved in CSE and 2) identify perceived barriers and facilitators to service access and engagement with addiction treatment and related services among women involved in CSE. Using a constructivist approach, in-depth, semi-structured interviews were conducted with 30 women (ages 18 and older) with experiences of trading sex as adults and 20 service providers who come into contact with this population. Findings suggest women held varied identities, as they had diverse experiences with sex trading, trauma, and substance use. Women experienced judgment when disclosing sex trading in social service intakes, and in individual and group sessions from providers and other women in the groups. Racial tensions among women engaging in services

and experiences of racism for African American women were also identified. A grounded theory model is presented depicting how women navigate social services. Implications for practice, policy, and research are discussed.

## Chapter 1

### Dissertation Introduction

The U.S. Trafficking Victims Protection Act (TVPA) of 2000 reconceptualized victims of sex trafficking to include: 1) minors involved in commercial sex, and 2) adults induced into commercial sex by force, fraud, or coercion. This legislative shift resulted in viewing trafficked people as victims rather than criminals, with the aim of diverting survivors into social services rather than the criminal justice system. While individuals of all ages are vulnerable to commercial sexual exploitation (CSE) including sex trafficking, adults (18 and older) face unique challenges, as they must identify the presence of force, fraud, or coercion to meet the federal definition of trafficking and no longer qualify for services available to minors (Marcus et al., 2011; Pearce, 2006). Although prevalence estimates remain strongly contested in this area, the National Human Trafficking Resource Center (NHTRC) reports that more than 86 percent of reported cases are female and 70 percent are adults<sup>1</sup> (Polaris Project, 2016). Commercial sexual exploitation can lead to devastating health and mental health consequences for women, such as elevated rates of substance use (Farley & Barkan, 2008), trauma (Hossain, Zimmerman, Abas, Light, & Watts, 2010), posttraumatic stress disorder (PTSD) and depression (Burnette et al., 2008; Farley & Barkan, 2008), and sexually transmitted infections (STIs) (Raiford, Seth, & DiClemente, 2013; Syvertsen et al., 2013) including HIV (Murphy, 2010; Surratt & Inciardi, 2004; Syvertsen et al., 2013; Tolou-shams, Brown, Houck, & Lescano, 2008).

Women involved in CSE are most often identified through law enforcement and social service providers (Newton, Mulcahy, & Martin, 2008), but are more likely to disclose their legal and abuse histories to mental health and addiction service providers (Sloss & Harper, 2010).

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<sup>1</sup> Data for female adults is not reported

Thus, service providers have the unique opportunity to assist women involved in CSE in gaining access services across multiple service sectors. Given high rates of substance use, mental health issues, and economic instability among women involved in CSE, their access to and engagement with services that address addiction, mental health, housing, and provide general advocacy are critically important to increased safety, stabilization, and quality of life (Clawson, Dutch, Solomon, & Grace, 2009). Additionally, access to and engagement with services that assist survivors of violence such as intimate partner violence (IPV), sexual violence (SV), and CSE are also important. Yet, no study to date has provided an in-depth exploration of the barriers and facilitators to accessing and engaging with critically important social services specifically among adult women. In addition, although the challenges regarding varied definitions of CSE have been well-documented (Gerassi, 2015a; Musto, 2009), the extent to which these factors may impact women's eligibility for, access to, and engagement with such services remains unknown.

As such, this grounded theory study of women ages 18 and older who have traded sex as adults and their providers seeks to: 1) understand self-identities (with regard to sex trading) and the role of substance use among women involved in CSE; and 2) identify perceived barriers and facilitators to service access and engagement with critically important social services.

## **1.1 Background**

Terms such as sex trafficking, (forced) prostitution, survival sex, CSE, and sex work have created extensive challenges for service providers and law enforcement to identify survivors, in large part because of the theoretical and philosophical perspectives influencing these concepts (Gerassi, 2015a, 2015b). As such, the term CSE will be predominantly used to inclusively describe the target population. CSE includes individuals who are sex trafficked, which occurs when an adult is induced through force, fraud, or coercion to perform a sex act for money or anything of financial value (22 U.S.C. § 7102; U.S. Customs and Border Protection, n.d.), as

well as women who participate in either of the following when a power differential is present (i.e., class, race, ability/disability, gender, or status): 1) *survival sex*- the exchange of sex for money or something of financial value or 2) *prostitution*- the unlawful promotion of or participation in sexual activities for profit, including attempts or the solicitation of customers or transport of persons for prostitution purposes (US Dept. of Justice, 2012). However, it is important to note that recruitment materials for sexually exploited women in this study referred to the population as “women who trade or sell sex,” as this focuses on the actual behavior and therefore reduces stigma of this population (Martin, 2010, 2013).

### **1.1.1 Prevalence of CSE**

Prevalence estimates of sex trafficking and exploitation within the U.S. are scarce and current estimates are disputed as they may not capture the true prevalence of trafficking and exploitation (Clawson et al., 2009; Leidholdt, 2004). The covert nature of CSE and lack of a uniform system of data collection to identify victims both increase the difficulty of obtaining accurate statistics (Macy & Graham, 2012a). Prevalence estimates are generated through avenues such as law enforcement, social services, or the NHTRC, which may only capture more visible survivors of trafficking and exploitation. Additionally, most prevalence studies and much of the empirical work generally in this field has focused on minors (Clawson et al., 2009; Estes & Weiner, 2001; Watts & Zimmerman, 2002) (under the age of 18), which has subsequently resulted in a limited understanding of the dynamics and prevalence of sexually exploited adults.

In 2016, the NHTRC reported 7,572 hotline cases and a total of 31,659 cases have been reported from 2007-2016. Of the cases from 2016, 73 percent involved sex trafficking, 86 percent involved female victims, and 70 percent involved adults<sup>2</sup>. Additionally, some of the

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<sup>2</sup> Polaris Project does not break down data further so it is not clear what percentage were adult women over the age of 18.

56,575 individuals nationwide charged with prostitution and commercial vice crimes in 2012 are estimated to be misidentified victims of sex trafficking or exploitation (Farrell & Pfeffer, 2015; Heil & Nichols, 2015; Macy & Graham, 2012; Nichols & Heil, 2014; Reid & Piquero, 2014). Over 66 percent of individuals charged were identified as female adults. Among adults charged with prostitution crimes, 42.3 percent identified as Black compared to 53.5 percent identified as White (Bureau of Justice, 2017). A limitation of this data is that they do not discriminate between consumers and sellers.

### **1.1.2 Impact of CSE**

Women involved in CSE are at high risk for various adverse substance use and mental health disorders. For example, more than 50 percent of women entering substance abuse treatment in the U.S. reported having traded sex for money or drugs in their lifetime, 41 percent did so within the past year (Burnette et al., 2008). Nearly 80 percent of women involved in CSE have experienced a substance use disorder (SUDs) currently or in the past (Farley, Cotton, Lynne, Zumbeck, & Spiwak, 2008). Drug use may be used as a form of control and intimidation, as some women are forced or coerced into exchanging sex for drugs (Hudson & Nandy, 2012; Reid & Piquero, 2014). Other women have utilized drugs as coping mechanisms to survive multiple forms of violence throughout the course of sexual exploitation (Syvertsen et al., 2013). Some may enter prostitution as substance abusers, while others have been forced or coerced into utilizing drugs by those who profit from an individual's trading or selling sex (i.e., "pimps or "traffickers;" Hudson & Nandy, 2012; Reid & Piquero, 2014). Women involved in CSE are often arrested or convicted for their own substance use related crimes or held responsible for crimes committed to benefit a trafficker or pimp, such as drug trading for them (Schauer, 2006; Wilson & Dalton, 2008). Individuals who trade sex and inject drugs may participate in



unprotected sex more often than those who do not, which increases the risk of HIV infection (Rekart, 2005) and STIs (Cohan et al., 2006).

In addition to increased rates of SUDs, this population remains at particular risk for multiple forms of trauma, which further increases their risk of PTSD and depression. For example, consistent empirical evidence shows an association between child sexual abuse and sexual exploitation and prostitution (Clawson et al., 2009), with prevalence rates ranging widely from 33 to 84 percent (Ahrens, Katon, McCarty, Richardson, & Courtney, 2012; Clawson et al., 2009; Fong & Berger Cardoso, 2010; Simons & Whitbeck, 1991; Vranceanu, Hobfoll, & Johnson, 2007). One study indicated that 51 percent of women involved in CSE experienced physical abuse and 65 percent experienced emotional abuse prior to selling sex, typically in childhood, which may contribute to a younger age of entry into prostitution (Roe-Sepowitz, 2012). A study examining health outcomes among domestic, sexually trafficked victims found that most women had experienced physical violence (88.9 percent), sexual violence (83.3 percent), and psychological violence (100 percent) throughout their years of being sexually exploited (Muftic & Finn, 2013). Consequently, rates of PTSD (69 percent) and depression (60 percent) are exceptionally high in this population. PTSD increases the likelihood of SUD and both PTSD and SUD increase risk of revictimization (Lalor & McElvaney, 2010; Steel & Herlitz, 2005). The high rates of SUD, trauma (Hossain et al., 2010), PTSD, and depression (Burnette et al., 2008; Farley & Barkan, 2008) in addition to STIs (Raiford et al., 2013; Syvertsen et al., 2013) and HIV (Murphy, 2010; Surratt & Inciardi, 2004; Syvertsen et al., 2013; Tolou-shams et al., 2008) within this population continually lead to adverse health and mental health consequences.

Women involved in CSE are at high risk of living in chaotic environments, which are marked by disruptions to child development and housing. For example, 64 percent of sexually exploited women were involved in the child welfare system as children (Nixon, Tutty, Downe, Gorkoff, & Ursel, 2002). Problematic family dynamics further complicate an individual's risk for sexual exploitation. For example, a study exploring 174 women who were exploited when they were children found associations between other factors in the home such as familial IPV and drug use, as well as lack of supervision, food, medical care, and love (also known as neglect) (Reid, 2011). Moreover, many women and girls involved in CSE report themes of isolation, lack of connection to resources, often stemming from instability in childhood (i.e., incidents within families that lead to involvement with child welfare system as well as foster care placements or experiences of abandonment) (Farley, 2004; Rabinovitch, 2008; Ugarte, Zarate, & Farley, 2003).

Such dynamics can serve as contributing factors toward the pathway into sexual exploitation (Kramer & Berg, 2003), as pimps and traffickers are often comprised of family members, family friends, or intimate partners (Jordan, Patel, & Rapp, 2013; Newton et al., 2008; Raphael, Reichert, & Powers, 2010). Additionally, family members who may know of a woman's relationship with a potential trafficker or pimp may blame her for choosing or staying in that particular relationship (Stark & Hodgson, 2008). About 15 percent of women and girls involved in CSE report being recruited into prostitution by family members and about 25 percent report being recruited by a boyfriend or intimate partner (Newton et al., 2008; Raphael et al., 2010). Exploited women also may be forced, coerced, or pressured into the commercial sex industry in order to support themselves or their family members (Farley, 2004). Furthermore, 84 percent of women involved in CSE report experiencing homelessness (Farley & Barkan, 2008), causing increased disruptions to their living environments. Many women participate in survival

sex in order to supplement or generate income, putting them at increased risk for victimization (Heil & Nichols, 2015).

### **1.1.3 Services for Women Involved in CSE**

Overall, the most commonly reported needs among women involved in CSE include substance abuse and mental health treatment (Burnette et al., 2008; Coward Bucher, 2008; Kurtz, Surratt, Kiley, & Inciardi, 2005a; Wiechelt & Shdaimah, 2011), shelter and residential services (Kurtz et al., 2005a; Reid, 2010) as well as general advocacy and support (Hotaling, Burris, Johnson, Bird, & Melbye, 2004; Valera, Sawyer, & Schiraldi, 2001; Walls & Bell, 2011). Although no mental health treatment has been tested with women involved in CSE and girls specifically, multiple interventions including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing (EMDR) have gained empirical support for treating trauma and PTSD in female populations with similar trauma types (Edmond, Rubin, & Wambach, 1999; Eftekhari, Stines, & Zoellner, 2006; Margolin, 2009; Schubert & Lee, 2009). Given the high rates of SUDs and trauma, existing integrated interventions targeting women with trauma and substance abuse may provide appropriate and urgently needed screening and treatments for this population (Cocozza et al., 2005; Torchalla, Nosen, Rostam, & Allen, 2012; Van Dam, Vedel, Ehring, & Emmelkamp, 2012).

In addition to mental health and substance use treatments, residential programs continue to be a high priority for women involved in CSE (Reichert & Sylwestrak, 2013). Outreach programs, described as meeting a person in their environment, forming a relationship with them, and providing services and information before connecting them to other services (Connolly & Joly, 2012), may also be effective with this population. IPV and SV service providers may be best-equipped to serve women involved in CSE given the nature of overlapping dynamics

between sexual exploitation and IPV (Busch, Fong, & Williamson, 2004) and SV (Macy & Graham, 2012; Wilson & Dalton, 2008). General support and advocacy services (including case management and crisis intervention) are helpful to women involved in CSE in assisting them with navigating complex legal and health structures with which they are likely to come into contact (Clawson et al., 2009; Jordan et al., 2013; Sloss & Harper, 2010; Zlotnick, Tam, & Zerger, 2012). Increasing the access to and engagement with such critically important services for women involved in CSE will serve as an important step in improving the security, safety, and quality of life for this population.

#### **1.1.4 Women's Self-Identities with Regard to CSE**

The self-identity of a woman involved in CSE, that is whether she considers herself a victim, prostitute, sex worker, etc., may impact her ability to access and engage in services (Martin, 2013). As previously described, sex trafficking occurs when an adult (age 18 and older) is induced through force, fraud, or coercion to perform a sex act for financial compensation (22 U.S.C. § 7102). However, elements of force, fraud, or coercion may be challenging to identify, especially when the person experiences (often untreated) substance abuse, PTSD, and depression (Nichols & Heil, 2014). A possible reason could be that sexually exploited women are more likely to indicate that they *trade or sell sex* rather than identifying themselves as victims of exploitation (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013a; Martin, 2013). Evidence suggests that elements of force, fraud, or coercion and therefore the difference between a *sex trafficking victim* and a *prostitute* (an adult who performs sex acts for financial compensation without force, fraud, or coercion of another) may be overlooked or misidentified by law enforcement (Fong & Berger Cardoso, 2010; Lange, 2010; Macy & Graham, 2012a; Nichols & Heil, 2014; Potterat, Rothenberg, Muth, Darrow, & Phillips-Plummer, 2001).

Analyses of the legal definitions that determine who is eligible for a variety of services indicate that it is imperative to understand the role that self-identity and providers' perception of women's identities play in their access and engagement with critically important services.

### **1.1.5 Barriers and Facilitators to Services**

Women involved in CSE may face multiple structural barriers to accessing and engaging with services (Kurtz et al., 2005a; Oselin, 2010; Oselin, 2009), such as information accessibility, social stigma, matching with a program's target populations (to include women involved in CSE), and staff communication skills (the extent to which communication appears judgmental) with women involved in CSE. However, the influence of such factors on women involved in CSE regarding access to and engagement in services within the United States remains unknown. Two studies in Canada found that women who traded sex perceived low needs for and use of legal assistance as a result of mistrust in law enforcement (Sloss & Harper, 2010) and that fear of police with regard to women's drug use deterred service utilization (Shannon et al., 2008). However, prostitution is legal in Canada, which may create different dynamics between women and law enforcement as compared to countries where prostitution is prohibited. As such, it is imperative to understand how these factors may be impacted in the U.S., which generally criminalizes prostitution (with the exception of a few rural counties of Nevada-NRS 244.345), as it is possible women have even greater fear of law enforcement.

Some organizations specifically target sexually exploited or trafficked women, such as residential (Reichert & Sylwestrak, 2013; Thomson, Hirshberg, Corbett, Valila, & Howley, 2011) and outreach programs (Bowser, Ryan, Smith, & Lockett, 2008; Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013b; Yahne, Miller, Irvin-Vitela, & Tonigan, 2002). However, women involved in CSE also encounter services such as substance abuse and mental

health treatments (Burnette et al., 2008; Clawson et al., 2009; Kurtz et al., 2005a; Macy & Graham, 2012b), which are often designed to serve diverse populations of adults or adult women. Women are frequently excluded from trafficking-specific services if they are not identified as sex trafficking victims (Farley & Barkan, 2008; Macy & Graham, 2012b; Roe-Sepowitz, Hickie, Dahlstedt, & Gallagher, 2014), which often occurs if they do not disclose the presence of a trafficker or pimp. A 2015 study reported that social service providers stressed the importance of providing services to sexually exploited individuals as well as victims who fit the legal definition of sex trafficking more clearly (Heil & Nichols, 2015). The immediate disclosure of a trafficker/pimp, as well as a woman's self-identity as a victim or individual trading/selling sex of her own choice, may impact her access to and engagement with services. Women may feel more comfortable with their providers and less fearful of judgments regarding their history with trading/selling sex (Kurtz, Surratt, Kiley, & Inciardi, 2005b; Lazarus et al., 2012). Women who do not view themselves as victims may not feel as though particular services designed for victims of trafficking apply to them, as indicated by several survivor testimonials (Sanders, 2015; Smith 2014). However, the extent to which this impacts how women involved in CSE engage with services remains unknown.

## **1.2 Theoretical Frameworks of Commercial Sexual Exploitation**

### **1.2.1 Feminist Theories: Neo-abolitionist vs. Liberal Perspectives**

Feminist theory is a broad, transdisciplinary perspective that strives to understand roles, experiences, and values of individuals on the basis of gender (Miriam, 2005). With regard to sexual exploitation or sex work, scholars and advocates are generally divided into two opposing, theoretical camps. One group, most commonly referred to as neo-abolitionists, condemns all forms of voluntary and involuntary prostitution as a form of oppression against women. Neo-

abolitionists, including most radical and Marxist feminists, postulate that prostitution by definition is never entirely consensual and cannot be regarded as such (Tiefenbrun, 2002). The other group, including most liberal feminists, argues that a woman has a right to choose prostitution and other forms of sex work as a form of employment or a career. These divisions in feminist theory are often applied to direct practice frameworks. Some practitioners may utilize a harm-reduction approach to work with women in prostitution, while others may remove (or “rescue”) women from prostitution (Clawson et al., 2009; Farley & Barkan, 2008; Oakley et al., 2013).

According to neo-abolitionists, sexual commerce provides a patriarchal right of access to women’s bodies, thus perpetuating women’s subordination to men (Farley, 2005). They usually dispute the use of pornography, as neo-abolitionists tend to claim it causes harm and violence against women. For example, Gloria Steinem and the presidents of the National Organization for Women (NOW) and Planned Parenthood sent a letter to former U.S. President Clinton protesting the administration’s refusal to define all types of prostitution as “sexual exploitation” (Shennon, 2000; Stolz, 2005). Because neo-abolitionists generally view all commercial sex acts as patriarchal and oppressive, advocates would be inclined to ban all forms of sex work and sex industry from existence (Weitzer, 2007).

The liberal feminist perspective, often viewed as sex positive, splits from previously derived feminist schools of thought to advocate for women’s right to an autonomous choice of sex work. Advocates of this perspective hold that sexuality, including paid forms, are consensual in many cases and that a woman should be free to make her own decision regarding the type of work in which she chooses to partake (Ferguson et al., 1984). Similarly, liberal feminists argue that the notion of intimacy and which actions or sexual acts are considered intimate should be

decided by the woman. Thus, any mandate or perspective dictating to women that their choice of work is wrong remains dangerously patriarchal (Kesler, 2002). Liberal feminists shift the model of person-centered services from a typically neo-abolitionist model that rescues and protects victims from prostitution and sexual exploitation to providing services for women who work in the sex industry without attempting to remove them from the industry (Shah, 2004).

Liberal feminism and neo-abolitionism have impacted the interpretation of research. For example, several studies question sex workers or prostitutes about preferred legalization status of prostitution; however, the implications of analyses of responses vary by scholar (Farley et al., 2008; Lutnick & Cohan, 2009; Valera et al., 2001). The majority of participants in several studies answered affirmatively when asked about enacting legalized prostitution policies and indicated that legalization, or at least decriminalization, would help them (Farley & Barkan, 2008; Valera et al., 2001). However, only Lutnick and Cohan (2009) interpreted their results as an implication for movement toward decriminalization and potential legalization.

### **1.2.1 Legal Perspectives**

With the exception of parts of Nevada, the U.S. currently maintains a prohibitionist stance on prostitution. Anyone who participates in the promotion or participation of sexual activities for profit in the U.S. may be charged with prostitution and commercial vice (US Dept. of Justice, 2012). No distinction is made between those who buy, sell, or facilitate the selling of sex acts. Furthermore, research suggests that there is an inequality in the enforcement of laws, as sellers are prosecuted more rigorously than buyers or facilitators (Halter, 2010; Hirschfield, 2008; Marcus et al., 2011). Considering the complexity of perspectives on the concept of choice in prostitution, it is unsurprising that many would disagree with U.S. law. Some who support decriminalization of sellers point to studies with high rates of homelessness, mental health



trauma, and sexual/physical assault over the course of their prostitution and indicate that most in prostitution do not freely consent. Therefore, legalization would not decrease its harm to women and girls but rather create a system in which such adverse consequences could continue to occur (Farley et al., 2008). Others argue that countries like the U.S. set a high standard or burden of proof for trafficking victims and criminalize other women who sell sex who also may be in need of services (Wolken, 2004). Liberal and sex positive feminists, such as Carole Vance, argue that these standards are detrimental to women, as women are viewed and treated as criminals unless there is proof of force or coercion (Vance, 2011).

### **1.2.3 Decriminalization & Legalization**

Utilized to varying degrees across the world and in parts of Nevada, two alternative and controversial methods of legally addressing prostitution are continually proposed among legal and academic scholars. First, the decriminalization of prostitution is offered, which would remove criminal penalties for any prostitution-related activity (Hughes, 2005). This model may be applied in different ways. For example, in Sweden, the sellers of sex are decriminalized, however the buyers of sex in addition to pimps and traffickers are not (Leidholdt, 2004). This contrasts greatly from the model enacted in 2003 in New Zealand, in which all parties involved in the buying, selling, and facilitating of sex were decriminalized (Wylter & Siskin, 2010).

Equally (if not more) controversial, the second method to lawfully address prostitution is the legalization of prostitution in its entirety and as enacted in multiple countries across the world including Netherlands, Australia, and India (Cho, Dreher, & Neumayer, 2013). As the term suggests, legalization of prostitution frees all those who participate in, sell, buy, or facilitate the selling of sex from criminal liability and responsibility. Thus, prostitution is redefined as a form of service work (Hughes, 2005). With this method, selling sex may be regulated and taxed,

contributing to national economies. Many who favor legalization argue that the ability to apply labor standards will help women and provide them access to legalized health insurance or other benefits of the legalized working world (Sullivan, 2003). Although one Nevada study (where prostitution is legalized), conducted by Farley and colleagues (Farley et al., 2008), indicated that sex workers there thought legalization would help them or keep them safe. This study also concluded that these recommendations from sex workers could be due to PTSD and other mental health issues. This is illustrated by the authors who state that “the extreme violence suffered by these respondents suggests that we cannot view prostitution as a neutral activity or simply as a vocational choice. Instead, prostitution must be understood as sexual violence against women” (p.49). It is important to understand how women identify themselves and their own experiences of CSE as well as how that may influence their access to and engagement with social services.

### **1.3 Study Purpose**

Despite increased recognition of sexual exploitation and trafficking, as well as calls for services including substance abuse and mental health treatment, there is scant evidence regarding effective programs and services specifically for women involved in CSE (Clawson et al., 2009; Macy & Graham, 2012b; Wilson, Critelli, & Rittner, 2015). Evidence suggests that sexually exploited women’s substance use is closely tied to the individuals who exploit them. Women may either utilize substances as coping mechanisms or trade/sex in exchange for substances. Though these exchanges and control tactics (including using substances to control women’s sex trading) are well documented in the literature (Bletzer, 2005; Cusick, Brooks-Gordon, Campbell, & Edgar, 2011; Cusick & Hickman, 2005; Warf et al., 2013), its impact on how women view and identify themselves remains unexplored. In large part because of the overlap between substance abuse and sexual exploitation services, addiction treatment is typically offered or mandated in collaboration with services targeting women involved in CSE (Begun & Hammond, 2012;

Wiechelt & Shdaimah, 2011; Yahne et al., 2002). Although eligibility for addiction treatment does not necessarily depend on a potential client having a history of sexual exploitation and vice versa, it is essential to understand how women's access to and engagement with addiction treatment and related services is influenced by such experiences of sexual exploitation.

Additionally, there is scant data on the barriers and facilitators to service access and utilization among existing programs (Oselin, 2009b). It is essential to understand how this population accesses and engages in substance abuse, mental health, residential, and advocacy services in order to better serve a population of exploited women that remains vulnerable and hidden. Ultimately, this study will inform efforts to increase access and engagement, thus improving services for women involved in CSE and propelling the field forward toward tailored service provision. Understanding how women involved in CSE view themselves, their own behavior, and existing services is the only way to ultimately increase sexually exploited women's access to and engagement with services that address their multiple needs.

### **1.3.1 Research Aims**

The specific aims and corresponding research questions of this study were as follows:

Aim 1: Understand self-identities (with regard to sex trading) and the role of substance use among women involved in CSE.

Aim 2: Identify perceived barriers and facilitators to service access and engagement with addiction treatment and related services among women involved in CSE.

The study resulted in a conceptual model addressing the role of women's self-identities and substance abuse in sexual exploitation as well as barriers and facilitators women involved in CSE face in accessing and engaging with addiction treatment and related services (see conclusion chapter).

## **1.4 Overview of the Dissertation & Three Paper Model**

The introduction of this dissertation provides an overview of the relevant evidence that shaped the aims and design of the study. In accordance with the three paper model format, three manuscripts stemming from this project were prepared for publication.

The second chapter (manuscript 1), titled *Design Strategies from Sexual Exploitation and Sex Work Studies among Women and Girls: Methodological Considerations in a Hidden and Vulnerable Population*, provides a review and critical analysis of methodological issues and challenges to studying women involved in CSE. Specifically, the paper reviews and critically analyzes sampling strategies, with an emphasis on non-randomized strategies that are most often used in the study of hidden and vulnerable populations and reflects upon collaboration experiences with the organizations that would become the community partners for the current study. Co-authors for this paper include Drs. Tonya Edmond and Andrea Nichols for their revisions to this manuscript as well as experiences in conducting these studies that were discussed in the piece's reflexive analysis sections.

The third chapter (manuscript 2), titled *How Do Women Who Trade Sex View Themselves? Roles of Trauma and Substance Use in Women's Self-Identities as Sex Traders, Independent Prostitutes, or Prostitutes with Pimps*, seeks to answer the first aim of the proposal. The analysis for this paper focus on the varied identities of sex trading that women hold as well as differing views of trauma and substance use. Importantly, the impact of women's racial identities on women's sex trading is highlighted. Implications for social work practice are discussed with specific regard to the need for client-centered, mirrored language in interactions with women who trade sex as well as marketing materials. Co-authors for this manuscript include Drs. Vanessa Fabbre and Tonya Edmond for their enhancement of data analysis and

development of the findings as well as Abby Howard for her role in data coding, analysis, and peer debriefing and support (PDS).

The fourth chapter (manuscript 3), entitled *Disclosing Sex Trading to Providers: Barriers and Facilitators to Navigation of Social Services among Women Involved in Commercial Sexual Exploitation*, describes the process of disclosure for women who trade sex when they access social services. The paper highlights the barriers and facilitators for discussing sex trading with providers in individual and group sessions. Challenges to disclosure included tensions around race and experiences of racism, which divided women who identify as African American/Black and White in groups. Implications for social work practice are discussed, including highlighting the appropriate times and ways to discuss disclosure, as well as how to address racial tensions in groups. Co-authors for this manuscript include Drs. Tonya Edmond, Vanessa Fabbre, and Andrea Nichols for their supervision and enhancement of data analysis and development of the findings as well as Abby Howard for her role in data coding, analysis, and PDS.

The fifth chapter describes additional findings addressing women's experiences of racism and racial tensions when navigating services. Women who identified as African American/Black reported perceived preferential treatment for White clients. Additionally, racial tensions emerged as a challenge in practice and providers used multiple approaches in order to address them. A promising practice of facilitating dialogue addressing racism and racial privilege and oppression is identified.

In accordance with a grounded theory study, the final conclusion chapter of this dissertation presents an emerging theoretical model of women's experiences navigating through services. The model and its constructivist methodological approach are delineated. In addition,

limitations of the project, as well as member checking are described. Implications for practice, policy, and research are also discussed.

## Chapter 2

### **Design Strategies from Sexual Exploitation and Sex Work Studies among Women and Girls: Methodological Considerations in a Hidden and Vulnerable Population<sup>1</sup>**

#### **2.1 Introduction**

There are numerous methodological issues to consider when studying individuals who trade or sell sex, some of whom may be described or self-identify as victims, prostitutes, or sex workers and traders. The complexity of definitions related to individuals who trade or sell sex in some capacity is described elsewhere in great detail (Gerassi, 2015b). The ways in which we describe individuals who trade or sell sex (i.e., prostitutes, trafficked individuals, sex workers, etc.) often create challenges in study design and measurement of the scope of the problem. Ranging degrees of force and coercion involved in sexual exploitation as well as differences in terminology require clear inclusion criteria that will further advance this field of study. Consequently, the discussion here will draw primarily from existing literature to explore best practices when designing studies that focus broadly on the study of individuals who are exploited in some way into trading or selling sex.

Designing studies in collaboration with community partners and other experts from the field is an important step to ensure the safety of participants in addition to high levels of participant recruitment and overall success of the project. It is important to consider participants' safety, particularly among hidden and hard-to-reach populations, while also maintaining high methodological rigor and utilizing various sampling strategies to be as inclusive as possible of the wide ranging experiences survivors may have. Although community involvement and

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<sup>1</sup> Earlier version of this work is in press and available at: Design strategies from sexual exploitation and sex work studies among women and girls: Methodological considerations in a hidden and vulnerable population. *Journal of Action Research*. DOI 10.1177/1476750316630387

collaboration may be time-consuming to any research agenda, it is essential to the feasibility and utility of the research process and results. In addition to review of existing best practices, the first and third author have conducted qualitative research with anti-sex trafficking/exploitation coalitions and community organizations. Research questions and applicability were strengthened by collaboration and existing participation with community boards and coalition members. Existing partnerships were critical in crafting research questions and dissemination of findings. While this partnership has been helpful, the rest of the sampling strategies discussed here that particularly target are a review of the literature.

This article reviews the methodological developments and sampling techniques when studying sexual exploitation and sex work drawing from the extant research, and closes with a reflexive account of the benefit of community collaboration in study design.

## **2.2 Methodological Considerations**

The process of designing a safe and highly rigorous study of sexually exploited women and girls is not without its challenges. There are many dimensions to consider with regard to participants' emotional and physical safety as well as the ethics of recruiting an exploited population for the purposes of research. Due to the hidden nature of the population, non-randomized sampling techniques must be often utilized, as researchers are challenged with balancing methodological rigor and feasibility. Community and key stakeholder involvement will increase the likelihood of gathering rich data, drawing meaningful conclusions, and creating the most impact from the study. Project designs and sampling strategies have become more diverse and stronger methodologically, especially in the use of innovative recruitment techniques. The following section reviews the major methodological issues when conducting research with sexually exploited women and girls.



### **2.2.1 Participant Safety**

It is imperative to employ strategies to increase safety measures for both participants and researchers, particularly when studying highly stigmatized and vulnerable populations involved in dangerous situations. Guided by ten basic principles of conduct, the World Health Organization (WHO) released ethical and safety recommendations for interviewing trafficked women (See Figure 2.1 for full list; Zimmerman & Watts, 2003). In addition to ethical requirements of any research interviewer (i.e., obtaining informed consent), particular emphasis is placed on assessing the associated risks and possibility of re-traumatization before undergoing the interview with each participant. With a population that is known to experience high levels of abuse and exploitation, risk of re-traumatization is high (Cwikel & Hoban, 2005). In addition to sensitivity throughout the interview, it is essential for an interviewer to be able to provide referral information for any services she may request and/or indicate needing as well as be prepared for emergency situations should they arise (i.e., a participant discloses that she is in immediate danger and safety planning is required).

Even the process of disclosing one's name or having to call for an appointment and return at another time may be challenging for this population. To address this challenge, Martin and colleagues (2010) utilized recruitment flyers throughout a particular target neighborhood that, in addition to describing sample criteria, indicated that "all information is confidential and anonymous- we do not ask your name" (p. 10). Individuals were encouraged to take tear-off portions of the flyer with the researchers' first names and phone numbers only and were never required to provide names or identifying information over the phone or in the interviews. These described precautions were taken to increase the safety of participants and researchers throughout the course of the study.

### **2.2.2 Study Design**

Beyond the essential safety considerations, designing studies in order to effectively and rigorously survey and understand this population without causing further exploitation or harm is both critical and challenging. Participatory research models in which researchers partner with community-based organizations as well as members of the target population when possible have become increasingly utilized (Tiffany, 2006; Urada & Simmons, 2014). Ongoing involvement with organized groups may also be helpful in processing complex problems in practice and research. For example, the ongoing involvement of the authors in a local coalition, which includes survivors of and practitioners who address sexual exploitation has been essential in shaping research questions and in gaining support for ongoing projects. This ongoing participation and collaboration provided keen insight into the challenges of serving this complex population. These partnerships and trusted relationships are important in the design of any study involving sexually exploited women and girls.

**Participatory Research Methods.** Participatory research aims to combine investigation, education, and action while taking measures to involve the participation of “oppressed and ordinary people in the problem posing and solving” (Maguire, 2008, pp.417-418). As such, this educational process for both researchers and participants analyzes the named problem and takes collective action as a planned consequence of scientific inquiry. While models of participatory research may vary, there are five general guidelines to be upheld with any project (Maguire, 2008): 1) organization of the project and knowledge of the working area, which requires establishing relationships with community organizations, leaders, institutions and therefore originates within the particular community, 2) process by which researchers and participants identify and understand various perceptions of the most significant problem within the

community, 3) advancing inquiry in which researchers and participants compile questions and themes to be investigated, 4) researching social reality and analyzing collected information in which the research is designed and conducted by researchers with community partners, and 5) definition of action projects, in which researchers and community members decide on next steps to address the identified problem. Involving community practitioners as well as members of the target population (who are in a safe and emotionally ready space to participate healthily) can be essential to the safety and breadth of any project with this population. In addition, working closely with practitioners may also increase both the dissemination of research findings and community buy-in of resulting recommendations (Urada & Simmons, 2014).

One step in involving community participation is the creation of a community advisory panel or board, which may provide much needed perspective to translate methodological designs into reality and strengthen safety measures taken against coercion of participants (Martin, Hearst, & Widome, 2010; Miller et al., 2011; Shaver, 2005). Community advisory boards can be assembled through coalitions or other advocates working with the population of interest as well as members of that population, as applicable. For example, in its original design Martin and colleagues (2013) relied on study participants to come into contact with probation, law enforcement, prostitution specific programming or other locales and subsequently be recruited into the study by those partners. Participants were asked to call and schedule an appointment, yielding 20 calls from participants and only four completed interviews. Based on feedback from the committee, consisting of practitioners and individuals who traded sex, the project shifted its approach from an appointment-based design to a completely anonymous, drop-in model utilizing outreach flyers that neither required nor even asked names or any identification (as previously

described). Researchers credit their collaboration with community practitioners and individuals who had previously traded sex with the restructuring and ultimate success of the project.

Community advisory boards may also be quite helpful in the operationalization and design of quantitative studies of trading sex/sexual exploitative behaviors, as studies have handled count variables in a variety of ways, and can present limitations to the research findings. Some studies establish individual count variables to provide descriptive information of trading/selling sex behavior, such as one study which asked its participants, “have you been paid by someone for having a sexual relationship with them?” (Reid & Piquero, 2014, p. 250). Another study utilized a single dichotomous variable (0=no personal exposure to sex trade, 1=any personal exposure to sex trade), in which respondents were determined to have been exposed to the sex trade if they said yes to any question regarding receiving money by having sex with someone, exchanging sex for money, gifts, drugs or a place to stay (Kennedy, Bybee, Kulkarni, & Archer, 2012).

Other examples include several count variables that are then added into an overall sexual risk behavior score. For example, one study assessed HIV/AIDS risk behavior by totaling the score of 11 questions with dichotomous answers that included variables of having sexual intercourse under the influence of drug/alcohol, exchanging sex, etc. (Chen & Biswas, 2011). While this may have served the study’s purpose to examine HIV/AIDS risk generally, this method can be problematic for CSE research as it does not allow for differences between having sex under the influence and trading sex. These forms of risky behavior that may not be comparable. Count variables in quantitative research risk losing the voice of the individuals’ experiences as to what led to these forms of behaviors. However, community advisory boards

should have experiences as to what these different types of sexual/high risk encounters may look like, providing much needed context to inform study design.

Empirical studies that utilize quantitative and qualitative methodological designs and are grounded in partnership with stakeholders have the opportunity to construct more meaningful research questions that are applicable to sexually exploited populations. Without such partnerships, researchers remain at risk of conducting studies that are ultimately meaningless. Research questions and subsequent findings may not elucidate the true nature of sexual exploitation and may lead to counterproductive decisions with regard to identification, prevention, and practice. Utilizing a community advisory board or other forms of member checking throughout the methodological process may strengthen the quality of the project and the utility and applicability of the results. Consequently, it is important for study consumers to look for details describing the level of community advisory boards or community involvement throughout the research process. Such information allows the reader to assess whether the study design choices considered all practical elements of collecting data safely and the dissemination and implementation of results among local communities.

### **2.2.3 Reflexive Analysis: Study Design with Community Collaboration**

Particularly in exploring hard-to-reach or little-examined populations, involvement with community organizations and/or coalitions can be useful in developing research questions and designing studies as well as establishing trust with the target population and gaining access to or expanding samples. For example, in a study examining domestic violence victim advocacy practices conducted by the third author, relationships with individuals in two participating organizations had already been established through volunteer work, as well as personal and professional relationships (Nichols, 2012; 2013; 2014). Through these relationships, informal

discussions of challenges to advocacy and key research needs took place over a period of time, eventually guiding the study design and resulting research questions. At the point of beginning the research project, initial respondents were eager and willing to participate, and allowed use of their names in developing further contacts. No invitation to participate was declined, and each subsequent interviewee made additional referrals, also allowing the use of their names upon recruitment of further research participants. Ostensibly, collaboration with community organizations allowed for entrée and an expanded sample, and opened doors to examining victim advocacy in varied organizational contexts.

#### **2.2.4 Sampling Methodology and Recruitment Strategies with Hidden Populations**

Non-randomized sampling strategies with increasing rigor and innovative methodology are almost always utilized with the study of hidden and hard-to reach populations, such as sexually exploited individuals. The majority of studies focusing on sexual exploitation and sex work have utilized a qualitative approach, which is typically more meaningful when using non-randomized sampling strategies, as these studies generally aim to uncover phenomena and understand processes that would be lost in quantitative designs (Padgett, 2008). Such applications of rigor will strengthen the study's results and ability to draw meaningful conclusions. Purposive sampling (snowball sampling in particular) and facility-based (or target) sampling are most often utilized for hidden, stigmatized populations and can present various strengths and weaknesses for methodological rigor. Despite some criticism, a relatively new technique in the literature called respondent driven sampling (RDS) is gaining increased evidence as another rigorous sampling strategy for hidden populations and has primarily been used to administer surveys and collect data. The diversification of sampling strategies has also been shown to provide a more inclusive sample of any heterogeneous target population (Singer,

2013). This section reviews the relevant sampling strategies and the state of rigor associated with each method as well as recruitment techniques for hidden and hard-to-reach populations. Further, as the initial contacts were generally respected in the field, this facilitated trust and rapport-building, and the resulting data was rich with disclosure of both benefits and challenges associated with collaboration with the criminal justice system, in what may have otherwise been a sensitive and guarded area of disclosure.

**Purposive Sampling.** Purposive sampling is commonly used with the study of sexual exploitation and sex work, particularly when a qualitative study is designed. Purposive sampling is defined as the “deliberate process of selecting respondents based on their ability to provide the needed information” (Padgett, 2008, p. 53) and is often used to examine a particular phenomenon that is rare or hidden from general view. Because qualitative work aims to uncover contextual complexities and key dynamics of a particular phenomenon and not necessarily generalize to an entire population, non-representative sampling (and particularly purposive sampling) is considered a rigorous and appropriate methodology (Padgett, 2008). Snowball sampling, a particular type of purposive sampling, involves a subgroup of the population of interest helping to identify other subgroup members through referral (Magnani, Sabin, Saidel, & Heckathorn, 2005). The first respondents to the study, known as seeds, then refer other individuals who meet inclusion criteria to researchers. A review of the evidence suggests that snowball sampling is the most commonly utilized method for studying sexually exploited women and girls, as it is described in multiple studies (i.e., Campbell, Ahrens, & Clark, 2003; Cusick, Brooks-Gordon, Campbell, & Edgar, 2011; Cusick & Hickman, 2005; Dodsworth, 2014; Koken, 2011; Kurtz, Surratt, Inciardi, & Kiley, 2004; Kurtz, Surratt, Kiley, & Inciardi, 2005; Lucas,

2005; Nichols, 2012; Oselin, 2010; Raphael, Reichert, & Powers, 2010; Reichert & Sylwestrak, 2013; Sanders, 2007; Williamson & Folaron, 2003; Wilson & Dalton, 2008).

Although purposive (and specifically snowball) sampling allows for stigmatized or hidden populations to be interviewed or surveyed, it has been criticized for its tendency to sample more cooperative participants as well as those already connected to a particular service. Thus, the truly stigmatized or hidden members of that population who may have fewer or no known connections to the original seeds may be missed (Shaver, 2005). This further underscores the importance of community involvement and collaboration when designing the study, as they may be able to penetrate into more hidden networks than the researcher could do alone. Community involvement in finding such hidden networks may be essential in shedding light on a particular phenomenon for a subpopulation, such as women involved in street-based prostitution in the Midwest (Williamson & Baker, 2009) or understanding advocates' utilization of survivor-defined practices in the protective order process (Nichols, 2012). When conducting qualitative work, findings should lead to saturation, that is a point in which the collection of new data does not shed any further light on the issue under investigation (Mason, 2010).

**Facility-Based Sampling.** Facility-based or target sampling involving one particular location is often used to capture experiences, correlates and prevalence of sexually exploited women and girls in prisons or juvenile detention (Lopez et al., 2011; Millay, Satyanarayana, O'Leary, Crecelius, & Cottler, 2009; Otto-Salaj, Gore-Felton, McGarvey, & Canterbury, 2002; Raj et al., 2006; Voisin, Hong, & King, 2012), prostitution diversion or exiting programs (Clarke, Clarke, Roe-Sepowitz, & Fey, 2012; Leon & Shdaimah, 2012; Roe-Sepowitz, Hickie, & Cimino, 2012; Shdaimah & Wiechelt, 2012), or community-based treatment programs (Carroll & Trull, 2001; Surratt & Inciardi, 2004; Twill et al., 2010; Van Leeuwen et al., 2004). In



addition, many government reports cite prevalence statistics from hotline call centers, which requires individuals to self-identify or identify another as a potential sex trafficking victim in order to file a report (Lange, 2010). Facility-based sampling is particularly helpful in understanding the dynamics of those individuals who actually seek services voluntarily or are mandated through law enforcement (Magnani et al., 2005; Martin, 2013). Although it can be useful if the researcher is able to penetrate all networks of the population, it may also result in the overrepresentation of the more visible participants (i.e., street workers as compared to those who trade sex inside; Oselin, 2014; Shaver, 2005). Clinical samples are limited, in that those who receive services may have distinct experiences from those who do not access them or who choose not to use them.

**Respondent Driven Sampling (RDS).** RDS, a participatory and community-based sampling approach, is now being utilized in studies of people who trade or sell sex both alone or in combination with other sampling strategies (Curtis, Terry, & Dank, 2008; Lutnick & Cohan, 2009; Marcus et al., 2011). Based on the premise that peers are better able to recruit other members of a hidden population than researchers or even outreach workers, this method involves chain-referral (or snowball) sampling techniques while monitoring and recording participants' networks (Abdul-Quader, Heckathorn, Sabin, & Saidel, 2006; Tiffany, 2006). RDS begins with a small number of individuals, known as seeds, and expands participant involvement through various waves of peer recruitment. After participating, the original seeds are given "coupons" or some other form of documentation and asked to give coupons to a fixed number of peers within the sampling frame. When the second wave of participants are recruited and interviewed, they are then given the same pre-determined number of coupons to give their peers until several waves of recruitment have occurred. In order for this method to be employed as it was intended,

Magnani and colleagues (2005) state that RDS requires four essential components: 1) documentation of who recruited whom must be tracked, generally through a coupon system, 2) recruitment must be rationed with generally no more than three coupons per 'seed' (so as not to over sample from one particular network and to obtain a variety of different perspectives), 3) information on personal network size must be gathered and recorded, and 4) recruiters and recruits must know one another in some way. Without the presence of just one of these components, true RDS has not occurred.

RDS is helpful in creating voice as it requires considerable interactions with key stakeholders, and thus can give a voice to research in a way that other traditional quantitative methods may not. Like all sampling strategies, there is a potential for biases primarily in the convenience sample of the original sample seeds and preferential referral by respondents leading to bias (Gile & Handcock, 2010). Additionally, it is likely that seeds will distribute their coupons to individuals with whom they have better relationships with but who may not necessarily be the meet specified inclusion criteria. For example, a participant of a study targeting exploited individuals only may give a coupon to a friend who does not identify as exploited. To combat these potential problems, Gile and Handcock (2010) recommend that researchers pay particular attention in the selection of initial seeds in ensuring that they meet specified inclusion criteria of the target population and across various population components. In addition, targeting individuals with a broader terminology (i.e., trading sex as compared to prostitutes or victims) may be more helpful. This process can and we hope would occur with community involvement to strengthen the feasibility and utility of the study. However, this method may not be the best fit for all studies within this population, as it requires seeds or participants to provide some identifying information (such as a name) to be tracked in some way and therefore creates

potential challenges for safety. Those with safety or confidentiality concerns may consequently be less likely to participate, thereby limiting the sample. With the involvement and collaboration of a community board, the most rigorous yet safest study design may be achieved. Additionally, several studies have shown evidence of the effectiveness of this strategy in accessing hidden and stigmatized populations' networks and therefore obtain a fuller picture of the population, particularly in urban environments (Abdul-Quader, Heckathorn, McKnight, et al., 2006; Johnston, Sabin, Mai, & Pham, 2006).

**Outreach Recruitment.** Outreach methods of recruitment are seen as a bridge between service providers and those in need of services and may be a tool of selective recruitment from designated zones or neighborhoods (Singer, 2013). In using this method for research purposes, there are three criteria for evaluation of potential use and rigor, which include 1) ability to reach the target population, 2) ability to successfully re-recruit appropriate study participants, and 3) ability to re-recruit participants for follow-up as necessary (Singer, 2013). Effective outreach techniques (in both research and practice) depend on the development of rapport, trust in relationships, and non-judgmental attitudes (Connolly & Joly, 2012; Holger-Ambrose et al., 2013a). Outreach recruitment methods within particular geographic areas and in conjunction with outreach organizations that are already integrated into target communities may be instrumental in accessing a hidden population, as this population subgroup may not come into contact with services any other way.

Researchers who have conducted this work appear to have different philosophies on the implementation of outreach methods in the field. For example, Shaver and colleagues (2005) strolled in known areas of prostitution, introduced themselves and their research projects and provided potential participants with business cards with full research center and other contact

information. Others have opted out of this type of procedure in the event that identifying information was found by another party (i.e., such as a pimp; Martin, 2013). These differences in methodological designs may perhaps underscore the need for community involvement and/or community advisory groups to provide insight into safety and other considerations within the particular research contexts.

**Mobile Van and Field Station Approaches.** While confidentiality and anonymity are key concepts in any research study, these concerns are of particular importance to women and girls who live in potentially dangerous and even lethal situations. There are different strategies to increase safety while targeting hard-to-reach and hidden populations, such as sexually exploited women and girls. The utilization of a mobile van or stationary field site has gained support as a technique to both increase safety and conduct a methodologically rigorous study (Singer, 2013). Utilizing a van or a field station allows researchers and outreach workers to have a safe space where they can conduct interviews in addition to keeping incentives, safe sex kits, referral literature and manuals that outreach workers and researchers would normally have to carry with them (Janssen, Gibson, Bowen, Spittal, & Petersen, 2009). Partnerships in place with a fixed field site has the potential to increase general access to services, as participants of the research study may return to the same sites to acquire prevention materials, snacks, or safe sex kits. In this case, the field center could cater to participants' needs as they are uncovered and thus serve as a full or partial link to services. The van should be marked with non-stigmatizing symbols and/or phrases to indicate that it is being used for purposes of research.

**Diversification of Sampling and Recruitment Strategies.** One way to ensure increased variability of experiences when studying hidden and hard-to-reach populations is to diversify sources and strategies of recruitment. According to Singer's chapter on sampling methodology

with hidden and hard-to-reach populations (2013), studies have accomplished variability by recruiting from multiple sources such as a study of injection drug users where participants were recruited through a corrections facility, county health clinics, private welfare organizations and street outreach or another study in Baltimore that added sexually transmitted disease clinics and emergency rooms. Another approach would be to begin with purposive sampling and continue with participant-led recruitment strategies from fixed sites. The diversification of sampling strategies and sites (i.e., multiple organizations) has the potential to increase the methodological rigor of any project while capturing multiple voices and experiences to sufficiently address research aims.

### **2.2.5 Reflexive Analysis: Data Analyses and Interpretation with Community Collaboration**

The authors have engaged in member-checking techniques of their studies, which often offer additional insights into the interpretation of the data. For example, the first and third authors engaged in a research project examining dynamics in sex trafficking/ CSE coalitions, including benefits, challenges, tensions, and suggestions for further action (Gerassi, Nichols & Michelson, *in press*). The first author had long-established relationships with two of the coalitions, regularly participating in community meetings and decision making, and remained engaged as a practitioner and research scholar. The third author had long-standing intermittent involvement with one of the coalitions, and had engaged in a research project two years prior involving coalition members. Similar to the example described above, coalition involvement led to the development of the research questions, access to a sampling frame of those working in varied organizational contexts, ease in gaining sample participants, and trust-building resulting in richly detailed data. Because of coalition involvement, existing tensions and challenges were already known. Discussion of tensions and challenges among the first and third author, as well as

with multiple coalition members over a number of years, resulted in the development of the research questions. Between both researchers, established relationships with coalition members allowed for the development of trust and rapport, and resulted in disclosure of sensitive material, including hotly contested perspectives, clashing ideologies, and challenging experiences. With one exception, coalition members unreservedly expressed benefits and challenges associated with coalition membership and related action. Importantly, coalition involvement also resulted in coalition members' interest in disseminating the research findings with an emphasis on further action to improve coalition activities. Members expressed a high level of interest in "results," with the aim of making improvements in coalition and community collaboration. This led to the development of a session to disseminate and discuss the research findings and next steps. Member-checking techniques have been long-established in qualitative research, offering the benefit of further discussion and addressing any discrepancies or misinterpretations of the data. The authors found member-checking techniques were also useful in maintaining interest and providing utility in the results of the action-oriented research.

### **2.3 Conclusion**

This article has underscored the importance of designing studies that lend themselves to rigorous research techniques as well as ethical considerations that must be emphasized with regard to participant and researcher safety. Researchers are charged with understanding as much about the community as possible from both literature and experts working with individuals on the ground, particularly when studying hidden and vulnerable populations such as sexually exploited women and girls. The plethora of challenges in studying this population coupled with various definitional differences in terminology (Gerassi, 2015b) in this field have shaped the state of the literature in this area. It is our hope that this piece will add to a body of work aimed

to strengthen researchers' community collaborations and methodological approaches when designing projects in this important area of study.

### **Chapter 3**

## **How Do Women Who Trade Sex View Themselves? Roles of Trauma and Substance Use in Women's Self-Identities as Sex Traders, Independent Prostitutes, or Prostitutes with Pimps**

The United States Trafficking Victims Protection Act of 2000 stipulated that sex trafficking occurs, in the case of adults when an individual over age 18 is induced by force, fraud, or coercion to perform a commercial sex act (22 U.S.C. §7102). In most of the U.S., an adult may therefore be charged with prostitution if a trafficker or pimp utilizing force, fraud, or coercion is not present or identified (Melissa Farley & Barkan, 2008). Closely related to sex trafficking and prostitution, trading sex may occur when a particular vulnerability is being exploited (such as poverty, addiction, intellectual disability, or homelessness) or to meet basic survival needs (Greene, Ennett, & Ringwalt, 1999; Reid, 2016; Warf et al., 2013). Sex workers typically refer to individuals who trade sex voluntarily, without being exploited into doing so (Kurtz et al., 2005b; Lazarus et al., 2012). Generally, women who trade sex often require services such as healthcare, addiction treatment, mental health counseling, shelter, intimate partner violence (IPV) and sexual violence (SV) services. As such, service providers frequently come into contact with this population through a variety of organizations that serve homeless adults, IPV/SV victims, addicts, trafficked women, and women leaving prostitution.

Although women who trade sex report high rates of trauma, PTSD, and substance use (Burnette et al., 2008; Clawson, Dutch, Solomon, & Grace, 2009; Farley & Barkan, 2008; Hossain, Zimmerman, Abas, Light, & Watts, 2010), how women conceptualize their own experiences of sex trading remains unexplored. Specifically, the extent to which women identify themselves as prostitutes, victims, sex traders, or sex workers, and the role of trauma and substance use in conceptualizing these identities remains unknown. As such, this grounded



theory study of adult women with experiences of trading sex and the providers who serve this population examines how women identify themselves with respect to trading sex and the extent to which they view their experiences as traumatic.

### **3.1 Background and Significance**

Trading sex can lead to devastating health and mental health consequences, such as elevated rates of substance use (Farley & Barkan, 2008; Tyler, Gervais, & Davidson, 2013), trauma (Hossain et al., 2010), posttraumatic stress disorder (PTSD) and depression (Melissa Farley & Barkan, 2008; Hossain et al., 2010), and sexually transmitted infections (Raiford et al., 2013; Syvertsen et al., 2013) including HIV (Murphy, 2010; Surratt & Inciardi, 2004; Syvertsen et al., 2013; Tolou-shams, Brown, Houck, & Lescano, 2008). More than 50 percent of women entering substance abuse treatment in the U.S. reported having traded sex for money or drugs in their lifetime and 41 percent did so within the past year (Burnette et al., 2008). Drug use may be used as a form of control and intimidation, as some women are forced (physically) or coerced (often through verbal manipulation) into exchanging sex for drugs (Hudson & Nandy, 2012; Reid & Piquero, 2014), while others utilize drugs as coping mechanisms (Syvertsen et al., 2013). Additionally, this population is at particular risk for multiple forms of trauma during CSE, which further increases their risk of PTSD and depression. Consistent empirical evidence also shows an association between child sexual abuse and sexual exploitation and prostitution (Clawson et al., 2009), with prevalence rates ranging widely from 33% to 84% (Ahrens et al., 2012; Clawson et al., 2009; Fong & Berger Cardoso, 2010; Simons & Whitbeck, 1991). One study indicated that 51% of sexually exploited women experienced physical abuse and 65% experienced emotional abuse prior to selling sex (Roe-Sepowitz, 2012). Women who trade sex are most often identified through law enforcement and social service providers (Newton et al., 2008), but are more likely

to disclose their legal and abuse histories to mental health and addiction service providers (Sloss & Harper, 2010). Thus, service providers may have the unique opportunity to assist sexually exploited women access services. However, our understanding of how women identify themselves and their own experiences of sex trading remains limited.

### **3.1.1 Typologies of Women Who Trade Sex**

There are a few studies in the literature that have furthered our understanding of women's sex trading. For example, Williamson and Folaron (2003) found differences between what they referred to as pimp-controlled prostitutes, renegade prostitutes (who choose to work independently), and outlaw prostitutes (who hustle and swindle others). The women in their sample were all working in a career in prostitution on streets or in clubs, massage parlors, truck stops or crack houses, but the sample did not include women who traded sex in their or others' homes. Some researchers have identified hierarchies among sex workers, who view sex work as their career, with high end call girls having more power and higher status than lower-end, homeless or marginally housed sex workers (Apostolopoulos, Sonmez, Shattell, & Kronenfeld, 2012; Dalla, 2002). These messages of differences in prostitution may be reinforced by media coverage, as Barnett found the representation of "'good prostitutes' who were forced to sell sex because of trafficking and the 'bad prostitutes' who chose to do so" (Barnett, 2016, p. 213). In Canada, where prostitution was legalized until 2014, Orchard and colleagues found that some women participated in stripping but did not consider themselves part of the sex trade because they were not involved in outdoor street prostitution (2013). However, these dynamics of identity management in the U.S. remain unexplored.

## **3.2 Methods**

The data for this analysis are part of a larger grounded theory study, which was conducted between May and December 2016. Grounded theory is a method of qualitative research that “focuses on creating conceptual frameworks or theories through building inductive analysis from the data” (Charmaz, 2006, p. 187). This study used a constructivist approach, which attends to contexts and implicit meanings. The larger study sought to understand how women (ages 18 and older) conceptualize their self-identity in relation to their sex trading behaviors and to identify perceived barriers and facilitators to access and engagement with social services. This paper specifically focuses on women’s self-identities: how sex trading, trauma, and substance use influence these women’s identities. Interview data from both women (ages 18 and older) who traded sex as adults as well as service providers who come into contact with this population were collected. Consistent with grounded theory, two semi-structured interview guides were created but left free flowing to incorporate narrative storytelling and data emerging in the interview (Charmaz, 1995; 2006). Interviews were audio-recorded, transcribed by professional company, checked for accuracy, and de-identified by the first author.

### **3.2.1 Recruitment and Sampling**

This study occurred in a Midwestern city in collaboration with two community partners: an anti-trafficking coalition, which will be referred to by the pseudonym Anti Sex Trafficking and Exploitation (ASTE) coalition and a women’s only addiction treatment center, which will be referred to by the pseudonym Women’s Addiction Center (WAC). Given the sensitive nature of the study, establishing rapport with providers was an important step to facilitating the entryway to the population. ASTE is comprised of over 30 service providers representing approximately 20 organizations in the area who work directly or come into contact with women who trade sex. The first author has over six years of experience attending ASTE meetings, as a service provider

then researcher, which helped to facilitate the partnership with ASTE. WAC provides evidence-based addiction treatment (specifically utilizing the Trauma Recovery Empowerment Model-TREM) to adult women (Harris & The Community Connections Trauma Work Group, 1998). The first author met with the executive team as well as clinicians of WAC to establish rapport with them. IRB approval as well as a Federal Certificate of Confidentiality were obtained for this study.

**Sample 1: Women who traded sex as adults.** Women ages 18 and older who had traded sex as adults for money or compensation were eligible for this study. The first author collaborated with direct service providers at both ASTE and WAC to post flyers describing the study's purpose at their organizations. Women were asked to phone or email the first author, who then provided them with additional information about the study and screened them for eligibility. If the participant indicated she was still interested and met requirements, the first author set up an appointment time. Depending on the participant's personal preference, interviews took place at a private office in either ASTE or WAC and lasted between 45 and 90 minutes. Women's interview guides utilized the life calendar method (Belli, 1998), an interview method that capitalizes on the storage of autobiographical memory by entering key time markers on a calendar line to facilitate recall of events in one's life, and has been used with girls who trade sex (Song & Morash, 2014). Women were offered \$25 remuneration for their participation.

Twenty-four women accessing social services at the time of the interview were recruited via maximum variation sampling, which served to capture heterogeneity across a sample population (Padgett, 2008) and ensured that women who access various social services were represented in the sample. Snowball sampling was used to recruit another six participants, who were not connected to any services at the time of the interview, for a total of 30 women. Twelve

women identified as White, 17 as African-American/Black and one as a bi-racial (Black and White). They ranged in age from 18 to 63 years old and the plurality of participants were in their 30s (n=9). Twenty-three women attended addiction treatment and had experiences accessing services related to homelessness (n=7), IPV (n=7), criminal justice (n=4), trafficking/prostitution (n=3), mental health counseling (n=2), and SV (n=1). At the time of the interview, six participants were not currently accessing any type of services, and two of those six had never accessed services.

**Sample 2: Service providers.** Service providers who come into contact with women who trade sex as adults were recruited through purposive sampling through ASTE. In order to participate, providers must have provided direct services to women ages 18 and older who had traded sex as adults. Service providers were purposively sampled through ASTE emails and meeting announcements. Ten service providers were recruited and also asked whom else they refer out to and who refers to them (for this population). Through this sampling strategy, known as nominations sampling (Padgett, 2008), another 10 providers were included. Nominations sampling is appropriate when interviewed participants are knowledgeable about recruiting individuals who meet established inclusion criteria (Padgett, 2008). Consequently, these additional 10 service providers came into contact with women who trade sex but did not attend ASTE and were therefore less likely to be as informed about the dynamics of sex trading. A total of 20 service providers were interviewed, of whom 15 identified as White and five identified as African American/Black. They ranged in age from 23 to 63 and represented organizations that address addiction (n=3), criminal justice system (n=4), homelessness (n=4), prostitution/trafficking (n=4), SV (n=2), IPV (n=2), and mental health counseling (n=1).

### **3.2.2 Data Analysis**

Transcribed interviews were imported into Dedoose (7.5.9) for analysis. The research team, consisting of the first author and a research assistant, independently conducted open coding to uncover preliminary themes. A coding schematic was created and discussed with the research team, which was used for focused coding. Emergent themes were continually defined in the coding schematic and compared within the research team. Taxonomic coding (Spradley, 1979), the formal system of classifying multifaceted complex phenomena according to a set of common conceptual domains, was also used to examine key relationships within merged narrative accounts. Discrepancies among the research team were discussed and found to be relatively minor and re-coded according to an inclusive, agreed upon label.

### **3.2.3 Enhancements to Methodological and Analytic Rigor**

To enhance methodological and analytic rigor the team sought to reduce overrepresentation of visible participants through collaboration with multiple key stakeholders, snowball sampling of women to capture the voices of those not currently connected to services, and the use of non-stigmatizing language in recruitment materials (i.e., “women who traded or sold sex” as compared to “prostitutes”) (Martin, 2013). The team enhanced the understanding of women’s experiences over time through the life calendar method (Belli, 1998) and increased awareness of analytic focus through self-reflexivity processes in order to take “stock of their actions and their role in the research process” and obtain the “same critical scrutiny as the rest of ‘data’” (Mason, 1996, p. 6). Additionally the team increased the confirmability and credibility of findings through independent co-coding, analytic memo-writing (Charmaz, 1995; 2006) and multi-phase member checking with women and providers. Member checking occurred with service providers, including eight research participants, and women, including three participants.

Participants generally confirmed findings and discussed complexity of respectively addressing or experiencing the described challenges.

### **3.3 Findings**

Women identified themselves and categorized their experiences into three different groups: women who identified as 1) sex traders, 2) independent prostitutes, or 3) prostitutes with a pimp. In the first group, women described their actions of selling sex, but did not identify this as part of their identities. Rather, they described trading sex as an activity they participated in and highlighted particular aspects of the behavior such as where and how often trading sex occurred. For example,

I sold my body for money or drugs just like the prostitute would, but I didn't consider myself a prostitute because I wasn't out looking for that all day, every day. I had just did it, like when you ran out of money and you didn't have any other means of money, so I did what I had to do... I don't know if you would call it a prostitute but I just didn't feel that I was a prostitute. I still wasn't a prostitute because I still wasn't on the corner... I had certain people. I had my choice of who I picked to do it with. I didn't do it with strangers so that's why I don't consider myself a prostitute.

As this sentiment exemplifies, some women who traded sex differentiated their experiences from those of independent prostitutes or women involved in pimp-controlled prostitution because of their choices regarding the individuals with whom they traded sex. In addition, women like this participant felt that they could have control over who and where, which they felt differentiated them from others. There was also a particular emphasis on being “indoors,” having friends or acquaintances from online sites to trade sex with in homes rather than engaging in outdoor prostitution. For instance, “I wasn’t a prostitute. To me, I wasn’t a prostitute because I didn’t walk the street and flag cars and stuff”.

This identity contrasted with the experiences of women who identified as “prostitutes,” and typically claimed this term as part of their identities. Women who identified as independent prostitutes focused on recruiting purchasers of sex outside on the streets. For example,

I was prostituting over there...[I was] walking the streets, I met guys from walking the streets, of course, and once I left from the neighborhood that I met them in and went over to the [removed for confidentiality] neighborhood, they were still my friends, I still seen them on a weekly basis. That's how that worked.

In some instances, women identified with the meaning of prostitute, but because of the stigma associated with the term prostitute, did not like to use this word. For example,

Even though I am [a prostitute], I don't like the word. It's not something to be proud of, but it's always been like a bad word. I always changed it to, "working"... Sometimes I would be on the bus and you'd hear people talk, "Oh that girl, she's a prostitute." That just means that she's nothing kind of thing. It is turning into a derogatory word.

Women who identified as prostitutes focused on their sense of independence, as their transactions did not involve a "pimp" managing their actions and compensation. For example,

So I was pretty much down the street. I was hooking out there. It was pretty crazy... You have guys that come up, "I can manage you. Blah blah." Basically what you're saying is you're going to sit around and wait till I'm done so you can get some money? Yeah, no!

This sentiment demonstrates the ways in which women who identified as prostitutes valued their independence and had no interest in working with a pimp. From a provider perspective, many women identified themselves as independent, particularly in selling sex to provide for their families. For example,

Most of them identify as independent and I'm not sure, they would probably call it being in the life. I'm not sure exactly what terminology they would necessarily use, but independent is probably what the bulk of them would say or survival, but still under the independent category just doing it to survive or provide for their kids.

The third group of women identified as participating in pimp-controlled prostitution. In these instances, women identified the presence of a pimp and highlighted the force or coercion in the relationship. For example, "I was basically a slave. That's how I felt at that time because it didn't feel like I had a choice. It wasn't really an option."

Women did not identify with the terms "sex worker" or "sex trafficking." When asked if women had heard of "sex work," they rarely recognized the term at all. Importantly, unless a



woman had interacted with a trafficking or prostitution specific organization that had provided education about sex trafficking, women did not identify with the term. They usually described sex trafficking as something that happened to a group of young girls or kids. For example,

The first that comes up in my mind is...somebody who, like a pimp or whatever who has a group of girls and he just sells them out. [I don't identify with that] Because it was just me. There was nobody else.

As this perspective demonstrates, women did not relate to this definition of sex trafficking because it did not fit their experiences of trading sex as adults, even when force or coercion was used. Women's description of trafficking involved multiple people, typically young girls. For example,

I thought sex trafficking would be somebody have a bunch of people and they're selling them. Watching movies and seeing certain things, that's what I'm thinking what sex trafficking would be.

Providers also indicated that the women they served viewed their own sex trading in various ways. As one trafficking/prostitution service provider stated,

Depending on how they were involved in trading sex is how they identify. For example, someone who was working on the street and actively soliciting people they don't know or regular Johns, those women will identify as prostitutes and they'll say, "I'm a hooker, I'm a prostitute." There are women who have been involved in really long term sex for security relationships, where they were involved with a dealer or a pimp...those women don't identify as prostitutes, they talk about feeling like sex was the thing that kept them safe, and so they use the sex for security. There are the women in between ... Sometimes the way to get what they needed and sometimes the way to fit into the social group, but always something that was connected as the other side of the substance abuse. Those women don't identify, they will answer the question yes if you say, did you trade sex for stuff, but they don't really identify as people who were working in commercial sexual exploitation until they're educated on...it.

Lastly, it is important to note that women sometimes moved in and out of the pre-described identities by shifting their conceptualizations of certain sex trading actions. This was sometimes precipitated by a change in circumstances, such as with this participant who shifted from prostitution with a pimp to independent prostitution following the death of her pimp.

I didn't want to do that [give money to someone else] no more. I'm not [doing it] just keep giving my money to nobody. Not only that, I don't feel like I need no pimp, either... I did it on my own. I just started getting money on my own.

In another example, a woman began as trading sex indoors, which then evolved into independent prostitution to continue meeting her needs,

Even though I was the only person that was out trading sex at the time, it wasn't because I was actually going out there with that intention of doing that. Eventually, I was. Eventually it became that, but in the beginning, it didn't. It'd be just wanted ... somebody see me, proposition me, I get the money to get high, see that it's quick money.

In these examples, women were definitively able to point to various experiences that they identified as indoor selling sex, independent prostitution, or pimp-controlled prostitution.

Women's varied identities and any corresponding shifts in identities were affirmed by the experiences of providers who came into contact with this population.

### **3.3.1 Role of Substance Use in Sex Trading Identity**

Some women who identified as prostitutes reflected on the role of substance use, indicating that they would not have made the choice to sell sex without being under the influence. For example,

I had to panhandle to come up with some change because a beer, I had to at least get a 32-ounce for a dollar and 10 cents. I don't have to give no sex for that. I had to be under the influence to be able to emotionally do it because when I'm under the influence I care, but I don't care. I don't know if that makes sense.

As this participant describes, she needed to be under the influence of drugs in order to sell sex rather than selling sex in order to meet her addiction. This was especially complicated when women felt as though they had chosen to participate in aspects of sex trading or used substances to facilitate their involvement. For example,

It's like people selling females or kids or whatever. That's what I think of when I think of trafficking. Somebody, like a girl, getting snatched up and bought and sold for a high dollar on the market. Us, I think we do it willingly. Some of us, we start off willingly or we'll get drug in by a dude and have to do it, which sometimes that happens... Especially

when you have a pimp, you have to do it sometimes when you don't want to or you get the fuck beat out of you, but sex trafficking is just somebody random getting snatched up and thrown into like getting drugged on purpose. We come into this willingly... I started smoking crack, because I was living on the street, so I had, I guess, a "pimp" so to speak. He sold both, so curiosity killed the cat and I tried it and loved it too, and life wasn't amazing or a bed of roses, so why not?

For this participant, she valued the importance of avoiding sickness from withdrawal and her pimp served as a way for her to maintain her addiction. She goes on to describe her continued involvement with her pimp and dependence on him to maintain substance use,

It was easier to just go to his house, sleep with him and boom, I'm back in [the game]. It wasn't hard. My habit would be taken care of. Yeah, I might [be beaten], I have to have sex with him. I'll have to do all these chores, holding shit for him, but I won't be sick.

Her dependency on her pimp who provided drugs, thus preventing withdrawal, was central to her pimp-controlled experience and identity.

Providers often described interactions with clients who disclosed some type of trading sex activity and the provider's response was to label their experience without using the same language the client had used. This is demonstrated by an addiction counselor, who said,

I just had a client...she's had this 7, 8 year relationship with this guy and she's learned that none of it's been healthy.... she's like 'if this is going to be something, you [the guy she's in a relationship with] need to pay me for this' and I was like 'so you prostituted yourself?' Trying to be blunt about what that...[is], is that what you want this relationship to be? That's just kind of got her wheels turning about that self-respect piece for her and healthy relationships...What is that telling you about this guy?

In this example, the provider used a different term than her client in order to "be blunt" about the nature of the relationship.

### **3.2.2 Role of Race in Sex Trading Identity**

Some women identified the positive impact the pimp had on their lives, which was sometimes linked to racial dynamics. As one woman described,

He the one taught me to go out and get money. He said he told me for as long as you my little bitty girl, he say, "As long as you on this earth or something, he say, "I'm a teach

you that you don't never have to work for the White man in your life." This is what he told me. I thought that was so true. My little skills were just great that he gave me. I mean, I learned how to get money. I learned how to steal. I just learned how to get money on my own without a job.

As seen here, some women expressed gratitude toward their pimp for lessons learned and protection provided. This story also demonstrates the connection of racial identity and earning money. A perception emerged that White women (and their pimps) would financially profit more than African American/Black women (and their pimps). As illustrated by this African-American/Black participant,

Without sounding like a racist... But it's a lot of White girls that ... There is one... I went and saw her and we walked and stuff and talked. She's so pretty would have thousands and thousands of dollars [because she was White]. She had all the tricks coming through, all the men... It's a lot of men that would rather have a White girl than a Black girl.

This was also affirmed by White participants, as one White participant described the interaction when she met her pimp who said to her, "I got this girl, she's cute, she White. We can make money off of her." Later, during her sexual encounters with men, she was told "“Oh I've never had a White girl like you' [or] 'I've never had a White girl at all.'” Thus, women's racial identities influenced their sex trading encounters and relationships with pimps.

### **3.3.3 Role of Trauma in Sex Trading Identity**

Across the three groups of indoor sex traders, independent prostitutes, and pimp-controlled prostitutes, women expressed a range of perspectives about whether they viewed their experiences with trading sex as traumatic. For some, trading sex was regarded as a deeply distressing or disturbing experience that caused them negative feelings of emotional sadness and shame. As one woman who identified her trading sex as part of pimp-controlled prostitution said,

Because it made me feel like I was less than a woman, like I wasn't good enough. The only way I'd be good enough for anybody is if I have sex with them. That's the mentality that I thought with for a long time because I felt like, "Okay, what am I doing to deserve this? Is it mean for men to do me this way? Like am I really put here for this to happen?"

Such emotions were not limited to women involved in pimp-controlled prostitution, as some women who identified as indoor traders or independent prostitutes also described how the experiences made them feel badly about themselves as well. For example,

The whole thing made me feel like shit. I told him, I don't know what to do. I don't know what to do, and he's like, just put your hands ... We're outside in an alley in the city. It was gross, really.

For others, sex trading was not viewed as traumatic or distressing, but rather embarrassing and private. As one woman states about her experiences, "It's embarrassing. I wouldn't want my mamma to know." For these women, sex trading was stigmatized and so they often feared or avoided judgment from others. For instance,

I don't broadcast it. I don't, it's not like I'm not proud of it, but that's like a secret to me. I don't want people to know everything about me. I don't know everything about everybody else and then people judge. For the people who don't do it... I don't like judgmental people. Because that's a private situation for me. That's something that I would only share with people that I'm comfortable with... I still have my private issues.

Others identified their experiences devoid of trauma and distress as well as stigmatization and embarrassment. They felt a sense of ownership in their decisions to sell sex and particularly their ability to choose the individuals with whom they traded sex. For example,

[Trauma] doesn't apply to me... Because most trauma come from women that just sleep with anybody to get their drug habit off and that's what I find in my group [of peers]. To get their habit off or to get something to eat. Then they're picking guys that are rough with them and just torments them. That's why they have so much, so much trauma, and the trauma stuff. ... This is the way we're going to have it, this is the foreplay. I'm not having it. I'm just, I'm picky, I'm picky.

This theme emerged among women who identified as sex traders and independent prostitutes.

Providers affirmed the variation between their clients' experiences of sex trading with regard to trauma. As one trafficking service provider indicated,

I feel like there's maybe three, maybe three ways of dealing with it. Either, "I went through it. It's no big deal. I'm tough enough. I got over it." There's that view. The other one is... "But this happened to me! You don't understand, this happened to me!" Those

are the two most common ones that I deal with. Then other ones that they understand that it's trauma and that they need to work on it, and they're just still there with it.

Women who described their experiences as non-traumatic described other situations in their lives that they did view as traumatic. Traumatic experiences were sometimes sexual in nature such as child sexual abuse and SV that occurred independently of sex trading. For instance, "I was raped and...my mother never did anything. Well, it took me to get therapy to realize that my mother used me. In order to keep her man, she let him have sex with me." Other examples included abusive partners who were not traffickers, as well as tragic deaths of family members. For instance,

During about a 5 year period, I loss several family members. My oldest brother shot himself. My father died. My mother died. My mother-in-law, who was a very close friend of mine died. Just a couple of years after that my next oldest brother passed away of cancer.

For women who did not identify their experiences of selling sex as traumatic, they were clearly able to point to other traumatic experiences in their lives and describe them with rich emotion that differed greatly from their experiences of selling sex. In these instances, women described their increased addiction in response to the events they viewed as traumatic. For example, one woman described her challenges in coping with her mother's death and turned to heroin use because she "just didn't care" and was "trying to numb that pain."

Providers described instances when clients would discuss trading sex without shame or distress. As an IPV provider describes an interaction with a client and said,

I would say like, "Yeah. This is what I do. This is what I've done." Looking at you like, "This is the real world, honey." Every once in a while, if she might be open about that in maybe a group which is confidential or just she might not be ashamed in any way. It's like, "Hey, look. A girl's got to do what a girls got to do attitude."

In response, some providers would attempt to help the client view her behavior differently, such as in this example. The provider went on to say to her client,

I'm not saying that this [trading sex] is okay for you to do. It's very, very dangerous as a matter of fact but okay. All right. I understand... You know that this is not the way to continue living, right? This is very dangerous, but I also know that this is ... Nobody's making you do this right now that I know of, so it's clearly ... Well, I shouldn't say clearly. It appears to be your choice.

Other providers described the process of helping the woman identify traumas and problem areas to work on for herself. As one CSE provider said,

One on one... we talk about how those childhood traumas had a really significant impact on adulthood. We start linking trauma to life experience, as a way of drawing those connections through hard things... We draw those lines separately that come together at commercial sexual exploitation [and it] starts to make sense for people, how the early childhood trauma and the adulthood commercial sexual exploitation are connected in this way that has been oppressive, and there can be a different answer.

This provider allowed her to make connections to other instances of trading sex rather than focusing on the provider's perception that sex trading must have been traumatic for the client.

Importantly, both providers and women noticed the variation of trauma related to sex trading as women access services.

### **3.4 Discussion and Conclusion**

Our study found that women held varied perspectives of sex trading. Although some participants from this study would legally be viewed as victims of sex trafficking, no one identified their experiences or identities as such. Their view of sex trafficking (as the involvement of multiple young girls in a trafficking ring) did not resonate with their own experiences as adult women who prostituted and/or had interactions with pimps. This disconnect between how women involved in prostitution identify themselves and the increase in services that publically focus on sex trafficking (not sex trading or prostitution) can unintentionally or intentionally exclude women. Since the TVPA's passage in 2000, many sex trafficking services have been established to help survivors (Newton et al., 2008; Reichert & Sylwestrak, 2013) as well as interagency coalitions to coordinate services (Gerassi, Nichols, & Michelson, 2016;

Jones & Lutze, 2016; Lagon, 2015). The use of the term “sex trafficking” and focus on traffickers may not reflect the experiences and identities of women involved prostitution with a pimp. Women who identified as being involved in prostitution with a pimp held different identities than women who identified as independent prostitutes who were focused on autonomous decision-making. This ability to choose sex trading partners mattered and they often judged women who were involved with a pimp. Our study found that women with similar characteristics and risks as sex workers, which has been documented elsewhere (Gerassi, 2015b; Oselin, 2014; Sanders, 2007b), did not identify their sex trading as careers or with the label “sex work.” Thus, services designed and marketed toward sex workers may not seem relevant or available to independent prostitutes. Finally, women who identified as having traded sex saw themselves as participating in a series of actions only and judged “prostitutes” and women who had pimps. Consequently, services designed for women exiting prostitution may not be seen as applicable to them because of the way in which women identify themselves. Services designed to assist survivors of trafficking, sex workers, or women exiting prostitution that utilize such terminology in their materials or who use that language during intakes may miss and exclude subgroups of women who trade sex. Based on these findings, it is recommended to use terms such as sex trading rather than prostitution or trafficking to market services to potential clients.

In order to reduce judgment in individual and group sessions, it may be helpful for social workers in addiction treatment centers as well as IPV/SV/CSE services to recognize the range of sex trading that occurs by providing information about identities and behaviors of sex trading as well as the fluidity and movement between them. Additionally, we recommend that providers validate the complex and diverse emotions women may have with regard to sex trading. Finally, we recommend that providers always use client-centered, mirrored language. For example, if a



woman describes a situation in which she “traded sex” or “walked the stroll,” calling her actions prostitution to address the situation will not be helpful, but rather cause her to feel judged and less likely to engage in services.

Women also held varied perspectives of the roles of trauma and substance use in their sex trading. Nearly all the women interviewed described challenges with addiction but only some linked sex trading with their substance use. Our study found that some women did view sex trading as traumatic, while others did not but could identify other events as traumatic. Trauma-informed practice is important but we recommend that women identify the traumas in their lives for themselves, particularly any which cause significant distress. Providers should not assume that clients view their sex trading as traumatic or distressing, as this may stigmatize the issue further. Clients may also have other untreated traumas, such as past childhood trauma and/or sexual trauma, that increase their risk to sex trading or make them vulnerable to victimization (Clawson et al., 2009; Hossain et al., 2010). We recommend that social workers in relevant fields (i.e., addiction, IPV/SV, CSE, mental health) explore these dynamics open mindedly by documenting trauma history, determining which trauma, if any, is causing significant distress, and address accordingly. If she considers sex trading traumatic, then trauma therapy to address sex trading is appropriate. If she is embarrassed only because of the stigmatization of sex trading, then a psychoeducational approach is appropriate. If neither applies, then no intervention is needed with specific regard to sex trading.

Under conditions that led to sex trading, such as low socio-economic class, women’s sex trading identities were also impacted by their experiences of racial oppression or White privilege. Our study found that White women were considered more economically valuable than women of color in sex trading and therefore seen as superior because of their White privilege. African-

American/Black women's experiences of racism extended to sex trading, as they were subjected to derogatory comments of financial worth related to racist beauty standards that privilege Whiteness. Additionally, racial pride and institutionalized racism were sometimes used as a form of manipulation by pimps, as African-American/Black women were sometimes told that sex trading could protect them from working for White men, thereby increasing their independence. Consequently, clients' experiences of racism may also increase their traumatic symptoms. For example, one study found that participants of color who reported direct experiences with racism had higher symptoms of PTSD including levels of anxiety, guilt/shame, and hypervigilance than those who did not (Carter & Forsyth, 2010). IPV/SV traumas are heightened for women experiencing societal traumas including racism (Kasturirangan, Krishnan, & Riger, 2004; Sokoloff & Dupont, 2005; Tillman, 2009) and may have similar responses with regard to sex trading. Such dynamics could divide women, heighten their sense of competition with one another, and create challenges to supporting one another. To enhance relational healing for African-American/Black women, the impact of racism must be acknowledged (Walker, 2008). Additionally, the impact of White privilege must be addressed, particularly among mixed racial groups in treatment settings.

There are a few important limitations to consider. As with most qualitative studies, this study is not generalizable. However, the study's findings are transferable to situations that have similar contextual dynamics. The majority of the sample (n=28) identified as heterosexual and cisgender women, thus the impact of queer identities was unexplored in this study and remains an area for future research. Similarly, the sample's racial composition reflects the racial demographics of the location and social service participants where the study occurred but is not inclusive of all racial and ethnic groups. Future research is needed to address the dynamics of

other racial groups, particularly Asian, Latinx, and American Indian women. Finally, this is a single-interview-based study and could have been strengthened by multiple interviews. However, member checking occurred to verify preliminary findings to somewhat offset this limitation (Padgett, 2008). Additionally this study did not utilize participant observation. This option was explored with community partners but was decided against due to sensitivity of subject and confidentiality issues.

Although past research has explored the typology of women mostly involved in outdoor prostitution in American (Apostolopoulos et al., 2012; Williamson & Folaron, 2003) and Canadian (Orchard et al., 2013) contexts, our study finds that women who trade sex hold diverse identities and varied viewpoints of the impact of trauma and substance use in their lives. Without validation and client-centered language, social workers in IPV/SA/CSE organizations as well as mental health and addiction treatment services may exclude women from critically important services. Social workers in these settings can serve important roles in de-stigmatizing women's views of their sex trading identities and ultimately increase engagement in important services.

## Chapter 4

### **Disclosing Sex Trading to Providers: Barriers and Facilitators to Navigation of Social Services among Women Involved in Commercial Sexual Exploitation**

The United States Trafficking Victims Protection Act of 2000 and its numerous reauthorizations stipulated that sex trafficking occurs when an adult is induced by force, fraud, or coercion to perform a commercial sex act (22 U.S.C. §7102). With the exception of particular counties in Nevada, an adult may therefore be charged with prostitution in the U.S. if a trafficker or pimp utilizing force, fraud, or coercion is not present or identified (Farley, 2008). Closely related to sex trafficking and prostitution, sex trading or selling often occurs to meet basic survival needs (Greene, Ennett, & Ringwalt, 1999; Reid, 2016; Warf et al., 2013) and/or through the exploitation of a particular vulnerability (including poverty, addiction, intellectual disability, or homelessness). Collectively, commercial sexual exploitation (CSE) inclusively refers to any type of sex trading (including sex trafficking and prostitution) that occurs when a vulnerability is present and/or that was induced through force, fraud, or coercion.

Women involved in CSE can have devastating health and mental health consequences, such as elevated rates of substance use (Farley & Barkan, 2008), trauma (Hossain et al., 2010), posttraumatic stress disorder (PTSD) and depression (Burnette et al., 2008; Farley & Barkan, 2008), and sexually transmitted infections (Raiford et al., 2013; Syvertsen et al., 2013) including HIV (Murphy, 2010; Surratt & Inciardi, 2004; Syvertsen et al., 2013; Tolou-shams, Brown, Houck, & Lescano, 2008). They are also at high risk of poverty and homelessness (Kurtz et al., 2005b; Leon & Shdaimah, 2012; Lewinson, Thomas, & White, 2014; Tyler & Johnson, 2006; Walls & Bell, 2011). Consequently, service providers often come into contact with this population through a variety of organizations that target homeless adults, survivors of intimate

partner violence (IPV) and sexual violence (SV), addicts, trafficked women, and women leaving prostitution.

Despite evidence suggesting that providers within multiple fields come into contact with this population, little is known regarding how women involved in CSE engage with these critically important services. In particular, women's barriers and facilitators to disclosing sex trading histories to providers individually or in groups as well as the process by which such disclosure is addressed remains unknown. As such, the analysis from this grounded theory study conducted with adult women who trade sex as adults as well as the providers who serve this population explores the process of disclosing sex trading to providers. It also documents and analyzes the related barriers and facilitators to engagement in social services.

#### **4.1 Background and Significance**

Women who trade sex come into contact with critically important social services, including addiction treatment, homeless services, IPV/SV services, sex trafficking/prostitution organizations, and criminal justice services to various degrees (Burnette et al., 2008; Heil & Nichols, 2015). Some organizations, such as those that target survivors of sex trafficking or women exiting prostitution, will encounter only individuals who have experiences trading sex that may involve various levels of force, coercion, or exploitation. Other organizations are likely to come in contact with women who trade sex and who experience various levels of force, fraud, or coercion. For example, more than 50 percent of women entering substance abuse treatment in the U.S. reported having traded sex for money or drugs in their lifetime and 41 percent within the past year (Burnette et al., 2008). Some women are forced or coerced into exchanging sex for drugs (Hudson & Nandy, 2012; Reid & Piquero, 2014) while others utilize drugs recreationally or as coping mechanisms (Syvertsen et al., 2013). Additionally, this population experiences high

rates of trauma, with rates of child sexual abuse ranging from 33 to 84 percent, as well as high rates of physical abuse (51 percent) and emotional abuse (65 percent) (Ahrens et al., 2012; Clawson et al., 2009; Fong & Berger Cardoso, 2010; Simons & Whitbeck, 1991; Vranceanu et al., 2007). Such factors further increase women's risk of PTSD and depression and need for mental health treatment (Roe-Sepowitz, 2012).

Other organizations, such as those serving IPV and SV survivors, will come into contact with women who have traded sex, including those whose experiences of trading sex or CSE occurred in the context of IPV or SV. For example, in a study of 100 women controlled by pimps in Chicago, 64 women described their current relationship with their pimp as a boyfriend and of the 71 women recruited into prostitution by a pimp, 23 of them indicated their partner/boyfriend served as their primary recruiter (Raphael et al., 2010). Another study indicates that individuals may agree to sell sex as a favor to their boyfriend or girlfriend, which is seen as socially acceptable (Anderson, Coyle, Johnson, & Denner, 2014). Women involved in CSE often come into contact with criminal justice organizations stemming from arrests or convictions related to drug and prostitution offenses (Batsyukova, 2007; Clawson et al., 2009). Finally, women who trade sex, particularly those engaging in survival sex to meet basic needs, often encounter shelter or housing services targeting homelessness (Brown, Cavanaugh, Penniman, & Latimer, 2012; Watson, 2011).

Overall, women who trade sex are most often identified through law enforcement and social service providers (Newton et al., 2008), but are more likely to disclose their legal and abuse histories to mental health and addiction service providers (Sloss & Harper, 2010). Thus, women involved in CSE are likely to discuss issues that are difficult or traumatic for them, which can include sex trading, to such providers. However, the process by which women

disclose trading sex and its potential impact on women's engagement individually or in groups remains unknown. Thus, this grounded theory study was designed to understand the process of women's disclosure with the ultimate aim of enhancing women's experiences engaging with service providers.

## **4.2 Methods**

Grounded theory is a method of qualitative research that creates theories or conceptual frameworks through inductive analysis (Charmaz, 2006). The data for this paper are drawn from a larger study (conducted between May and December 2016) that sought to understand how adult women conceptualize their self-identities in relation to sex trading and to identify barriers and facilitators to access and engagement with social services. The study used a constructivist approach, which attends to contexts and implicit meanings in social life (Charmaz, 1995; 2006). The analysis for this paper specifically focuses on an emerging theme the research team developed regarding barriers and facilitators to women's disclosure of sex trading to providers individually and in treatment groups. Interview data were collected from both adult women who trade (or had traded) sex as adults, as well as service providers who come into contact with adult women who trade sex. In alignment with grounded theory methodology, we created two semi-structured interview guides at the outset of the study, but also modified these protocols to explore new topics that arose in the process of conducting the interviews (Charmaz, 1995, 2006). Interviews were audio-recorded, transcribed by a professional company, checked for accuracy, and de-identified by the first author.

### **4.2.1 Recruitment and Sampling**

This study occurred in a Midwestern city and had two community partners: an anti-trafficking coalition, which will be known as the pseudonym Anti Sex Trafficking and

Exploitation (ASTE) coalition and a women's only addiction treatment center, which will be known as the pseudonym Women's Addiction Center (WAC). Establishing rapport with providers at the community partner organizations was essential to access both populations, but particularly women. ASTE is comprised of over 30 service providers representing approximately 20 organizations in the Midwestern city who work directly or come into contact with individuals who trade sex. The first author has over six years of experience attending ASTE meetings, and drew upon existing collaborations to facilitate a research partnership with ASTE. WAC provides the Trauma Recovery Empowerment Model (TREM) addiction treatment to adult women. The first author built a partnership with WAC by meeting with their executive team and clinical staff. Human subjects' approval, as well as a Federal Certificate of Confidentiality were obtained for this study.

**Sample 1: Women who Traded Sex as Adults.** In collaboration with providers from ASTE and WAC, flyers that described the study's purpose were posted at their organizations. Women were asked to phone or email the first author, who then provided them with additional information about the study. When women indicated they were interested in participating, the first author set up an appointment time to conduct the interview. Depending on personal preference, participant interviews took place at a private office in either ASTE or WAC and lasted between 45 and 90 minutes. Women's interview guides utilized the life calendar method (Belli, 1998), an interview method that has been used with incarcerated women (Hanks, Carr, Hanks, & Carr, 2008), as well as girls who trade sex (Song & Morash, 2014). Life calendars capitalize on the storage of autobiographical memory by having the participant pinpoint key time markers on a calendar line, thus facilitating better recall of one's life events. Women were provided \$25 remuneration.



Twenty-four women accessing social services were recruited via maximum variation sampling, which captures heterogeneity across a sample population (Padgett, 2008) and ensures that women who access various social services are represented. Snowball sampling was used to recruit another six participants, who were not connected to any services at the time of the interview, totaling 30 women in all. In terms of racial demographics, 12 women identified as White, 17 as African American/Black and one as a bi-racial (African American/Black and White). Women ranged in age from 18 to 63 years old and the plurality of participants ranged from 30 to 39 (n=9). In terms of services, women accessed services related to addiction (n=23), homelessness (n=7), IPV (n=7), criminal justice (n=4), trafficking/prostitution (n=3), mental health counseling (n=2), and SV (n=1).

**Sample 2: Service Providers.** Service providers who come into contact with women who trade sex as adults were recruited in two methods: purposive sampling through ASTE and nominations sampling. Practitioners must have provided direct services to women ages 18 and older who had traded sex as adults. Thus, 10 providers were recruited through ASTE emails and meeting announcements. After their interviews, providers were also asked to indicate who else they refer out to and who refers to them (for adult women who trade sex). Through this sampling strategy, known as nominations sampling (Padgett, 2008), another 10 providers were included. Nominations sampling is used when interviewed participants are knowledgeable about recruiting individuals who meet established inclusion criteria (Padgett, 2008). As such, these additional 10 service providers came into contact with women who trade sex but did not attend ASTE and were not as likely to be as informed about the dynamics of sex trading than ASTE coalition participants. A total of 20 service providers were interviewed. Five identified as African American/Black and 15 identified as White. They ranged in age from 23 to 63 and represented

organizations that address addiction (n=3), criminal justice (n=4), homelessness (n=4), prostitution/ trafficking (n=4), SV (n=2), IPV (n=2), and mental health counseling (n=1).

#### **4.2.2 Data Analysis**

Professionally transcribed interviews were imported into Dedoose (7.5.9) for analysis. The research team, consisting of the first author and a research assistant, independently co-coded the data to uncover preliminary themes (through the process of open coding). A coding schematic was created and discussed with the research team, to be used for focused coding. Emergent themes were continually compared (data to data, codes to data, categories to data, etc.) and defined in the coding schematic. Taxonomic coding (Spradley, 1979), which is the formal system of classifying multifaceted complex phenomena according to a set of common conceptual domains, was also used to examine key relationships. Discrepancies within the research team were discussed and found to be relatively minor and relating to differences in labeling of codes or categories.

#### **4.2.3 Enhancements to Methodological and Analytic Rigor**

To enhance methodological and analytic rigor the team sought to reduce overrepresentation of visible participants through collaboration with multiple key stakeholders, snowball sampling of women to capture narratives of those not currently connected to services, and the use of non-stigmatizing language in recruitment materials (i.e., “women who traded or sold sex” as compared to “prostitutes”) (Martin, 2013). The team enhanced the understanding of women’s experiences over time through the life calendar method (Belli, 1998) and increased awareness of analytic focus through self-reflexivity processes, used to take “stock of their actions and their role in the research process” and ensure the “same critical scrutiny as the rest of ‘data’” (Mason, 1996, p. 6). Additionally the team increased the confirmability and credibility of

findings through ongoing analytic memo-writing (Charmaz, 1995, 2006), independent co-coding, and multi-phase member checking with providers and women. Member checking was conducted with service providers, including eight research participants, and women, including three research participants, in early 2017. Participants were generally confirmed findings and discussed complexity of respectively addressing or experiencing the described challenges.

### **4.3 Findings**

Women described barriers and facilitators to disclosing experiences of sex trading with providers individually and in group sessions.

#### **4.3.1 Disclosing Selling Sex in Individual Sessions with Providers**

Participants navigating services that inquired about sexual risk or abuse histories indicated that they often were not asked questions about experiences with sex trading or CSE. When they were asked such questions, they were asked in an intake conversation and it was rarely discussed again. As one participant describes,

Then they'll ask you if you traded or sold for sex and drugs and stuff, but they don't help you with that. They just ask that question. I don't get why. They just ask you that question in intake. It's never talked of again.

Providers indicated that their intake processes were designed to determine funding eligibility for the client. As one provider indicates, “we don't really have an intake to make sure they qualify for our services, it's just for the grant.” To determine eligibility and sexual risk, providers in fields of addiction, trafficking/prostitution, IPV/SV, or criminal justice reported that intake processes typically consisted of asking numerous questions, which sometimes included sexual risk activity and sex trading, and providing explanations of the particular organization or program's rules.

Most women chose not to disclose to providers and identified the fear of judgment as the primary explanation for their decision. Specifically, women reported that they did not want to be viewed negatively by their providers. As one participant highlighted, “I don't want them to look at me ...differently. You know what I mean? I would rather talk about my drug use, before I talk about my sex use.” Even women who described the relationship with their providers as positive and supportive still chose not to disclose trading sex. This is demonstrated by one participant who reported to “love” her provider but chose not to disclose selling sex because of “shame.” When referencing her treatment team, she went on to say, “I don't want to tell them that... That's just not something that I feel they need to know. They're keeping me safe right now and that's what I need.”

Despite fear of judgment and shame, women identified instances of wanting to disclose in order to address their complex feelings associated with trading sex. For instance,

I'm glad I'm talking about it. It's bad, but it's my past also. It's not my today, so I'm okay with talking about it. I think it should be brought out. Maybe a lot of people will understand a lot more about certain things. Now that I'm aware that it's sex trafficking, certain words that are- I just want to look at it in a pretty way instead of what it really is. Now that I'm speaking to you, it's not as bad talking about it as it is keeping it in. I think keeping it in probably was more, the worse thing, because it's a secret and I don't really like secrets.

As identified by this participant, the action of disclosing was helpful, but not something she had felt like she could do with her providers.

Some women, however, chose to disclose to providers individually and, in such instances, women typically described the interactions as positive experiences. Participants identified facilitators to disclosure, specifically that they felt it would be helpful for processing events that had happened in their lives. For example,

In order to deal with my addiction, to deal with me, I had to face me. I just didn't know I had to go so far back to do it, but I faced the prostitution part... The people here know

that's what addicts do sometimes to get what they want, so it's commonplace. I fit in, in a place with addicts because I'm an addict.

As emphasized by this participant, some women described the authenticity and relief they felt when talking about their experiences of sex trading, particularly when they felt that they had common experiences with others at the organization. They also indicated that longer term relationships with providers helped facilitate disclosure, which was then typically viewed as positive. As one participant who disclosed after weeks of engaging with services shared, "I think it came down to the point of I was just so sick from the secrets. I knew I couldn't get any better until I said something." Wanting to divulge "the secret" having to do with this part of their lives was identified as important, particularly when instances of coercion or force were used to facilitate sex trading.

Disclosures were particularly helpful to participants who felt that they had traded sex because of their addiction. In these instances, providers responding by framing selling sex as an action that occurred within the context of addiction. When the narrative frame of a woman and her provider aligned in this way, it was experienced as helpful and validating to the woman disclosing. As demonstrated by a participant of an addiction program describing her conversation about sex trading,

It was just an open conversation. She said, "Drugs and that will make you do that." ...so she said things like, "This is what happens in addiction" ..Yeah, she talked addiction. I mean, she wasn't all nice, nice, nicey. You know, she'll talk to me real. "You got to get it together." You know.

Additionally, women who viewed trading sex only as a means of meeting basic needs for themselves or their children were also greeted with helpful responses from providers. For example,

I told her when it came down to it I had to go do [trade sex] what I had to do to make sure my daughter had pampers and stuff. She didn't judge or anything she was just like "Oh, okay. I'm glad that didn't nothing happen to you. I'm glad you got through."

From a provider perspective, practitioners reported facilitating conversations with women about sex trading as a means to an end. Providers felt sex trading occurred because women felt that they had no other options or to maintain drug addiction. This is highlighted by one provider who reflects on what she sees as the typical narrative from the women with whom she worked:

I think sometimes for the women, it's hard for them to distinguish what the trading looks like. It's just so normalized that it's hard for them to distinguish the trade so much. It's more like this is what I'm doing to get drugs. They don't necessarily use the words. So when talking with them about it, and then not necessarily understanding that, and trying to get information, it's hard to know what questions to ask so that they can disclose something like that, especially when it's so stigmatized, just sometimes it takes a while to get that information. I would say that it happens pretty frequently with about most women here. At some point, there's been a trade for drugs.

For women with an alternative narrative, who did not view sex trading as a means to meet basic needs and/or maintain addiction, disclosure was met with discomfort and negativity. For example, one participant described trading sex as better than "traditional" work and stated, "I'm going to sleep around, do what I want to do, I'm going to get paid for it." She then described disclosing sex trading unapologetically to a provider who was found to be "not relatable." As she said,

Because it was liked she tensed up every time [I] said something [about trading sex]. I asked her, "you don't feel that women should be talking this way?" She said, "No, it's not that. It's just that I'm just so amazed at some of the things that you're saying." I said, "Why are you amazed?" I said, "Oh, you still with you college sweetheart ain't you?" She said, "I married him." I said, "That's why you can't relate to me, you can't. I'm sorry. If you only had 1 man in your entire life, you can't relate to me... You cannot."

As demonstrated by this example, women who did not express shame, embarrassment, or discomfort with their sex trading experiences felt as though providers could not relate to them.

#### **4.3.2 Disclosing Selling Sex in Group Sessions with Providers and Other Women**

Women described experiences in provider-led groups and pointed to their desire to relate to the other women and their sex trading experiences. For example,

Like certain situations that have happen that relate to what she has just talked about. I'm like, "Man, I went through something so similar" and it'd just be eating at me. It'll take me a couple of days to speak on it, but eventually I will. They say not to keep it in because it'll keep you sick.

They also described their desires to disclose if it would be helpful to the other women in the group. For instance,

The only way I would actually talk about it, if it would help somebody. If somebody was thinking about doing it, I would talk to them, but other than that, if it's going to bring up negative emotions and not help anyone, it's not worth it.

The process of disclosing was typically not perceived as planned or in response to a designated group module, particularly addiction, IPV, SV, or criminal justice services. Instead, trading sex would be mentioned in passing by a group participant and women observed the provider's response. This process elicited cues as to whether this group was safe for women to disclose similar sex trading experiences and, consequently, sometimes exacerbated their fear of judgment.

For example,

The freaking counselor was chastising her [in group]. "This girl, thinking there's nothing wrong with selling her body." I was like, "Oh my god." Just was never ending and she was embarrassed and the girl was upset. She didn't see anything wrong with it, why are you badgering her like this? They were badgering her, to the point of her being in tears. She was never coming back to this place. It was just crazy. I spoke to her separately. Just let her know I understood what she was talking about. Yeah, because I was like, "What the hell is going on here?" The way they all attacked, they attacked her. They were like, "Girl you don't need to sell your body. You're just degrading yourself." There was a bunch of that [from the counselor] ... and other group members. The counselor's the one that kicked it off. Very loudly.

Such experiences shaped the lenses of women coming to treatment so that they anticipated similar negative reactions to sex trading disclosure, even if the woman's current counselor took a

very different approach to group facilitation. Other times, the response would be focused on diverting the conversation to an individual session with a provider. As one woman described,

If we get to talking and if somebody shares, some workers will be like, "Okay, this isn't the place to talk that deep about it. Maybe you want to talk to your treatment team about it." Some staff will let women get that off their chest. Whatever it is that's bothering them. Depending on that person, how comfortable they are.

Experiences such as this one ultimately provided cues that sex trading was considered inappropriate to discuss in group. From providers' perspectives, choices to redirect women's stories, as the woman described above, were often made in the interest of moving the group forward with the curriculum or to protect the woman from gossip that could ensue from a woman sharing particularly stigmatized aspects of her story. One provider explains her rationale in this situation,

One of the complaints [from] some of our women that attend treatment [is that] they don't feel like they can disclose personal information because they don't know the people in the group and we've had complaints that other group members were telling group members that didn't show up that their confidentiality was violated and, "People knew my business, that shouldn't have known my business," but again, that can be part of the process, it can be part of the game, it could be them just taking things out of context. Sometimes you're just having small talk, it's not that you're gossiping, it's about, "Girl I was talking to so and so, and she said she used to do so and so." Trust gets to be ... One of our biggest issues with women who have been abused, especially abused.

Providers' efforts to redirect the conversation was often fueled by a sense of protecting women from talking negatively about each other in the program.

Similarly, women described choosing not to disclose because of fear of judgment from the other women and providers. For instance,

Telling them about your drug use is one thing, which a lot of them already expect that goes hand in hand with each other. Outright coming... Just being judged and stuff. Not feeling comfortable enough to talk to them about it.

Even with expectations of substance use and sex trading, there was fear of judgment from the other women and providers. Judgment was perceived by women who went to great lengths to



describe how they differentiated their experiences from those of “prostitutes” in groups. For example,

People would be telling her stories and instead of making I statements they'd make we statements. Sometimes I'd say, well, I didn't do that... I don't think I'm better than anybody, but that ain't what I did... Most of them are dirty as hell and ugly. I didn't really do the corner thing... I've never had a solicitation. I ain't never got locked up for that. I used to be locked up for my crimes, stealing, and people would come in for prostitution I would look at them like, "How the hell did you get caught prostituting? You must really be a prostitute for the cops to know you."

Judgment was attributed to the variation of sex trading, as well as challenges regarding racial dynamics. As one African American/Black participant describes,

It kept going, but at the end she [peer counselor] was like, "You can't knock anybody because that's where she was at in her addiction. I was there too. I was a stomped down addict too." Looks are still given. The seed is still planted. So many women have done it, but I was considered a prostitute because I wasn't always online. A lot of, especially the White girls, dug on sugardaddies.com or they'll go on the internet and do it. It's not as bad as just walking down the street on a hoe stroll.

As illustrated by this story, judgments were perceived based on the type of selling sex that was conducted, whether it was online or with acquaintances rather than on the street or “hoe stroll.”

These perceptions were also linked to differences between African American/Black and White women’s experiences of trading sex and as providers described, to the intersectional challenges that African American/Black women face when navigating services. As one White provider described,

Women of color don't disclose as much, because they're used to people not believing them, or thinking that they are able to make the changes. They see it more as it's your fault that this happened. I think what stops it is that they're not disclosing as much because people aren't believing them, because of all that, and because we have to break through the circles that people run in as far as staff and other treatment providers.

As illustrated from the provider’s prospective, African American/Black women held different perceptions based on previous experiences they felt predicted whether they would be believed in services. Additionally, African American/Black women chose not to disclose sex trading because

they did not want their fellow group members to view them negatively, particularly when they believed they were viewed as accomplished women. As one African American/Black participant states,

I didn't want anybody to know that because every time when I would go into treatment, I would always be the one that they would be like, "Man. I can't believe it. You don't seem like that. You're a college graduate," and all that. That doesn't mean anything. If you're here with me then you should know that, but I would still get that.

Instead, they often described instances of summoning their inner strength, as “strong Black women.” One Black participant described not sharing much of her experiences in part because, as she indicated, “I'm strong. I'm a strong woman. I don't have an attitude, but I'm strong. I put my foot down with stuff that I don't agree with, I let my opinion be known. It is what it is.” For her, this mantra was helpful.

With the emphasis on trauma-informed care, some women disclosed experiences of selling sex in groups that focused on trauma and for some, this was sufficient. Other women, however, felt that trauma groups were insufficient as they did not view their experiences as traumatic. For example, “We're doing trauma and stuff right now [in our groups]. I don't feel like that was traumatic because I chose to do it.” Trauma was seen as IPV or child sexual trauma, which was seen as different for some women, particularly those in which sex trading occurred without the presence of a pimp. For example,

We have a sexual trauma class and they try to throw domestic violence and stuff like that into it, but it's not the same because it's geared towards the sexual trauma and most people look at that from like, as a child. Sexual trauma from a child or what started you down this drug use road. If they had one specifically for girls that used to prostitute or sell their body and stuff like that, I think they'd have a good turn up.

Thus, a discrepancy was experienced in terms of wanting to talk about sex trading and determining whether it was appropriate to discuss it in groups focused on past trauma.

Collectively, these experiences were seen as challenging, prevented connections with other women in their groups and ultimately led to disengagement from the groups for some members. As one participant described, “For me, a big thing is I don’t do well being shut down. If I need to say something please let me say it or I just will shut down. I will shut myself down if you’re shutting me down and I won’t say it at all.” At this point in the process, it was difficult to help women re-engage, which is a challenge commonly described by providers. As one addiction treatment counselor described,

One of our problems is that as women disengage, it's very hard to get them to re-engage. If they are in relapse mode or they're just like, "I don't need this. I don't need this bullshit. I don't need somebody over my shoulder" or this or that, it's pretty hard to pull them back in after they've made that decision that they don't need it.

Although some disengagement naturally stems from relapse, providers identified some challenges to addressing core aspects of women’s experiences, which ultimately lead to disengagement. This was highlighted by one woman’s experience, who felt judged by her provider and group members for disclosing sex trading, and consequently reported that she “never went back.”

#### **4.4 Discussion**

Women in this study described a series of facilitators and barriers to disclosing sex trading to providers individually and in groups. Facilitators included wanting to address the complex feelings associated with trading sex and, in the cases of group work, desires to help or relate to other women with similar experiences. Barriers to disclosure involved perceptions of judgment and feelings of shame, especially with respect to how providers and other women might view them. This experience was heightened for African American/Black women who perceived additional layers of judgment regarding disclosure because of racial bias on the part of providers. Generally, women saw disclosure as helpful in addressing the complex feelings

stemming from sex trading, as well as the desire to help or relate to other women in similar situations. For women who do decide to disclose to providers, this can be helpful in processing their addictions, trauma histories (including IPV, SV, and CSE), as well as sex trading generally. However, there is also a risk of harm for women, as they identified multiple barriers to disclosing during intake meetings and individual sessions with providers as well as group sessions with providers and other clients. It is important for providers to remember that sex trading is difficult for women to disclose, even when rapport is established between provider and client.

#### **4.4.1 Addressing Sex Trading in Intakes & Individual Sessions**

Women identified examples of being asked about sex trading in an intake or preliminary conversation and never having it discussed again. Although some women may not want to address sex trading in their individual sessions, our study found that others feel confused by having it asked in an intake with no follow-up. Providers who do ask women about their history of sex trading must do so when circumstances are appropriate, such as addiction counselors who do this to determine risk behaviors, IPV/SV providers as well as addiction and mental health counselors to assess for trauma histories, and staff from organizations serving women exiting prostitution or survivors of sex trafficking and CSE. If sex trading is not relevant to service eligibility or abuse history, then questions of sex trading are irrelevant and should not be asked. When relevant, providers should first briefly indicate that sometimes women trade sex for things for a variety of reasons, which can include (but are not limited to) meeting basic needs, generating financial compensation broadly, or because someone else asked or made them do so. Some women feel in control of their experiences of sex trading and not hurt by them while others feel embarrassed or traumatized. We recommend that providers then ask the client if she has any experiences with sex trading, and ask which these feelings best reflects her experiences of sex

trading, as well as if she is interested in talking more about sex trading in future sessions. Such discussions provide opportunities for women to decipher for themselves whether their sex trading, particularly any instances they view as especially difficult or traumatic, is something they would like to address. If clients choose not to address sex trading in their treatments plans, then providers can respond by affirming their choice and reminding them that they can revisit this option over the course of their treatment.

When women disclose sex trading in individual sessions, we recommend that providers always respond non-judgmentally and avoid questioning motivations for trading sex. Providers can facilitate a non-judgmental response by utilizing client-centered, mirrored language. For example, if a woman describes herself as meeting up with a friend she initially met online, we recommend that the provider should not label the woman's experiences as prostitution. Our study suggests that women who have had their reasons about why they traded sex questioned by providers (i.e., asking women why they prostituted themselves) have felt judged. Using softer language and tone, while affirming that women are not alone in their experiences may help to reduce such negatively felt responses.

#### **4.4.2 Addressing Sex Trading in Group Sessions**

In group sessions, it is important to proactively address sex trading, particularly for women's groups aimed at addressing addiction, IPV, SV, and CSE. Studies suggest that women attending groups in these organizations are likely to have varied experiences with trading sex (Burnette, Schneider, & Ilg, 2008; Burnette et al., 2008; Logan, Walker, & Hunt, 2009; Raphael et al., 2010). Although some women may disclose sex trading in other groups targeted toward trauma, not all women view their experiences of sex trading as traumatic. As such, it is important to address stigma and judgment in a group module dedicated to sex trading separately, rather

than in groups devoted solely to addressing trauma. The module should guide facilitators to recognize the range of sex trading experiences women may have for the group, which can include 1) situations in which women may have been forced or coerced into trading sex because of their pimp (federally known as sex trafficking), 2) experiences of survival sex to meet basic needs or generate income more broadly, or 3) the exchange of sex because it is viewed by participants as the best option for themselves or their family. Consequently, the groups can be psychoeducational in part to provide information regarding the various types of sex trading along with the risks of exploitation that can occur when trading sex. Creating designated space to learn about CSE and discuss varied experiences of sex trading can provide that necessary space for women to share and process their stories.

When disclosures of sex trading occur in groups, it is essential for providers to react nonjudgmentally, scan the room for reactions to a disclosure, and facilitate dialogues to address any judgments exhibited by other women in the group. Women disclosing sex trading are likely to be judged (by other women in group, providers in addition to society at large), which creates complexity in processing sex trading experiences. Even if facilitators are well-intentioned in moving women in their groups forward, our study found that women can receive cues indicating that discussing sex trading is inappropriate if providers move on too quickly, which is experienced as further stigmatizing sex trading. Thus, group facilitators should always acknowledge that women are not alone in their experiences and explore stereotypes of women who trade sex. Understanding how women learned of such stereotypes may be helpful to process the stigma and shame some women feel about their experiences.

Our findings support prior work, which demonstrates that a community of survivors is beneficial to recovery for women with experiences of sex trading. For example, Oselin (2014)

found that fictive families created by survivors strengthened women's connection to one another as they exited these practices and enhanced their healing. Heil and Nichols (2015) found that survivors of trafficking who access services with other survivors was important, as it may prevent individuals from leaving services. Our study adds to this literature by showing that women's experiences of disclosing sex trading can be harmful or helpful and that efforts to reduce judgment of sex trading once disclosed are essential to processing incidents of sex trading.

#### **4.4.3 Considerations for African American/Black Women in Individual and Group Sessions**

Non-judgmental responses are important for all women, however, they may be even more essential for women of color. Our study found that African American/Black women perceive negative judgments of their behavior within the larger societal context of institutionalized racism. Previous research has shown that racism in itself can be traumatic because of multiple policies that have systematically oppressed people of color (Lebron, Morrison, Alcantara, Parker, & McKay, 2015). Racism has impacted the experiences of survivors of IPV who identify as people of color in their interactions with providers (Anthias, 2013; Kasturirangan et al., 2004; Sokoloff & Dupont, 2005). IPV survivors "may be unwilling to disclose their experience of domestic violence for fear of bringing shame to their families and communities or reinforcing stereotypes" (Kasturirangan et al., 2004, p. 321). Such fears can be exacerbated when the effects of racism are left unacknowledged because then "women of color must decide whether or not to engage with a potentially racism system: that of domestic violence intervention" (p. 325). Our study shows that similar dynamics exist with regard to women's sex trading experiences. African American/Black women may be concerned about being believed (in part because of their racial

identity) or that disclosing sex trading may confirm stereotypes they perceive providers to have about them.

Additionally, our study found that some African American/Black women described identifying as “strong Black women,” which was sometimes seen as helpful. The script of Strong Black women is sometimes seen as a source of pride, resiliency, and an effective survival strategy. However, it may also be detrimental without an appropriate balance of self-care (Romero, 2000), particularly in the context of sexual violence (Donovan, Williams, & Williams, 2002). The strong Black women script has been linked to challenging dynamics in the media, such as self-sacrificial role management to please the masses, emotional suppression (or “game face”) and postponement of self-care, which can cause internal distress and negative health consequences (Black & Peacock, 2011). While this script may be helpful for some women who trade sex, as our study suggests, African American/Black women may feel obligated to survive life’s difficulties without assistance as a result (Donovan et al., 2002). As such, the need for services that affirm African American/Black clients’ experiences with racism and racial oppression is essential (Donovan et al., 2002; Valandra, 2007).

Consequently, it is important to address race, racism and oppression, both in individual and group sessions, particularly in groups comprised of women with diverse racial identities. In individual sessions, providers should explore and validate women’s varied experiences of racism and racial oppression, as experiences based on racial identities impact the way women navigate through services. If an African American/Black woman discloses instances of racial prejudice in her sex trading, such as some women in the study described, then it is important to acknowledge the impact of White privilege, racism, and racial oppression on her and her experiences. In groups, it is important to acknowledge the impact of sexism on women while additionally



validating the different experiences women of color have in contrast to White women because of White privilege and racial oppression. To that end, facilitating dialogue that names, describes, and provides examples of privilege and oppression broadly as well as race and racism specifically is important. Addressing the process of disclosure with regard to sensitive topics such as sex trading, without acknowledging the role of racism in the lives of women of color is insufficient. Such dynamics must be acknowledged to enhance African American/Black women's engagement, particularly among White service providers.

#### **4.4.4 Organizational Initiatives to Support Practitioners' Efforts to Address Sex Trading**

Although providers can address selling sex in individual or group sessions and choose to emphasize dynamics of racism, and racial privilege and oppression, executive staff at organizations must support organizations' facilitation of such groups. Organizational initiatives to increase providers' understanding of, as well as comfort and skill level with facilitating groups focused on sex trading, as well as White privilege and racial oppression are important. Collaborating with organizations that support and train individuals on dialoguing about privilege and oppression (such as National Conference for Community and Justice or through the White Privilege Conference) may be helpful. In sum, organizational support from executive teams and its funders among women-only addiction treatment centers, as well as organizations addressing IPV, SV, and CSE can support and enhance women's navigation of social services.

#### **4.4.5 Limitations**

Most of participants in this study (n=28) identified as heterosexual and cisgender women and, consequently, it was not possible to explore the impact of queer identities and remains an area for future research. In addition, while the sample's racial composition does reflect the racial

demographics of the location and social service participants where the study occurred, the identities of White, Black/African American, and biracial (African American/White) do not reflect all the racial and ethnic groups who engage in services. Future research is needed to address the dynamics of other racial groups, particularly Asian, Latinx, and American Indian women. While this study's findings are not empirically generalizable, as is the case with most qualitative studies, we believe they are transferable and applicable to situations that have similar contextual dynamics. This may include organizations whose services target survivors of IPV and SV, addicts, trafficked women, and women leaving prostitution. This is also a single-interview-based study and could have been strengthened by follow-up interviews and participant observation. However, we conducted member checking to verify preliminary findings (Padgett, 2008). In collaboration with community partners, we opted against using participant observation methods due to sensitivity of subject and challenges to confidentiality.

#### **4.5 Conclusion**

Although not all women need or want to disclose sex trading to providers, for many it can be an important step in addressing complex feelings associated with it, as well as any related incidences of trauma. Our study found that women often wanted to disclose sex trading and in some instances, found it helpful to do so. However, women also experienced judgments from providers and other women in group sessions that were typically insufficiently addressed. African American/Black women experience additional challenges when disclosing selling sex because of the impact of racism and racial oppression in experiences of trading sex and social service engagement. Addressing the nuanced complexities of trading sex individually and in group sessions can improve women's experiences of disclosing sex trading and ultimately serve to enhance their engagement in organizations that address addiction, IPV, SV, or CSE.

## **Chapter 5**

### **Additional Findings: Racism & Racial Tensions among Women Navigating Services**

#### **5.1 Introduction**

Women's racial identities impacted their sex trading (as described in Chapter 3) as well as their experiences of disclosing sex trading in services (as described in Chapter 4), particularly for women who identified as African American/Black. Racial oppression and White privilege also created additional challenges in group practice settings, as tensions of different racial groups emerged. When both African American/Black and White providers noticed the tensions in groups, they used varied strategies to address the challenges or sometimes left them unaddressed entirely. This emerging theme is important to describe in order to holistically address the research, practice, and policy implications drawn from the overall dissertation study (Chapter 6). As such, the purpose of this chapter is to describe the relevant additional findings related to experiences of racism and racial tensions participants encountered when navigating through services.

#### **5.2 Findings**

Racial tensions between White and African American/Black women, particularly in groups addressing addiction, intimate partner violence (IPV), sexual violence (SV), or commercial sexual exploitation (CSE) were common. Women who identified as Black/African American described experiences of racism and preferential treatment for White clients when receiving services. Providers also described a series of challenges in addressing racial tensions as they occurred in groups. Notably, women who had attended specific groups focused on privilege, oppression, and racism offered at two agencies described the positive impact the groups on themselves and their relationships with other women in treatment.

### 5.2.1 Experiences of Racism and Racial Tensions

Several women who identified as African American/Black described incidents of preferential treatment given to White clients by providers. As one such participant said,

Well, it looks like the White girl gets to come in late and do whatever she want to do. She can go to sleep and she can have her phone and she can be unfocused and move around and say what...she want to do and leave when she wants to. Let an [n-word] try it and bitch, you going to be put out... Yes, I've seen it at every treatment center I've been to. All the White people get treated differently.

Some African American/Black women felt that both African American/Black and White providers were more responsive to White women's needs in services. For example,

She [the provider] would give them opportunities [to Whites]. She would open doors. This one White girl, she got her into a place over there where she could work and live there... I would ask to talk to [the provider] and she's like, "Well, you have to schedule an appointment." This other girl...She say, "I need to talk to you." "Well, come on into my office." That's when I knew that she didn't like me...

This participant felt as though other women, who were White, would have more opportunities available to them than women like her who identified as African American/Black. Such experiences furthered African American/Black women's distrust of their providers as well as of the other White women in groups.

Women who participated in the study also described racial tensions among the women themselves who attended services. Such racial tensions manifested in the form of racist name calling. As one African American/Black woman described, "Because it was some things this one female that lived here was saying and then she was constantly using the n-word and things like that. It just made me uncomfortable." White women described instances of being called names by women of color, such as one incident in which a White woman was referred to as a "pop face, poor, White trashy bitch." Such derogatory name calling was also observed by providers. As a White addiction counselor commented,

I've heard Black people call White people honkeys. I've heard White people call people the n-word... I don't think there's been any times in group that people have ... directly [had] tension[s], I just noticed always the separation.

The separation noted by the provider above was also described by women. As one African American/Black participant observed, “there are things I've noticed in groups where it will be the White girls sitting together and then all the Black women sitting [together].” Another African American/Black woman indicated it was safest to separate oneself from White women and stated, “You have to ignore it. Just don't sit on the same end of the table they sit on. Sit way down there.” Additionally, African American/Black women felt as though White women did not want to socialize with them because of their race. As another African American/Black participant described,

“[White people] don't really want to talk to you. They always with the same White people. They give you this look and you don't know really what she's saying but you can tell it's not good because by the time you get up there by them, they shut up. So you can't never hear what they're saying, but you know they talking about you.”

Women also described their purposefully avoiding physical conflict (specifically about racial tensions) in front of service providers. As one participant stated,

You have had a couple of people get reprimanded on the simple fact of them “White bitch,” and just calling people anything racial out their name, the n-word... You have had people getting put on restriction or something as far as calling people White girls or the n-word or Black or anything. As far as it come to the point of blows, no.

Physical conflict was commonly avoided in order to avoid dismissal from the program, as one participant noted, “They're careful not to fight because they wanted to be in the program. Fighting is immediate discharge, so they're careful not to fight.” Women indicated that the tensions were often less likely to be overt but rather expressed through body language. For example,

I don't think anybody's openly said, "Well, you wouldn't know. You're White. Well, you're Black." Or anything like that. I think it's just been non-verbals and within the

context of whatever we were talking about. I was like, "Gosh. Are we going to have some problems here?" We didn't that I know of.

Ostensibly, providers may be missing particular manifestations of racial tensions, as some indicated that they did not have them in their groups or at their organizations. This is demonstrated by an IPV provider who said, "I never really thought about [racial tensions] to be honest, because we really don't see it."

African American/Black and White women also described their attitudes of perceived colorblindness. As a White woman described,

In a sense they came up with this consciousness of colorblindness, and that's kind of how my mom raised me. She's like, "you don't see people's color. Just because they have different colored skin doesn't make them any different from you."

As this participant describes, White women like her saw colorblindness as a way of not being racist. This was not limited to White woman as one African American/Black woman described, "racial tensions don't really bother me. I don't see color. I see it, but it doesn't matter because I like people for people and I dislike people for people." However, other African American/Black women indicated how colorblind language was harmful to them and wanted people to understand how their racial identities had impacted their experiences. As one Black woman stated, "My Black heritage is part of me, and for you to act like you don't see that is offensive." Another African American/Black woman indicated that it was important that the Black women be recognized for all that they have experienced by being Black women. She stated,

I feel like as a Black woman we've endured so much...Don't get me wrong, I know we're wrong sometimes too... We've gone through a lot and we've helped to solidify this country and make it what it is. Everything was built on our backs, so I don't think that we get enough credit. I don't feel like racism will ever end. I think there always will be racism.

As this sentiment demonstrates, some Black/African American women described needed to be validated and feel respected for their experiences of racial oppression, which varied from the experiences of White women.

### **5.2.2 Strategies (or Lack Thereof) to Address Race, Racism & Racial Tensions in Practice**

Racial tensions commonly went unaddressed in practice, particularly when they involved non-verbal cues. Providers tended to intervene when the tensions escalated to the point of fearing verbal or physical conflict. In such cases, providers sometimes focused on diffusing the situation and sometimes separating the participants, rather than delving into the root issue. As one White, criminal justice provider described,

Well, the first time we'll sit down and talk to both sides say, "This isn't allowed here. You're not going to be allowed to do this. Are you guys going to be able to get along?" And if they say no, then they're going to be put on our enemies list which means they can never go to classes together... and it causes a lot of difficulty for them because they're going to be very limited on what they can do.

Separating women also occurred when African American/Black and White participants who shared rooms in a residential programs engaged in conflicts based on race. As one White participant in an IPV shelter described,

This [Black] girl would, she sits up on the phone until three or four o'clock in the morning. I don't know how many comments I've heard her make about effing White people. I don't need to listen to that. I don't want to hear any ... "Excuse me, I am one and I'm right here." Just that little bit of what she said that started to make me really uncomfortable. I happened to mention it to one of the workers. It was taken very seriously. I never guessed that it would be...She was moved immediately. Once she got up there and got everything moved, she came back down and she said, "Did I ever seem prejudice to you?" I wasn't about to tell her the truth. Because I'm in a room, way down at the other end of the hall from anybody, alone with this girl. I don't know her. She's Black...I don't have anything against [that] but when they use [that] to intimidate me, I don't like it.

As demonstrated by this story, the shelter staff took action against the African American/Black woman by moving her out of the room (rather than removing the White client) because of the White participant's discomfort with her roommate's comments.

Other providers described responding to incidents of racial tensions by reminding participants of the group rules with regard to maintaining general respect for one another. As one African American/Black addiction counselor indicated,

First, I say, "Ladies, let's be respectful. Is this something that something that we can talk about right now?" Somebody may say, "Yeah," so then I say, "Can I ask you first what's going on? What can I do?" They may say something like, "I wasn't even talking to her, and she got in my conversation. I was talking to her." I say, "First of all, we shouldn't be having side conversations. Second of all, if you are saying something and you say her name, it's kind of normal to respond. Would you respond? That's kind of normal behavior to expect."

This example demonstrates the process by which providers would reiterate the rules and guidelines for participating in group rather than addressing the underlying racial tensions.

Announcements with similar messaging would also occur in residential services. For example, one African American/Black woman described an incident in which a few White women had used the n-word in passing at her residential addiction treatment program. She then described how staff addressed the situation,

They called a house meeting. They brought it up and they were just saying that, "There should be no racial remarks or any racial feelings in this house. Everybody's the same," just saying it. But it didn't change nothing...it was like a conversation and that everybody should respect everybody who lives here and blah blah. It still the same. It never change.

As incidents or tensions occurred in groups, some providers would respond by describing the impact of the trans-Atlantic slave trade on society today. As a White, IPV provider described,

Sometimes you can look at the old rules and say that... This is something we're still digging our way out of basically....I said, "That's what they used to do with slaves." I don't remember what it was now but I was trying to make the emphasis that human beings used to be bought and sold and this is still running subconsciously through our society.



These previously described responses occurred only when racial tensions or resulting conflicts emerged in groups.

In contrast, a few providers incorporated diversity group programming that directly focused on race, racism, and oppression into their organization's preexisting group curriculum. As one White, CSE provider who facilitated such groups indicated,

The conversations right now are a lot about understanding privilege and oppression. There's a lot of racism that's within the women, because they're struggling to identify their own oppressions, so they don't necessarily see the other layers... We told them that we're going to do the [diversity] group, because it's important.

When asked if they used a pre-existing anti-oppression module or curriculum, the provider stated,

No, because it's not really out yet. I don't want to make it super academic for them. The struggle is more for them understanding the day to day things...so we just talk with them about everyday experiences that they're seeing example of things with to try to change that. I don't think you can really get that from a curriculum.

As described by this provider, anti-oppression curricula were viewed as impractically academic and inappropriate for participants living in residential services designed for women involved in CSE.

African American/Black women who had attended anti-oppression groups described the benefits of the group facilitations. For example,

It's been pretty good because we actually do diversity class here. It's pretty good because nowadays you have to talk about racism and stuff like that with everything that's going on... [It has changed] my relationship with the other women in the house. I feel more comfortable with the rest of these women.... I've started learning that color matters and that until we learn how to stop being color blind and learn how to be more color brave, nothing's going to change.

Another African American woman who participated in a different anti-oppression group offered at another organization described how helpful the group was for her and her relationship with other women in the program, including White women. For instance,

We did talk about White privilege in one of our classes. It was racism, stigmas, sexism, and something else. It was brought up. My roommate was speaking on White privilege and how she didn't know that she had it. I was looking around like, "Girl, yeah you do." At thirty-four, you know about your White privilege. [It was] helpful because you've got to hear... different people's opinions and you could form your opinion on were their mind is at as far as ... different cultures, periods, how they look at different people.

Positive accounts of the benefits and lessons learned in diversity classes were also expressed by women who identified as White. As one White participant describes,

White people came up with this concept that we shouldn't see color anymore and that color doesn't matter and that we're all equal. That's the furthest thing from the truth... so coming here and going through these diversity classes ...and I'm learning that color matters.

As such, groups that addressed privilege, oppression, and the dynamics of race and racism were seen as helpful in addressing the complicated dynamics stemming from such systemic issues.

### **5.3 Conclusion**

Women navigating services experience racial tensions and Black/African American women report incidents of preferential treatment for White women and hearing racist comments. While some providers report not addressing such tensions at all, others report varied strategies to address these dynamics. Such tensions and dynamics can impact women's ability to engage in services and consequently should be addressed.

## Chapter 6

### Dissertation Conclusion

This dissertation study found that women who trade sex have varied identities and ways in which they conceptualize their sex trading. Participants either identified as women who traded sex, women who identified as prostitutes, or as prostitutes with a pimps and a social hierarchy emerged between the three groups. These identities are influenced by their racial identities, as African American/Black women reported experiencing discrimination and prejudice that also shapes their identity of sex trading and their experiences of receiving services. Additionally, women held diverse opinions as to whether sex trading was considered traumatic, embarrassing, or just an act. Finally, women also held different conceptualizations of the relationship between sex trading and substance use.

#### 6.1 Emerging Theoretical Model

In alignment with the constructivist approach of this grounded theory study, a constructivist theoretical model was created to further our understanding of how women involved in CSE navigate through social services (see figure 6.1). A constructivist approach prioritizes “the phenomena of study and sees both data and analysis as created from shared experiences and relationships with participants” (Charmaz, 2006, p. 130). As such, models should draw from the research study to learn how, when, and to what extent the studied experience is embedded in other situations and relationships. The models should also highlight any hierarchies and opportunities that perpetuate differences and distinctions among participants.

Figure 6.1 thus represents how women bring their own experiences of identities and experiences of identity-based oppression with them throughout their experiences of sex trading as well as subsequent access and engagement with services. Ultimately, women seek to

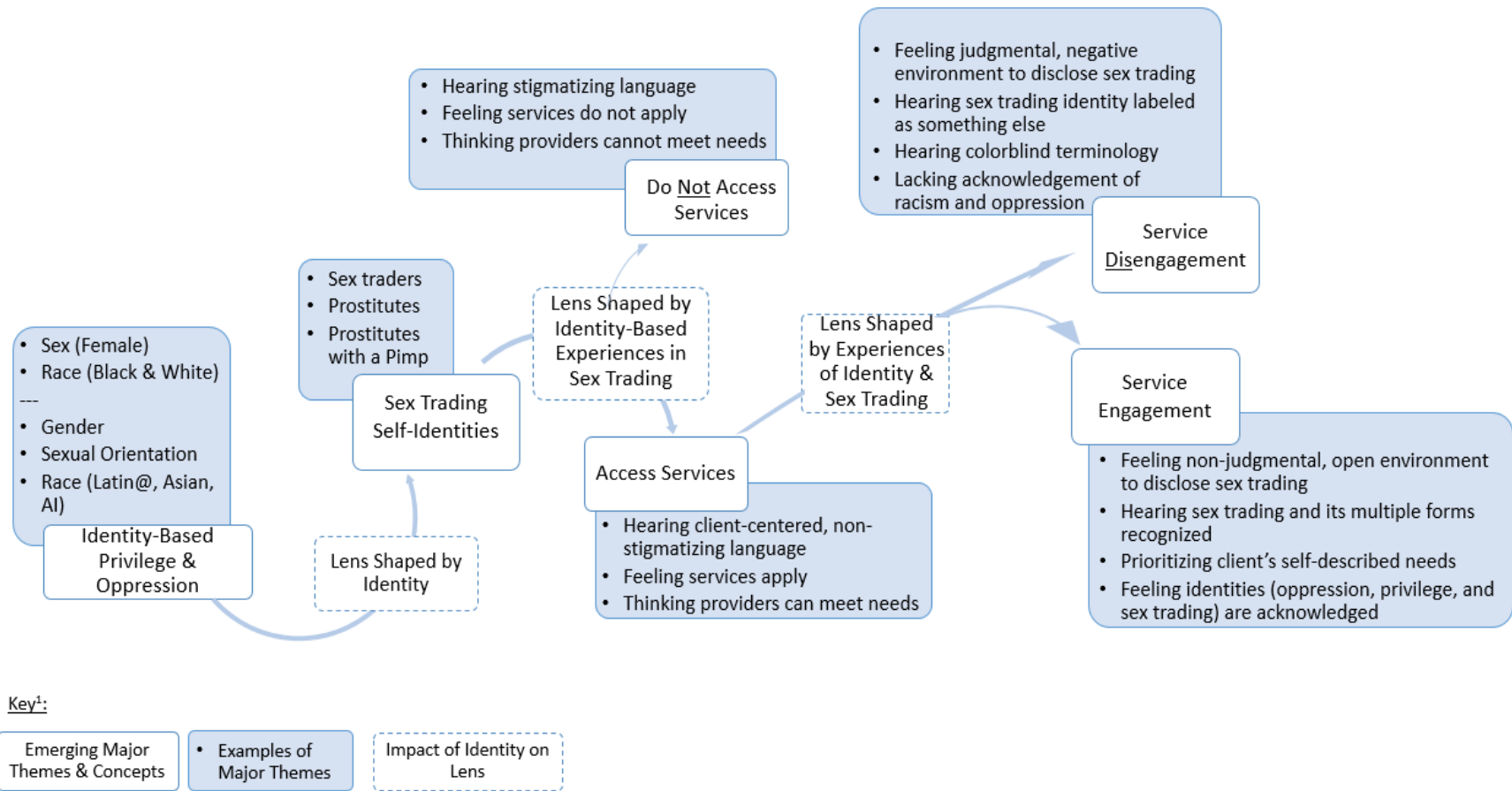


Figure 6.1 How Do I Fit? Emerging Theoretical Model to Understand the Navigation of Services among Women Involved in Commercial Sexual Exploitation (CSE)

understand how they fit in to the program and are given cues based on their identities and experiences that allow them to answer that question.

### **6.1.1 How Do I Fit? Explanation of the Model**

**Identity-Based Privilege & Oppression.** Women's identities based on their sex and race provides a lens with which they view the world. While this study's limitations preclude understanding the influences of other identities in domains of gender (such as transgender), sexual orientation (such as queer), and racial identities beyond African-American/Black and White (such as Latinx, Asian, and American Indian), they are important to represent in the model. Various intersections of such identities may additionally influence one's experiences of identity-based privilege and oppression and therefore are represented below the dotted line as potential areas of further exploration (the limitations with regard to these particular identities are described in further detail in this chapter). Because of these identities, women carry with them identity-based experiences of privilege or oppression. For example, two women may have similar experiences based on their female-bodied identities. However, White women hold White privilege, even with their experiences of sexual exploitation, and therefore may be given opportunities or have doorways open to them that African American/Black women would not due to racial oppression. African American/Black women may experience trauma based on racial oppression and discrimination that White women do not. Women carry these race-based experiences (and their interpretations) with them as they begin sex trading.

**Sex Trading Self-Identities.** As described in Chapter 3, women's identities of sex trading manifested as one of three identities: women who trade sex, independent prostitutes, or prostitutes with a pimp. It is important to note that the language mentioned here is language that women used to describe their own circumstances. Women not only related their experiences to a

particular sex trading identity, but differentiated their own experiences from other identities and often judged women who belonged to a different sex trading identity. For example, women who trade sex with friends, acquaintances, or people they met online negatively judged women who “walked the stroll,” “worked the corner,” and who therefore identified as prostitutes. Both groups (women who trade sex and self-identified prostitutes) judged women who had pimps. Although women can often shift between the various sex trading identities, they were distinctly different identities that provided them cues as to where they were within the hierarchy of sex trading. As emphasized in Chapter 3, it is important to note that women did not identify themselves as victims or sex workers, and, as such, these identities do not appear in the model. Women also experienced the trauma of sex trading differently. Some women experienced trauma from sex trading while others experienced trauma from other life events, including death or murder of children and IPV/SV that occurred independently from sex trading, and some women experienced trauma from both sex trading and other life events. Feelings of trauma and stigma can also shape a woman’s lens as well as her sex trading experiences. In addition to this identity-based judgment with regard to sex trading, African-American/Black women received messages of being worth less than White women from pimps and men who purchased sex from them. As such, African American/Black women’s experiences of sex trading are subsequently impacted further by their racial identities and experiences of racism and racial oppression while White women’s experiences include forms of White privilege.

**Service Access & Lack of Service Access.** Women with diverse experiences of sex trading and varied racial identities may access services that address addiction, criminal justice, mental health, intimate partner violence (IPV), sexual violence (SV), commercial sexual exploitation (CSE), or women exiting prostitution. As addressed in Chapter 4, it essential for

organizations to use client-centered, non-stigmatizing language so that women feel as though services apply to them and subsequently gain access to appropriate services. For example, services that target victims of trafficking will not likely reach women who do not identify as victims of sex trafficking but rather as women who identify as having traded sex, prostitutes, or pimp-controlled prostitutes. Women who access services may be asked about sex trading for purposes of abuse histories, sexual risk, or program requirements. However, if understanding sex trading history is not relevant for services, it is important that providers do not ask. Any disclosure of sex trading must be met with non-judgmental, client centered language in order to facilitate increased access of services. Any indication that women do not find sex trading to be traumatic but have other traumas to address in practice should be respected. Additionally, women who access services believe that providers can meet their needs in some capacity at that time. Women's sex trading identities as well as their experiences of race and racism may also enhance the prejudices or privileges they experience while accessing services. The prejudices and privileges that women have experienced based on their racial identities as well as the experiences shaping their sex trading identities lead them to look for cues that provide insights as to whether the provider is comfortable (or not) with the woman's identities. In turn, this shapes her view of the provider and/or the organization.

**Service Engagement & Service Disengagement.** After women access services, they may continue engaging in services or not, in large part because of how they are treated. In group and individual sessions, women must feel that they are in a non-judgmental, open environment to disclose any aspects of their lives that are important to them, which, in some cases, can include sex trading. Disclosing sex trading individually can be challenging because of the stigma associated with it, which can additionally be exacerbated by other women in group sessions. As

described in Chapter 4, women's judgments of one another based on the different types of sex trading can, in itself, be stigmatizing. As such, providers recognizing multiple forms of sex trading in individual and group sessions may be helpful to address such judgment. It is also important for providers to remain open-minded regarding the nature of sex trading. As described in Chapter 3, some women will see it as a form of trauma, others will not. Some will view sex trading as an action that occurred because of an addiction, others will not. The woman's experiences of her sex trading in regard to addiction and trauma must be respected throughout the woman's time engaging in services. It is also important to acknowledge the impact of privilege and oppression and its influences on women's lives, sex trading, and service navigation. As documented in Chapter 5, women who identify as African American/Black perceive preferential treatment given to White clients because of White privilege. Furthermore, racial tensions and conflict occur, particularly in mixed-race groups or residential programs. When such dynamics go unaddressed, African American/Black women may believe that they are engaging with yet another racist and oppressive system in their lives. Thus, they may be more likely to disengage in services when the impact of privilege is reinforced among White women in their programs.

## **6.2 Practice, Policy, and Research Implications**

This study has multiple implications for practice and policy as well as future research directions.

### **6.2.1 Practice Implications**

This study showed that women have diverse experiences of sex trading and hold a range of perspectives regarding trauma, stigmatization, and addiction associated with sex trading. Additionally, White privilege and racial oppression influence women's experiences of sex



trading and their access to and engagement with critically important services. The range of complex emotions related to diverse experiences and perspectives must be addressed in individual and groups practice as well as within organizations that are likely to encounter this population.

**Individual Work with Women.** In individual sessions, it is important for relevant providers, such as providers from organizations that address addiction, IPV, SV, CSE, and women exiting prostitution to ask questions about sex trading histories. Such questions may be asked in the context of determining sexual risk, addiction or abuse histories. If determined to be a necessary and appropriate question, providers should use nonjudgmental language to assess a woman's sex trading history. When relevant, providers should first briefly indicate that sometimes women trade sex for things for a variety of reasons, which can include (but are not limited to) meeting basic needs, generating financial compensation broadly, or because someone else asked or made them do so. Some women feel in control of their experiences of sex trading and not hurt by them while others feel embarrassed or traumatized. Providers should then ask the client if she has any experiences with sex trading, and ask which these feelings best reflects her experiences of sex trading, as well as if she is interested in talking more about sex trading in future sessions. The provider should also determine if the client feels that sex trading has been a traumatic event causing her distress or impairment. If so, then trauma therapy to address sex trading should be an integral part of the treatment plan. If the woman indicates that sex trading is not traumatic, but rather embarrassing because of the stigma associated with it, then a psychoeducational approach to explore the nature of that stigmatization is recommended. This may include addressing any stereotypes and subsequent judgments of sex trading with the client. If a woman reports that engaging in sex trading was simply transactional and does not feel self-

critical or harmed by it, then the provider should indicate that they can revisit any sex trading experiences as they come up and move on with the issues the woman describes as most important to her.

When disclosures of sex trading are made during intake or in an individual session, it is important for the provider to use client-centered, mirrored language. For instance, if a woman describes her experience with sex trading involving a boyfriend whom she loves who asked her to have sex with his friends for compensation, a provider should not describe the interaction as being “pimped” or “trafficked.” Similarly, if a woman views her sex trading as sex trading to meet basic needs, a provider should not indicate that the woman was prostituting herself. Instead, the provider should mirror the client and use the language used by her. This should be accompanied by providing verbal recognition that sex trading occurs for a variety of different reasons and different ways and that the woman is not alone in her experiences. It is also important to provide information about the fluidity of sex trading. For example, one person may have some experiences of sex trading that she views as non-traumatic in addition to others that she views differently, perhaps because they caused her physical or emotional harm. Providing education about this fluidity, as well as an opportunity to discuss sex trading in individual sessions may provide the woman the nonjudgmental space she needs in order to discuss various aspects of her sex trading experiences. Additionally, this will also allow her to prioritize the issues that she feels are most important to address.

When a client discloses her sex trading experiences to a provider individually, she may describe instances of sex trading that were impacted by her racial identity. For example, African American/Black women may describe instances of being “worth less” financially than White women and vice versa. In such cases, particularly for women of color, racism and the potential

trauma of racism should be acknowledged by providers. If an African American/Black woman discloses instances of racial prejudice in her sex trading, providers should discuss the potential impact of these experiences. Acknowledgment of racism and racial oppression may serve to create a safer environment, enhance a woman's relationship with her provider, and ultimately increase her likelihood to remain engaged in services.

**Group Work with Women.** Such recognition of the variety of experiences of sex trading is not only important in individual sessions with women, but as well as group work, specifically in addiction treatments, IPV/SV organizations, or organizations serving women leaving prostitution or involved in CSE. In groups with women who have had traded sex as adults, it is essential to recognize the range of sex trading experiences while exploring and validating women's diverse sex trading identities. Sex trading is sometimes discussed in trauma groups that focus on IPV, SV, or child sexual trauma. Although some women may disclose sex trading in groups that address the dynamics of trauma, not all women view their experiences of sex trading as traumatic. In fact, some women described needing something more to address sex trading, but that a trauma group did not feel like the appropriate space to them. Consequently, it is important to address stigma and judgments in a group session that is dedicated to sex trading separately, rather than in groups devoted solely to addressing trauma.

A group session focusing on sex trading would help facilitators recognize the range of sex trading experiences group participants may have had. The range is inclusive of 1) situations in which women may have been forced or coerced into trading sex because of their pimp (federally known as sex trafficking), 2) experiences of survival sex to meet basic needs, or 3) the exchange of sex because it is viewed by participants as the best option to generate income. Importantly, the definitions of sex trafficking and CSE should be explained using the language

most typically used by women, i.e., sex trafficking for adults involves women having to answer to a pimp (not trafficker). The groups should be psychoeducational in part to provide information regarding the various types of sex trading along with the risks of exploitation that can occur when trading sex. One example of this may be a woman who trades sex because a friend or intimate partner asked her too and she decides to participate at first, but later changes her mind. This example could result in responses ranging from challenging conversations with her partner to threats to physical or sexual violence for her. Creating designated time to learn about CSE and discuss varied experiences of sex trading can provide that space necessary for women to share and process their stories.

Providers must react nonjudgmentally to any disclosures of sex trading, while scanning the room for reactions, particularly any disparaging ones. Subsequently, providers should facilitate dialogues to address any judgments exhibited by other women in the group. Judgments based on stigmatization of sex trading create additional complexity in processing sex trading experiences. Group facilitators must always acknowledge that women are not alone in their experiences, particularly after initial disclosures of sex trading, and devote the necessary time to address judgments by exploring stereotypes of women who trade sex. Understanding how women learned of such stereotypes (that is through media, films, and other similar sources) may be helpful to process the stigma and shame some women feel about their experiences.

This study found that women who have participated in diversity groups that focused on understanding privilege and oppression and refuting the concepts of colorblindness was helpful. Such groups increased understanding with the other group participants and residents, thereby strengthening the relationships with the other women in their programs. As such, the promising practice of facilitating anti-oppression groups should be integrated into services for this

population. Group facilitators should provide women with an introduction to an anti-oppression framework by providing definitions of power, privilege and oppression. To that end, dialogues must name, describe, and provide examples of privilege and oppression broadly as well as sexism and racism specifically. Women can be encouraged to share examples of sexism from their lives, which can validate the commonalities women in the group share, in contrast to those who hold male privilege. Then, women's contrasting experiences of White privilege and racial oppression should be explored. Group facilitators must validate the different experiences women of color have in contrast to White women. Doing so may address some of the racial tensions that this study found existed among mixed race groups. Attending social services that address complex and challenging issues such as addiction, IPV, SV, and CSE without acknowledging the role of racism in the lives of women of color is insufficient and must be incorporated into services.

**Organizational Implications.** Micro-level implications that have been discussed here will be difficult or almost impossible to implement without organizational support. Training and dialogue to address oppression and privilege as well as broader understanding of CSE are both encouraged. Anti-oppression work will likely require facilitated dialogues with providers and executive teams to work on their own biases as well as the influence they may have on their work. Existing diversity organizations such as the National Conference for Community & Justice (NCCJ) or the Diversity Awareness Project (DAP) may be useful resources in partnering with organizations to help providers strengthen their skills on intergroup dialogue facilitation. Additionally, the White Privilege Conference may also be helpful, particularly to enhance White providers' self-awareness in working with individuals of color. Resources such as NCCJ and

DAP may be helpful in providing a starting point or local trainers to facilitate such dialogues among staffs themselves.

This study found that many providers think about sex trading often in different ways than their clients do, especially when it comes to assumptions about the trauma of sex trading. In addition to micro-level implications in this area, it may be helpful for organizations to partner in or participate in local anti-trafficking coalitions to share practice knowledge and discuss varied case examples of women's sex trading. This may help facilitate the recognition of the variety of sex trading identities drawing from providers' practice experiences. Additionally, attention to language in organizational materials and intakes may also be important to strengthening engagement with this population. This study found that women may not identify their experiences as victimizing or prostituting and, consequently organizations that target their services toward trafficking victims or women exiting prostitution may miss portions of the population that do not identify as such. Trafficking and CSE specific organizations must utilize broader and less stigmatized terminology, such as individuals who trade sex to be inclusive of multiple forms of CSE.

### **6.2.2 Policy Implications**

This study also generates policy implications for consideration. Federally supported trafficking initiatives often utilize language such as sex trafficking. However, as this study found, women who qualify under the federal definition of trafficking do not necessarily identify as such. This study found that trafficking often meant a ring of underage girls, which is not indicative of many adult women's experiences with sex trading or, specifically, sex trafficking and CSE. As such, training initiatives and grants related to women involved in CSE should encourage the use of inclusive language and varied case examples to provide information on the diverse sex trading

that occurs. Providing more accurate case depictions may enhance services by increasing participants' level of engagement in such services.

Additionally, programs and grants that address prostitution and trafficking are important. However, this study underscores the importance of supporting individuals at-risk of trafficking and connecting them to needed services, i.e., addiction treatment, homeless services, mental health counseling, addiction treatment, and IPV/SV organizations. These organizations come into contact with individuals who have traded sex and some qualify under the federal definition of trafficking, but may not identify their experiences with that of trafficking and exploitation. As such, harm reduction programs for substance use and sexual risk behavior that work with individuals involved in CSE may be helpful particularly with this population. Harm reduction strategies have been found to be helpful for individuals for whom abstinence is not appropriate. Supporting these programs and training providers regarding the spectrum of CSE, as well as appropriate practice strategies will enhance access to critically important services.

### **6.2.3 Research Implications and Future Directions**

There are a number of research implications stemming from this study in three primary areas: 1) study of sex trafficking/CSE indicators and prevalence estimates, 2) exploration of intersectional identities not addressed in the current study, and 3) intervention research to address some of the challenges identified by the current study.

**Study of Inclusive Sex Trafficking/CSE Indicators and Prevalence Estimates.** This study revealed nuances in the ways women identify with their sex trading experiences, which are not typically addressed in prevalence studies. Sex trafficking screening questions and indicators often seek to assess for force, fraud, or coercion as is consistent with the federal definition (Clawson et al., 2009; Macy & Graham, 2012b). However, it is possible that the screening

questions do not reflect the way in which survivors identify themselves and their own experiences, thereby missing important parts of the population. For example, one commonly used trafficking indicator assesses for restricted and closely monitored movement (Macy & Graham, 2012b), yet when women described their interactions with pimps in this study, they did not describe it as restricted movements. Restricted movement may only be helpful in assessing for extreme cases of trafficking in the United States, which are less common. Additionally, while some women did not identify with but fit the federal definition of trafficking, other women experienced CSE but not trafficking. It is important to understand the scope of those impacted by CSE but who do not fit sex trafficking criteria to determine how best to serve them. Relatedly, the trafficking estimates in the United States have methodological limitations and may not be inclusive of all women's experiences with trafficking and CSE. As such, future research should assess whether the trafficking indicators and screening questions appropriately capture women's experiences with trafficking and CSE.

**Exploring Additional Intersectional Identities.** This study addressed some intersectional challenges that women who identify as African American/Black face when navigating services. Women of color who do not identify as African American/Black may experience unique intersectional challenges that require further research. Specifically, the challenges Latinx, Asian, and American Indian women face remain an area of future research. Additionally, all the research participants of this study completed an open ended questionnaire and all women participants identified their gender as "female," and most (n=28) wrote "heterosexual" or "straight" for their sexual orientation. In fact, multiple participants asked the PI what the term "sexual orientation" meant, which could be because of a confusion about or lack of understanding regarding sexual orientation terminology. As such, this study could not



address how some of the intersectional experiences that women's queer identities (particularly Lesbian, Bisexual, and/or Trans\*) may also impact their sex trading identities and barriers to services. Consequently, this remains an important area of future research. Finally, women may also be impacted by the local contextual factors specific to their geographic location and as this study took place in one area, future research should explore these dynamics in other areas across the country as well.

**Training and Intervention Development.** This study found that providers often make assumptions with regard to women's sex trading that can impact their interactions with them in individual and group sessions. Women also judge one another in group settings, which can cause harm and further stigmatize sex trading. Additionally, it is important for providers and women participating in services to increase their understanding of privilege and oppression and enhance their own self-awareness of biases. Addressing these biases with providers and women in practice oriented ways that are not overly academic is important.

**Training with Providers.** A customized training could be developed designed to help strengthen providers' self-awareness with regard to both privilege and oppression and assumptions made about sex trading. This would include training on how women view the relationship between trauma, substance use, and sex trading as well as guidelines to having non-judgmentally conversations with women about sex trading and discussing such situations with clients. Case examples that depict how women identify sex trading differently from one another could be helpful in facilitating this training. Incorporating parts of diversity training that provide guidance on how to address oppressive comments in practice could be helpful. This type of training may enhance providers' self-awareness and skill development, particularly in addressing diversity challenges that arise in providing services to women.

*Intervention with Women Participating in Services.* A psychoeducational intervention that is rooted in an anti-oppression framework that includes 1) the broad spectrum of CSE and 2) experiences of oppression and racism could be developed and pilot tested. This intervention may be most appropriate in organizations serving women exiting prostitution or involved in CSE as well as organizations that address IPV, SV, and addiction. It would also be useful to incorporate a module on oppression into an existing evidence-based, trauma-integrated addiction treatments (i.e., Seeking Safety). An additional module that focuses on sex trading could also be integrated. Potential outcomes of interest for this intervention include clinical issues (i.e., self-acceptance, self-esteem, and addiction symptoms), oppression-based issues (i.e., experiences of racism), as well as service engagement (i.e., attendance, number of sessions attended, satisfaction). This intervention may help strengthen women's engagement in services by promoting a more inclusive and anti-oppressive environment and strengthening women's relationships with one another in group settings.

### **6.3 Member Checking of Findings**

The PI facilitated member checking in separate sessions for service providers and women with experiences of sex trading as adults in order to assess the degree to which this study's findings resonated with women's lived experiences and their perceived contributions to the study.

#### **6.3.1 Member Checking with Service Providers**

Service provider member checking was completed in two interactive presentations at both community partner sites. The first presentation occurred at Queen of Peace, where approximately 25 staff members of that organization attended. Due to recent turnover, only one attendee had participated in the research study. The PI took notes of the discussion of this

session. The second presentation was given to the Coalition Against Trafficking and Exploitation (CATE) and 14 key stake holders attended, of whom seven were research participants. The CATE meeting attendees represented organizations that address mental health, women exiting prostitution, homelessness, poverty, and criminal justice. The CATE coalition organizer was also present and she took notes and transcribed comments during the discussion portion of the presentation. In both member checking sessions, the PI presented the findings and facilitated a discussion of providers' experiences in relation to the findings. Providers gave a confirmatory response and discussed the challenges of working with individuals who do not view sex trading as traumatic or exploitative. Providers also discussed the challenges of addressing sex trading as well as differences between how women identified and judged others for their experiences. They also discussed challenges to addressing racial tensions among women as they arise in groups. As one provider who was a study participant indicated,

I thought racism wouldn't exist in the [organization]. And that needs to be address for all of us. Oh there's racism in referral, but it wouldn't be in the house. We stopped inviting White women in the house until we could create a safe space for women of color. We still have a lot of work to do. Part of what we've tried to ask referring agencies to have those conversations as well. And us having those conversations with our partners.

After findings were presented, a discussion about implications followed. In collaboration with CATE organizer, the PI and coalition organizer facilitated a discussion of action steps by asking the key stakeholders how the coalition could support providers. An idea (independent of the recommendations outlined by the PI) was suggested that CATE could collaborate with NCCJ in order to receive diversity training for providers. They expressed wanting information on how to address racial tensions with women in services as well as among their own staffs. Providers then discussed how to best ensure the helpful dialogue facilitation of their own challenges with

regard to diversity as well as assumptions made about women's sex trading. As one provider who was also a study participant described,

We as providers get in the way. We often sit in trainings and think it's not me or my problem. We need to recognize our own stuff. Level of vulnerability and authenticity [is] needed.

### **6.3.2 Member Checking with Women**

Given the transient nature of many women's lives who are involved in CSE, it was expected that women would be difficult to contact for member checking. Of the 30 women who participated in the study, 10 women could not be reached because their phone numbers were out of service or not working and another three women had voicemails that were full or not yet activated so the PI was unable to leave a message. Of the remaining 17 women contacted, the PI was directly able to speak with 10 women, of whom six indicated they would attend. However, only three women attended the meeting. The three women identified as Black/African-American. The PI took verbatim notes of the discussion.

The presentation was interactive in nature, particularly as the PI presented each emerging theme. The women appeared to experience a range of emotions in processing the findings and the PI took breaks and checked in with the women, as needed. Generally, the women confirmed the findings and engaged in a rich discussion about the central themes. For example, when the PI described how women viewed their experiences differently in terms of trauma and stigma (Chapter 3), one woman adamantly indicated that her experience was traumatic,

When I went through it with my addiction, it was the shame and knowing the truth and facing the truth, I couldn't handle it because I was out there [prostituting]. I don't care if 60 men came just to keep me high, I was going to do it...Disgust inside of me.

She insisted that all experiences of sex trading had to be traumatic for all women. However, another participant disagreed with her, as she differed in her experience by only identifying with the stigma of sex trading rather than the trauma of it. For her, sex trading "is embarrassing,"

which differed from experiences she had in a former abusive relationship. She continued by stating that “the situation with my significant other was traumatic.” This discussion demonstrated some of the differences in how women view their experiences of sex trading.

When the PI described the messages received by women based on their racial identities in sex trading (Chapter 3), one participant indicated that men would “choose a White girl because she’s weaker” while another chimed in that “Black girls-they’re too demanding so men can control [White girls] easier.” The three women were in agreement about these particular dynamics. They also indicated that a White woman would be worth more financially if she has a “pretty” or “put together” look about her. If she “looks like a junkie,” then she would not be worth as much, even if she was White.

When the PI presented findings about facilitators and barriers to disclosure (Chapter 4), the women nodded vigorously and affirmed the judgment they had experienced about sex trading. One participant indicated she was judged for the type of sex trading she did and it “made me feel like I was this little,” making a very tiny space with her fingers. One woman said, “[they] need someone to tell you that it’s the same thing. You’re still lying down and opening up your legs and everyone’s doing it.” When the PI described providers’ lack of addressing certain aspects or judgments in groups, two women became teary-eyed. One summarized,

All you looking for is someone to care and just to say something, but it’s like you’re nothing. Like a routine, like putting bricks on those buildings. And you thinking, when you go to a place like that, you think you’re in a good place now. It’s almost like you gotta go into survival mode. They don’t care...you have to learn how to survive in there.

As this perspective demonstrates, the lack of addressing judgments was interpreted as providers not caring about the women.

Finally, the PI presented the challenges women experienced with respect to racism and racial tensions in organizations (Chapter 5). The women confirmed their sense that preferential

treatment was given to White women but also indicated that there was intersectionality between “beauty” and race. Judgment was seen to be made, as evidenced by this woman’s comment,

“If you look like you’re on drugs and [have] that street look. Majority of ladies... White, Black purple, orange...if you got the street mode, you’re being treated [like that]. If you a White, female that got the [street] behaviors, all y’all going in the same box like shit. But if you look like you got a little class or you whatever, if you White you got special privileges.

They also affirmed that they “hear racist name calling all the time.” When presenting the promising practice of addressing race, racism, and oppression in groups, one participant of groups affirmed,

It actually works because and I felt like I had to walk on eggshells around the White woman [who often said things like “Black bitch” and “n-word”] and I got to the point where I got tired of her and I actually put my hands on her. And I’m not gonna run from some little White girl. So she jumped up in my face and so I did what I did. I’m not proud of her. We did diversity class... That’s just what she thought and what she knew... You have to be able to sit in your discomfort and be able to agree to disagree.”

The other two participants, who have had no experience with such diversity groups were interested in that idea and asked multiple questions of the woman who had participated in the groups. As one said, “I would have loved to participate and not just to shut up and learn how to survive. Talk it out and come to some type of agreement I would think anything like that would work.”

#### **6.4 Study Limitations**

As with any study, there are a number of important limitations to consider. As described in the findings paper included in this dissertation, this study’s findings are not generalizable. However, they are transferable to situations that have similar contextual dynamics. Organizations that address issues of addiction, mental health, IPV, SV, CSE, women exiting prostitution examine the contextual dynamics of their organization when determining if the findings and subsequent recommendations apply to that particular organization. In this study, the majority of

the sample (n=28) identified as heterosexual and cisgender women, thus the impact of queer identities was generally left unexplored in this study and, as described above, remains an area for future research. Similarly, the sample's racial composition reflects the racial demographics of the location and social service participants in the St. Louis area but is not inclusive of all racial and ethnic groups. Future research is needed to address the dynamics of other racial groups, particularly Asian, Latinx, and American Indian women. Additionally, I was able to interview some but not all of the providers who women mentioned when describing barriers and facilitators to services. Interviewing clients and their providers about particular interactions could have enriched this study's findings. Finally, this is a single-interview-based study and could have been strengthened by multiple interviews. As described above, member checking occurred to verify preliminary findings (Padgett, 2008) and strengthen the rigor of this study. Additionally this study did not utilize participant observation. This option was explored with community partners but was decided against due to sensitivity of subject and confidentiality issues.

## **6.5 Researcher Reflections**

I am so proud and grateful to have become a social work researcher. I cannot adequately describe just how much my practice experiences influenced my trajectory into social work research and specifically into this study. The providers I met in St. Louis and developed relationships with as first a practicing social worker then as a social work researcher were invaluable to this study's strengths and feasibility. As I approach the end of a chapter in my life, of my four year PhD program and my eight years in St. Louis, I am grateful for the profession of social work, community-based and practice-informed research, and my pathway to bridge the two in my work and career.

Given the findings of my study, it is important to address my own racial identity and reflect upon the impact it may have had. Although I am White and absolutely access White privilege, I am often asked, “what are you?” or “you’re not White are you?” or “are you mixed?” because, I think, of my olive skin color and dark hair and eyes. When this line of conversation surfaced in a few research interviews with women in this study, I addressed it directly by stating that I am White but that sometimes people think otherwise. I always emphasized that I do know that I access White privilege because it is important to note that I have been granted certain privileges because of the color of my skin. Women who identified as African American/Black shared their stories of racism and racial tensions, irrespective of whether they questioned my own racial identity. Although it is impossible to know, the fact that I was questioned about my race may have increased access within interviews. Through self-reflexivity, memo-ing, and peer debriefing support, I did not see any differing patterns of interview ease with African American/Black or White participants, participants in which we had an open conversation about my racial identity or not, or participants who identified in any part of the social hierarchy of sex trading described in the findings or otherwise.

In addition to addressing race directly, I took every precaution to create a safe environment for women to share their stories with me, particularly in the explanation of informed consent. I also laughed with them when I assessed it to be appropriate and asked if they wanted to take a break when the story became difficult, as any researcher should do. Additionally, I must note the importance of flexibility in scheduling interviews. I typically allotted approximately two hours for each woman’s interviews, which would allow for her to be late or the next one to show up early, extra time to review the informed consent, extra time for her to ask questions about the study without feeling rushed. Not surprisingly, some participants



took more time and energy than others, which was important to process. For example, one research participant arrived to my community partner site before me and had found the room on the appropriate floor. The floor was empty and felt eerie to her and I think she was slightly triggered in part because of the complex trauma she had experienced in her life. I assured her she could leave at any time if she did not feel comfortable but she wanted to stay. So I indicated that I would stay on the phone with her until I got to the office in about 10 minutes and we chatted about the weather, her job, and other light topics. This reportedly helped her and she stayed calm until I arrived on site. Collectively, this is a time intensive aspect of the project but absolutely necessary to both enhance the safety and security of the participants and collect richer data.

The women who trusted me with their stories are diverse, complex, and multifaceted. Similar to clinical practice, it was essential to have a space and trustworthy individuals to process the complex emotions that come with interviewing women whose stories are full of love and hate, hope and despair, poverty, grief, homelessness, resiliency, inner strength, disappointment, violence, abuse, trauma, addiction, and all the strengths and challenges that come with being a woman (and for some an African American/Black woman) in the U.S.. I am grateful to my research assistant, committee members, and colleagues who allowed me to process the methods and findings of this study. It is my hope that this dissertation study will serve a small but important role in seeing, hearing, and standing with women involved in CSE.

## **6.6 Conclusion**

This grounded theory study serves as an important contribution to the literature in furthering the understanding of how women identify their own experiences of sex trading and integrate such experiences as they navigate through critically important services. Importantly, conflicts, tensions, and experiences of racism greatly influenced much of the navigation of sex

trading as well as access to and engagement with such services. Consequently, these dynamics cannot be ignored and must be addressed in practice, policy, and future research. Additionally, this study highlights the importance of understanding the intersectional identities that may require customized prevention and intervention strategies to effectively address CSE for all women.

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## Appendix A. Preliminary Qualitative Interview Guide Questions for Sexually Exploited Women

Demographic information to be collected: Age, race/ethnicity, gender identity, sexual orientation, marital status, education status, number of children, county of residence.

### Aim 1: Self-identity & Substance Use

1. [Show them life calendar, formatted as below on horizontal sheet of paper]. When you think about your life, what are some memorable life events or life turning points that you remember taking place? *If they indicated in the demographic data collection that they graduated from high school, offer high school graduation as an example.* [mark a few of these events on the calendar]

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Birth	18 <sup>th</sup> birthday	Now
<ol style="list-style-type: none"><li>2. Can you tell me a bit about times, if any, when you drank alcohol on this line? How did that start and how long have you been drinking alcohol? How often would you say you drink or drank alcohol? [reference lines in calendar]</li><li>3. Can you tell me a bit about times, if any, when you used drugs? Where does that start on the calendar line [pay particular attention to whether they indicate before or after 18<sup>th</sup> birthday? What type of drugs? How often did you use?</li><li>4. Would you tell me about a time, if any, when you traded or sold sex for drugs? What was going on in your life that led to this happening? Could you show me on the calendar when you started trading or selling sex for drugs? How often do you think that happened?</li><li>5. Would you tell me about a times when you traded or sold sex for money? What was going on in your life that led to this happening? Could you show me on the calendar when you started trading or selling sex for money? How often do you think that happened?</li><li>6. What impact, if any, do you think your drug use had on you trading or selling sex for drugs? [If prompt is needed, could you give me an example?]</li><li>7. What impact, if any, do you think trading or selling sex had on your drug use? [If prompt is needed, could you give me an example?]</li><li>8. There are lots of words we hear like people who trade or sell sex, prostitutes, sex trafficking victims, sex workers. Which term do you think describes you or your situation</li></ol>		

best? What does that term mean to you? How is [x term] similar to or different from the other words we mentioned?

*Aim 2: Barriers & Facilitators to Addiction Treatment and Related Services*

*Access questions:*

9. What types of social services have you ever used, even if only once? Where does that go on the calendar line? Were any of these services specifically for women in prostitution or trafficking victims?  
Probe if necessary: What about shelter/housing services? Addiction services? Counseling/therapy services? Legal services?  
*Note: Work with participant to mark various experiences on calendar line. This will help anchor future questions.*
10. What were, if any, the services that you considered going to but decided not to?  
If yes: what made you decide not to go?
11. Were there any services that you talked to but were turned away from or told you didn't qualify for services there?  
If yes: what types of services were those? Did someone at the organization tell you why you did not qualify? What did they say or do? How did that make you feel?
12. How did you learn about [X] services? Did someone tell you about the organization? [use prompts regarding specific organization types from question 9] What did your friends and family think about this service? What did they ever say about it?
13. What was going on in your life that made you want to go at the time that made you consider going to [X] services? *Note: reference calendar line*
14. What if anything had you ever heard about that [X] organization? How did you feel about the idea of contacting them for assistance? What, if anything, made you consider not contacting them? [Probe about different type of organizations as necessary, i.e., addiction, shelter/housing, mental health counseling, and legal services]
15. Who did you first talk to at [X] organization (receptionist, intake, counselor)? What was that conversation like? What did they say or do to make you decide to use their services or not come back? [Probe about different type of organizations as necessary, i.e., addiction, shelter/housing, mental health counseling, and legal services]
16. Earlier, you mentioned that you said that you traded sex. How do you think that influenced your experiences seeking services?
17. In that first conversation [on phone or during intake], how open were you with them about your drug/alcohol use? How open were you with them about your trading sex?

What influenced your decision about whether or not to be open with them about your drug and alcohol use/trading sex?

If they disclosed: how did they respond to that information? How did they treat you?

*Specific Interactions with Potential Connectors to Services:*

18. What, if any, experiences have you had with police?

If there were such experiences: How did they treat you? What did they do or say to make you feel that way? How did they make you feel about accessing services?  
[If prompt is needed, could you give me an example?]

19. What, if any, experiences have you had with service providers that do “street outreach” or that hang out at community centers, gas stations, on streets, etc.?

If there were such experiences: How did they treat you? What did they do or say to make you feel that way? How did they make you feel about accessing services?  
[If prompt is needed, could you give me an example?]

*Engagement Questions:*

20. What makes you feel the most comfortable in seeking and staying connected to services?

21. Thinking about your different experiences with social service organizations, were there times when you felt really supported by or connected to a particular service provider you were working with?

If yes:

- a. How long did you see that person or get services from that agency?
- b. What did they say or do that made you feel supported or connected?
- c. How do you think your relationship with that service provider influenced your independence in making choices about your life?
- d. Throughout that period of time, how open were you with them about your drug/alcohol use?  
If they disclosed: What made you decide to be open with them about that?  
How did they react?  
If they did not disclose: What made you decide not to tell them?
- e. How open were you with them about your sex trading?

If they disclosed: What made you decide to be open with them about that?  
How did they react?  
If they did not disclose: What made you decide not to tell them?

- f. Are you still seeing that provider or using that service?  
If no: what led you to stop using their services?  
If yes: what keeps you going?
  - g. Any other positive experiences with service providers that you can think of?  
[probe regarding any previous services that the participant mentions attending]
22. What makes you feel the least comfortable in seeking and staying connected to services?
23. Were there times when you had a not-so-great or even bad experiences with a service provider?

If yes:

- a. How long did you see that person or get services from that agency?
- b. What did they do or say to make a not-so-great experience?
- c. Could you tell me about times, if any, when this provider made you feel “less than” or inferior?
- d. Throughout that period of time, how open were you with them about your drug/alcohol use?  
If they disclosed: What made you decide to be open with them about that?  
How did they react?  
If they did not disclose: What made you decide not to tell them?
- e. How open were you with them about your sex trading?  
If they disclosed: What made you decide to be open with them about that?  
How did they react?  
If they did not disclose: What made you decide not to tell them?
- f. Are you still seeing that provider or using that service?  
If no: what led you to stop using their services?  
If yes: what keeps you going?
- g. Any other not-so-great or bad experiences with service providers that you can think of? [probe regarding any previous services that the participant mentions attending]

*Peer-led strategies:*

24. What experiences, if any, have you had with service providers or peer mentors who used to trade sex?

If there were such experiences: What was this like for you? How did they treat you? What did they do or say to make you feel that way?

25. What experiences, if any, have you had with service providers or peer mentors who used to use drugs?

If there were such experiences: What was this like for you? How did they treat you? What did they do or say to make you feel that way?

26. How important is it to you that a service provider have those types of life experiences (i.e., experiences with trading sex or drug use)? If given a choice what would you prefer, a peer counselor who shared your experiences with trading sex/drug use or a counselor without those shared experiences?

*Harm Reduction:*

27. Thinking about the different experiences you've had with service providers generally, could you tell me about a time, if any, when you were asked to stop or reduce using drugs?

If yes: What type of service organization(s) did that conversation take place in (i.e., addiction treatment, group counseling, etc.)? What was your reaction? What did the service provider do or say to make you feel that way?

28. Thinking about the different experiences you've had with service providers generally, could you tell me about a time, if any, when you were encouraged to stop trading/selling sex or to practice safe sex when trading (i.e., using condoms)?

If yes: What type of service organization(s) did that conversation take place in (i.e., addiction treatment, group counseling, etc.)? What was your reaction? What did the service provider do or say to make you feel that way?

*Wrapping Up:*

29. Thinking about all the different services we talked about, do you feel like you fit in with a particular treatment more than others? Why or why not?

30. Is there anything that you would like to add?

## **Appendix B. Preliminary Qualitative Interview Guide Questions for Service Providers**

Demographic information to be collected: Age, race/ethnicity, gender identity, education status, position type, years at that organization, previous relevant work experience (place and years).

Organization Information to be collected or explained:

- 1) Which specific organizations, service providers, or others refer sexually exploited women to you or your organization?
- 2) What specific organization or service providers do you refer women to?
- 3) Explain that there are going to be questions about organization's intake procedure, training curriculums and that having access to some of these materials, with organization's permission, would help in answering the study questions. As the interview is conducted, make notes of which documents appear relevant. When the interview is over, ask for copies of such materials for analysis.

### *Aim 1: Self-identity & Substance Use*

1. Could you tell me a bit about your role in working with adult women (18 and older) who trade or sell sex?
2. What does drug use look like for the women that you work with? Among women you work with, how many (or what percentage) do you think have used drugs? Do they tend to have used drugs as adults? What type of drugs are typically used? Do you know or ask about how often they use?
3. In your professional experience, what does women's experiences with trading/selling sex for drugs look like? [If prompt is needed, could you give me an example?]
4. How do women's drug use impact their sex trading/selling, if at all? [If prompt is needed, could you give me an example?]
5. How do you think that women's trading/selling sex impacts their drug use, if at all? [If prompt is needed, could you give me an example?]
6. [If PI previously interviewed participant for Gerassi/Nichols study, add introduction to the following question: As we've talked about before,] there are lots of terms in the field like people who trade or sell sex, prostitutes, sex trafficking victims, sex workers, sexually exploited women. How do most women you work with identify themselves? How is [x term] similar to or different from the other words I mentioned (i.e., people who trade or sell sex, prostitutes, sex trafficking victims, sex workers)?

### *Aim 2: Barriers & Facilitators to Addiction Treatment and Related Services*

*Access questions:*

7. How do women who trade/sell sex know or learn about your organization's services? Other organizations? How do you communicate to them that they are welcome here? What do you do to make it easy for them to get services?
8. What makes it difficult or challenging for women who trade/sell sex to access your services? What do you find most difficult or challenging about serving these women?  

Probe if needed: were there any barriers that you can think of at your organization that you've worked on to improve women's access to services? If resources were unlimited, what barriers to services would you eliminate?
9. Earlier, we talked about different types of terms for trading sex, trafficking, prostitution, etc. How explicit is your organization about serving any of these groups? How do you think any of these classifications impact a woman's eligibility for services?
10. What is the intake process like when a woman contacts your organization? Who conducts the intake?
11. What is your organization or program's eligibility requirements? How were these decided upon within the organization (i.e., funding, mission, etc.)? [note for later to request permission to obtain copy of relevant documents] What are your experiences with enforcing such requirements?
12. What types of programs, if any, do you have that utilize a street outreach approach? How do you think street outreach programs impact sexually exploited women's access to services?
13. What, if any, collaborations or interactions do you have with police about connecting sexually exploited women to you? Are these formal or informal?

*Engagement Questions:*

14. When working with sexually exploited women, what does service or treatment planning look like? Are there particular forms you use [note for later to request permission to obtain copy of relevant documents]? Are there specific requirements or expectations women need to meet to continue receiving services?



15. What do you do to make sexually exploited women feel comfortable in engaging and staying connected with services?
16. What positive experiences did you have with connecting sexually exploited women to services?
  - a. How do you think that service provider that you connected the woman to influenced her sense of independence in making choices about her life?
17. What do you think makes sexually exploited women the least comfortable in engaging and staying connected with services?
18. What negative experiences did you have with connecting sexually exploited women to services?
  - a. How do you think the service provider that you connected the woman to influenced her sense of inferiority or feeling “less than”?
19. What factors do you think impact women’s willingness to disclose trading sex history or current behaviors? Drug use history or current use?
20. What do you do or say when a woman discloses her history of trading sex or drug use? [If prompt is needed, could you give me an example of that?]
  - a. After a disclosure, what do you encourage her to do next?

*Organizational Culture Questions:*

21. What kind of training does your organization receive on trading sex, sexual exploitation, sex trafficking, etc.? What information was covered in these trainings? How often have these trainings occur? Are there any materials you keep in house or collected from such trainings? [note for later to request permission to obtain copy of relevant documents]
22. What are the guidelines or policies about working with women who trade sex? Trafficking victims? Women engaged in prostitution?
23. What are the informal (or formal) rules about working with these populations?
24. How has your organization used peer-led groups, programs, or support, if at all?
 

If yes:

  - a. What do peer-mentors do or say about their past experiences with trading/selling sex?
  - b. What do peer-mentors do or say about their past experiences with former drug use?
  - c. What feedback have you received from women about such programs?

Regardless of whether they have the group or not:

- d. What's helpful [or could be helpful] about peer-led groups? What's challenging [or could be challenging] about peer-led groups?
25. How do you or other service providers at your organization talk about trading sex or sexual risk behavior with women who trade/sell sex?

If yes:

- a. Are there particular harm reduction strategies that you or other service providers at your organization utilize? Such as a condom use, etc.? How formalized is this strategy (i.e., formal manual, informal conversation)?
- b. How do women respond to such conversations? How do you feel when you're having those conversations?

Regardless of whether they utilize this approach:

- c. What do you think about using a harm-reduction approach?

26. *If PI previously interviewed participant for Gerassi/Nichols study:* The last time I interviewed you for a research study, we talked a little bit about if selling sex is considered violence against women/persons or if it can be one's choice. Could you remind me what you think about that?

-OR-

*If not previously interviewed:* There are a few different philosophies about selling sex. One is that selling sex (including prostitution, trading sex, etc.) is considered violence against women/persons, the other is that it may be a choice or is not always considered violence against women/persons. What do you think about this debate?

27. How does that viewpoint inform your work with women who trade/sell sex?
28. How do you think your viewpoint is held, or not, by other staff members at your organizations? How do you think that viewpoint influences your colleagues' work?
29. How do you think your viewpoint is held, or not, by other organizations that you refer sexually exploited women to? How do you navigate that space to collaborate with other organizations?

*Wrapping up:*

30. Is there anything that you would like to add?