

# “Nobody Gives a Damn if I Live or Die”: Violence, Drugs, AND Street-Level Prostitution in Inner-City Hartford, Connecticut

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Drawing on the tenets of critical medical anthropology, this article illustrates the relation between violence, drug use, prostitution, and HIV risk in a group of 35 impoverished women living in inner-city Hartford, Connecticut. The study presented here provides an illustration of the role prostitution plays in the SAVA (Substance Abuse, Violence, and AIDS) syndemic as conceptualized by Singer (1996). By focusing on the life experiences of women engaged in street-level prostitution, this article attempts to fill the gaps in research that deals simultaneously with these mutually reinforcing epidemics. It shows that street-walkers’ continuous exposure to violence, both as victims and as witnesses, often leaves them suffering from major emotional trauma. In the absence of adequate support services, women who have been victimized may turn to drug use in an attempt to deal with the harsh realities of their daily lives. In turn, the need for drugs, coupled with a lack of educational and employment opportunities, may lead women into prostitution. Life on the street increases women’s risk for physical, emotional, and sexual abuse as well as their risk for

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HIV/AIDS. Exposure to traumatic experiences deepens the dependence on drugs, completing a vicious cycle of violence, substance abuse, and AIDS risk.

*Key Words: Violence, street prostitution, drug abuse, HIV risk*

## INTRODUCTION

Prostitution has been a topic of much study in the social and the biomedical sciences. A great deal of research on prostitution has focused on the examination of the negative consequences the practice has for the social fabric of society as well as on its repercussions for the health and well-being of the community "at large." The latter focus acquired renewed impetus with the advent of the AIDS epidemic in the 1980s. As a result, during the 1990s a considerable number of projects were conducted to examine the role that prostitution plays in the transmission of HIV and other sexually transmitted infections (STIs) in both Western countries and in developing areas of the world (Asthana and Ootsvogels 1996; Davis 1993; Deren et al. 1996; Downe 1997; Faugier and Cranfield 1995; Ford and Koetsawang 1991; Gossop et al. 1995; Karim et al. 1995; Perkins and Lovejoy 1996). Other studies have emphasized the association of prostitution with the use of alcohol and other drugs (Feucht 1993; Gossop et al. 1994; Gossop et al. 1995; Graham and Wish 1994; Kuhns, Heide, and Silverman 1992; Potterat et al. 1998). While there is considerable debate about the direction of the causal link (i.e., is prostitution the cause or the result of drug use?), there is nevertheless clear evidence for the widespread use of drugs among women involved in prostitution.

Regardless of causality, research demonstrates that drugs allow women in prostitution to detach themselves from the realities of their work (Gossop et al. 1995), provide an effective way of dealing with daily stress (Gossop et al. 1995), and increase women's sense of self control (Young, Boyd, and Hubbell 2000). The relation between prostitution and other illegal activities, such as participation in violent and non-violent crime, has also been examined (Goldstein 1979). In this latter area an important field of research has been the study of the victimization suffered by individuals involved in prostitution (Church et al. 2001; Farley and Barkan 1998; Farmer, Connors, and Simmonds 1996; Fullilove et al. 1993; Lopez-Jones 1999; SFBAHP 1995). Studies demonstrate high incidence of physical

assault among women involved in prostitution, and especially among those who work on the streets rather than indoors (Church et al. 2001; Downe 1997; Giobbe et al. 1990; Lopez-Jones 1999). While difficult to ascertain due to low rates of reporting to authorities, rates of rape against sex workers have been alleged to be as high as 68 percent, depending on the population (Farley and Barkan 1998; SFBAHP 1995). In addition, women in prostitution are also frequent victims of violence at the hands of their partners or of strangers, even in settings that are not directly related to their occupation (Day 1994a; Silbert and Pines 1982).

Researchers have also examined the relation between drug use and violence. It has been postulated that violence can be the direct result of the pharmacological effects of different drugs on the organism. For example, while the actual effect of drugs varies depending on quality, quantity, and route of ingestion, the consumption of alcohol, cocaine, and crack has been associated with violent behavior (Giannini et al. 1993; Goldstein 1985). As Goldstein (1985) asserts, the high cost of maintaining a drug habit, and the dynamics of interaction among players in the drug scene, may also lead to the perpetration of violent crime. Finally, some studies have also addressed the nature of violence among humans (Riches 1986; Schroder and Schmidt 2001) and the close relationship between violence and HIV risk (Dalla 2001; Maman et al. 2000; Miller and Schwartz 1995; Worth 1989).

While each of these fields of study has contributed considerably to our understanding of prostitution, much more is needed if we are to gain a comprehensive picture of the multiple ways in which all these factors interrelate. In an attempt to better understand the relationship between drug use, violence, and risk for HIV among ethnic minorities in Hartford, Connecticut, Singer (1996) has conceptualized what he terms the SAVA Syndemic (Substance Abuse, Violence, and AIDS). Singer uses the term "syndemic" to highlight the fact that, in inner-city Hartford (and perhaps in many other similar settings), violence, drug abuse, and AIDS are not simply concurrent problems but, rather, constitute a set of mutually reinforcing interconnected epidemics. In this paper we intend to elucidate the role that prostitution plays as a mediating factor in the SAVA syndemic. By drawing on the life experiences of women involved in street-level prostitution, we illustrate the way in which the SAVA syndemic operates in this sub-population and highlight the central role violence victimization plays in this complex interaction of sex, drugs, and risk for HIV infection.

## THEORIES

The theoretical orientation guiding the research presented here is that of the political economy of health (Morgan 1987; Morsy 1990), specifically as applied by proponents of Critical Medical Anthropology (Baer and Singer 1982; Singer 1994; Singer et al. 1992). According to this orientation, health and well-being are intrinsically related to social, economic, and political realities at both the macro and micro levels. From this perspective prostitution is seen as one of the very few alternatives that are available to low-income women with limited education and a pressing drug habit who find themselves in an environment with few options for economic survival. In inner-city Hartford such an environment is characterized by extensive poverty, power inequalities, racism, discrimination, and sexism, all of which greatly constrain the lives of low-income people in general and of women in particular. However, it is important to notice that an emphasis on structural factors does not negate the value of individual experience. As Singer (1998:63) points out in talking about the life histories of individuals who are HIV positive:

Sufferer experience is treated as a social product, one that is constructed and reconstructed in the action arena between socially constituted categories of meaning and the political economic forces that shape the context of daily life . . . [However] recognizing the powerful role of [political and economic] forces does not imply that individuals are passive or lack the agency to initiate change. . . it means that people respond to the material conditions they encounter in terms of the set of possibilities created by the existing configuration of social relations and social conditions.

We recognize the great heterogeneity found among women in prostitution (Alexander 1998; Bennett, Ryan, and Sowinski 2001; Dalla 2001; Delacoste and Alexander 1998; deZalduondo 1991; Lopez-Jones 1999; Maher 1996; Pettitway 1996). Goldstein (1979) offers a typological classification of prostitution based on the frequency of involvement with the sex trade, the setting in which women work, and the type of interaction in which they participate. Thus differences can be established among women who are involved in prostitution on temporary, occasional, or continual bases as well as among those who work on the streets, massage parlors, escort services, bars, and other settings. Further classification is possible based on the women's motivation for involvement in the sale of sex and on their attitudes toward their work.

According to Delacoste and Alexander (1998) some prostitutes freely choose to engage in prostitution and consider the trade the best alternative available to them, while others enter the industry through "male force or deceit" (Delacoste and Alexander 1998:308). Likewise, some report repulsion and hate for what they do, while others report satisfaction. It is also important to note that there is a clear hierarchy among women in prostitution, in which "call girls," who are often able to charge high prices for their services and work in private settings, are afforded higher status than are other types of workers. At the other end of the spectrum are "street-walkers," who are often considered to be at the very bottom of the hierarchy by both insiders and outsiders to the sex industry (Dalla 2001; Delacoste and Alexander 1998; Goldstein 1979; Miller 1993). The following discussion focuses on streetwalking women in Hartford whose work would be classified as continual, which, according to Goldstein's (1979:35) typology, involves "more than six months of prostitution in specific occupational milieu on a regular basis [i.e., at least one episode per week]."

Following DeZalduondo (1991:229), we chose the term "women in prostitution" to refer to women who participate in "impersonal and/or time-limited transactions between socially isolated individuals involving purchase and sale of sexual services at an acknowledged and agreed unit price." We prefer this term to the more widely used "sex worker" (Delacoste and Alexander 1998) and the less frequently used "prostituted women" (Farley and Kelly 2000) because it most closely reflects the experiences of the women whom we interviewed. Underlying the use of "sex worker" is the implication that the provision of sexual favors is a career path that is more or less freely chosen by individuals who see in it the possibility for quick monetary profit. It is true that many of those involved in the sex industry freely decide to be so involved and that they have control over whether and when they stop (Day 1994b; Deren et al. 1996; Maher 1993). However, this does not appear to be the case for the women whose stories are reported here. Nor is their case reflected in what is implied by the term "prostituted women"—a term that represents the other end of the spectrum and that highlights the powerlessness, lack of agency, and submission of those in the sex industry (Silbert and Pines 1982). It has been argued that depicting women in prostitution as either helpless victims or as autonomous agents reinforces the perpetuation of the violent behaviors of which they are

often the victims. For example, McClintock (Maher 1996) argues that portraying women in prostitution as victims reinforces their status as easy, defenseless targets and encourages attacks on them. On the other hand, Farley and Kelly (2000:52) assert that presenting prostitution as a vocational choice "brings with it an acceptance of what in any other context would be described as sexual harassment, sexual exploitation, or sexual abuse. If prostitution becomes 'sex work,' then the brutal exploitation of those prostituted by pimps becomes an employer-employee relationship. And the predatory, pedophilic purchase of a human being by the john becomes just one more business transaction." Our orientation to the study of prostitution in the context of this specific project falls somewhere between these two positions. We hope to show that, as Miller (1993:423) points out in discussing her own research on violence among women in prostitution, the experiences of women in our sample show "the way in which victimization and agency exist simultaneously and in multidimensional ways in women's lives."

## METHODS

Our research on the HIV epidemic in Hartford, Connecticut, illustrates the relationship between violence, drug abuse, and prostitution in a group of inner-city women involved in street-level prostitution. Hartford is the eighth poorest moderate-size city in the United States; 10 percent of its residents are unemployed; and 28 percent of its adults and 45 percent of its children live below the poverty line (the Child Council, Inc. 1995). The population of Hartford is 28 percent white, 38 percent black (including a small percentage of West Indians), and 40 percent Hispanic (mostly of Puerto Rican origin) (City of Hartford official website <http://censtats.census.gov/data/CT/1600937000.pdf>). Hartford, once a prosperous industrial site known for the production of items such as firearms, ammunitions, bicycles, and typewriters, has experienced a major decline in such industries as well as in its well known insurance industry. The city is also characterized by urban deterioration, as is evidenced by the more than 600 abandoned buildings found in the city in the mid- to late 1990s.

The data reported on here were collected through qualitative in-depth interviews with a total of 35 women who were participating

in Project COPE II between January and March 1997.<sup>1</sup> Project COPE II is a multi-year study funded by the National Institute on Drug Abuse and whose purpose is to examine HIV risk among out-of-treatment drug users. Project COPE II collected extensive quantitative data on drug-related practices (e.g., frequency of injection, sharing of needles, cookers, and other paraphernalia) and sex-related factors (e.g., rates of condom use, sexual relations with injection drug users, participation in sex for money exchanges) that may affect individuals' risk of infection with HIV. Project COPE II was conducted over a five-year period and included a total of 1,298 active drug users, of which 23 percent were female. The ethnic distribution of project COPE II participants was 6.5 percent white, 53.2 percent Latino, 38.3 percent African American, and 1.5 percent other. Of the total number of participants 254 (19.5 percent) reported ever having exchanged sex for money of drugs, and 109 (8.4 percent) of them reported doing so in the 30 days prior to the interview.

Participants in the in-depth interview substudy were selected in a non-random fashion from those women who reported during their COPE II survey interview that they exchanged sex for money or drugs in the previous month. Although the parent project was a multi-year endeavor, the substudy was conducted over a three-month period. Because of this time limitation we could not recruit participant at random but had to rely on a convenience sampling strategy. We focused exclusively on women because the only two men who reported the sale of sex during the three-month research period refused to participate. One of them gave no reason for his refusal, while the other, who reported to have exchanged sex for money at least twice each week, stated that he only did so when he absolutely could not find other sources of money for his drugs. He explained that, since he was not a "regular" on the streets, he did not think he would be of much help for our research. Given the number of times he reported to have exchanged sex for money, it is possible that his refusal to participate resulted less from his "limited experience" than from embarrassment. Our experience with the population suggests that there is considerable secrecy surrounding the involvement of men in prostitution, especially among those who identify themselves as straight rather than as homosexual, as was the case with this specific individual.

After finishing the COPE II survey interview individuals were approached by a first author (who often conducted the COPE II

survey as well), who explained the purpose of the substudy (which was presented as "a talk about people's experiences with prostitution and violence"), and asked whether they would like to participate. The interviews were scheduled and conducted a few days after the COPE II survey interview. Most of the participants preferred to be interviewed at the Hispanic Health Council, a community-based agency with which they were familiar, in which they felt comfortable, and that was easily accessible. This setting also provided privacy from family members, who often did not know about the sex work in which the respondents engaged. The interviews were conducted by the main author in English or Spanish, depending on the respondent's preference, and usually lasted between one and one and a half hours. Respondents received a ten-dollar incentive for their participation in the study as well as tokens for transportation to the Hispanic Health Council. They also received educational material on HIV/AIDS and referrals to health and social services and drug treatment, if desired.

The open-ended interviews addressed the following topics: personal background (e.g., number of children, marital status); drug use history, including initiation into drug use; current and past involvement in prostitution; awareness of HIV risk; and experiences of violence in both private and work life. With the respondent's permission the interviews were audio-taped and transcribed. The main author then conducted content analysis of the data. This process included the careful reading of each transcript to identify major categories of information (e.g., reasons for first drug use, progression to drug injection, timing and reasons for entry into prostitution, experiences with witnessing violence). Based on this analysis a summary outline was created for each interview. Finally, the 35 outlines were compared to identify common patterns and differences among the participants.

The women included in this project are regular users of illegal drugs such as heroin, cocaine, and marijuana (among others). It has been argued that focusing on drug use among women in prostitution contributes to the perpetuation of negative stereotypes (Lopez-Jones 1999). We recognize that many women in prostitution do not use drugs (Goldstein 1979) and that not all drug-using women get involved in prostitution. In fact, as Sterk (1999) shows, drug-using women participate in a great variety of income-generating activities, including legal employment, drug dealing (e.g., preparation and selling of drugs), and illegal activities other than prostitution.

However, in this project we emphasize drug use because of the central role it plays not only in our respondents' entry into prostitution but also in their ability to deal with the dangers present in their working environment.

## RESULTS

The study participants ranged in age from 23 to 41 years. Twenty of the women were Latino (mainly Puerto Rican), nine were African American, and six were white. All of the women reported use of multiple drugs, including heroin, cocaine, and speed-balls (a mixture of heroin and cocaine), with an average length of use of eight years (ranging from 16 months to 14 years) and an average consumption of six bags per day (ranging from 2 to 18 per day). Other drugs these women commonly used included crack, marijuana, alcohol, and tranquilizers. Seventeen women has been in drug treatment at some point in their lives. The average number of attempts at drug treatment was three. All of the women who had either been in drug treatment or who had considered enrolling in it pointed out that most of the residential programs that are available cater specifically to men and do not allow women to bring their children. This was the most frequently cited reason for participants' inability to enter the programs or to complete them. Other reasons mentioned for non-attendance to drug programs included the long waiting lists to enter drug treatment and the use of drugs on the part of partners (e.g., husbands and boyfriends). As some of the women stated, unless both the women and their partners could enter treatment at the same time and support each other's efforts to remain drug free, any attempts to abstain from drugs were doomed to fail. Three of the women who had completed drug treatment in the past, only to relapse as soon as they got back with their drug-using partners, specifically addressed the need for couple-oriented treatment. They cited the need for drug treatment programs to designate at least a few slots for drug-using couples and to provide services such as support groups to address the very specific needs of these individuals.

The women in this sample had been involved in prostitution for an average of 5.5 years (ranging from 14 months to 12 years). Two of the women had had experience working as dancers in private clubs, where they also exchanged sex for money. However, at the time of the interviews, all of the participants reported working on the streets rather than in brothels, massage parlors, or other settings, and none

reported having a pimp. Of the 35 women, 18 were in permanent relationship with husbands or live-in boyfriends, and 26 had children under the age of 18. Self-reported participation in exchanges of sex for money or drugs ranged from 150 to 700 times over the six months prior to the interview.<sup>ii</sup> These data were corroborated against the responses offered by the women during their COPE II survey. However, no other quantitative data from the larger study were used.

The overall level of education in the study sample was low. Only four women had finished high school and one had two years of technical college training. With the exception of three individuals, all of the women in the sample had been employed at some point in their lives. Jobs usually included positions in the retail industry or as clerical staff. However, none of the respondents was employed at the time of the interviews, and most of them reported that they had difficulties getting or keeping a job not only because of their addiction but also because of their lack of education and, in some cases, limited English proficiency. In discussing her attempts to remain employed, Lucia, a 28-year-old Puerto Rican stated:

People think I'm lazy and don't want to work. But believe me, I tried. I tried so many times. But it's really hard. When I was in Puerto Rico, it was easier. There you can get a job even if you didn't finish school, but here, they want a GED or a diploma . . . so that's tough. Also, my English is not too good, so what can I do? Last year, I was cleaning houses for rich people in West Hartford a couple days a week, but then the lady found out I was doing [drugs], she fired me and told her friend too. So I couldn't go back. . . After that, I still cleaned houses here and there, but only when I can leave my kids with my mom.

Another Puerto Rican respondent jokingly stated that the only occupation in which her inability to speak English did not matter was prostitution. As she explained:

Everywhere I go to look for work they tell me I need to learn English, I know I have to learn it, I know. My cousin gave me some cassettes to learn English, but I have no time . . . So, at least on the street I let my body do the talking, just like the yellow-page commercial, no need to say a word! Some White kids like it 'cause I can't say a thing, not like their wives, you know?

Difficulties in finding economic alternatives other than prostitution are especially evident for women who are HIV positive. An African American respondent in one of our previous studies with

the same overall population of drug addicted women in prostitution (Romero-Daza et al. 1999) stated the following:

People like myself who have AIDS or the virus, we may be unable to get a job. . .they're testing. Even a McDonald job is asking to test you even to clean the floors, you understand what I'm saying? So what jobs can we get? Who's going to really give us a job? It ain't like I don't want to work, give me a job, I will work. But I have this problem where if I get a cut or anything, you cannot touch me. You understand? And once they find that out Phm! I lost my job.

As the above comments suggest, for the women in this sample prostitution appears to be a last resort. Most of the women we interviewed tried to find other income-generating venues before entering prostitution but were often unsuccessful. Even though we did not ask the women directly whether they would prefer to leave prostitution, about one-quarter of them volunteered that, if they had the opportunity, they would do any other type of work—even low-paying, highly demanding cleaning jobs. Among the reasons mentioned for this were concerns about the impact the women's occupation would have on their children, especially on girls who might be tempted to follow in their mothers' footsteps. Several women also mentioned that selling sex takes a heavy emotional toll on them. The following comment from Sonia, one of the women from our previous study (Romero-Daza et al. 1999), illustrates a common theme:

I don't want to have to go out and keep selling my body like this anymore. It's degrading. . .I'm afraid If I keep doing this that I'm going to get to a point so low that I won't want to bring myself back. . .It's very degrading, it makes you feel like you're nothing.

## Witnessing Violence

With the exception of six individuals, the women in the sample reported that they began using drugs as teenagers; two were 11 years old when they started experimenting with marijuana and sleeping pills. While some respondents stated that they had experimented with drugs in an effort to fit in with their peers, 18 of them directly attributed their initiation into drugs to the need to escape from violent home environments. Although several of the women reported that they themselves were occasional victims of such violence as children, the general pattern involved them being regularly exposed to verbal and physical abuse between their parents. The story of

Amanda shares many common traits with those of the other 17 women who witnessed violence as children. Amanda, a 27-year-old Puerto Rican, was born to a very young mother who had been forced by her parents into a marriage with a much older man. From the beginning of the relationship Amanda's mother was a victim of domestic violence at the hand of her alcoholic, drug-using husband. Amanda recalled many incidents in which her mother was severely beaten for no apparent reason. When Amanda was ten years old she witnessed how her mother lost a pregnancy after her husband pushed her down the stairs. Being the oldest girl in the family, Amanda became very protective of her siblings and felt responsible for their emotional well-being. She started taking her younger siblings into a neighbor's house to prevent them from seeing their parents' fights. Amanda recalled the burden she felt growing up and described how these experiences led her to drug use:

When I started at 15, it was 'cause I saw a lot of violence at home, with my mom, my dad, they were always fighting and arguing. My father used to drink a lot of beer. . . I always saw him drunk or "empericao" [high on cocaine]. He was never a good father, he was always hitting my mom, and when he didn't have his "cure" he would abuse my mother. He used to hit her a lot and call her names. I remember one time they were fighting 'cause he was with another woman and he started beating her up so bad that my brother had to defend her, and then he beat up my brother real bad. All I know was that I wanted to get away. At 13 years old I was going into the fridge and drinking beer, that's when my addiction started. Then when I was about 15, I tried smoking pot and I liked it, and then at the same time I started doing coke. [The violence] made me feel terrible, I tell you, I ran away from my house twice when I was young, from all the confusion, all the violence, all that. I was on the streets, hustling, taking money from men.

For three of the six women who started to use drugs as adults rather than as teenagers, the main factor influencing drug-use initiation was the desire to escape from domestic violence. Interestingly, two of them were exposed to this violence as witnesses rather than as victims. One of them Lisa, a 39-year-old African American, witnessed constant violence between her husband and his stepfather with whom the couple lived for close to a year. As Lisa recounted, after being married for about three years, she and her husband found themselves unemployed and without a place to live. A few weeks after moving into the apartment of her husband's mother and stepfather, the older man started making sexual advances toward Lisa. While at first she refused, they ended up

having an affair. After several months Lisa's mother-in-law discovered the affair, which created major problems between the two couples. However, for economic reasons Lisa and her husband did not move out of the apartment. This situation led to daily confrontations between the two men; these confrontations involved the use of weapons such as knives and guns. As Lisa explained, during this time (approximately three months), she started her drug use in an effort to deal with the stress of the situation:

I started using drugs 'cause I was nervous, I couldn't eat, I couldn't sleep and when I did the drugs I was able to eat, sometimes I was able to sleep. So I figured, hey, the more drugs I do the more calm I'll be. . . [At first] I used to do a bag a day, and then I started doing five, six. When I was using and drinking it's like the violence vanished for a while, it was still there, but it seemed gone.

As Lisa recalled, by the time she and her husband finally found a place to live, she had developed an addiction to heroin and was unable to quit.

Most of the women in the sample reported that they also witnessed violent incidents on the streets on a daily basis. When the events that are witnessed are highly violent, and especially when the victims are close to the respondents, this exerts a considerable influence on the amount and frequency of drug consumption. This is illustrated in the case of Gladys, a 29-year-old African American. Gladys started using drugs at 17 and had been in drug treatment three times at the time of the interview. As she recalled, one evening she was sitting at home when she heard a commotion on the street outside her apartment. She looked through her window and saw a group of men beating up another person, but she did not pay much attention to what was going on since incidents of violence were very common in her neighborhood. A few minutes later a neighbor came looking for her and told her that her brother had been attacked and was seriously hurt. She ran outside and found her brother on the street, bleeding from several knife wounds. The trauma of seeing her brother in such condition and the stress that followed that event led Gladys not only to increase the amount of drugs she was using but also to go back to injecting rather than sniffing them. As she said:

They stabbed [my brother] five times. . . he was in the hospital for a month. They almost had to cut his leg off 'cause the knife he was stabbed with had rust in it and he got gangrene. We are very close; he is my only

brother. We were always together when we were kids. This was last year, and I started injecting again. I had been just sniffing for like six months, but [injecting] helped me a lot 'cause I could get high faster. I also did more drugs to numb the pain, to try not to feel the pain of seeing him there, almost dying.

When asked whether she had been able to talk to anyone about her brother's attack, Gladys stated that she did not have any money to talk to "fancy therapists" and that she had no one else to talk to since she and her brother have no living relatives. As she put it, "My drugs are even better than a damn therapist."

For the women in the sample, being involved in commercial sex increases the rate at which they witness serious violence. Maria, a 33-year-old Puerto Rican, recalled witnessing an attack on one of her friends and relates how this led to an increase in her own drug use. She and her friend were walking around one of the city parks. As they waited for clients they were approached by a young man who offered them a cigarette and solicited their services. Maria's friend went with the man into a bushy area of the park, while Maria stayed about 20 feet away, on the lookout for police. A few minutes after her friend left with her client, Maria heard her scream and ran to help her but was not able to stop the assault. As she described the incident:

[This] guy wanted to have anal sex [with my friend], and she didn't want to. So, he beat her up, he punched her, kicked her, and slashed her face, and at the end had sex with her anyway. She was badly bruised and cut up. I felt angry, I hurt a lot and I cried a lot, 'cause we do what we do but we take care of each other. I was scared [thinking that] it could happen to me. After I took her to the hospital and all that, I went out and I bought four bags [of heroin], I dumped them in the cooker and I shot up. Four bags! I needed that 'cause of what I saw. I did four bags and I went back to the hospital, but it didn't help me, 'cause what she was suffering I was suffering too, cause she is my friend. I went like that for a couple of days, just shooting up what as much as I could.

Maria recounted that a police report had been filed but that the case was never solved in spite of the fact that both she and her friend provided a very detailed description of the attacker and his car. In her opinion this proved that cases of violence against women in prostitution do not receive the attention they deserve. As she put it: "If it was any other girl not turning tricks, the guy would be in jail now, but because it was a whore nothing gets done."

In the most serious cases the traumatic experience of witnessing a major act of violence can lead to serious emotional problems. For example, seven months after witnessing the murder of an acquaintance, Ana exhibited some of the symptoms of post-traumatic stress disorder. Ana's trauma was compounded by fear for her own safety since, being the only witness to the crime, she was asked to identify the murderer and to testify against him. As she explained:

I used to sell drugs right [in front of the park], and I was just hanging out there, and [the man] came with a woman and I saw him. He dragged her behind a tree and shot her, and she fell to the ground, and when she fell he continued shooting her. I saw everything, y'know? I knew her, she used to go to my house to buy, and it's hard. I went to court for that a witness. . . The guy swore that when he comes out he's gonna kill me. So y'know, I think that's why I use so much, y'know? This is driving me crazy. You know what it is like to be walking and you have to be looking 'cause he had hit men and you don't know who they are? That's really bad, that makes me very nervous. I can't sleep at night. I keep having bad dreams about it. I can't even explain, that left me in real bad shape. And now I do much more drugs than before I do 16 or 18 bags a day, I do painkillers, anything, I don't even care who gives them to me or what it is, I just take it just to be able to sleep. Before that I was just doing about 2 or 3 bags a day. I really didn't have a real addiction. I had never seen anything like that. And what I always have in my mind is that when he shot her, she went Ahhhhhhhh! And that's what's bothering me. . . her scream, y'know that she cried for help 'cause it seems that he didn't kill her instantly, and when she started to scream he emptied the whole gun on her head. She just couldn't defend herself. She was in her forties and he killed her, and I had never seen anything like that in my life. Her scream, that's what really got to me. And that's when I started to inject more to be able to sleep and to take that out of my mind.

At the times of the interview, many months after the incident, Ana had not been able to gain access to any counseling services to help her deal with the effects of this traumatic experience. In the absence of support, increasing her drug use became her only coping strategy.

## Violence Victimization

Violence victimization figures prominently in the lives of the women interviewed. Physical abuse, rape, and even murder at the hands of customers and drug addicts, as well as at the hands of their husbands or boyfriends, are daily threats for women who exchange sex for money. As the women's stories illustrate, victimization both during childhood and adulthood leaves permanent emotional scars.

In the absence of personal and institutional social support, women often turn to drugs to escape from a terrifying reality. In our sample this was especially evident for women who reported having experienced sexual abuse as children. Sixteen (45 percent) of the women interviewed reported having been sexually assaulted by relatives and friends; these assaults included several incidents of gang rape. Involvement in prostitution further increases women's risks of being assaulted by both clients and strangers. Twenty-one (60 percent) of the women reported having been raped while working on the streets. Only a few of these rapes were ever reported to the police. Low reporting rates of rape in the general population have been attributed to the personally intrusive nature of this violent act, the belief that it is useless to file reports with the police, and the stigma and guilt associated with being a victim of sexual assault (Lopez-Jones 1999; SFBAHP 1995; Silbert and Pines 1982). For women in prostitution reporting is especially difficult because of the nature of their work. The still common attitude that the victim of a sexual "instigates" the attack through her actions and her appearance is magnified when the victim of rape is a prostitute. As one of the respondents explained:

Men think that just because you do what I do, that they have the right to force themselves on you. After all, you are a "puta" [whore], so who cares, right? You are there for their pleasure period. Even if you don't want to do it at that moment

Over 90 percent of the women interviewed in our study reported having been victims of violence at the hands of customers. As Vicky, a 40-year-old who had been involved in sex work for close to nine years and considered herself a veteran, explained, violence often occurs when the woman requests payment for her services. She recounted what happened to her when, after providing oral sex, she demanded her client pay the ten-dollar fee.

I got pushed out of the car because the man didn't want to pay me. He snatched the money out [of my hands] and he was kicking me with his feet and I fell out of the car, and my pants' leg was caught in the car and that's when he run over my feet. I got dragged; I was hurt real bad. I stayed in the hospital I think for seven days because when I fell out of the car I had holes, not scratches but holes, deep holes. I was pregnant with twins and I didn't know it

Nine of the women reported incidents in which they were almost killed by their clients. Susan, a 25-year-old who had been living on

the streets for about two months at the time of the interview, recounted her experience:

One time this guy picked me up and . . . I was looking all sexy and shit and I was smelling good. Then, when we parked I asked him for the money; he made believe he was going to pee behind the car and he [opened the trunk] and he pulled an ax out. I was observative [sic] of things always, so I seen it and tried to run, but he grabbed me by my hair and when he went to [strike me] I got away. I started screaming and some guys came out of the shelter, and he pulled out

In addition, one-quarter of the women reported that they had friends who had been murdered while selling sex. Marcela, a young Puerto Rican woman who had been involved in exchanges of sex for drugs and money for about four years, arrived from New York eight months before the interview. Marcela has dropped out of school and moved from Puerto Rico to New York in search of employment in the hope that she would be able to send money to help her family. However, she was not able to find a well-paying job and was recruited as a "runner" of drugs for a local gang. As part of payment for her services, Marcela received "tastes" of heroin and cocaine, and quickly became addicted. She started to "turn a trick here and there for the big guys" in exchange for drugs. After a romantic relation with a gang member turned violent, Marcela followed a friend to Hartford, where she got involved with street prostitution. She recounted the fate of some of her friends:

I have friends that I be out on the street with, that have gotten killed, found in a car two blocks away behind the same building that all [of us] go behind [to have sex]. This happened to three different girlfriends of mine. Believe me, they were my friends, where we just had breakfast that morning. Or one friend that used to always come to my house. Another friend we used to always go to church and eat lunch, then we go somewhere else to have a shower and change clothes and stuff. They had never caught the guy. . . . we know we've all been out with the same guys. We don't know which one it is. That really fucks me up. So what do I do? Nothing, just numb my fear with several bags of dope and go out again. What else can I do?

When asked if she had received any counseling or other support, Marcela simply laughed and added: "Who? Me? This poor Puerto Rican whore? Come on, get real."

Women who work on the streets are at risk of victimization not only from their clients but also from other drugs users, who are often motivated by the need for money or for drugs. As one of the women explained:

I've been beaten with baseball bats, iron pipes, two-by-fours. I just recently got some homeless guys who thought I had some money, so they followed me and they jumped me and fractured my nose and stuff, they broke my glasses, they punctured me really bad in the eyes.

The participants also reported that, occasionally, they are victims of verbal or physical abuse from their clients' partners or wives. In such situations, as one of them explained, the women themselves may become perpetrators of violence:

They come up to me and call me "puta" [whore], and that's when we start fighting because they start hitting me, so I hit back because I'm not going to stay hit. I let them have it good. Usually their husband comes around, grabs them, and takes them home, and I don't ever see them again.

Acts of violence against women in prostitution are perpetrated not only by strangers but also by the women's domestic partners. Seventy-five percent of the women interviewed reported being physically abused by their husbands and boyfriends. As shown in the words of 41-year-old Marina, domestic violence of this magnitude often extends over long periods of time:

I've been back and forth from hospitals and battered shelters over 19 years, since I've been with [my husband]. He's three times almost taken my life. The first time he beat me that severe, that long, that I almost died. The second time he stabbed me a few inches away from my heart. He's stabbed me several times with knives, screwdrivers; he's pushed me through a thick glass window outside of a store, He's beaten me so unrecognizably in the face and stuff. . . you name it, I got it done to me.

When asked whether she had received help to deal with this situation, Marina replied:

Are you kiddin' girl? Look who I am. I'm out there and he knows it and everyone knows it. Even if they wanted to help me, what can they do? I stay with him 'cause we are in this [drug use] together. I started with him and every time I get high I do it with him. There's no way out. He scares the hell out of me but I have to get him drugs. And then, when we are high it's nice for a little bit, just for a little while. . . So I try [drugs] again and again to make those nice moments last.

### The Risk of HIV Infection and Protective Strategies

All of the women interviewed were keenly aware of the major health risks they face when they are working on the streets, and they considered themselves to be very knowledgeable about HIV/AIDS.

All of the respondents stated that they actively try to reduce the risks of HIV infection. The great majority of the women reported that they demand the use of condoms when they are involved in sex transactions. While they are not always successful in getting their clients to use protection, they report that they are very insistent when it comes to the issue of condom use and that they even refuse to engage in unprotected sex. As one of them stated: "I tell them [her clients] from the moment they come near me: 'If you want a rubber then we go out, if not, look for another girl.' For me is condoms or no go. I'm not gonna kill myself just because they don't like the way rubbers feel." Our previous studies have shown that, even when clients are reluctant to use condoms or offer to pay more for unprotected sex, women use a variety of protective strategies, including engaging in oral rather than vaginal or anal sex, carefully examining the clients' genitals for signs of infection, and putting a condom on an unsuspecting client while performing oral sex (for a detailed account, see Romero-Daza, Weeks, and Singer 1999; Weeks et al. 1998).

Not surprisingly, all of the women mentioned that they are completely unable to protect themselves against possible infection when they are the victims of sexual violence. In order to reduce their chances of being assaulted by clients and strangers, women often carry weapons such as knives, hand-guns, and mace. They are also careful in selecting their clients, preferring to deal with those with whom they are already familiar rather than with complete strangers. Additional strategies involve avoiding the use of drugs while in the company of clients, walking the streets in pairs rather than alone, and making clients believe they have a pimp who watches over them. However, these strategies are not always easy to implement. Weapons are expensive and can be used against the woman herself; familiar clients may turn brutally violent, especially under the influence of drugs or when they become possessive of a particular woman; working in pairs often makes it more difficult for both women to find clients. Thus, no matter how much women try to protect themselves, they remain highly vulnerable to violence and to risk of HIV.

## DISCUSSION

We have sought to elucidate the role of prostitution as a mediating factor in the SAVA syndemic. The cases described illustrate the

pervasiveness of violence in the lives of women involved in prostitution and the effect such violence has on patterns of drugs use and HIV risk. While the relation between violence victimization and drug use has received considerable attention in the literature, less is known about the effects of indirect exposure to violence. Our data provide evidence for the central role that witnessing violence (both during childhood and adulthood) has on initiation into drug use and on rate of drug consumption. Further research in this area will prove useful to efforts to curtail the use of drugs, especially among those individuals who might not have experienced violence first hand but who constantly witness it.

The patterns of violence reported in our sample do not appear to be unique to our study setting. This and previous studies with drug users in Hartford (Romero-Daza, Weeks, and Singer 1999; Singer 1996; Weeks et al. 1998) show that the type of drug-related violence found there is similar to that seen in other inner city areas (e.g., New York) where ethnographic research on drug-related violence has been conducted (Bourgois 1995). Anecdotal data provided by our participants lend support to Goldstein's (1995) contention about the relationship between drugs and violence. In fact, over 60 percent of the women who had been victims of physical abuse reported that their attackers appeared to be under the influence of drugs. In addition, all of the participants reported witnessing daily occurrences of violence directly related to the protection of drug territories or to the settlement of drug debts. However, since we did not obtain first-hand data from perpetrators of violence, it is impossible to draw definite conclusions. The only type of violent behavior reported by women when they were the aggressors relates to fights with clients' wives or domestic partners. In all of them the motivating factor appeared to be the relationship rather than the use of drugs. Other types of violence (e.g., child abuse) were not reported at all. Obviously, this does not mean that they do not occur; rather the lack of reportage is likely directly related to the women's fear of losing custody of their children. In all our interviews our status as mandated reporters for child and elderly abuse was made clear to participants. This obviously biased the information volunteered on violence perpetration. Nevertheless, regardless of the role played by drugs, the overall patterns of violence victimization and witnessing reported by our respondents appear to be very similar to those reported by women involved in street-level prostitution in other

settings in the United States (El-Bassel et al. 2001; Silbert and Pines 1982; Williamson and Folaron 2001).

An additional potential limitation to our study involves our recruitment method. For example, it is possible that the women who chose to participate were those who, to some extent, felt more at ease with their environment in prostitution and who were more open about discussing it in a research setting. It is also possible that the fear of losing custody of minor children could have deterred some women from participating. Of the 35 women in our study, only three lived with their minor children, while the rest had either lost custody of their children or had placed them with relatives. Despite these limitations, this method of recruitment was the most effective way of finding participants willing to talk about the sensitive topics of prostitution and violence.

Researchers have discussed the dilemmas inherent in ethnographic work, especially work with so-called "vulnerable" populations. For example, in talking about her own ethnographic research with women in prostitution, O'Neill (1996) highlights the need to balance efforts to build rapport with the need for "objectivity." She points to the risk of becoming so emotionally involved with the subjects of research that a dependency relationship is formed. We faced a similar dilemma in conducting our research. The effect that our personal background (as professional anthropologists with no personal experience with drugs or prostitution) might have had on the level of comfort of our respondents was minimized by the fact that, for several months, we had the opportunity to establish rapport with them. As previously mentioned, the women involved in this project had participated in the COPE II project and had been interviewed by the first author as part of projects pertaining to related issues. One of our major concerns was the emotional impact that the interview could have on the participants. While talking about their experiences with sexual, physical, and emotional abuse as both children and adults, participants often cried, and, at times, sobbed uncontrollably. This often made us question whether we had the right to intrude in their lives and to dig into their painful experiences. The interviewer often felt that she was somehow "exploiting" the women and taking advantage of them without being able to offer much in return. Questions such as Harvey and Gow's (1994:2)—"is the objectification of highly charged emotional events itself a form of violence?"—often crossed our minds. Surprisingly, though, on many of the occasions when participants broke down, at the end of the session they thanked

the interviewer for allowing them to talk about their past and for listening without passing judgment. While, to a degree, this eased the researcher's guilt, it also made her keenly aware of the tremendous need for services that address the mental health needs of this group of women. After the interviews, two of the participants asked when they could come back to talk and one of them continued visiting the interviewer's office on a sporadic basis. Again, while the researcher was able to obtain a referral for services with a counselor she felt at a loss because she was unable to provide more immediate help.

Through analysis of the qualitative data presented above, we hope to have contributed to a better understanding of the conditions that lead women into street-level prostitution. Since we did not specifically address the issue of "choice" in women's involvement with prostitution, it is impossible to draw definite conclusions on this topic. Nevertheless, the results of this study appear to lend support to Dalla's (2001:1091) assertion that "streetwalking prostitution, is not freely chosen over a vast array of alternative careers choices; rather, women who sell themselves on the streets do so because of lack of (perceived or real) options." The majority of our respondents talk about prostitution as a degrading and stressful occupation. However, at the same time, the stories of the women in this project show that they are not passive victims of the circumstances in which they find themselves; rather, they are able to assert their individual agency to maximize their chances of survival in a very hostile environment. Further ethnographic research is needed to clarify the level of individual control exhibited by drug-using women who participate in street-level prostitution.

While the factors that lead to involvement in substance abuse and prostitution vary from person to person, the data collected from these 35 women suggest clear patterns. Central to these is a common thread of violence that runs through the lives of the women interviewed. With little social support and limited mental health services available, women who, throughout their lives, have experienced continuous domestic abuse find temporary relief in the use of drugs. Once addiction progresses and the demand for drugs increases, lack of viable economic alternatives and scarcity of women-centered drug abuse programs often lead women into prostitution. As Lopez-Jones (1995:15) states: "what economic alternatives are there for women who cannot find employment with wages high enough to pay the rent and bills and to feed and clothe the family? . . . prostitution is one of the few jobs with better pay and flexible working hours." In turn,

participation in street-level prostitution increases women's risk for physical violence, including rape and other forms of sexual assault, which magnifies the risk for HIV infection.

Understanding the complex relationship between drug abuse, prostitution, violence, and AIDS is essential to the development and implementation of health-related interventions targeted at this population. In order to improve the physical and mental health of women like those interviewed in this study, it is necessary to break the vicious cycle of violence, drugs, and prostitution that is perpetuated by the oppressive social, economic, and political reality of the inner city. At present, there is a dire need for the development of intervention models capable of addressing the multiplicity of issues confronted by women like the ones whose stories are described here. Of central importance is the need to abandon the norms that place blame on the victim while ignoring the powerful structural constraints that shape their daily lives. For example, society must recognize that, regardless of their occupation, women in prostitution experience the traumatic consequences of rape to the same extent as does any other woman. Individual and group counseling for victims of sexual assault must be a priority in efforts to curtail the use of drugs and the spread of AIDS in this population. Similarly, issues of childhood victimization, whether physical or emotional, and of domestic violence need to be addressed through counseling. Additional efforts need to be undertaken to empower women who are victims of domestic violence in their attempts to escape from abusive relationships. Support services must be combined with access to drug treatment, and these women must be provided with training that will allow them to lessen their dependence on the sale of sex for survival.

In addition to providing support services, it is also necessary to address the pervasive attitudes that portray drug addicted women in prostitution as weak and immoral individuals who willingly involve themselves in that lifestyle. This cannot be done without an understanding of the structural factors that lead some women into prostitution and drug abuse. Until this is achieved, many of these women will continue feeling hopeless and rejected. As Lydia stated poignantly:

*Look who I am: a druggie, a whore. Some people don't want to even look at me when they see me walking on the streets. . .Nobody gives a damn if I live or die. I don't even think I care. Who's gonna listen to my problems? I do what I do, but I'm a real person y'know, but all people see is a whore. So I'm on this one all alone.*

NOTES

- i. Project COPE II, from which participants were recruited for this substudy, was funded through the National Institute on Drug Abuse Cooperative Agreement for AIDS Community-Based Outreach Intervention Research Program. Grant U01 DA07284. Data for this project were collected while the main author was a researcher at the Hispanic Health Council in Hartford, CT.
- ii. The original sample included 37 women. One of them reported only 20 sex-for-money transactions over the six months prior to the interview, while the other reported 1,800. Both of them were excluded from this analysis because of their outlier's status.

REFERENCES

- Alexander, Priscilla  
1998 "Prostitution, Still a Difficult Issue for Feminists." Pp. 184–230 in *Sex Work: Writings by Women in the Sex Industry*, edited by Delacoste, F. and Alexander, P. San Francisco: Cleis Press.
- Asthana, Sheena and Robert Oostvogels  
1995 "Community Participation in HIV Prevention: Problems and Prospects for Community-Based Strategies among Female Sex Workers in Madras." *Social Science and Medicine* 43(2):133–148.
- Baer, Hans and Merrill Singer  
1982 Why Not Have a Critical Medical Anthropology? Paper presented at the Annual Meetings of the American Anthropological Association, Washington, DC.
- Bennett, Carolyn, Devota Ryan, and Barbara Sowinski  
2001 "Sex Trade Workers in Halifax, Nova Scotia: What Are the Risks of HIV at Work and at Home?" *Canadian Woman Studies* 21(2):45–49.
- Bourgois, Philippe  
1995 *In Search of Respect: Selling Crack in El Barrio*. Cambridge: Cambridge University Press.
- Church, Stephanie, Marion Henderson, Marina Barnard and Graham Hart  
2001 "Violence by Clients towards Female Prostitutes in Different Work Settings: Questionnaire Survey." *British Medical Journal* 322:524–525.
- City of Hartford  
2000 <http://censtats.census.gov/data/CT/1600937000.pdf>
- Dalla, Rochelle  
2001 "Et Tú Brutè? A Qualitative Analysis of Streetwalking Prostitutes' Interpersonal support Networks." *Journal of Family Issues* 2(8):1066–1085.
- Day, Sophie  
1994a "Prostitute Women and the Ideology of Work in London." Pp. 93–109 in *Culture and AIDS*, edited by Feldman, D. A. Westport CT: Praeger.  
1994b "What Counts as Rape? Physical Assault and Broken Contracts: Contrasting Views of Rape among London Sex Workers." Pp. 172–189 in *Sex and Violence: Issues in Representation and Experience*, edited by Harvey, P. and Gow, P. London: Routledge.

- Davis, Nanette  
1993 *Prostitution: An International Handbook on Trends, Problems, and Policies*. London: Greenwood Press.
- Delacoste, Frédérique and Priscilla Alexander, eds.  
1998 *Sex Work: Writings by Women in the Sex Industry*. 2nd ed. San Francisco: Cleis Press.
- Deren, Sherry, Jesus Sanchez, Michele Shedlin, Rees Davis, Mark Beardsley, 1996 Don Des-Jarlais and Kim Miller  
1996 "HIV Risk Behaviors among Dominican Brothel and Street Prostitutes in New York City." *AIDS Education and Prevention* 8(5):444-456.
- Dezaldouondo, Barbara  
1991 "Toward Recontextualizing Sex Work in AIDS Intervention Research." *Journal of Sex Research* 28:223-248.
- Downe and Pamela. J.  
1997 "Constructing a Complex of Contagion: The Perception of AIDS among Working Prostitutes in Costa Rica." *Social Sciences and Medicine* 44(10): 1575-1583.
- El-Bassel, Nabila, Susan Witte, Takeshi Wada, Louisa Gilbert and Joyce Wallace  
2001 "Correlates of Partner Violence among Female Street-Based Sex Workers: Substance Abuse, History of Childhood Abuse, and HIV Risks." *AIDS Patient Care and STDs* 15(1):41-51.
- Farley, Melissa and Howard Barkan  
1998 "Prostitution, Violence, and Posttraumatic Stress Disorder." *Women and Health* 27(3):37-49.
- Farley, Melissa and Vanessa Kelly  
2000 "Prostitution: A Critical Review of the Medical and Social Sciences Literature." *Women and Criminal Justice* 11(4):29-64.
- Farmer, Paul, Margaret Connors and Janie Simmonds, eds.  
1996 *Women, Poverty, and AIDS: Sex, Drugs, and Structural Violence*. Monroe, ME: Common Courage Press.
- Faugier, Jean and Steve Cranfield  
1994 "Reaching Male Clients of Female Prostitutes: The Challenge for HIV Prevention." *AIDS Care* 7(suppl. 1):S21-32.
- Feucht and Thomas E.  
1993 "Prostitutes on Crack Cocaine: Addiction, Utility, and Marketplace Economics." *Deviant Behavior* 14:91-108.
- Ford, Nicholas and Suporn Koetsawang  
1991 "The Sociocultural Context of the Transmission of HIV in Thailand." *Social Sciences and Medicine* 33:405-414.
- Fullilove, Mindy, Robert Fullilove, Michael Smith and Karen Winkler  
1993 "Violence, Trauma, and PostTraumatic Stress Disorder among Women Drug Users." *Journal of Traumatic Stress* 6(4):533-543.
- Giannini, A. James, Norman S. Miller, Robert H. Loiselle and Carlton E. Turner  
1993 "Cocaine-Associated Violence and Relationship to Route of Administration." *Journal of Substance Abuse Treatment* 10:67-69.
- Giobbe, Evelina., M. Harrigan, J. Ryan and Denise Gamache  
1990 *Prostitution: A Matter of Violence against Women*. Minneapolis, MN: Whisper Press.
- Goldstein, Paul J.  
1979 *Prostitution and Drugs*. Lexington, MA: Lexington Books.

- 1985 "The Drug/Violence Nexus: A Tripartite Conceptual Framework." *Journal of Drug Issues* 15:495–506.
- Gossop, Michael, Beverly Powis, Paul Griffiths and John Strang  
1994 "Sexual Behavior and Its Relationship to Drug-Taking among Prostitutes in South London." *Addiction* 89:961–970.
- 1995 "Female Prostitutes in South London: Use of Heroin, Cocaine, and Alcohol and Their Relation to Health Risk Behaviors." *AIDS Care* 7(3):253–260.
- Graham, Neil and Eric Wish  
1994 "Drug Use among Female Arrestees: Onset, Patterns, and Relation to Prostitution." *Journal of Drug Issues* 24:315–329.
- Harvey, Penelope and Peter Gow  
1994 "Introduction." Pp. 1–17 in *Sex and Violence: Issues in Representation and Experience*, edited by Harvey, P. and Gow, P. London and New York: Routledge.
- Karim, Quarraisha Abdool, Salim S. Karim, Kate Soldan and Martin Zondi  
1995 "Reducing the Risk of HIV Infection among South African Sex Workers: Socio-Economic and Gender Barriers." *American Journal of Public Health* 85(11):1521–1525.
- Kuhns, Joseph, Kathleen Heide and Ira Silverman  
1992 "Substance Use/Misuse among Female Prostitutes and Female Arrestees." *International Journal of the Addictions* 27(11):1283–1292.
- Lopez-Jones, Nina, ed.  
1999 *Some Mother's Daughter: The Hidden Movement of Prostitute Women against Violence*. London: Crossroads Books (International Prostitute Collective).
- Maher, Lisa  
1996 "Hidden in the Light: Occupational Norms among Crack-Using Street-Level Sex Workers." *Journal of Drug Issues* 26:143–173.
- Maman, Suzanne, Jacquelyn Campbell, Michael D. Sweat and Andrea C. Gielen  
2000 "The Intersection of HIV and Violence: Directions for Future Research and Interventions." *Social Science and Medicine* 50:459–478.
- Miller, Jodi  
1993 "Your Life Is on the Line Every Night You're on the Streets: Victimization and Resistance among Street Prostitutes." *Humanity and Society* 17(4):422–446.
- Miller, Jodi and Martin Schwartz  
1995 "Rape Myths against Street Prostitutes." *Deviant Behavior* 16(1):1–23.
- Morgan, Lynn  
1987 "Dependency Theory in the Political Economy of Health: An Anthropological Critique." *Medical Anthropology Quarterly* 1:131–154.
- Morsy, Soheir  
1990 "Political Economy in Medical Anthropology." Pp. 26–46 in *Medical Anthropology: Contemporary Theory and Method*, edited by Johnson, T. and Sargent, C. New York: Praeger.
- O'Neill, Maggie  
1996 "Prostitution and Violence: Towards a Feminist Praxis." Pp. 130–147 in *Women, Violence, and Male Power*, edited by Hester, M., Kelly, L. and Radford, J. Philadelphia: Open University Press.
- Perkins, Roberta and Francis Lovejoy  
1994 "Healthy and Unhealthy Lifestyles of Female Brothel Workers and Call Girls (Private Sex Workers) in Sydney." *Australian and New Zealand Journal of Public Health* 20(5):512–516.

- Pettitway, Leon. E.  
1996 *Workin' It: Women Living through Drugs and Crime*. Philadelphia: Temple University Press.
- Potterat, John, Richard Rothenberg, Stephen Muth, W. Darrow and L. Phillips-Plummer  
1998 "Pathways to Prostitution: The Chronology of sexual and Drug Abuse Milestones." *Journal of Sex Research* 35(4):333-340.
- Riches, David  
1986 "The phenomenon of Violence." Pp. 1-27 in *The Anthropology of Violence*, edited by Riches, D. Oxford: Basil Blackwell.
- Romero-Daza, Nancy, Margaret Weeks and Merrill Singer  
1999 "Much More Than HIV: The Reality of Life on the Streets for Drug-Using Sex Workers in Inner City Hartford." *International Quarterly of Community Health Education* 18(1):107-119.
- San Francisco Bay Area Homeless Project (SFBAHP)  
1995 Homelessness and Survival Sex. Electronic Document, [www.creative.net:80/~penet/homeless.html](http://www.creative.net:80/~penet/homeless.html), accessed May 2, 2002.
- Schroder, Ingo W. and Bettina E. Schmidt  
2001 "Introduction: Violent Imaginaries and Violent Practices." Pp. 1-24 in *Anthropology of Violence and Conflict*, edited by Schmidt, B. and Schroeder, I. W. London: Routledge.
- Singer, Merrill  
1994 "AIDS and the Health Crisis of the U.S. Urban Poor: The Perspective of Critical Medical Anthropology." *Social Science and Medicine* 39(7):931-948.  
1996 "A Dose of Drugs, a Touch of Violence, a Case of AIDS: Conceptualizing the SAVA Syndemic." *Free Inquiry in Creative Sociology* 24(2):99-110.  
1998 "Articulating Personal Experience and Political Economy in the AIDS Epidemic: The Case of Carlos Torres." Pp. 61-73 in *The Political Economy of AIDS*, edited by Singer, M. Amityville, NY: Baywood Publishing Company.
- Singer, Merrill, Freddie Valentun, Hans Baer and Zhongke. Jia  
1992 "Why Does Juan Garcia Have a Drinking Problem? The Perspective of Critical Medical Anthropology." *Medical Anthropology* 14(1):77-108.
- Sterk, Claire  
1999 *Fast Lives: Women Who Use Crack Cocaine*. Philadelphia: Temple University Press.
- Weeks, Margaret, Maryland Grier, Nancy Romero-Daza, Mary Puglisi and Merrill Singer  
1998 "Streets, Drugs, and the Economy of Sex in the Age of AIDS." *Women and Health* 27(1/2):205-228.
- Worth, Dooley  
1989 "Sexual Decision Making and AIDS: Why Condom Promotion among Vulnerable Women Is Likely to Fail." *Studies in Family Planning* 20:297-307.
- Williamson, Celia and Gail Folaron  
2001 "Violence, Risk and Survival Strategies of Street Prostitution." *Western Journal of Nursing Research* 23(5):463-475.
- Young, Amy, Carol Boyd and Amy Hubbell  
2000 "Prostitution, Drug Use, and Coping with Psychological Distress." *Journal of Drug Issues* 30(4):789-800.