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# Agenda



**2:30 p.m. – 4:30 p.m. FOPP Panel with Questions and Answers**

**Jerry P. Coleman**  
Assistant District Attorney  
City and County of San Francisco  
San Francisco, California

**Mike Farrell**  
Officer  
Vice Squad  
San Francisco Police Department  
San Francisco, California

**Norma Hotaling**  
Executive Director  
Standing Against Global Exploitation  
San Francisco, California

**Mike Lawson**  
Sergeant  
Vice Squad  
San Francisco Police Department  
San Francisco, California

**Tim Silard**  
Assistant District Attorney  
City and County of San Francisco  
San Francisco, California

**7:00 p.m. – 12:00 a.m. Demonstration of Vice Squad  
Decoy and Enforcement Tactics  
(Optional)**

*Location to be  
Announced*

***Sponsored by the San Francisco Police Department***

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**Friday, February 26, 1999**

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***Radisson Miyako Hotel***  
***1625 Post Street***

**8:30 a.m. – 9:00 a.m.**      **Registration and Coffee Service**      *Spring Foyer*

**9:00 a.m. – 10:15 a.m.**      **Service Needs of Prostitutes with  
Questions and Answers**      *Imperial A*

**Margery B. Brooks**  
Contract Administration Manager  
Community Substance Abuse Services  
Division of Mental Health and Substance Abuse Services  
Department of Public Health  
San Francisco, California

**Norma Hotaling**  
Executive Director  
Standing Against Global Exploitation  
San Francisco, California

<b>10:15 a.m. - 10:30 a.m.</b> <b>Break</b>
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**10:30 a.m. – 12:30 p.m.**      **Team Exercise: Benefits and Barriers to  
Implementing FOPP Principles in Your  
Jurisdiction**

**Facilitators:**

**Carolyn Peake**  
Social Science Analyst  
National Institute of Justice  
U.S. Department of Justice  
Washington, DC

**Erin Dalton**  
Special Assistant to the Deputy Director  
Office of Development and Communications  
National Institute of Justice  
U.S. Department of Justice  
Washington, DC

**Edward F. Connors**  
President  
Institute for Law and Justice  
Alexandria, Virginia

**12:30 p.m. – 2:00 p.m. Working Lunch**

*Imperial A*

**Hamish Sinclair**  
Executive Director  
Manalive Education and Research Institute  
San Francisco, California

**Ksenia Tsenin**  
Judge  
Municipal Court  
San Francisco, California

**2:00 p.m. – 2:45 p.m. Developing Constituencies: Media Outreach and  
Community Participation in the FOPP John School**

**Kristina Rose**  
Dissemination Coordinator  
Office of Development and Communications  
National Institute of Justice  
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**2:45 p.m. – 3:30 p.m. Team Exercise: Building Constituencies in  
Your Jurisdiction**

**Facilitator:**

**Kristina Rose**  
Dissemination Coordinator  
Office of Development and Communications  
National Institute of Justice  
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**3:30 p.m. - 3:45 p.m. Break**

**3:45 p.m. - 5:00 p.m. Educational Needs of Customers and Orientation to John School**

**Norma Hotaling**  
Executive Director  
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**Mark Robinett**  
Psychotherapist  
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**Darrel Bruce Washington**  
Associate Health Program Advisor and Trainer  
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**5:00 p.m. - 5:30 p.m. Questions and Answers**

**5:30 p.m. - 7:00 p.m. Reception**

*Clouds Restaurant  
Yerba Buena Gardens  
720 Howard Street*

*Sponsored by Standing Against Global Exploitation*

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**February 27, 1999**

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*Hall of Justice*  
*850 Bryant Street*

**8:00 a.m. - 8:30 a.m.**      **Pre-John School Questions**      *Room 307*

**8:30 a.m. - 4:30 p.m.**      **John School**

**4:30 p.m. - 5:30 p.m.**      **Closing Questions and Comments**

# Attendee List

# First Offender Prostitution Program Workshop

## Attendee List

### Presenters

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**Jacksonville, FL**

**EXECUTIVE SUMMARY****Prostitution Prevention/Intervention Program**

**Awarded to the Duval County Public Health Unit  
515 West 6th Street  
Jacksonville, Florida 32206**

**Contact: Jeffrey Goldhagen, M.D.  
(904) 630-3220**

**Overview**

This project originated from a 1995 Duval County Public Health Department needs assessment funded by the US Conference of Mayors. Results of that assessment revealed that there was not a well-defined comprehensive HIV prevention and risk reduction program targeting sex workers in this community.

In response to a subsequent US Conference of Mayors' RFP, a team of representatives from various public and private agencies who work with this population was convened. The Duval County Public Health Department, in collaboration with River Region Human Services, a local substance abuse and mental health agency with experience in HIV testing and counseling, brought together professionals from law enforcement, criminal justice, the State Attorney's office, probation units, and the First Coast Community AIDS Coalition to design a program addressing the special needs of this population. Concurrent with this effort was the pioneering work of Judge Jean Johnson who had established the Task Force on Prostitution.

The Prostitution Prevention/Intervention Program (PPIP) was an HIV prevention program which had intensive prevention case management and health education/risk reduction classes as the core. The program targeted female sex workers involved with the criminal justice system.

During the first year of the program, 285 sex workers (282 females and 3 males self-identifying as females) involved with the criminal justice system because of prostitution or prostitution-related charges were assessed and referred by the court liaison. After assessment, clients were invited or court-ordered to participate in the program. A secondary group surfaced after the program was initiated. These were clients contacted during street outreach activities for HIV prevention who admitted to having exchanged sex for drugs or money. While these clients did not self-identify as "prostitutes", the same high risk behavior was present. Subsequently, in addition to the risk assessment done in street outreach, these 301 persons (74 females and 227 males) were offered one-time risk-reduction activities. Although these individuals demonstrated the same high risk behavior as the targeted population, they were not involved with the criminal justice system at this point and thus were ineligible for the Prostitution Prevention/Intervention Program. Combining both of these groups, program staff provided assessments and services to 586 clients who had reported or been arrested for exchanging sex for drugs or money during the first year of the program.

Ninety women received an array of intensive prevention case management services either by referral or direct provision by the case manager. These services included housing, employment, substance abuse treatment, counseling, and medical care, to name just a few. Thirty-eight women completed the entire series of 10 HERR classes. Another 27 women attended some classes, had a few counseling sessions or received intermittent case management services. An additional 25 women had brief encounters with the case manager by phone calls or letters.

## Purpose

The purpose of this project was to provide female sex workers involved with the criminal justice system a comprehensive HIV prevention and risk reduction program which included intensive prevention case management and health education and risk reduction classes in addition to HIV antibody testing and counseling. As defined by the multidisciplinary management/advisory council, program goals were to decrease the number of HIV infections, to decrease the number of STD's and to prevent re-arrests.

## Background of the Prostitution Prevention/Intervention Program

Prior to the initiation of this project there were no comprehensive HIV prevention services targeting sex workers in Duval County. The origin of the project was in the 1995 needs assessment which showed that this group of high risk women had no focused efforts directed toward comprehensive HIV prevention. This issue was a concern not only to health professionals, but also to criminal justice, law enforcement, and business owners in the community. With great vision, Judge Jean Johnson had organized the Prostitution Task Force in 1995. Thus, there was much support for addressing the issue of prostitution in the community. The rising number of AIDS cases and the recognition that a partnership would be more effective than individual organizations and institutions in addressing this problem were important in the thinking of the community partners.

## Program Description

The program was a combination of prevention case management and health education and risk reduction for sex workers in a setting of close collaboration among public health, substance abuse and mental health treatment, criminal justice, law enforcement, and other related health and human service providers. Key program components included: 1) a multidisciplinary management team/advisory council; 2) Treatment Alternatives to Street Crime (TASC) and HIV risk assessments; 3) HIV antibody testing and counseling; 4) A series of ten 1-hour Health Education and Risk Reduction classes (HERR) based on a modification of the WHEEL (Women Helping to Empower and Enhance Lives) curriculum; 5) intensive prevention case management; 6) peer to peer outreach; and 7) evaluation. Knowledge about the cofactors of HIV risk taking behavior in women served as the basis for these components.

## Project Results

Ninety women received an array of intensive prevention case management services, from housing to employment to substance abuse treatment and counseling, by referral or direct provision by the prevention case manager. Thirty-eight women completed the entire series of 10 HERR classes. Another 27 women attended some classes, had a few counseling sessions, or received intermittent case management services. An additional 25 women had brief encounters with the case manager by phone calls or letters.

Of the 285 sex workers who participated in the Prostitution Prevention/Intervention Program, 46 (16.1%) were HIV positive either by self-report or HIV testing and 181 (64%) currently had STD's. Four of these 46 women (9%) already had AIDS on entry to the program and one of these four women has died from AIDS-related causes.

At intake, the average number of months incarcerated over a lifetime was 22 months; the average number of lifetime arrests was 10. On average, this group had been arrested about 4 times in the previous 24 months. The mean number of prostitution arrests was two within the last 24 months. Eighty-three percent of the arrests were drug-related. Many women had been terminated from or quit their jobs because of stealing and other activities related to their drug problem. Police from the local Vice Squad reported that 90 to 95% of the prostitutes they arrest will be re-arrested within a year (verbal communication). Thus far, this program has experienced a re-arrest rate of 17% (49 of 285). It is recognized that for those entering in the later months of the program, a full year has not passed. However, these statistics are extremely encouraging.

Assessments also demonstrated that almost all of these women had experienced at least one of the following: sexual abuse and/or assault, physical abuse, domestic violence, and serious depression. Thirty-three percent were suicidal. Complaints about memory and concentration problems were common as were

women as "hopeless" and doomed only for a continuing life of crime and prostitution is changing among those on the management/advisory council. This community has started a dialogue on the treatment of those arrested for prostitution. This discussion is much more open than in previous years between criminal justice, law enforcement, and health and human service professionals. This dialogue will have a tremendous impact on the services provided in the future. Plans are to expand the management council to include a graduate of the program and extend membership to other stakeholders such as those in the business community.

Based on USCM funding, \$211 per sex worker was spent to provide TASC and HIV risk assessments and prevention case management services. That cost does not take into account the other 301 persons who received risk assessment and risk reduction on the street. If those persons are counted, the cost per participant drops to \$102 per person.

One of the most important outcomes of this initiative has been the development of a dedicated team of professionals from several disciplines who continue to meet monthly to improve and expand program services. There is also growing community awareness of the economic and public health impact of prostitution. Only now is the community becoming aware of the person behind the label of "prostitute". Three television programs, one aired on the local affiliate of NBC, one on the FOX network, and one on a local cable channel, featured the Prostitution Prevention/Intervention Program. The perception of these women as "hopeless" and doomed only for a continuing life of crime and prostitution is changing among those on the management/advisory council. This community has started a dialogue on the treatment of those arrested for prostitution. This discussion is much more open than in previous years between criminal justice, law enforcement, and health and human service professionals. This dialogue will have a tremendous impact on the services provided in the future. Plans are to expand the management council to include a graduate of the program and extend membership to other stakeholders such as those in the business community.

Based on USCM funding, \$211 per sex worker was spent to provide TASC and HIV risk assessments and prevention case management services. That cost does not take into account the other 301 persons who received risk assessment and risk reduction on the street. If those persons are counted, the cost per participant drops to \$102 per person.

This is a very cost efficient program as compared to incarceration. The average daily cost for jail time for prostitution is \$50/day per inmate if no medical care is needed (communication with the Sheriff's Office). The average jail time for a prostitution conviction is 30-40 days. Thus, continued re-arrests cost the community many dollars. Given the figures above, the cost per uncomplicated jail time for prostitution is about \$1,500-2,000 per conviction. That cost only reflects jail time, not all the other money spent to find and arrest prostitutes, the court time, or the medical and personal losses to individuals and families. If the program participants had experienced the 90% re-arrest rate quoted by the vice squad, the cost to the taxpayers would have been, at a minimum, \$384,750-\$514,000 plus medical expenses just for incarceration.

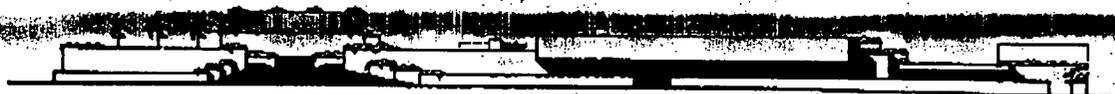
### Conclusion

The Prostitution Prevention/Intervention Program has been an extremely successful and cost effective program in terms of reaching a very high risk population for HIV infection. It is beginning to provide evidence that treatment in place of, or in addition to, incarceration can reduce the high risk behavior of female prostitutes. Future plans for the program include: a) refining the system to ensure HIV testing and counseling for all those arrested for prostitution and prostitution-related charges, including the johns; b) designing a curriculum for persons arrested for soliciting prostitution; c) investigating the possibility of finding the solicitors and using the fines to support the rehabilitation of the prostitutes; d) and addressing the need for a residential program for recovering prostitutes similar to Genesis House in Chicago. Based on program experience, the following recommendations are presented.



# OFFICE OF THE SHERIFF

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February 4, 1999

Dear Judy,

I hope these answers are sufficient. If not, contact me and I'll rewrite them to your specifications.

1. Prostitution sweeps are done at least three times a week either by the entire unit or by two man teams (one posing as a john, the other takedown). When the entire unit is used it is when a problem area is targeted and a staging area and transport van are used. Two man teams, which are used more frequently, are able to move from area to area and hit most of the city's hot spots during the shift. All investigations, soliciting and offering, are audio taped in case they are needed for future court appearances. All violators are taken into custody and physically booked into the county jail. No arrestees on prostitution charges are ever given Notices to Appear (citations).
2. Prostitutes and "johns" are prosecuted for the charges for which they were arrested. It is the policy of the Sheriffs Office and the States Attorneys Offices not to allow them to plea bargain down to lesser offenses such as breach of the peace. We are happy with this policy but somewhat displeased with the inconsistency of the punishment meted out by county court judges. We would like to see a policy of consistency in sentences for prostitution whether the defendant is a male or female.
- 3 through 5. Not applicable.
6. From a Law enforcement standpoint, I do not see a need to change our street prostitution enforcement strategies.



*A Nationally Accredited Agency*

*An Equal Opportunity Employer*

7-8

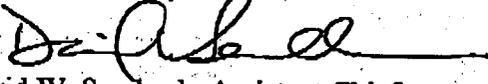
Not applicable

9.	Prostitution arrests 1997	-	482
	Prostitution arrests 1998	-	408
	"Johns" arrested 1997	-	316
	"Johns" arrested 1998	-	382

All of the above cases should be considered as "filed". Total 1588.

Sincerely,

Nathaniel Glover, Sheriff



David W. Sembach, Assistant Chief  
Organized Crime Section

# Pittsburgh, Pennsylvania

## Biographical Sketches

**Sergeant Lavonnie Bickerstaff** has a Bachelor's degree from Hiram College. Sergeant Bickerstaff is assigned to the Chief's Office as the Community Liaison. Sergeant Bickerstaff serves as a troubleshooter determining the problems of the community from the community's point of view, initiating and creating ways of solving problems before they escalate.

Sergeant Bickerstaff volunteers for the Carnegie Library, reading to youngsters in the Beginning with Books program and works with the Pittsburgh Public Schools Junior Achievement Program.

**Christopher M. Capozzi** is the Assistant District Attorney for Allegheny County, Pennsylvania. Mr. Capozzi, a 1992 graduate of the Georgetown University Law Center, is a trial assistant assigned to the General Trial Unit and the Warrant Office. His responsibilities include preparing cases for trial, handling pre-trial motions, and trying felony misdemeanor cases before judges and juries. He is also assigned to review affidavits of probable cause for arrest warrants prepared by City of Pittsburgh police officers.

**Rayne M. Kacsuta** is a sergeant in the Narcotics and Vice Unit. She supervises the vice detectives and is responsible for enforcing laws related to street level prostitution and escort services, as well as gambling, narcotics, and nuisance bars. Sergeant Kacsuta has been a member of the Pittsburgh Bureau of Police for 14 years, having spent the vast majority of her career working undercover in the Narcotics and Vice Unit.

Sergeant Kacsuta is a member of the Allegheny County Bar Association and is a volunteer at the Women's Center and Shelter of Greater Pittsburgh.

**Linda Ogden**, a licensed social worker, is currently employed as unit supervisor in an adolescent delinquent/psychiatric treatment facility. Linda is very much interested in and committed to helping women of any age who want to leave the sex industry, to do just that. Linda's passion flows deep as her personal experience in addiction and street prostitution enhance her abilities to develop and implement programs. With fifteen plus years of experience in the social service field, Linda is currently pursuing a Master's Degree in Criminal Justice.

## **Jurisdictional Information**

### **1. Describe arrest/citation policies for prostitutes and "johns" in your jurisdiction.**

**Prostitutes** are arrested by police officers posing as customers (decoys). The charge imposed is usually Pennsylvania code statue 5902 (2) Prostitution. A person is guilty of prostitution, a misdemeanor of the third degree, if he or she loiters in or within view of any public place for the purpose of being hired to engage in sexual activity (a copy of the entire code is available for your review). Usually, the first time a person is arrested for prostitution, the charge is settled as a summary offense, and a fine is imposed of between \$50.00 and \$300.00 plus court costs. Any subsequent arrest for prostitutes will lead to the case being adjudicated in criminal court, which could lead to probation or a jail sentence.

"Johns" are arrested by police officers posing as prostitutes (decoys). There are two charges imposed on the defendant by the Pennsylvania code statute 902 Criminal Solicitation (a person is guilty facilitating its commission if he commands, encourages or requests another person to engage in specific conduct which would constitute a crime) and statue 5902 Patronizing Prostitutes (a person who hires a prostitute or any person to engage in sexual activity). The "johns" charges are handled at the summary level and the charges are usually reduced to disorderly conduct and in subsequent cases held for court (but rarely are "johns" cases held on the criminal court level).

### **2. Describe the prosecution polices for prostitutes and "johns" in your jurisdiction.**

There are no set policies because each case turns on the facts of the case. However, as a rule, an actor's first arrest for prostitution, whether a prostitute or a "john," is pled out at the preliminary hearing to a summary offense. A second or subsequent offense is held for court and resolved in the trial court as a misdemeanor 3 offense.

### **3. Describe the services available for individuals convicted of soliciting prostitutes. If one exists, describe your jurisdiction's "john" school.**

Not Applicable

### **4. Describe the services available for current and ex-prostitutes in your jurisdiction.**

The Pittsburgh Bureau of Police does not participate in any programs that offer current or ex-prostitutes any services, beyond arrest.

### **5. Describe the public health outreach services available in your jurisdiction. Does the public health service have special programs for current and ex-prostitutes?**

The health department has STD programs for people on the streets, but they do not have any programs that are specifically targeted for current or ex-prostitutes (prostitutes are usually the recipients of the street outreach efforts of the health department).

**6. Why does your jurisdiction want to change its street prostitution enforcement strategy?**

The Pittsburgh Bureau of Police wants to develop a proactive stance regarding prostitution-related offenses.

The recidivism rate is enormous and the effects of the crime itself on the prostitute, "john," and society are detrimental. It is also our experience that retail theft and addiction to drugs tend to be closely associated with prostitution.

**7. What obstacles to implementation of a new strategy have you identified?**

One hurdle we may have to cross is getting defense attorneys on board. They are accustomed to getting their clients' charges dismissed to a summary offense.

Since law enforcement, the district attorney's office, probation, the health department, and the court system have developed a partnership; the most difficult obstacles have been successfully negotiated.

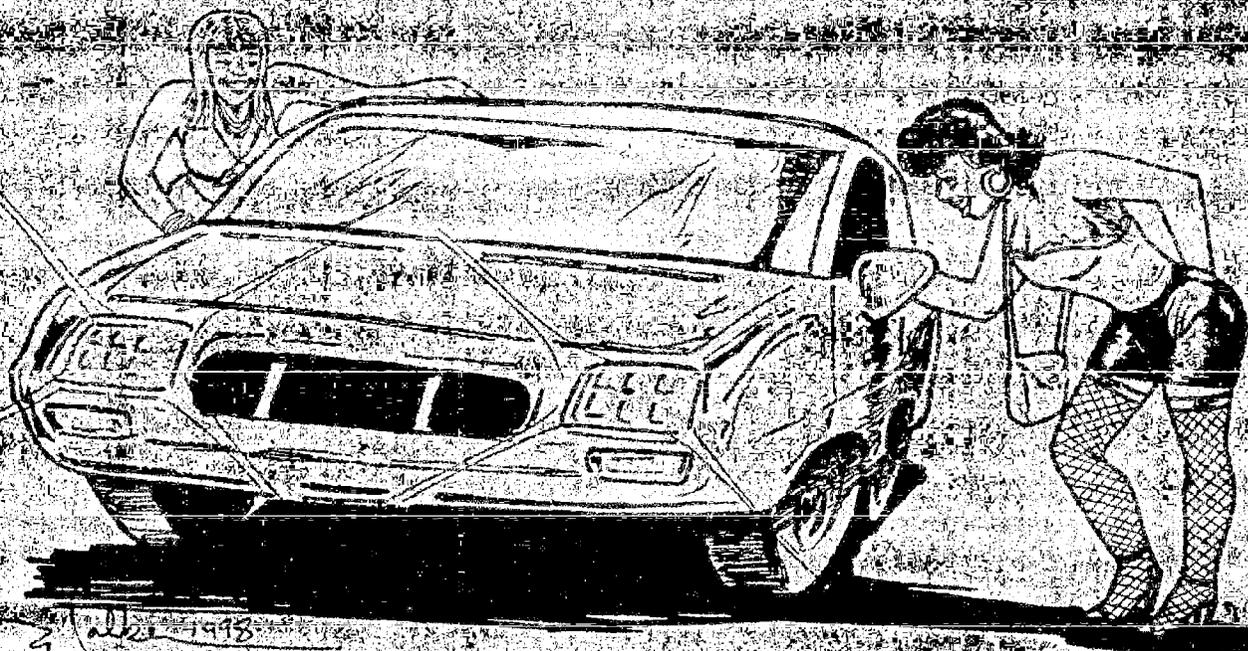
**8. What would you like to have covered in the FOPP workshop?**

- Examine the experiences of other jurisdictions that have implemented similar FOPP programs and the problems associated with keeping the programs functional.
- How other jurisdictions measure success.
- Interested in speaking with the reformed prostitutes and learning what rehabilitative efforts were most successful in changing the prostitutes' lives.
- How the ex-prostitutes were tracked or monitored during their rehabilitative efforts and who monitored their success.
- Do the ex-prostitutes attend residential or day-treatment for drug addiction? Alternatively, were there any types of long-term or short-term housing programs?
- What type of community support do the programs in other jurisdictions enjoy?

**9. Prostitution data:**

- Number of prostitution/"john" arrests in 1997: 766
- Number of prostitution/"john" arrest in 1998: 1067
- Number of cases filed for prostitution, 1997: 320 (estimate)
- Number of cases filed for prostitution, 1998: 320 (estimate)
- Number of cases for soliciting prostitutes, 1997: 15 (estimate) All of these cases were filed because the defendants did not show up for their preliminary hearing.
- Number of cases for soliciting prostitutes, 1998: 15 (estimate) All of these cases were filed because the defendants did not show up for their preliminary hearing.

**PITTSBURGH BUREAU of POLICE**  
**REPP**



## REPP PROGRAM

### Summary of Program

Based on a survey in the Bluff Hill District it was concluded that prostitution was the neighborhood's most serious crime problem. The Pittsburgh Bureau of Police has developed a program "The Rehabilitation and Education Prostitution Program" (REPP) whose goal is to mitigate the effects of prostitution. First offender Johns will be given the option of attending an educational John School instead of being processed through the Common Pleas Court system. Prostitutes will be encouraged to change their life style by participating in a network of rehabilitation services and resources. Eventually this will reduce the pressure on the court system while helping to improve local communities. Funding for this program will be sought from local foundations.

### PRESIDENT'S COMMISSION ON LAW ENFORCEMENT

*The President's commission on law enforcement and the administration of justice states that "cases which are relatively minor or which involve social or behavioral problems and treatments... can best be solved by programs and treatments rather than by punishment"*

### SURVEY

A survey in the Bluff-Hill District was conducted in the summer and fall of 1996 by the Pittsburgh Bureau of Police in conjunction with the Uptown Community Action Group to determine their most serious crime problem. It was determined that prostitution was the foremost neighborhood concern.

In a quote which was taken from a petition/letter written by the Uptown Community Action Group, the Group stated "we, as a community, are concerned with the problem of prostitution in our neighborhood. This problem continues to plague our community causing an increase in loitering, littering and theft. It has caused a decrease in housing development, business development, property values and an overall decay of the neighborhood".

The Uptown Community Action Group was exploring the use of restraining orders to limit prostitution in the Bluff area. Eventually, a strategy was developed with the goal of proactively reducing offenses related to prostitution. The program is called the Pittsburgh Bureau of Police Rehabilitation and Education Prostitution Program (REPP).

### What is the Pittsburgh Bureau of Police Rehabilitation and Education Prostitution Program?

The purpose of the program is to develop a proactive stance to reduce prostitution and related offenses.

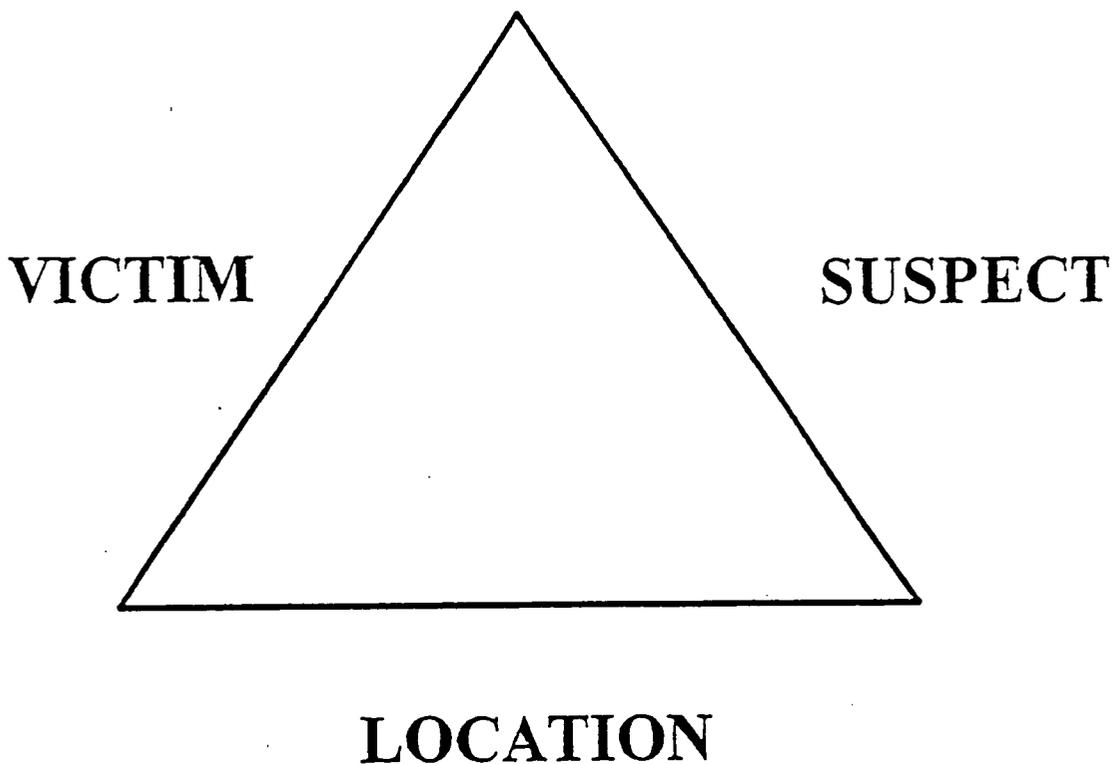
There are generally five ways to affect prostitution and related offenses:

1. Eliminate prostitution
2. Reduce the consequences of prostitution
3. Reduce the number of incidents of prostitution
4. Improve the way in which prostitution related offenses are handled
5. Refer the offender to the proper agencies.

# TO COMPLETE A CRIME

THREE NECESSARY FACTORS  
FOR A CRIME TO BE COMPLETED:

- VICTIM
- SUSPECT
- LOCATION



If any one of these three factors is removed,  
a crime cannot occur.

The Pittsburgh Bureau of Police Rehabilitation and Education Prostitution Program (REPP) will impact prostitution-related offenses by concentrating on issues 2 through 5. The REPP program will educate Johns (individuals who solicit prostitutes) regarding the legal, social, and health ramifications associated with prostitutes. The Bureau of Police will divert many first time offenders from criminal prosecution, allowing them an opportunity to save their reputations, expunge their records, while at the same time educating them concerning the criminal consequences and the health risks associated with soliciting prostitutes.

REPP will allow prompt disposition of charges, eliminating the need for costly and time consuming trials or other court proceedings.

The program will assist prostitutes by creating a network of rehabilitation services and resources enabling a permanent way out of the prostitution lifestyle. This goal will be realized by utilizing a portion of the funds collected from the John school, along with grant monies that are presently being sought for this endeavor.

Presently, we are seeking grant funding for the development of a transitional housing unit, along with the creation of a day treatment program that specifically deals with the type of problems that prostitutes develop as a result of their addictive lifestyle i.e. Post Traumatic Stress.

There are three primary groups that are targeted for this program: juveniles in the criminal justice system, adult women and the customers of prostitutes.

#### **What form of prostitution is the REPP program targeting?**

Street Prostitution-prostitutes use the streets of the city as their base of operation, soliciting passing motorists and pedestrians or loitering on the streets until they are telephoned, paged, or otherwise contacted by prospective clients.

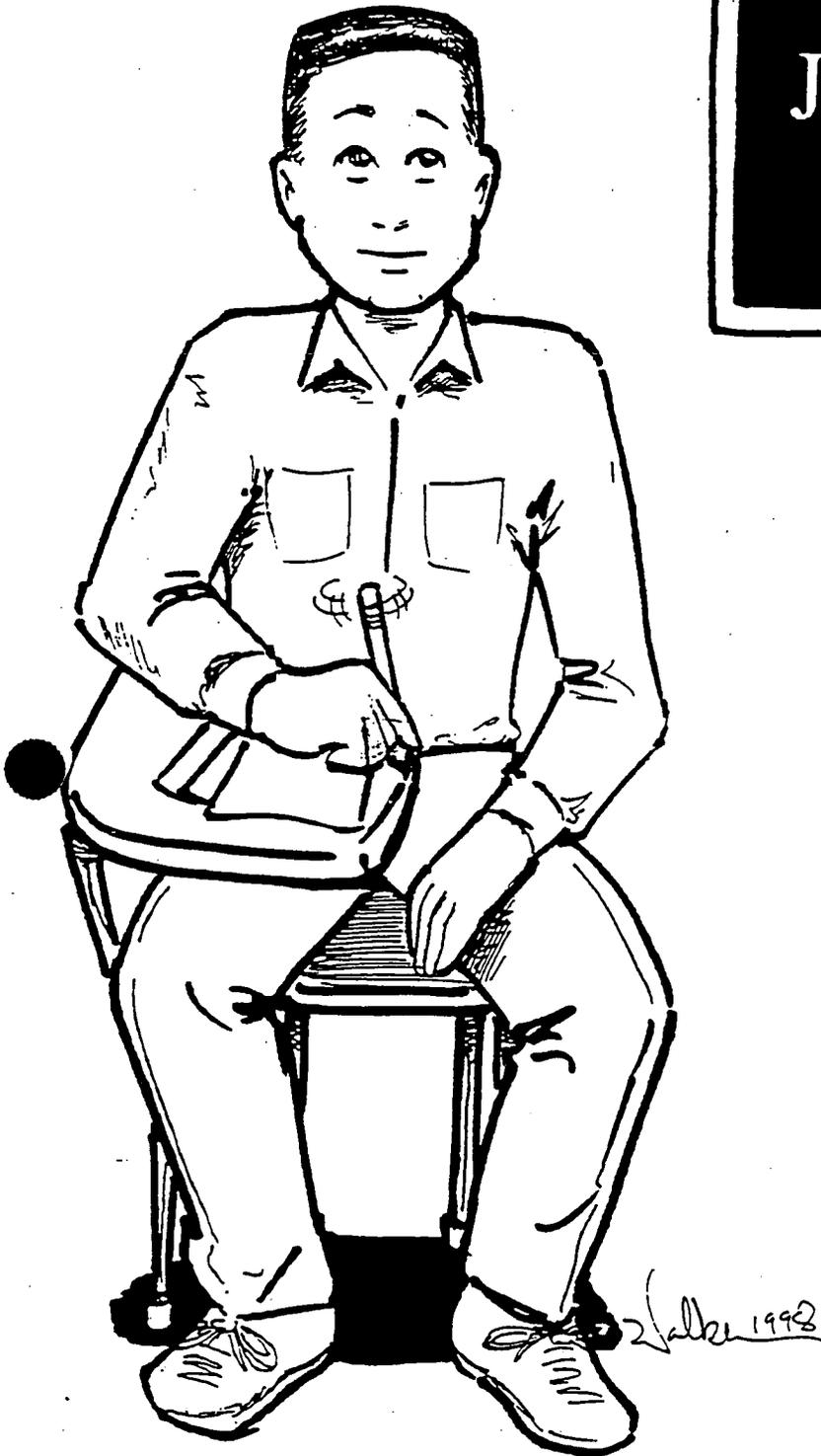
#### **Why place so much emphasis on the conduct of prostitutes and johns? Isn't it a victimless crime or a crime of public morals?**

Street prostitution creates many problems for the communities in which they operate. The following problems may be associated with prostitution:

- Disturbance of the peace
- Johns propositioning disinterested parties
- Prostitutes harassing visitors or residents in their neighborhood where they work and live. (Residents or employees form their customer base).
- Sexual activity in the hallways of apartment buildings or in open view in automobiles in the communities where they frequent.

# THE REPP PROGRAM

## JOHN SCHOOL



- PREVENTION
- EDUCATION
- TREATMENT

### RETURN ON INVESTMENT

- *The lives of those served*
- *Lower recidivism*
- *Resource savings to criminal justice and health care systems*
- *Improve quality of life in impacted neighborhoods*

## How does the John School work?

**SOLICITORS** (Johns): The solicitor (John) is arrested by an undercover decoy police officer. At the completion of the Preliminary Arraignment, a representative of the REPP Program will give the defendant information on the program. The defendant will have the option of signing up for the program or appearing at his Preliminary Hearing. If the defendant chooses to sign up for the program, he must sign a waiver form waiving his right to counsel and his right to a Preliminary Hearing. Final acceptance into the Program will be determined by the District Attorney's office on a case by case basis. As a general rule, John's with felony convictions involving crimes of violence, weapons misdemeanors or other serious crimes, will not be eligible. Furthermore, John's with prior convictions for soliciting prostitutes within the previous ten years will not be eligible for John School. After a second conviction for soliciting a prostitute, the John may be subject to having his name printed in a local newspaper. The Pittsburgh Bureau of Police will maintain records of Johns who have been admitted to the John School. The defendant will be given the telephone number to the REPP Program's Hot Line to determine if he has been accepted into the Program or not. Information will be obtained by giving the CCR# of the case.

**JOHN SCHOOL:** If the offender is willing to participate in the program, he will attend a class consisting of six hours of instruction, which includes the following:

- Part One                    Laws Against Prostitution: taught by the District Attorney's office.
- Part Two                    Street Facts: taught by the Pittsburgh Bureau of Police.
- Part Three                 HIV and STD Risk Prevention: taught by Pittsburgh Police and the Health Department. Pittsburgh Police have already participated in a "Train the Trainer" segment with the Pittsburgh Health Department and may be teaching this part alone.
- Part Four                 Not a Victimless Crime: taught by an ex-prostitute.
- Part Five                 Neighborhood Quality of Life Issues: taught by a Community Activist.
- Part Six                    Sex Addiction: (optional) free counseling per request.

At the completion of this program, each participant will be asked to complete an anonymous survey and class evaluation. The fee for the program will be \$500.00, which includes record expungement. The cost for expungement will be \$50.00 and \$300.00 will be sent to the courts for administrative fees. The remaining \$150.00 will be placed back into the program to assist with the rehabilitation of the prostitutes and to sponsor mentoring programs for young women who are "at risk" for drug addiction and prostitution activities. (The "at risk" teens are from the Juvenile Day Program, which is part of The Program for Female Offenders).

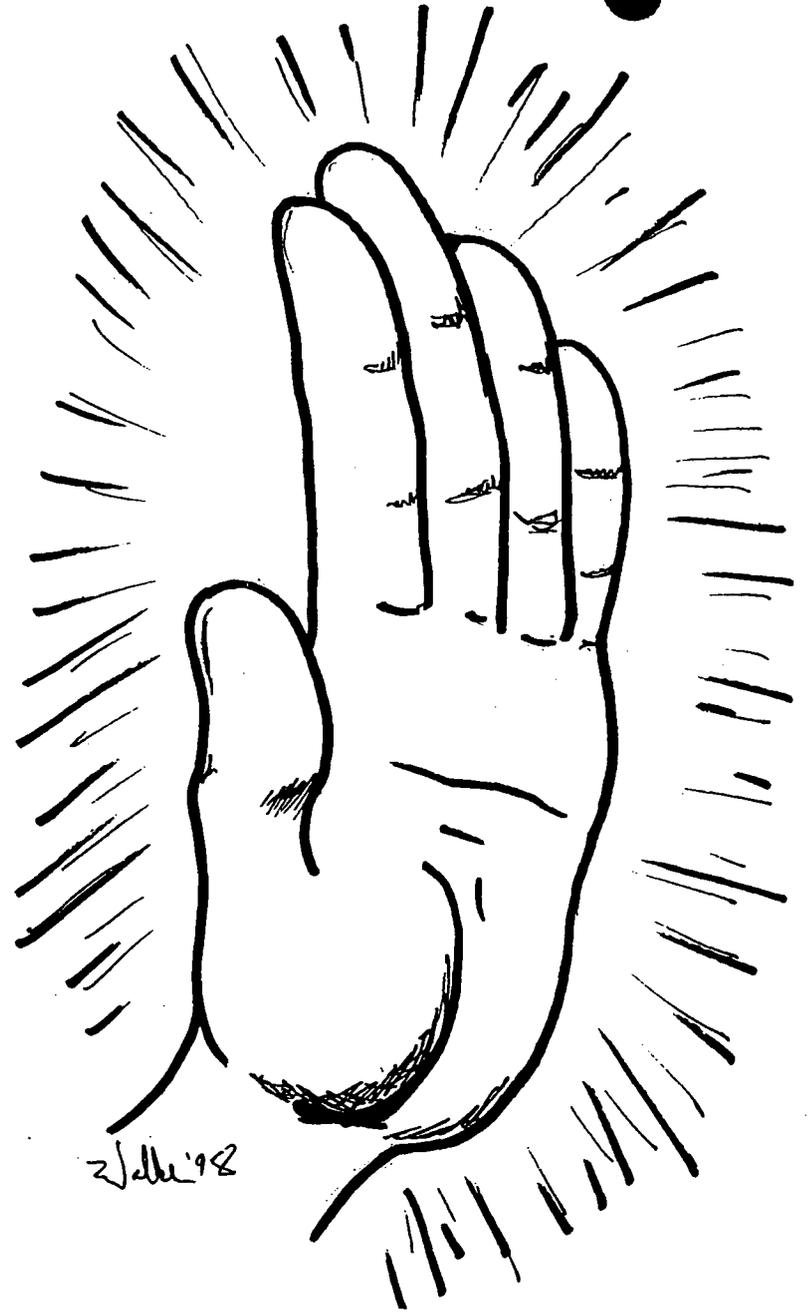
## Where will the John school be located?

Municipal Courts Building: the classes will be conducted on Saturday.

# REPP PROGRAM



2nd TIME AROUND - JAIL!  
3rd TIME AROUND - JAIL &  
NAME IN THE NEWSPAPER



DON'T EVEN  
GO THERE!

**What is the cost of the John school?**

Presently, all the staff is working pro bono. There is no cost for the use of the building because it is open on Saturday.

**What benefits are in the program for the prostitutes?**

**PROSTITUTES:** A pilot program would be established for the most infamous prostitutes in the city. The pilot neighborhoods would be the Hill District (the Bluff area), Garfield (Penn Avenue), the Northside (East Ohio Street).

The prostitutes will be placed under non-electronic house arrest. They will be placed on curfew from 8:00 p.m. to 8:00 a.m. The non-electronic house arrest operates in conjunction with Allegheny County Probation Department. If the prostitutes violate their probation, a bench warrant will be issued for their arrest from the Court of Common Pleas.

Pittsburgh Police Officers will monitor the prostitutes who are on the pilot program to ascertain whether or not strict adherence is paid to curfew regulations. Additionally, as a condition of their sentences, prostitutes will be ordered to attend the Community Offenders Treatment Alternative Program (COTA) and/or the Program for Female Offenders. If the program is completed successfully, the probation office will notify, upon verification from the respective rehabilitation agency, the presiding Common Pleas Court judge who sentenced the defendant.

If the prostitute does not successfully complete his or her rehabilitation, it will be considered a probation violation and the Probation office shall notify the appropriate judge of the Court of Common Pleas.

If the court deems it appropriate, the defendant shall be resentenced to a term of incarceration in the Allegheny County Jail based upon the number of prior prostitution/solicitation convictions within the past ten years from the date of the current offense.

1-2 prior convictions	30 days in the Allegheny County Jail
3-4 prior convictions	60 days in the Allegheny County Jail
5-6 prior convictions	90 days in the Allegheny County Jail
7 + prior convictions	180 days in the Allegheny County Jail

The Allegheny County District Attorney's Office will determine the eligibility of prostitutes into the REPP program at the time of pretrial screening. Prostitutes with felony convictions involving crimes of violence, weapons misdemeanors or other serious crimes, as determined by the District Attorney's Office on a case by case basis, will not be eligible.

The Program for Female Offenders is working in partnership with the Pittsburgh Bureau of Police; offering prostitutes attempting to exit the lifestyle of prostitution GED preparation, life skills, computer training, job readiness and parenting education.

**PARTNERS:** The partners working with the Pittsburgh Bureau of Police REPP Program are:

The Program for Female Offenders and Renewal, Inc.  
Community Offenders Treatment Alternative (COTA)  
The Allegheny County District Attorney's Office  
The Allegheny County Health Department  
The Prostitution Task Force  
Pittsburgh's Magistrate Court  
Children, Youth and Family Services (CYFS)

**CONCLUSION:**

It is recommended that the Pittsburgh Bureau of Police Rehabilitation and Education Prostitution Program be implemented in the City. Its goal is to reduce the impact of prostitution and prostitution related offenses. It will educate Johns, reduce the impact of prostitution on the local courts and help prostitutes change their lifestyle by using local networks of resources. While income from the John School will help finance other portions of the program, funding should also be obtained from a local or national foundation. REPP will help improve the quality of life in our local communities.

**MISC. FORMS**



# City of Pittsburgh

## Bureau of Police

Date \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Dear \_\_\_\_\_

On \_\_\_\_\_ you were arrested for criminal Solicitation and/or Patronizing a prostitute. Prostitution and patronizing prostitutes are not only criminal offenses in the state of Pennsylvania and the City of Pittsburgh, but they are also very dangerous, high-risk activities that contribute to the spread of many serious and fatal diseases. Due to the increase in sexually transmitted diseases and the exploitation of young adults, prostitution is both a criminal justice and a public health concern.

A preliminary review of your record, however, indicates that this offense is your first adult contact with the criminal justice system. Therefore, pending verification of your record, we believe that you are eligible to participate in Pittsburgh Rehabilitation and Education Prostitution Program. This program is sponsored by the Pittsburgh Bureau of Police, Allegheny County Health Department and the District Attorney's Office.

In lieu of criminal prosecution, this program is designed to educate individuals about the social, health and legal ramifications of engaging in the act of or the solicitation of prostitution. The program is voluntary and requires payment of an administrative fee of five hundred dollars (\$500.00) to cover the administrative and educational costs of the program. The program is given as a one-time, six hour course, usually on Saturday.

You may wish to consult an attorney as to whether or not you wish to participate in the REPP Program. If you do not wish to consult an attorney or appear at a preliminary hearing, complete the following waiver.

**WAIVER**

**In signing this waiver, you are knowingly and voluntarily waiving the right to counsel and to a Preliminary Hearing.**

I wish to waive my right to counsel: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I wish to waive my right to a Preliminary Hearing: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have waived your right to a Preliminary Hearing and an attorney, you can be considered for the REPP Program. However, final acceptance into the program is determined by the District Attorney's Office. Within 72 hours after your preliminary arraignment, you must call the REPP program hotline at \_\_\_\_\_ to confirm if you were accepted into the program. Refer to the CCR# of your case. If you were not accepted into the program, you must refer to your hearing notification form received at the preliminary arraignment and appear in court on the date listed. If acceptance is confirmed, you will report to Courtroom One in the Municipal Courts Building located at 660 First Avenue on \_\_\_\_\_. The fee for the REPP Program is \$500.00. Cashier's check, money order, Visa or Master Card are the only accepted forms of payment. **Failure to appear for your REPP Class will subject your bond to be revoked and a warrant issued for your arrest.** For further information regarding the REPP Program, contact \_\_\_\_\_ at \_\_\_\_\_.

ACTOR'S NAME							
ARREST DATE							
CCR#							
ZONE							
REVIEWED Y/N							
ACCEPTED Y/N							
DATE/TIME OF SCHOOL							

# Portland, Oregon

## Biographical Sketches

**Richard Brown** is a community activist with a strong background of working collaboratively with the criminal justice system in minimizing and solving local public safety problems. He is chairman of the Hope and Hard Work Committee, a weekly neighborhood forum involving individuals from the community, government agencies, and law enforcement, who focus on solutions to crime and public safety problems, including prostitution. Mr. Brown is also a member of Portland's Community Court Project Advisory Board and is actively engaged in improving the quality of life for citizens.

**Thomas H. Edmonds** is the Deputy District Attorney of the Multnomah County District Attorney's Office. He has been a trial attorney since 1990. His trial responsibilities have covered a broad range of cases from capital murder to misdemeanor cases. Currently, he supervises the misdemeanor trial section. That section prosecutes all misdemeanor criminal cases, including Prostitution and Unlawful Prostitution Procurement Activity cases under state and local law.

**Jim Hayden** is a Deputy District Attorney in the Multnomah County District Attorney's Office. He has been a trial attorney since 1988. His trial responsibilities have covered a broad range of cases from misdemeanors to major felonies. For the past four years, Mr. Hayden has been assigned to the Neighborhood District Attorney Unit working directly with citizens on solving local public safety problems. He has been instrumental both in establishing Drug Free and Prostitution Free Zones and in the establishment of Portland's Community Court Project.

**Ed Herbert** is a Lieutenant and a 23-year veteran of the Portland Police Bureau. Currently, he is one of three commanders for the Drug and Vice Division. His background includes 13 years as a detective and 8 years covering homicide cases. He also investigated sex crimes and was the lieutenant in charge of street-level vice missions for East Precinct. In addition, Lieutenant Herbert has experience working with community groups on local crime problems and served on the Mayor's Prostitution Free Zone Task Force.

## **Jurisdictional Information**

### **1. Describe arrest/citation policies for the prostitutes and "johns" in your jurisdiction.**

The Portland Police Bureau has no specific General Order for prostitution cases. Law enforcement personnel are governed by the state law which makes arrests mandatory for sex offenses. This means that anyone arrested for prostitution and/or soliciting is booked. The practice for the majority of those arrested is to book and release. The Portland Police Bureau also has a policy to balance missions so that both prostitutes and "johns" are targeted. It may be of interest to note that the police also have authority to seize the car of the "john." The authorizing ordinance is attached. Portland also has a Prostitution-Free Zone (PFZ) ordinance. Under the PFZ ordinance, persons charged with prostitution can be excluded from the zone from 90 days up to one year if convicted. If they return to the zone during the exclusion period, they can be arrested for trespassing. A copy of the PFZ ordinance is attached.

### **2. Describe the prosecution policies for prostitutes and "johns" in your jurisdiction.**

In general, the Multnomah County District Attorney's Office policy is, if it is a crime, it will be charged. Office policy does not allow for the reduction of prostitution charges. Prostitution crimes are not reduced to the violation level. However, there are negotiation guidelines regarding prostitution cases, a copy of which is attached.

### **3. Describe the services available for individuals convicted of soliciting prostitution. If one exists, describe your jurisdiction's "john" school.**

There are a few programs available for prostitutes seeking assistance. These are Council for Prostitution Alternatives and New Options for Women. Copies of their brochures, which identify the services the organizations offer, are attached. At this time there is no "john" school operating in the Portland area.

### **4. Describe the services available for current and ex-prostitutes in your jurisdiction.**

As cited above, Council for Prostitution Alternatives and New Options for Women are the only services that specifically target prostitutes and other sex workers.

### **5. Describe the public health outreach services available in your jurisdiction. Does the public health service have special programs for current and ex-prostitutes?**

At this time the Multnomah County Public Health Department does not offer specialized programs for current or ex-prostitutes. They do, however, have a very active IV drug user outreach program, an HIV prevention program, as well as a needle exchange. Between these programs they can document approximately 1,000 encounters per month; however, this is a duplicated count. They estimate that they have between 40-45 contacts per month with female sex workers, though there might be some duplication

in that count as well. On the whole, their major client pool is composed of males, at the rate of approximately 800 per month. They offer testing and encourage sex workers to adopt practices to prevent HIV. They would like to do more for sex workers but have no resources for specialized programs.

**6. Why does your jurisdiction want to change its street prostitution enforcement strategy?**

At this point, this jurisdiction is interested in exploring possibilities for what might be adopted.

**7. What obstacles to implementation of a new strategy have you identified?**

Securing resources is a major obstacle. The most serious non-financial obstacle, however, is coming to terms with the incompatible ideologies regarding prostitution and the sex industry. Some program providers hold views that are incompatible with current law. For example, there has been an expressed desire for selective enforcement so that only male customers are arrested and charged.

**8. What would you like to have covered in the FOPP workshop?**

This jurisdiction is interested in learning what current practices are in place in other jurisdictions and in reviewing studies on program outcomes and recidivism, particularly among the female sex workers.

**9. Prostitution data:**

- Number of prostitution arrests/citations in 1997 and 1998

Year   Arrests

1997: 512

1998: 257 (data available for only first six months of the year)

Source: Law Enforcement Data System (LEDS)

- Number of "johns" arrested/cited in 1997 and 1998:

When customers are arrested, they are cited for prostitution. DACTS does not distinguish between customers and prostitutes.

- Number of cases filed for prostitution in 1997 and 1998:

Year   Cases

1997: 364

1998: 510

Total: 874

Source: District Attorney's Case Tracking System (DACTS)

- Number of cases filed for soliciting prostitution in 1997 and 1998:

Cases filed for soliciting prostitution are charged under the prostitution statute. Therefore, DACTS does not distinguish between customers and prostitutes.

**TITLE 14  
PUBLIC PEACE, SAFETY AND MORALS**

**Chapter 14.90**

**FORFEITURE**

(Added by Ord. No. 162568,  
effective Dec. 6, 1989.)

**Sections:**

- 14.90.010 Certain Vehicles as Nuisances.
- 14.90.020 Forfeiture Proceedings.
- 14.90.030 Prostitution.
- 14.90.040 Gambling.

**14.90.010 Certain Vehicles as Nuisances.**

(Amended by Ord. No. 163438; and 165594, July 8, 1992.) The following motor vehicles are hereby declared to be nuisances and subject to forfeiture:

A. A motor vehicle operated by a person whose operator's license is suspended or revoked as a result of conviction for:

1. Driving under the influence of intoxicants in violation of the provisions of ORS 813; or
2. Any degree of manslaughter or criminally negligent homicide, as those terms are defined in ORS Chapter 163 involving a motor vehicle.

B. A motor vehicle operated by a person who has been determined to be a habitual traffic offender under the terms of ORS 809.600 to 809.660 and who has been convicted within 5 years of the date of the seizure for driving under the influence of intoxicants in violation of the provisions of ORS Chapter 813.

C. A vehicle within which an act of prostitution as prohibited by 14.36.065 or as defined in ORS 167.007 has occurred.

**14.90.020 Forfeiture Proceedings.**

All forfeiture proceedings pursuant to this Chapter shall be done in accordance with the provisions of Oregon Laws, Chapter 791 (1989).

TITLE 14  
PUBLIC PEACE, SAFETY AND MORALS

**14.90.030 Prostitution.**

(Added by Ord. No. 162675, Jan. 11, 1990.) Conduct involving violation of, solicitation to violate, attempt to violate or conspiracy to violate any provision of ORS 167.002 to 167.027 is hereby declared to be prohibited conduct, and any property that is used to commit or which is proceeds of the prohibited conduct is hereby declared to be subject to forfeiture, as limited by the provisions of 14.90.020.

**14.90.040 Gambling.**

(Added by Ord. No. 162675, Jan. 11, 1990.) Conduct involving violation of, solicitation to violate, attempt to violate or conspiracy to violate any provision of ORS 167.117 to 167.166 is hereby declared to be prohibited conduct, and any property that is used to commit or which is proceeds of the prohibited conduct is hereby declared to be subject to forfeiture, as limited by the provisions of 14.90.020.

**Chapter 14.100**

**DRUG-FREE ZONES.**

(Replaced by Ord. No. 170913,  
effective March 14, 1997.)

**Sections:**

- 14.100.010 Drug-Free Zones.
- 14.100.020 Designation of Drug-Free Zone.
- 14.100.030 Civil Exclusion.
- 14.100.040 Issuances of Exclusion Notices.
- 14.100.050 Procedure.
- 14.100.060 Appeal, Variance and Defense.
- 14.100.070 Listing of Drug-Free Zones.

**14.100.010 Drug-free Zones.**

Drug-free zones are those areas of the City as designated by the City Council under Chapter 14.100 of this Code, which are areas where the number of arrests for the offenses listed in Section 14.100.030 for the twelve (12) month period preceding the original designation is significantly higher than that for other similarly sized areas of the City.

**14.100.020 Designation of Drug-Free Zones.**

If the City Council designates an area meeting the criteria of Section 14.100.010 of this code to be a drug-free zone, Council shall do so by ordinance. The designation shall be valid for an initial period of three (3) years.

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**PUBLIC PEACE, SAFETY AND MORALS**

**14.150.020. Designation of Prostitution-Free Zones.**

If the City Council designates an areas meeting the criteria of Section 14.150.010 of this code to be a prostitution-free zone, Council shall do so by ordinance, said designation to be valid for an initial period of two (2) years. Thereafter, the Council may extend the time of designation as it deems appropriate, but in no event shall the total be more than ten (10) years.

The City Council may also remove the designation in the event it deems that appropriate. The removal of the designation shall be by ordinance.

**14.150.030. Civil Exclusion.**

(Amended by Ordinance No. 171543, effective August 27, 1997.) A person is subject to exclusion for a period of ninety (90) days from the public streets, sidewalks, and other public ways in all prostitution-free zones designated in Code Chapter 14.150 if that person has been arrested or otherwise taken into custody within any prostitution-free zone for any prostitution related activities including the following crimes, unless the offense was committed entirely within a private residence;

- A. Prostitution, in violation of ORS 167.007;
- B. Promoting prostitution, in violation of ORS 167.012;
- C. Compelling prostitution, in violation of ORS 167.017;
- D. Attempts as defined in ORS 161.405 to commit the crimes listed in subsections A, B, and C above.
- E. Loitering to solicit prostitution, in violation of Portland City code 14.24.050;  
or
- F. Unlawful prostitution procurement activity, in violation of Portland City Code 14.24.055.

Additionally, any person arrested or otherwise taken into custody for any crimes listed above who is subsequently convicted thereof in a court of law for that offense is subject to exclusion for a one (1) year period from the date of such conviction from the public streets, sidewalk, and other public ways in all prostitution free zones designated in code chapter 14.150.

Except as allowed under 14.150.060, a person excluded under authority of this Section may enter any prostitution-free zone to attend a meeting with an attorney, attend a scheduled initial interview with a social service provider, comply with court or correction-ordered obligations, or contact criminal justice personnel at a criminal justice facility. While in a prostitution-free zone, a person who is otherwise excluded may travel only directly to and from the meeting, social service provider or court obligation. A person excluded under authority of this section may also travel directly through a prostitution-free zone on public

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transportation or an interstate highway.

If a person excluded from a prostitution-free zone is found therein during the exclusion period, that person is subject to immediate arrest for criminal trespass in the second degree pursuant to ORS 164.245.

**14.150.040. Issuance of Exclusion Notices.**

The Chief of Police is designated as the person in charge of the public streets, sidewalks, and public ways in prostitution-free zones for purposes of issuing and directing the service of exclusion notices in accordance with this chapter. The Chief of Police may authorize employees of the Police Bureau to issue exclusion notices in accordance with this chapter.

**14.150.050. Procedures.**

At the time a person is arrested within a prostitution-free zone for any of the crimes listed in Section 14.150.030, the officer making such arrest may deliver to the person a written notice excluding the person from all prostitution-free zones. The notice shall specify the areas designed as prostitution-free zones in Section 14.150.070 from which that person is excluded and contain information concerning the right to appeal the exclusion notice to the Code Hearings Officer as provided for under Chapter 22.10 of this Code. The exclusion notice shall be personally served upon the excluded person and the person serving said notice shall make written record of such service.

**14.150.060. Appeal and Variance.**

(Substituted by Ordinance No. 171543, effective August 27, 1997.)

- A. Any person to whom an exclusion notice is issued shall have a right to appeal as follows:
1. An appeal of the initial ninety (90) day exclusion must be filed, in writing, within seven (7) calendar days of the issuance of the notice.
  2. An appeal of the one (1) year conviction-based exclusion must be filed, in writing, within seven (7) calendar days of the date of conviction.
  3. Denial of an application for a variance or revocation of a variance may be appealed, in writing, within seven (7) calendar days of the denial and or revocation.
  4. A hearing on an appeal shall be conducted in accordance with Chapter 22.10 of this Code.
  5. The initial ninety (90) day exclusion shall not take effect during the pendency of an appeal thereof. If no appeal is taken, the initial ninety (90) day exclusion shall take effect on the seventh (7) calendar day from issuance of the notice.

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6. The one (1) year conviction-based exclusion shall take effect upon the date of conviction and, notwithstanding an appeal of the exclusion, shall remain in effect unless the Code Hearings Officer issues a contrary decision.
7. The City shall have the burden to show by a preponderance of the evidence that the initial ninety (90) day exclusion is based on one of the offenses enumerated in subsections A-F of Section 14.150.030 and that the offense was committed in a prostitution-free zone.
8. In the case of the one (1) year conviction-based exclusion, the City shall have the burden to show by a preponderance of the evidence that the appellant was convicted of any of the offenses enumerated in subsections A-F of Section 14.150.030, and that the conduct supporting the conviction occurred within a prostitution-free zone.
9. In the case of a denial of an application for a variance or a revocation of a variance, the City shall have the burden to show by a preponderance of the evidence that the denial or revocation was in accordance with 14.150.060 B.
10. In the case of a revocation of a variance, the City shall have burden to show by a preponderance of the evidence that any of the conditions listed in 14.150.060 B.6. supporting revocation exist.
11. Copies of documents in the City's control which are intended to be used at the hearing shall be made available, upon request, to the appellant.
12. The following shall be sufficient prima facie evidence that the exclusion was based on conduct proscribed by subsections A-F of section 14.150.030:
  - a. A determination by a court having jurisdiction that probable cause existed to arrest the person to whom the initial ninety (90) day exclusion notice was issued for violation of an offense listed in subsections A-F of Section 14.150.030; or
  - b. A grand jury indictment charging the arrested person to whom the initial ninety (90) day exclusion notice was issued; for violation of an offense listed in subsections A-F of Section 14.150.030.
13. For purposes of any appeal of a one (1) year conviction-based exclusion, a judgment of conviction for any of the offenses listed in subsections A-F of Section 14.150.030, shall be conclusive evidence that the described conduct occurred.

B. Variances shall be granted or revoked in accord with the following provisions:

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1. The Chief of Police or designee may grant a variance from an exclusion at any time during an exclusion period. A variance granted under this subsection allows access only to the prostitution-free zone specified in the variance.
2. If an excluded person certifies that the person lived in a prostitution-free zone when excluded and continues to live at the same residence, the Chief of Police or designee shall grant a residential variance to allow access through the prostitution-free zone directly to and from the excluded person's residence. A variance granted under this subsection allows access only to the prostitution-free zone in which the excluded person resides.
3. If an excluded person certifies that the person was an owner, principal, agent, or employee of a place of lawful employment located in one of the prostitution-free zones at the time of issuance of the exclusion notice, the Chief of Police or designee shall grant an employment variance to allow access through the prostitution-free zone directly to and from the excluded person's workplace, and in the prostitution-free zone as required for work. A variance granted under this subsection allows access only to the prostitution-free zone in which the place of employment is located.
4. Social service agencies which provide services within a prostitution-free zone may issue a variance for access through the prostitution-free zone directly to the location of the provider for reasons relating to the health or well-being of an excluded person. Only those social service agencies which have written rules and regulations prohibiting prostitution related activities by their clients and which have entered into written agreement with the Bureau of Police concerning the applicability and enforceability of those rules are eligible to grant variances. A variance issued under this subsection allows access only to the prostitution-free zone in which the social service agency is located, and may allow access through the prostitution-free zone only directly to and from the agency.
5. All variances shall be in writing, for a specific period and only to accommodate a specific purpose, all of which shall be stated on the variance. The purpose of the variance is to allow only access to locations within a prostitution-free zone according to the terms of the variance. The variance must be carried while in a prostitution-free zone in order to be effective and must be presented to a police officer upon request. In the event a person having a variance is found in a prostitution-free zone in violation of the terms of the variance, that person is subject to immediate arrest for criminal trespass in the second degree pursuant to ORS 164.245.
6. Variances may be revoked in accordance with the following:

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- a. Any variance may be revoked if the applicant provided false information in order to obtain the variance and is subsequently convicted of unsworn falsification pursuant to ORS 162.085.
- b. An employment variance may be revoked if the variance-holder ceases to be an owner, principal, agent or employee of the employer designated in the variance.
- c. A social service variance may be revoked if the variance-holder is terminated from a program which issued the variance or is otherwise no longer receiving services from the agency which issued the variance.
- d. An employment or social service variance may be revoked if the variance-holder commits any offense listed in 14.150.030 in a prostitution-free zone.

C. Definition: As used in this section, "access" is defined as the movement on foot or in a vehicle through a prostitution-free zone from one point to another without delay other than to obey traffic control devices.

**14.150.070. Listing of Prostitution-Free Zones.**

(Substituted by Ordinance No. 171543, effective August 27, 1997.)

- A. Beginning at a point at the southeasterly corner of N.E. Lloyd Blvd., and N.E. 7th Avenue; thence northerly along the easterly curb line of N.E. 7th Avenue to its intersection with the north curb line of N.E. Columbia Blvd.; thence westerly along the north curb line of N.E. Columbia Blvd. to its intersection with the west curb line of N. Columbia Blvd. and N. Vancouver Ave.; thence southerly along the western curb line of N. Vancouver Ave. to the northwest corner of N. Vancouver Ave. and N. Broadway; thence westerly along the north curb line of N. Broadway to the easterly bank of the Willamette River; thence southerly along the easterly shore of the Willamette River to the Willamette River's intersection with the southerly curb line of the Steel Bridge; thence easterly along the southerly curb line of the Steel Bridge to the southwesterly corner of N. Oregon St. and N. Lloyd Blvd.; thence southerly along the westerly curb line of N. Lloyd Blvd. as it turns easterly and thence, easterly along the southerly curb line of N. and N.E. Lloyd Blvd. to the point of beginning.
- B. Beginning at a point on the northwest corner of N.E. Sandy Blvd, where it intersect with N.E. 37th Ave.; thence northerly 500 feet; thence easterly following a line that is at all times parallel to and 500 feet from the north curb line of N.E. Sandy Blvd., to a point 500 feet to the east of the east curb line of N.E. 82nd Ave.; thence southerly following a line that is at all times parallel to and 500 feet from the east

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curb line of N.E./S.E. 82nd Ave. to the south curb line of S.E. Crystal Springs Blvd.; thence westerly following the south curb line of Crystal Springs Blvd. to a point 500 feet to the west of the southwest corner of S.E. Crystal Springs Blvd. and S.E. 82nd Ave.; thence northerly following a line that is at all times parallel to and 500 feet from the south curb line of S.E./N.E. 82nd Ave. to a point 500 feet to the south of the south curb of N.E. Sandy Blvd.; thence westerly following a line that is at all times parallel to and 500 feet from the south curb line of N.E. Sandy Blvd., to a point 500 feet south of the south curb line of N.E. Sandy Blvd. where it intersects with N.E. 37th Ave.; thence northerly along the west curb line along N.E. 37th Ave. to the point of beginning.

- C. Beginning at a point at the Willamette River; thence easterly along the south curb line of S.E. Stark St. to S.E. 12th Ave.; thence northerly along the east curb line of S.E. 12th Ave. to its intersection with S.E. Ash St.; thence easterly along the south curb line of S.E. Ash St. to its intersection with S.E. 17th Ave.; thence northerly on the east curb line of N.E. 17th Ave. to its intersection with N.E. Davis St.; thence easterly on the south line of N.E. Davis St. to its intersection with N.E. 24th Ave.; thence northerly along the east curb line of N.E. 24th Ave. to its intersection with N.E. Glisan St.; thence easterly on N.E. Glisan St. to its intersection with N.E. 31st Ave.; thence northerly along the east curb line of N.E. 31st Ave. to its intersection with N.E. Irving St.; thence easterly along the south curb line of N.E. Irving St. to its intersection with N.E. Floral Place; thence north easterly along the southeast curb line of N.E. Floral Place to its intersection with N.E. Imperial Ave.; thence northerly along the east curb line of N.E. Imperial Ave. to its intersection with N.E. Multnomah St.; thence easterly on N.E. Multnomah St. to its intersection with N.E. 39th Ave.; thence northerly on the east line of N.E. 39th Ave. to the Banfield Freeway (I-84); thence westerly on the south line of the Banfield (I-84) Freeway to N.E. 12th Avenue; thence southerly along the west curb line of N.E. 12th Ave. to its intersection with N.E. Davis St.; thence westerly on the north line of N.E. Davis St. to the east shore of the Willamette River; thence continuing southerly along the east shore of the Willamette River to the point of beginning.
- D. Beginning at a point on the northwest curb of N.E. Martin Luther King Boulevard where it intersects with E. Burnside street; thence northerly following the west curb line of N.E. Martin Luther King Boulevard 500 feet; thence westerly following a line that is at all times parallel to and 500 feet from the north curb line of E./W. Burnside street to a point 500 feet to the west of the west curb line of N.W. 23rd Avenue. Thence southerly in a straight line to a point that is 500 feet from the south curb line of W. Burnside Street; thence easterly following a line that is a all times parallel to and 500 feet from the south curb line of E./W. Burnside Street ending at the west curb line of S.E. Martin Luther King Boulevard. Thence northerly to the point of origin.

# TRAINING MEMO

To: ALL BOX  
From: Kate B. Lieber  
Subject: PFZ EXCLUSIONS  
Date: March 24, 1998

**PROBLEM:** Officer observes defendant in a high vice area on a cold night with a very short dress. Officer does not observe any contacts with cars nor any waving to cars. When officer speaks to subject, she denies working. Officer decides to exclude the subject based on UPPA. Officer tells subject she is excluded but never places her under arrest. Subject does not appeal exclusion but gets arrested for criminal trespass some time later. At trial, the judge finds the defendant not guilty because he did not believe PC existed for UPPA and the officer did not follow the city ordinance and *arrest or otherwise take the person into custody* for the offense.

**SOLUTION:** Remember, in order to exclude a person from the PFZ:

1. The person **must** be "arrested or otherwise taken into custody within any prostitution free zone for any prostitution related activity . . .";
2. *Probable Cause* **must** exist to arrest the person for prostitution-related activity;
3. And the activity **must** have occurred within the PFZ on a public sidewalk, street or premises open to the public.

The standard is the same whether you arrest and process the person for the crime or whether you decide to merely exclude the person for 90 days.

**GUIDELINES:** Include the following in your report:

1. Articulate PC (known prostitute in PFZ is not enough);
2. State whether the person was on a public sidewalk, street or premises open to the public within the PFZ;
3. You **must** tell the subject that she is under arrest;
4. When excluding, arrest the subject for both UPPA and Loitering to Solicit (alternative theories).

**EXAMPLE FOR YOUR FINAL PARAGRAPH OF REPORT:** "I placed subject under arrest for UPPA/Loitering to solicit. I issued subject a PFZ exclusion and map. I then told subject that she was no longer under arrest and that she was free to go."

To: ALL OFFICERS  
From: Kate B. Lieber  
Subject: PFZ EXCLUSION CHANGES  
Date: November 11, 1997

# TRAINING MEMORANDUM

New language has been added to the Prostitution Free Zone ordinances allows an excluded person to be in the zone for one of the five reasons listed below:

1. Attend a meeting with an attorney;
2. Attend a scheduled initial interview with a social service provider;
3. Comply with court-or-correction ordered obligations;
4. Contact criminal justice personnel at a criminal justice facility
5. Traveling directly through a zone on public transportation or on an interstate highway.

Travel is defined as the movement on foot or in a vehicle through a PFZ from one point to another without delay other than to obey traffic control devices.

Therefore, in order to rebut their defense at trial that they were in the zone for one of the listed purposes, you must:

1. Observe them for a period of time and make a determination that they are not traveling in the zone. Use words such as stopping, remaining, lingering, hanging around, appeared to be going no where, or was contacting passerby in your reports to ensure that the violation of the ordinance is clear; and

2. Ask them what they are doing in the zone (after Miranda (if in custody) or using mere conversation).

If they tell you that they are in the zone for one of the five acceptable reasons, they must show you proof. This could be in the form of a letter or court order. If they have no proof, they are additionally in violation of the ordinance.

REMEMBER: No matter what the reason for entry into a zone, the excluded person must be traveling. If you begin contact with an observation of lingering (in violation of the ordinance), you ensure that the excluded person is in violation of at least one aspect of the ordinance before the issue of "why are you here?" is even raised.

**PROSTITUTION**  
**UNLAWFUL PROSTITUTION PROCUREMENT ACTIVITY**  
**LOITERING TO SOLICIT PROSTITUTION**  
 Class A, ORS 167.007 / Unclassified: PCC 14.24.055, PCC 14.24.050

**Level 1**

SIS- 18 mo. BP  
 \$300/60 ACS  
 PFZ exclusion  
 OAL  
 SFA  
 CAA

No prior arrests for  
 prostitution related  
 offenses; single count.

**Level 2**

ST = 20 days jail

-or-

Level 1 Modifications:

SIS- 18 mo. BP  
 \$400/80 ACS  
 10 days jail- no passes  
 AET, Drug Eval  
 Mental Health Eval

One prior arrest for  
 prostitution related offense.

**Level 3**

ST = 30-120 days jail

-or-

Level 2 Modifications:

\$500/100 ACS  
 10-90 days jail

Two or more prior arrests  
 for prostitution related  
 offenses.

How to find out more about

## NEW OPTIONS

*For Women*

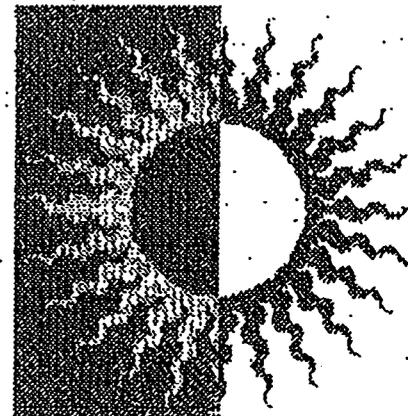
We look forward to your calls about this unique community program. Counselors are available to consult by phone, and to schedule a confidential individual intake appointment.

**503-234-3400**

## NEW OPTIONS

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*For Women*



**TUALATIN VALLEY**  
CENTERS

4531 SE Belmont, Suite 300

Portland, OR 97215

503/234-3400 Fax: 503/233-9424



## *The New Options Program*

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New Options for Women helps women and girls involved in the sex industry make informed and empowered choices that foster healthy, safe, and productive lives for themselves and their children. Services are available to women and teenage girls who have worked in the sex industry (such as prostitution, pornography, phone sex, topless dancing, massage parlors, and escort services). We offer a non-judgmental environment, and client confidentiality is fully respected.

### *Services Offered*

- Group Counseling
- Individual Counseling
- Case Management
- Child Care

### *Cost of Services*

Services are funded by a grant from Multnomah County and provided at no cost to clients.

## *Group Counseling*

### Stabilization Group

Provides an introduction to the New Options program, and support for clients in crisis. This group offers opportunities for problem solving regarding housing, food, clothing, medical assistance, and crisis intervention, and is available on a drop-in basis.

### Phase 1 Group

A 12 week educational group which is designed to empower women through skill building. The curriculum covers a variety of topics including self esteem, anger management, relationship skills, and making lifestyle changes.

### Phase 2 Groups

Designed to build on Phase 1 skills. The emphasis is on supporting continued change, exploring underlying issues, and healing from past pain.

### Parenting Groups

Aimed at assisting parents in providing a structured and nurturing environment for their children. Topics include mother/child bonding, effective discipline, and child development. Emphasis is on developing positive parenting approaches, and children are included when appropriate.

## Children's Groups

Specialized groups available for children with histories of trauma, such as exposure to violence and addiction, or direct physical and sexual abuse. These groups are available for children of women enrolled in the New Options program.

### *Individual Counseling*

Regularly scheduled appointments are available with counselors who are familiar with the issues facing women and girls involved in the sex industry.

### *Case Management*

Crisis and case management is provided as needed. The New Options counselors coordinate with other community organizations to help clients with such services as obtaining emergency assistance, entering chemical dependency treatment, enrolling in job training programs, and applying for the Oregon Health Plan.

### *Child Care*

Free child care is available on site for women to bring their children during individual and group counseling. Infants through school age children are cared for by qualified child care staff.

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**PROSTITUTION  
IS VIOLENCE  
AGAINST  
WOMEN  
AND  
CHILDREN.**

**Council for Prostitution Alternatives**  
1811 N.E. 39th Avenue  
Portland, OR 97212



**IF YOU HAVE COME TO HELP ME YOU  
ARE WASTING YOUR TIME  
BUT IF YOU HAVE COME BECAUSE  
YOUR LIBERATION IS BOUND UP  
WITH MINE THEN LET US WORK  
TOGETHER.  
-HILLA WATSON-**



**CPA**

**Council for  
Prostitution  
Alternatives**

*Compassion  
Partnership  
Availability*

**Assisting women as they  
create safe, healthy paths.**

1811 NE 39th Ave.  
Portland, OR 97212  
503-282-1082  
*we accept collect calls*



**OUR MISSION** is to support women and children affected by the sex industry to find safer, healthier life paths by exploring alternatives in a safe and supportive structure. CPA supports women as they reclaim their voices and create new directions for themselves. We seek the elimination of the sex industry and all forms of domestic and sexual violence. By doing so we increase safety levels for our communities as a whole. We are committed to engaging a range of cultural perspectives including race, income, gender, age, sexual orientation, physical ability, ethnicity and culture so as to offer the most competent support to all women.

**OUR SERVICES** include case management, emergency services, educational and peer support groups. Case management provides support and advocacy to women seeking housing, shelter, and court advocacy. Case managers support women as they leave the sex industry through one-on-one sessions. Clothing and food are provided through community centers. Groups are facilitated by CPA staff and trained volunteers and provide general support as well as educational sessions to women surviving the sex industry. Support groups are run at centers in various communities in the Portland area.

## Some terms we use at CPA:

**THE SEX INDUSTRY** includes prostitution, pornography, "exotic" dancing, escort services, phone sex services, erotic massage, ritual abuse, mail order companionship, stripping, and all other ways in which women are sexually exploited in our communities and around the world. We believe these are all forms of prostitution.

**DOMESTIC AND SEXUAL VIOLENCE** is a central experience of women in the sex industry. Many are survivors of domestic and sexual violence as children and adults. Most continue to experience domestic and sexual violence at the hands of pimps and johns. Prostitution is a form of domestic and sexual violence.

**PROSTITUTED WOMEN** are strong, capable, courageous women. Prostitution is not a choice for women, it is the result of a lack of economic and supportive options.

**PIMPS AND JOHNS** are men who sell and buy women. CPA has and continues to partner with law enforcement and social service agencies to educate our communities and eliminate the role of pimps and johns who perpetuate the sexual trade of women.

**RECOVERY:** Substance abuse is just one of the ways women may find to cope with the violence and trauma of prostitution. We support women to seek their own recovery programs and eliminate substance abuse, eating disorders and other harmful coping mechanisms from their lives.

**SUPPORT** is essential for any woman leaving the sex industry. We help women find support through case management,

emergency services and support groups as they begin to walk a healthier, safer path in their lives.

**SURVIVOR:** We believe that women leaving prostitution have great courage, strength, and resilience. The participants and graduates of CPA are survivors in every sense of the word.

**IF YOU OR SOMEONE YOU LOVE** is involved in the sex industry and wants to leave, give us a call. We will connect you with a case manager and with a peer support group. If you have a personal crisis and cannot reach CPA please call the Portland Women's Crisis Line at 235-5333.

## **YOU CAN HELP!**

**FINANCIAL CONTRIBUTIONS:** CPA relies on support from community members. You will be helping women to create lives for themselves free from the domestic and sexual violence of prostitution. All donations to CPA are tax deductible.

### **CLOTHING AND FOOD**

**DONATIONS** can be deposited at our satellite sites around the Portland communities. Women come to these sites to receive assistance with their basic needs.

**VOLUNTEER WITH CPA** Contact our Human Resources Coordinator and she will talk with you about your skills and strengths. You will be well trained and supported while you volunteer. If you are interested in being a board member, contact our Executive Director to receive an application.

St. Paul, Minnesota

## Biographical Sketches

**Vednita Carter**, Founder and Executive Director of Breaking Free, developed and directed the Women's Services Program for six years at WHISPER. She counseled incarcerated women for five years as part of the Rivers of Life prison ministry program. Ms. Carter is a trustee member of the Battered Women's Legal Advocacy Project. She is the author of "Prostitution, Racism and Sexism Intersect," published in the *Michigan Journal of Gender and Law*, "Prostitution, Racism and Feminist Discourse," published by *Hastings Women's Law Journal*, and other articles on African American women and prostitution published nationwide in feminist newspapers and newsletters. She has appeared on local and national talk shows addressing prostitution as a form of violence against women and girls. Ms. Carter received an Outstanding Community Service award at the Ninth Annual Women of Color Recognition. In addition, Ms. Carter

- Was a member of the Women of Color Health Alternative Network, Atlanta, Georgia, 1993-1996.
- Served on the Black Women's Health Committee, Minnesota 1993-1996.
- Successfully petitioned the Minnesota Department of Health Commissioner's Task Force on HIV/STD Prevention for a seat for women in prostitution.
- Addressed the United Nations on the harm of prostitution as part of the Commission on the Status of Women in the World, June 1998.
- Has provided numerous trainings on HIV/STD in CD treatment facilities, battered women's shelters, juvenile treatment centers, etc., from 1993 to present.

**Johnny Earl Howard** is the co-founder and current Executive Director of Thomas-Dale Block Club. He co-founded the organization in 1990 to build a sense of pride in and for the Thomas-Dale community of Saint Paul. He has served as the organization Executive Director since 1994.

Mr. Howard has served as a community leader, organizer, role model, and strategist. Thomas-Dale Block Club under his leadership has become the premier crime prevention program in the Twin Cities. His strategies and goals have brought significant improvement to the Thomas-Dale neighborhood.

Some major successes include:

- Seeing the closing of over 225 drug houses in the area
- Closing of neighborhood speak-easy
- Forming Community Patrol
- Creating "Reclaim the Community" month
- Holding one of the largest National Night Out celebrations in the state
- Working with police to create programs such as H.E.A.T., special K-9 patrols, and having prostitutes and "johns" placed on the internet
- Creating a Neighborhood Manual that is now being copied by several other organizations
- Creating the only full training program for individuals serving as block captains.

Mr. Howard has taken an active and aggressive leadership role in his community. He has advocated on behalf of residents to create a zero tolerance level of criminal

activity. He has seen that people are addressing the quality of life issues in the neighborhood.

He is recognized as a leader in crime prevention and has been honored for his accomplishments by the following awards:

- Leadership in Neighborhoods grant by Saint Paul Companies
- Peace Maker Award by Peace Jam
- S.E. Hall Community Service Award by the Saint Paul Urban League
- Spurgeon Award by the Boys Scouts of America
- Three Governor's Outstanding Service Awards

**Elizabeth M. Jacobs**, Breaking Free Women's Program Manager, is responsible for the development and implementation of services to help women and girls in escaping systems of prostitution. Beth is a Red Cross Certified HIV/AIDS Instructor and has performed counseling and testing on prostituted women and other at risk women. Beth has been a feminist activist on behalf of prostituted women and girls for eight years. She just recently received her B.A. degree in Social Work from Metropolitan State University, Minneapolis, Minnesota.

**Theodore D. Leon** is the Deputy City Attorney for the City of Saint Paul. He is the head of the prosecution division that handles all prostitution related misdemeanors occurring in the City of Saint Paul. He is a 1992 graduate of the William Mitchell College of Law and has been with the City Attorney's Office since 1993.

**Mary Pat Mahar** is the Executive Director of Project Remand, which provides a full continuum of pretrial services for adults arrested in Ramsey County. The agency's mission is to provide alternatives to traditional detention and prosecution while promoting public safety and lawful behavior. The current array of services provided by Project Remand includes: jail screening, conditional release, diversion, and chemical health assessments.

**Joseph Neuberger** is a lieutenant with the Saint Paul Police Department, where he commands the Vice Unit. He has been instrumental in the department's Internet program, posting arrested "johns" and prostitutes' photos on the department's web page. Mr. Neuberger is managing an increased enforcement effort to reduce street level prostitution and developing a data base to readily identify various components of the prostitution crimes (i.e., areas of high activity, profile information on customers, etc.).

## **Jurisdictional Information**

### **1. Describe arrest/citation policies for the prostitutes and "johns" in your jurisdiction.**

The arrest/citation policy for prostitutes and "johns" in our jurisdiction is as follows. In Saint Paul, Minnesota, there are sweeps set up for both the prostitutes and the "johns." To prepare for the "john's" sweep a female officer goes through an orientation. They get briefed on safety tips, what they can and can not say, and they ride along with an officer who works the particular area the sweep will take place in. The sweep starts with two marked cars close by that keep their eyes on the undercover officer. The undercover officer wears a wire. The marked cars get the make and model of the suspect vehicle when he approaches the undercover officer. They wait until a deal is made and stop the car. A "john" can receive a ticket or be arrested. The police videotape the event. The police then put together a packet of evidence and give it to the district attorney to use in court. During sweeps for prostitutes, two teams of two undercover officers ride as "johns." They find prostitutes and set up signals. Undercover officers wear wires, but they are often hard to hear in a car. When the prostitute solicits the officer, a signal is sent to the other car and they arrest the prostitute. When they arrest, they treat both of the parties as suspects to keep suspicion off of the undercover officer.

"Johns" generally get tagged and released, while prostitutes get booked. It was explained by the Vice Squad that the reason prostitutes get booked is they usually have an arrest record for prostitution, which would turn the current offense into a gross misdemeanor. Saint Paul also posts mug shots of both the prostitutes and the "johns" on the internet. Anyone who has engaged in prostitution is on the internet.

### **2. Describe the prosecution policies for prostitutes and "johns" in your jurisdiction.**

The prosecution policies for prostitutes and "johns" in Saint Paul are attached to this document.

### **3. Describe the services available for individuals convicted of soliciting prostitution. If one exists, describe your jurisdiction's "john" school.**

There are no services available for individuals convicted of soliciting prostitution at this time.

### **4. Describe the services available for current and ex-prostitutes in your jurisdiction.**

Breaking Free is the only service available in Saint Paul for current and ex-prostitutes. Breaking Free provides educational/support groups exclusively for prostituted women. We have a housing program that enables women to get back into their own housing regardless of unlawful detainers or criminal backgrounds. We work with landlords to reduce the barriers a woman might face trying to obtain housing. We also have a mentor group that focuses on getting women employment. We prepare women to enter the job market using educational tools. The program lasts for six months and covers self-esteem, healthy relationships, job applications, interviewing strategies, and resume writing. PRIDE is another organization that provides services for prostitutes, but it is located in Minneapolis.

**5. Describe the public health outreach services available in your jurisdiction. Does the public health service have special programs for current and ex-prostitutes?**

There are no specific outreach services provided by Public Health exclusively for prostitutes. A prostitute could, however, go to Public Health and receive free STD and HIV/AIDS testing. Public Health will also provide free condoms at their testing centers.

**6. Why does your jurisdiction want to change its street prostitution enforcement strategy?**

The Saint Paul jurisdiction is always looking for new programs that will help reduce the crime rate. Our team is excited to research the First Offenders Prostitution Program. We want to improve our local communities by adding more programs for offenders, hoping to reduce the recidivism rate. We believe harsher penalties will slow down the demand for prostitutes. If we succeed, all parties could potentially benefit. Agencies that are designed to help prostitutes will financially be able to assist more prostituted people, prostitutes would be given information and better life choices, "johns" would become educated on the true effects of prostitution, both would become more educated on HIV/AIDS and other STD's, police officers won't have as many prostitution related offenses, and the District Attorney's Office would have a lighter load when it comes to prostitution related crimes.

**7. What obstacles to implementation of a new strategy have you identified?**

The obstacles our team discussed are as follows. First, the current policy is that the first arrest is "free," and the second arrest turns into a gross misdemeanor. If this program were in place, the first arrest could be diverted to "johns" school, and then a patron would get another "free" arrest. A person would have to get arrested three times before the offense would turn into a gross misdemeanor. As it stands now, the judicial system is more comfortable with diverting the prostitutes. The second obstacle will be the internet policy. Saint Paul will not negotiate the internet policy.

**8. What would you like to have covered in the FOPP workshop?**

Things our team would like to have covered in the FOPP workshop: collaboration of the media and the program, community involvement, and implementation of this program in San Francisco. We would like to be aware of obstacles others faced while starting this program.

**9. Prostitution data:**

In 1997 there was a total of 223 arrests. Out of that total, 179 males and 44 females were arrested for a misdemeanor of engaging in prostitution, and 4 males and females were repeat offenders arrested for a gross misdemeanor of engaging in prostitution. In 1998 there was a total of 416 arrests. Out of that total, 306 males and 77 females were arrested for a misdemeanor of engaging in prostitution, and 7 males and 2 females were repeat offenders arrested for a gross misdemeanor of engaging in prostitution.

## PROSTITUTION

### A. Minn. Stat. & 609.324, Sub. 3 (Misdemeanor)

1. Intentionally engaged in prostitution with an individual 18 years of age or older.
2. Hires or offers or agrees to hire an individual 18 years of age or older to engage in sexual penetration or sexual contact.

### Notes:

1. Engaging, hiring, offering or agreeing to hire an individual under 18 years to engage in sexual penetration or contact is a felony, M.S. Section 609.324, Subd. 1.
2. Definitions: "Prostitution" means engaging or offering or agreeing to engage for hire in sexual penetration or sexual contact. Minn. Stat. § 609.321, Subd. 10 and 11. "Patron" means individual who hires, offers or agrees to hire another to engage in prostitution. Minn. Stat. § 609.321, Subd 4.
3. Previous conviction is the date of the plea or finding of guilty.
4. Use a certified copy of the prior conviction with the complaint (not a copy of our manifold).
5. Consent or mistake as to age is not defense § 609.325.
6. See entrapment defense. Crim Jig 7.02. If state proves defendant had a predisposition to commit crime then there is no entrapment. *State v. Ford* 276 Nwd. 178 (Minn. 1979).

### Policy: First within two years—Misdemeanor

Second within two years of a previous conviction may be sentenced to 1 year jail and/or \$3000 fine—Gross Misdemeanor.

1. Don't charge future agreements or cases where officer buys prostitute a drink or is drinking in vehicle.

**Mandatory minimum** fines for patrons of \$500 for misdemeanors and \$1,500 and 20 hours community service work for Gross Misdemeanors. (Work may be waived by court if court makes findings not feasible or appropriate.)

Seattle, Washington

## Biographical Sketches

**Jim Crane** has been the Administrator of the King County Office of Public Defense since 1991. Prior to becoming Administrator, he was responsible for policy and program analysis as well as functioning as the computer administrator for the Office of Public Defense. Mr. Crane has a master's degree in counseling specializing in vocational rehabilitation. Before coming to the Office of Public Defense he was a counselor and caseworker for seventeen years, working primarily with adolescents, including juvenile prostitutes.

**Cheryl Davidson** is Director of Probation Services Division, Seattle Municipal Court. She recently completed a year-long senior management exchange with Hampshire Probation Service in Winchester, England, as Assistant Chief Probation Officer. She previously was the Section Administrator for the NW Area Community Corrections, Washington State Department of Corrections. She has taken lead policy responsibilities in the areas of offender classification, risk assessment and mental health. She co-founded CAMIO (Community Action for the Mentally Ill Offender) and has been active nationally with MIO issues. She holds a MPA (Masters of Public Administration) from Seattle University and a BA in Sociology from Central Connecticut State College.

**Tom Grabicki** is the current commander of the Department's Vice and Narcotics Section. The Vice Unit, among other responsibilities, conducts decoy operations to arrest prostitutes and their customers. He is interested in examining other strategies which effectively deal with the prostitution issue.

**Marc Mayo** is currently a Supervising Assistant Attorney. He graduated from the University of Washington School of Law in 1986. He was a public defender for three years, Legal Counsel to Mayor Royer, and then a special assistant to City Attorney Mark Sidran assigned to special projects. Mr. Mayo became a prosecuting attorney in 1992, with a standard caseload, and was assigned the office's high profile cases until he was selected as a supervising attorney in November of 1997.

Mr. Mayo has worked extensively on vice cases. He has met with the vice unit and trained officer decoys in report writing, courtroom etiquette, and avoiding an entrapment defense. He tried the only obscenity cases in recent memory. He has assisted in drafting the City's Adult Entertainment ordinances. Through these cases he has become familiar with both the prostitution and adult entertainment industry and its players and victims.

## **Jurisdictional Information**

### **1. Describe arrest/citation policies for the prostitutes and "johns" in your jurisdiction.**

The Seattle Police Department Street Vice Unit is the primary unit responsible for the suppression of prostitution in the city of Seattle. The Vice Section averages approximately two operations a month. These operations are coordinated with the precinct anti-crime teams. The operations target both the "john" and prostitutes. The locations of the operations are based upon citizen and precinct complaints.

Street level prostitution in Seattle has significantly declined over the last several years. Many factors influenced this reduction, such as aggressive enforcement, utilization of stay away orders, coordination with community groups, and the movement of former Seattle prostitutes to new cities in regions which aren't doing the same level of enforcement.

Some specifics regarding the arrest/citation policy for the SPD Vice Section:

- "John" Stings: During an operation, physical arrests are made, customer and prostitute.
- Prostitution operations/street contacts: physical arrests are made for both Offering & Agreeing and Loitering.
- The only vice-related crime that we usually write a citation in lieu of a physical arrest is for panroom ordinance violations, not prostitution related offenses.

There are of course exceptions to these rules.

### **2. Describe the prosecution policies for prostitutes and "johns" in your jurisdiction.**

Cases are forwarded to the prosecutor's office from the Seattle police. Most cases are a result of sting operations. Once a case is forwarded by SPD, it is reviewed for legal sufficiency. Typically, because these cases are prepared by well trained SPD officers and their supervisors, we rarely decline to file charges.

These cases are treated like any other crime that is not a crime against persons, a DUI or a firearms offense. The filing standard is: we will prosecute any case in which the admissible evidence is of such convincing force as to make it probable that a reasonable and objective fact-finder would convict after hearing all the admissible evidence and the most plausible defense which could be raised.

In non-legalese, we treat prostitutes and "johns" alike. If there is strong evidence we will proceed. There usually is strong evidence.

First offenders are almost always offered a pretrial diversion agreement. That agreement requires that the defendant commits no new criminal law violations, have an HIV test, attend a class on sexually transmitted diseases, and pay a fine of \$75. The defendant may be required to stay out of areas of prostitution (SOAP). If the defendant complies with these conditions, the case is dismissed.

Second and subsequent offenders are offered plea agreements commensurate with their criminal histories.

On two occasions, I have requested and had granted sexual deviancy evaluations and follow-up treatment for "johns." In those cases the "johns" had substantial enough histories of public sexual behavior and mistreatment of prostitutes that I believed it was necessary.

**3. Describe the services available for individuals convicted of soliciting prostitution. If one exists, describe your jurisdiction's "john" school.**

As mentioned in the prosecutor's response, first offenders are usually offered a pre-trial diversion option. This includes an 8-hour session on STDs, which functions as a "john" school, but does not have the same breadth of curriculum that the FOPP has. There are no other services, for soliciting per se, although offenders might be referred to drug treatment if appropriate, and there is jail-based drug treatment available. As mentioned above, offenders are required to take an HIV test.

**4. Describe the services available for current and ex-prostitutes in your jurisdiction.**

Services for prostitutes are minimal. Again, there is drug treatment, which may be stipulated by the court, especially if the case in question is a drug violation charge, and the offender enters Drug Court. However, there is very limited gender-specific treatment available, and any treatment that addresses prostitution issues specifically does so in a non-formalized way. A low-restriction detention facility (NRF) offers a range of treatment services, but offenders typically do not stay long enough for these services to be as effective as necessary for long-term change.

There has been a program called Up-and-Out, which was funded by the county on a special project basis but has not been continued, despite reports of high efficacy. Up-and-Out provided for women in the prostitution profession in a holistic way, covering shelter, life skills, mental health services, drug treatment, and child care. Up-and-Out was very resource intensive and could only provide for a small number of women at a time, but was seen as a good model of service delivery.

The organization which conducts the "john" sex ed course also offers peer counseling for prostitutes, which seems to be a useful component of treatment for this group of people.

**5. Describe the public health outreach services available in your jurisdiction. Does the public health service have special programs for current and ex-prostitutes?**

We are just about to pilot an outreach program targeted at prostitutes through the local Health Care for the Homeless Network. This will include on-site health care and referral to other services in a local high-intensity area of prostitution.

**6. Why does your jurisdiction want to change its street prostitution enforcement strategy?**

All those involved in the issue, from police officers to judges to service providers, feel the same frustration at having prostitutes continually cycle through the system, with their condition and health deteriorating visibly. We know that we are not effecting long-term change with our current enforcement methods. The court bench, in particular, would like to have better options for dealing with these offenders as they appear.

**7. What obstacles to implementation of a new strategy have you identified?**

The main obstacle seems to be the lack of a model of services for prostitutes that is effective and replicable in any scale. Prostitution is often directly related to previous emotional and sexual abuse, and it takes lot of resources to help people out of the life. We are wrestling with how to provide and fund comprehensive services for this group of people.

Further, prostitution presents a problem because of its low level of offense categorization. Unlike a drug possession, prostitution is a misdemeanor, carrying a maximum sentence of 90 days. Thus, we can't use the carrot/stick of dismissing a charge and decreasing jail time to encourage participation in treatment.

**8. What would you like to have covered in the FOPP workshop?**

**9. Prostitution data:**

*Number of prostitution arrests/citations:*

Prostitution arrests:	<u>1996</u>	<u>1997</u>
	480	523

*Number of "johns" arrested/cited:*

Patronizing arrests:	<u>1996</u>	<u>1997</u>
	354	303

*Number of cases filed for prostitution:*

Cases filed:	<u>1996</u>	<u>1997</u>
	420	445

*Number of cases filed for prostitution soliciting:*

Cases filed:	<u>1996</u>	<u>1997</u>
	351	289

# Springfield, Missouri

## Biographical Sketches

**Harold Bengsch** has served as the Director of Public Health and Welfare since 1983. As a city-county agency, Public Health and Welfare is an example of a cooperative effort to consolidate services for the community.

Mr. Bengsch is responsible for planning, coordinating, and managing the city and county health programs. This includes administering comprehensive programs of public health involving communicable disease control, sexually transmitted diseases, environmental health, medical services, data analysis, planning, budget development, and coordinating educational campaigns to acquaint the public with methods for safeguarding health, along with community environment and health assessment.

Mr. Bengsch earned a B.S. in Agriculture Sciences with an emphasis on microbiology and chemistry from Southwest Missouri State University in 1956. In 1983 he received a M.S. in Public Health from the University of Missouri-Columbia School of Medicine with emphasis on epidemiology and data analysis. Bengsch holds national accreditation as a Registered Environmental Health Specialist (REHS/RS). He also holds many professional memberships, including:

- National Association of County and City Health Officials
- American Public Health Association
- International Association of Milk, Food and Environmental Sanitarians
- National Environmental Health Association
- Mid-Continent Association of Food and Drug Officials
- Missouri Public Health Association
- Missouri Association of Milk, Food and Environmental Sanitarians
- Missouri Society of Professional Sanitarians
- Missouri Association for Control and Eradication of Tuberculosis
- Safety Council of Missouri
- Ozark Mountain Chapter-Missouri Public Health Association
- Safety Council of Southwest Missouri

Mr. Bengsch is a member of the State Board of Health and the Task Force on Environmental Assessment for the National Association of County and City Health Officials. Some of his volunteer activities include the Springfield Coalition on Teen Pregnancy, the Springfield Teen Parent Advisory Board, Community Partnership of the Ozarks, the Greene County Baptist Men's Association, Community Task Force, Good Community Committee, Advocates for a Health Community, Board of Directors of the Child Advocacy Center (the community center where sexual abuse and forensic examinations (S.A.F.E.) are conducted), and the Local Governance Committee on Welfare Reform.

**Darrell Crick** is a Major for the Springfield, Missouri, Police Department and has served 23 years. Darrell is the commander over the Criminal Investigations Division, which includes narcotics, vice, and gangs. He is involved in numerous collaborative efforts that address gangs, youth violence, child advocacy, and violence toward women. He is involved with several multi-disciplined organizations where comprehensive protocols have been established to the benefit of the victim and the prosecution. Darrell is a graduate of the FBI National Academy, holds a Masters degree in Criminal Justice Administration, and serves as adjunct faculty for Webster University.

**Darrell Moore** has been an assistant prosecuting attorney in the county for over fourteen years, serving the last six years as the Chief Assistant Prosecuting Attorney. He has been involved in and interested in innovative approaches to traditional law enforcement issues. He has been part of a collaborative group in the community (consisting of law enforcement agencies, social service agencies, businesses, churches and other groups) that addresses the issues of drugs, alcohol abuse, gangs, and youth violence by employing a comprehensive strategy combining prevention, intervention, and suppression efforts.

**M. Heather Weker** is a licensed clinical psychologist in private practice in Springfield, Missouri. She is the developer/director of the alternative sentencing program, Prostitutes in Violation Opting Treatment (PIVOT), which provides options for healthier choices. Dr. Weker is certified in Victimology and has extensive experience with victims of violent and sexual crimes, homicide survivors, sudden-death survivors, and community trauma victims. She is nationally requested trainer on crime victimization and trauma.

## **Jurisdictional Information**

### **1. Describe arrest/citation policies for the prostitutes and "johns" in your jurisdiction.**

Before April 1998, enforcement of prostitution crimes did not involve in a focused approach or organized effort. Vice crimes were worked by a number of units within the police department. Most sting operations were geared toward arresting female prostitutes posing as escorts during hotel stings. Few stings took place focusing on street prostitution. In April 1998, the Springfield Police Department formed a Vice Crimes Unit. The unit has a two-pronged approach to prostitution crimes. One is the focus on owners and operators who promote organized prostitution. This primarily involves escort services and massage parlors. Prostitutes and patrons involved with escort services are arrested and charged with their crimes. However, if they cooperate fully during the investigation, charges are often dismissed. The second prong is to investigate and prosecute persons involved in unorganized prostitution crimes. These include:

- Street prostitutes
- Prostitutes providing private exotic dance services
- Persons who patronize street prostitutes.

Persons charged with promotion of prostitution are prosecuted in state court. All others are prosecuted in municipal court. Normally, persons charged with prostitution receive a criminal conviction on their record. Then they have the option to attend the PIVOT program or pay a court-assessed fine. Most fines imposed for prostitution are \$500.

### **2. Describe the prosecution policies for prostitutes and "johns" in your jurisdiction.**

There is no formal policy in state or municipal court.

### **3. Describe the services available for individuals convicted of soliciting prostitution. If one exists, describe your jurisdiction's "john" school.**

We have discussed initiating a course for persons convicted of patronizing prostitution. However, no formal course has been established.

### **4. Describe the services available for current and ex-prostitutes in your jurisdiction.**

Any first time offender who pleads guilty or is found guilty in either municipal or state court for the crime of prostitution may be sentenced to the PIVOT program. The sentencing is dependent on recommendations from the prosecutor and the judge's final decision.

The PIVOT program is an alternative sentencing program that assists people convicted of prosecution in complying with conditions of probation by offering educational information, referral information, and support through Prostitutes in Recovery. PIVOT provides a positive alternative to the revolving judicial door and provides information for a healthier life style. This is coordinated through one 8-hour training to address needs, with six follow-up sessions. Attendees are responsible for paying the program fee of \$175.00. The PIVOT program is directed by a private business called "The National Trauma and Addiction Institute."

**5. Describe the public health outreach services available in your jurisdiction. Does the public health service have special programs for current and ex-prostitutes?**

Greene County Health Department offers free screening for sexually transmitted diseases. Limited counseling is available for persons who test positive for STD's.

**6. Why does your jurisdiction want to change its street prostitution enforcement strategy?**

Before the PIVOT program started, prostitutes were arrested a number of times, going to court, fined, and going back to work on the street to pay their court assessed fines. The PIVOT program is successfully educating prostitutes, teaching them how to live a healthier life. We have not had any PIVOT attendees arrested after completion of the program for prostitution.

Currently we do not have a program for persons who patronize prostitution. Persons who plead guilty or are found guilty pay their court assessed fine and return to utilizing street prostitutes. We feel a well-structured treatment and education program that focuses on the patrons can be as successful as what we have seen in the PIVOT program.

**7. What obstacles to implementation of a new strategy have you identified?**

Opinion that prostitution and promotion of prostitution should not be a crime. Many people do not feel this is an act between two consenting adults. Very few people are aware of the number of secondary crimes that occur. They are also ignorant of the public health concerns and costs.

**8. What would you like to have covered in the FOPP workshop?**

Avenues to educate the public and public officials to the reasons why this is not a police concern but a public health concern.

**9. Prostitution data:**

Obtain from Municipal and State Prosecutor.

Washington, DC

## Biographical Sketches

**Kimberley Cantrell** is the Field Operations Manager for the District of Columbia Bureau of STD Control. She is also a CDC employee assigned to the District of Columbia Department of Health. She has ten years of public health experience in STD control programs. Mrs. Cantrell has a B.S. in Public Health from Indiana University.

**Mike Gilkey** is a Detective and Acting Sergeant for the Third District, Prostitution Enforcement Unit in the Metropolitan Police Department. Fifteen of his 17 years of service in the department have been dedicated to prostitution. During this time he has experienced all aspects of prostitution investigations, including undercover operations, posing as "johns," and successfully combating body houses, street prostitution, and money laundering. He also has extensive knowledge of juvenile prostitution. Detective Gilkey's experience has made him a valuable professional witness.

**JoAnne R. Hunter** is a native Washingtonian. She is an Adult Probation Officer with the Court Services and Offender Supervision Agency for the District of Columbia. Her tenure began in 1986 with the District of Columbia Superior Court, Social Service Division. She has a Masters Degree in Social Work from Howard University, a Bachelor of Arts Degree from Georgetown University and is an Internationally Certified Alcohol and Drug Addictions Counselor. She is also a Licensed Independent Social Worker.

**Zelna E. Joseph** is the new Executive Director of Helping Individual Prostitutes Survive based in Washington, DC. Ms. Joseph also serves on the Department of Health and Human Services Young Women and HIV/AIDS Work Group and the Youth Services Agency Task Force. Until recently, she served on the Colorado State Board of Health and, in 1990, was ordained as an Independent Baptist minister. Ms. Joseph has experience working in nonprofit organizations and in positions of community leadership. In 1991 she received the President's Award from the NAACP, and she received the Harmony Award from the Women's Federation for World Peace in 1992. Ms. Zelna has a Ph.D. in Organizational Management from the Graduate School of America in Minneapolis.

**Caroline G. Nicholl** is a Program Manager in the Organizational Development team, Office of the Chief of Police, Washington DC. She was a Chief of the Thames Valley Police in her native country, England, between 1991-1997, after joining London's Metropolitan Police in 1977. Ms. Nicholl is an expert in community policing and restorative justice. In 1995-1996 she was awarded a Harkness Fellowship to visit the United States to examine problem-solving approaches to policing and criminal justice. She has published several papers on domestic violence, youth crime, the links between restorative justice and policing, and on organizational change. Ms. Nicholl has a LL.B. (Hons) degree from the University of Bristol, UK.

**Michael Lee Rankin** is a trial judge in the Superior Court of the District of Columbia. He is the Presiding Judge of the Criminal Division.

Judge Rankin was admitted to the District of Columbia Bar by examination upon graduation from Harvard University Law School in 1970.

He served in the United States Army for two years, including a tour with the 101<sup>st</sup> Airborne Division, Judge Advocate General's Corps, during the Vietnam War.

Following military service, Judge Rankin worked as a staff attorney in the Public Defender Service of the District of Columbia and later became the Acting Federal Public Defender in the United States Virgin Islands. In 1980, he was appointed Assistant United States Attorney in the District of Columbia. He also served as a special assistant to the United States Attorney in the District of the Virgin Islands, prosecuting white-collar crime. In December 1984, Judge Rankin was appointed Deputy Chief of the Felony Trial Division of the United States Attorney's Office and in 1985, he was nominated by President Ronald Regan to serve on the Superior Court.

Judge Rankin chairs the Superior Court's Criminal Rules Advisory Committee, co-chairs the District of Columbia Court's Quality Service Council and is a member of the Criminal Rules and Criminal Justice Act Committees. He is a Master and past President of the Charlotte E. Ray American Inn of Court. He has taught continuing education courses at the Criminal Practice Institute, Washington, DC, and the American Trial Lawyers Association's Advanced Course in Criminal Law.

**J. Patricia W. Smoot** is an Assistant United States Attorney for the District of Columbia and was recently appointed Deputy Chief of the Misdemeanor Trial Section. She studied law at the Columbus School of Law, Catholic University, and has a BA in English and Sociology from Brucknell University. Ms. Smoot has served as a clerk to an associate judge of the District of Columbia Superior Court and spent a year in a law firm, primarily dealing with tort defense work. She has also worked at the Public Defender's Office in Prince George's County, Maryland.

## **Jurisdictional Information**

The following information is based on contributions from most of the participating agencies:

### **1. Describe arrest/citation policies for prostitutes and "johns" in your jurisdiction.**

The Metropolitan Police Department operates a Prostitution Enforcement Unit which focuses on prostitutes and "johns." Undercover male officers pose as "johns" and undercover female officers stand around in hot spots (or sit in cars) to see if male clients approach for the purpose of prostitution. Both prostitutes and "johns" are arrested. Sweeps used to be conduct, but District of Columbia case law has made this difficult to enforce. The police also exercise "zero tolerance" in the hot spot areas regarding parking, moving traffic violations, and prostitutes who obstruct traffic flow by beckoning potential clients from vehicles. Verbal warnings are given to prostitutes prior to arrest. In addition, the police investigate "trick houses" near the prostitution areas to arrest either prostitutes or the house operators.

### **2. Describe the prosecution policies for prostitutes and "johns" in your jurisdiction.**

Both the prostitutes and "johns" are charged with misdemeanors and are not eligible for diversion. The prostitutes, even if they have several convictions for soliciting, will receive a fine, and only rarely a minimal jail sentence. "Johns" usually receive a fine (\$500-\$750 plus) and are never sent to jail. Out of 874 arrests made in 1997, 848 were papered by the United States Attorney's Office. In 1998, the figures went up to 1541 and 1493 respectively. However, only 916 cases have resulted in a conviction since 1996.

### **3. Describe the services available for individuals convicted of soliciting prostitution:**

No "john" school currently exists in the District of Columbia, although there was a proposal for one several years ago. Minimal services exist for prostitutes with the exception of the support, health, and education services provided by HIPS. HIPS operates a weekend van to provide hot drinks and condoms to prostitutes, and "holiday tents" are set up during the year to help prostitutes. About 20 prostitutes a year are diverted from sex work as a result of the activities of HIPS.

### **4. Describe the services available for current and ex-prostitutes in your jurisdiction.**

See above

### **5. Describe the public health outreach services available. Are there special public health services?**

It appears that public health outreach is geared more towards people with AIDS, including drug addicted prostitutes.

**6. Why does your jurisdiction want to change the street prostitution enforcement strategy?**

The enforcement strategy outlined above is only “keeping the lid” on the problem of street prostitution. It is not effective regarding the “revolving door” of repeat offenders. The District wants to explore new strategies to acknowledge 1) that many prostitutes are victims, as well as offenders, 2) local communities are affected by the problem, and 3) the importance of targeting the demand for prostitution. Current legislation makes it difficult to handle the “pimps” owing to the requirement that prostitutes have to testify. The health risks and abuse issues inherent in prostitution need to be more widely recognized and a “john” school may help in deterring “johns.” The police and USAO are also interested in reinstating vehicle forfeiture laws to act as a deterrence.

**7. What obstacles to implementation of a new strategy have you identified?**

The street prostitution problem in the District of Columbia is exacerbated by the fact that most of the prostitutes operating downtown come from outside the area and are operated by pimps who bring them in from different parts of the United States, sometimes for weeks or months at a time. The relationship between the pimps and prostitutes tends to be strong, although prostitutes will move between pimps. The District also has a significant “crack prostitution” problem of an entirely different order from the one in downtown, predominantly in the South East area.

**8. What would you like the workshop to cover?**

- Implementation history—how they went about developing and putting into practice the new strategy.
- How the program operates, and details on manpower and other resource costs (including whether or not cost efficiencies have been identified).
- Media handling advice on how to tackle different political and community interests.
- How the courts were convinced of the need for a new approach and whether or not legislative reform was needed.
- What, if any, additional funding was required or is needed to run the program.
- How they dealt with diverse prostitute representative groups.
- What public health services operate?
- What non-media marketing and publicity materials have been found to be most useful?
- What management information system do they use?
- How is the program being evaluated; what methodology is being used?
- Has this program resulted in broader questions about the desirability of community engagement in the resolution of crime problems?
- What are they doing regarding the “pimps”?

**9. Prostitution data:**

Not available

First Offender  
Prostitution Program  
Description

# FOPP: The Basics

# Core Components of FOFP

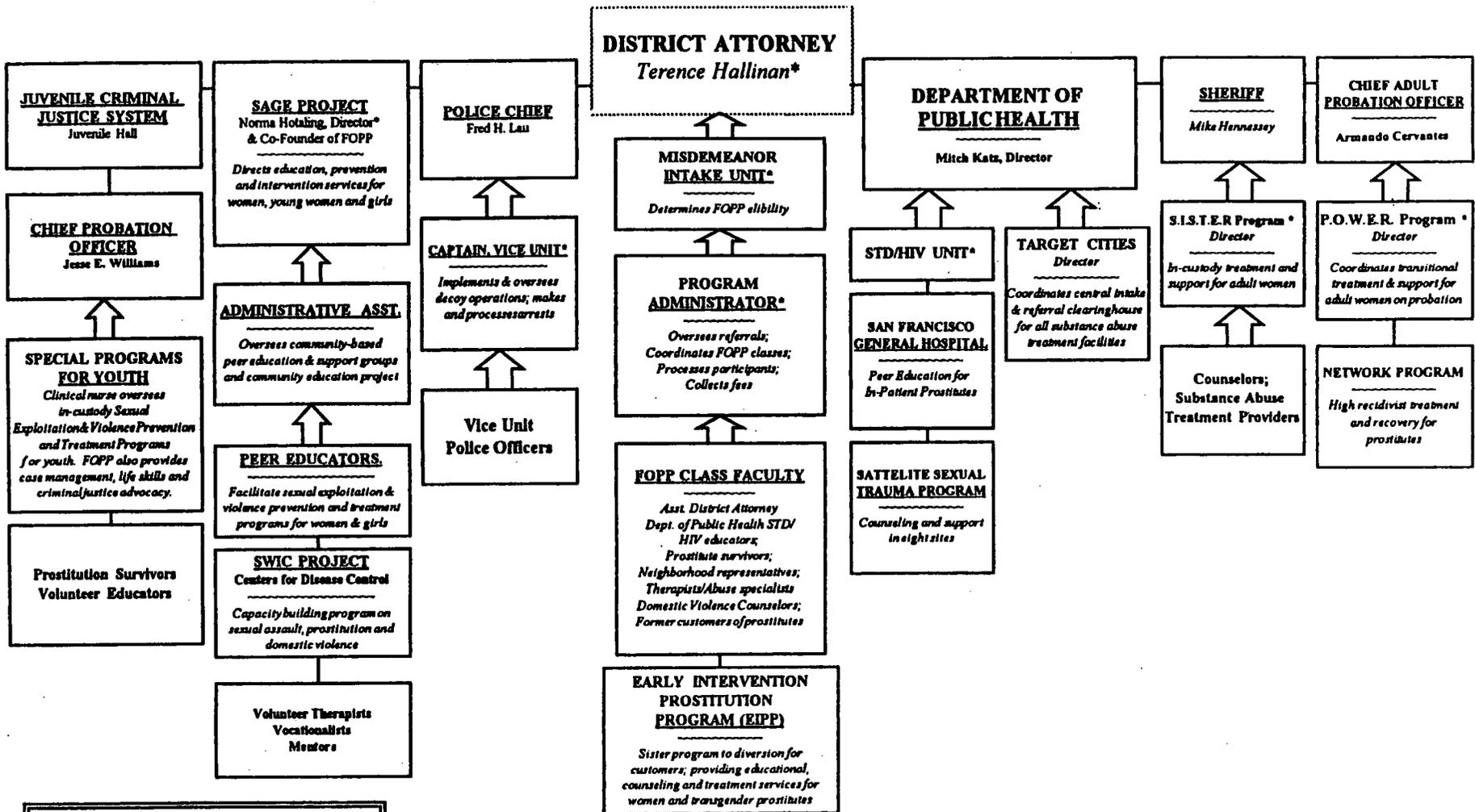
- Decoy operations to arrest customers
- Diversion of customers into appropriate educational programs
- Services for prostitutes funded (in part) by fines levied on customers
- Collaboration leads to public safety improvements unobtainable by individual agencies

# FOPP Partners

- San Francisco Police Department
- San Francisco District Attorney
- SAGE
- Communities within San Francisco
- Public Health System
- Drug Treatment System
- Community-Based Service Providers

# Background Information

# San Francisco District Attorney First Offender Prostitution Program



\* = serves on FOPP Coordinating Committee



TERENCE HALLINAN  
DISTRICT ATTORNEY  
CITY AND COUNTY OF SAN FRANCISCO

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## SAN FRANCISCO DISTRICT ATTORNEY'S OFFICE PROSTITUTION-RELATED DIVERSION PROGRAMS

### I. Early Intervention Prostitution Program

#### Eligibility Criteria

- Individuals arrested for prostitution (not solicitation) including offenses falling under Penal Code Sections 647(b) and 315 (massage parlor cases);
- Women, men and transgender adults are eligible;
- No San Francisco residency requirement applies;
- Individuals are ineligible who have any criminal history of battery, domestic violence or spousal abuse, sexual assault or child assault, weapons-related offenses, or individuals who are required to register as sex offenders under Penal Code Section 290;
- Individuals are ineligible who have more than a combined total of four arrests, convictions and probation violations for 647(b) offenses.

#### Program Components

- Minimum of 8 hours of individual and support group counseling, substance abuse treatment, life skills workshops, and other support addressing:
  - Sexual Assault, Exploitation, Violence and Trauma Recovery
  - Employment readiness and job search
  - Housing, parenting, and child care
  - Health care
  - Community service connected to employment skills building

#### Participant Administrative Fee

- None

## II. First Offender Prostitution Program

### Eligibility Criteria

- Individuals arrested in San Francisco for solicitation of prostitution under Penal Code Section 647(b);
- Only adults are eligible;
- No San Francisco residency requirement applies;
- Individuals are ineligible who have any criminal history of battery, domestic violence or spousal abuse, sexual assault or child assault, weapons-related offenses, or individuals who are required to register as sex offenders under Penal Code Section 290;
- Individuals are strictly ineligible who have been previously arrested for violating Penal Code Section 647(b) within the past 10 years. Individuals with no more than two prior arrests for violating Penal Code Section 647(b) occurring over 10 years prior to the current arrest are considered for the program on a case by case basis.

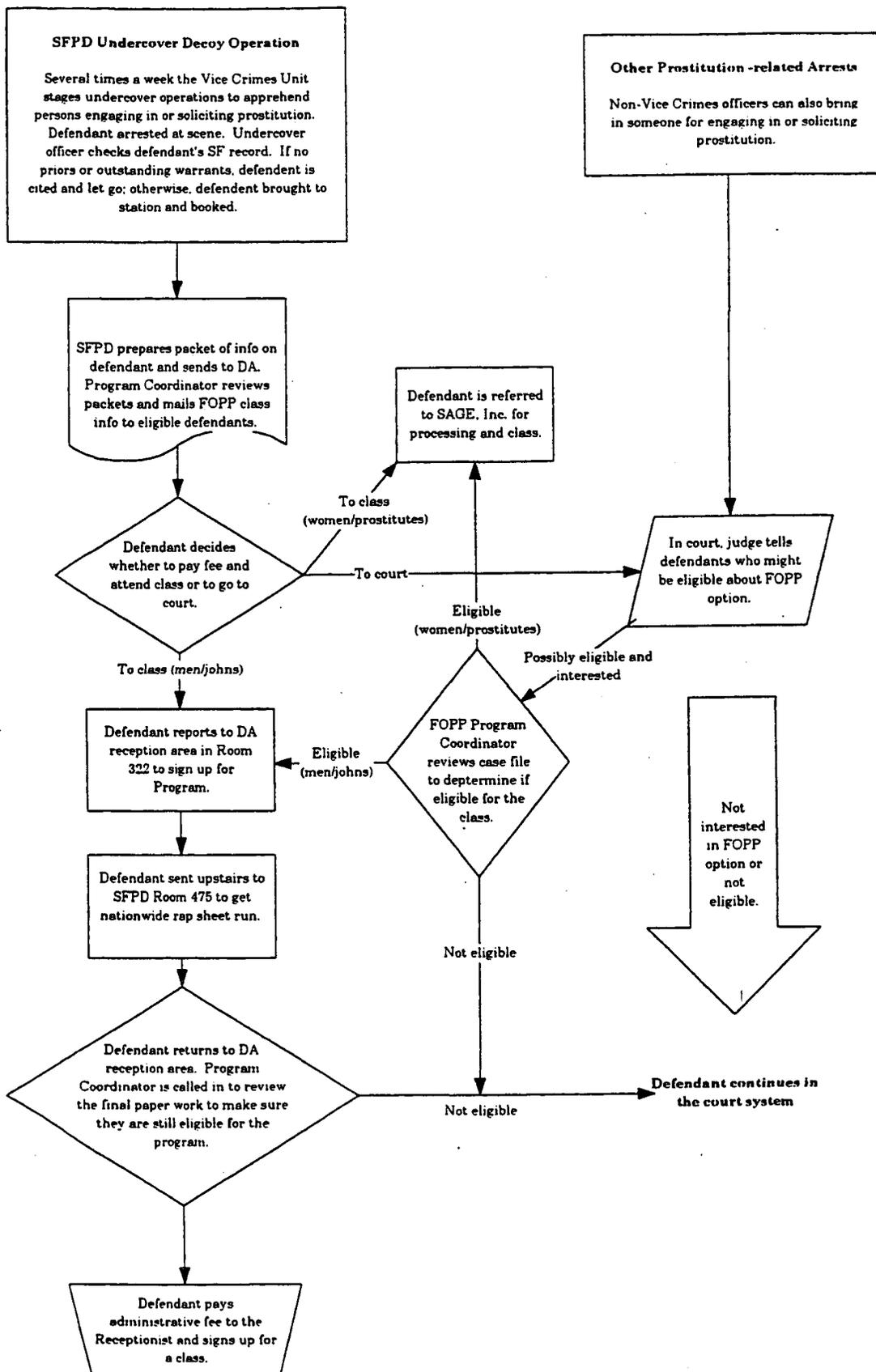
### Program Components

- One day, eight hour intensive educational and rehabilitative program

### Participant Administrative Fee

- \$500 (with sliding scale based on income)

# FOPP Acceptance Process



## **First Offender Prostitution Program**

*The First Offender Prostitution Program (FOPP) is a collaboration between the District attorney's Office, San Francisco's Department of Health, the Courts, the Vice Crimes Unit, and S.A.G.E.*

### **Purpose**

The purpose of the First Offender Program is to educate first time offenders about the legal, social, and health ramifications of engaging in prostitution.

### **Philosophy**

The FOPP is a prosecution program which focuses on first time offenders involved in prostitution. The program utilizes a multi-pronged approach including advocacy, information, campaigns, policy discussions, and direct service focusing on both supply (prostitute) and demand (solicitor). It focuses on the prevention and early intervention for those involved in prostitution rather than solely arresting, jailing, fining, and sentencing to community service.

The program addresses the roots of prostitution such as violence, sexual exploitation, poverty and misogyny. Though the program is technically geared towards both prostitutes and customers, the classes consist mostly of customers. Unfortunately, the majority of prostitutes arrested either already have a criminal record or do not choose to take part in FOPP. However, the program does assist in the rehabilitation and reintegration of the most disenfranchised and disadvantaged women into society through the use of functional collaborations with community based organizations that provide services such as housing, medical care,

substance abuse treatment and vocational training.

### **History**

The First Offender Prostitution Program was created jointly by Lieutenant Joe Dutto and Assistant District Attorney Terri Jackson in March of 1995. With the help of health educator Norma Hotaling, the executive director of the Standing Against Global Exploitation (SAGE) organization, the First Offender Prostitution Program developed from an innovative idea into a successful rehabilitation program.

The FOPP allows persons charged with 647 (b) of the penal code, who have had no prior adult criminal contact, to bypass the court system by participating in a one-day course for a \$500 administrative fee. The program was initiated in order to address the high rate of reoccurrence among prostitution cases, to cut down the number of arraignments in the misdemeanor department, reduce the influx of bench warrants being issued on these cases, and create an alternative to the already existing pre-trial diversion.

The program was created to be fiscally self-sufficient through the fees paid by the class participants. Currently, these fees generate enough money to fund a program which is run at the Youth Guidance Center for young girls who are at risk of entering the prostitution industry.

Since April of 1995, the San Francisco Office of the District Attorney's First Offender Prostitution Program has diverted over 750 prostitute solicitors from the court system and offered them a unique educational and rehabilitative experience. According to police records, not a single one has been rearrested for the same offense.

## Process

A person is arrested through an undercover decoy operation for a violation of 647 (b), which deems every person, who solicits another to engage in prostitution or agrees to engage in prostitution with specific intent to do so, guilty of a misdemeanor. If he/she has identification and no outstanding warrants, he/she receives a citation at the scene.

The officer(s) write(s) an incident report, make(s) copies, and attach(e)s a copy of the audio tape of the incident. The officer(s) then run(s) the person's name through a criminal history search. If the person has a criminal record, a rap sheet is attached to the incident report. If the person does not have a criminal record, a 'No Criminal Record' form is attached to the report.

The packet is then delivered to the misdemeanor intake department of the District Attorney's office where it is reviewed by the coordinator, at the direction of the Assistant District Attorney, to determine whether the defendant is eligible for the FOPP.

Once the case is determined eligible, the coordinator will send out a notification letter to the person about the program. The person has five days to respond to the letter before the case is filed. After the person has made contact with the coordinator, he/she will need to sign up for the class at 850 Bryant Street. He/she will be photographed, fingerprinted, and processed at the ID Bureau.

The ID Bureau is open Monday through Thursday from 8:30 to 12:30 for people who reside locally. People commuting from out of town may only come on Friday from 8:30 to 12:30.

## Class Agenda

The FOPP agenda consists of seven sessions. The first session is entitled 'Prostitution Laws and Street Facts', and it involves the penal risks and practical consequences of continued criminal conduct. The lecture is given by Jerry Coleman, San Francisco District Attorney's Office, & Lt. Dutto of the SFPD.

Session Two is an educational presentation about HIV and STD risk and prevention. Paul Gibson, Director of the STD/HIV Education and Prevention Department, usually teaches the second session.

Session Three is a testimonial presentation about prostitution given by prostitute survivors of the sex industry. These women will discuss childhood risk factors, violence, drugs, rehabilitation, and reintegration.

Session Four is entitled 'Pimp Dynamics' and hosted by Norma Hotaling. This session is used to educate customers about the tactics that pimps use to draw young girls into prostitution and bring attention to the worldwide exploitation of women and girls.

Session Five is given by neighborhood activists from areas with a high volume of prostitution. The session concentrates on the effects of prostitution on the quality of life in the neighborhood as well as its economic effects on the city.

Session Six, given by the Man Alive: Domestic Violence Prevention Program, educates men about violence against women, anger management and conflict resolution.

Session Seven addresses sex addiction and its potential management. The Delamo Hospital Alumni Speaker's Bureau will give this lecture and presentation.

At the end of the seventh session, the participants will be asked to give an evaluation of the program.

## **Social Justice, Health Education, Program Planning for Prostitutes and Solicitors**

Hotaling N<sup>1</sup>, Dutto J<sup>2</sup>, Gibson P<sup>3</sup>, Coleman J<sup>4</sup>,  
Jackson T<sup>4</sup>, Nothmann D<sup>5</sup>, Cassidy A<sup>5</sup>, Sawyer S<sup>6</sup>.  
Grant P<sup>3</sup>.

- <sup>1</sup> Health Educator, Prostitute Survivor
- <sup>2</sup> San Francisco Police Department
- <sup>3</sup> San Francisco Department of Public Health
- <sup>4</sup> San Francisco District Attorney's Office
- <sup>5</sup> Prostitute Survivor
- <sup>6</sup> Pathfinders, Inc., Minneapolis

## **BACKGROUND**

Since March of 1995, the San Francisco Office of the District Attorney's First Offender Prostitution Program (FOPP) has diverted over 700 solicitors of prostitutes from the court system and offered them a unique educational and rehabilitative experience in lieu of criminal prosecution.

The program represents a collaboration between:

- The justice system;
- The health department (STD/HIV Education Unit);
- Domestic violence and therapeutic community;
- Concerned neighborhood groups and;
- Prostitute survivors.

FOPP is designed and facilitated by former prostitutes.

The program is designed to funnel money raised in class fees back into programs for prostituted women and girls, offering treatment, recovery, and a way out.

## PURPOSE

- Reduce the number of outstanding prostitution warrants in court system.
- Prevent & intervene early with those involved in prostitution rather than relying on criminal prosecution and sanctions.
- Address neighborhood crimes linked to prostitution (i.e., drugs, violence, pimping, etc.).
- Address the root causes of prostitution such as violence, sexual exploitation, poverty and misogyny.
- To focus on the highest users of the medical, social, mental health, and criminal justice systems.
- Utilize prostitute survivors as peer educators to rehabilitate and reintegrate disenfranchised and disadvantaged women and girls.

## METHODS

- Created a multi-pronged approach that includes advocacy, information campaigns, policy discussions, and interventions focusing on both supply (prostitute) and demand (customer).
- Creates collaborations with CBO's that assist women and girls escaping prostitution in acquiring services such as housing, medical care, substance abuse treatment, and vocational training.

### First Offenders Prostitution Program (Customers)

- Men are arrested (undercover decoy operation);
- Cited, not jailed, if first time offender;
- Offered program in lieu of being charged and possible criminal conviction;
- To enroll, the men pay an administrative fee (sliding scale, maximum \$500) and attend an eight hour class.

## METHODS

**First Offenders Prostitution Program (Facilitators):** The customer group interventions are led by women who have survived the sex industry and are concerned about the impact of sexual exploitation on all women and girls in our society.

Most of these peer educators have experienced sexual abuse, incest, emotional/ physical childhood violence, domestic violence, rapes, beatings, torture, kidnapping, homelessness, drug use and recruitment into prostitution by pimps.

Many of the peer educators have criminal justice histories, and many are HIV positive. All of the women who have histories of substance abuse are in recovery.

## CLASS DESCRIPTION

- Penal risks and practical consequences of continued criminal conduct;
- STD/HIV Education and Prevention;
- Prostitute Survivor Speakers-Childhood risk factors, violence, drug-use, rehabilitation & reintegration;
- Pimping, Recruitment, Trafficking Tactics used against Women and Girls;
- Neighborhood Groups-Violence, crime, quality of life, and personal safety of resident women and girls;
- Sexual Addiction - creating intimacy and meaning;
- Domestic Violence - examining power & creating equality in relationships;
- Evaluation.

## DISCUSSION

- FOPP represents a paradigm shift from solely criminal prosecution to prevention, early intervention, and rehabilitation of both customers and prostitutes.
- FOPP has the ability to greatly reduce criminal justice and public health costs while increasing community health and quality of life.
- The criminal justice and public health systems in cities across North America have demonstrated a great interest in this new collaborative approach, as evidenced by FOPP duplication in many municipalities.
- Through verbal and written feedback, the men who have completed FOPP have overwhelmingly expressed support for continuation and expansion of the program.

## DISCUSSION

- Women and girls in the criminal justice system have an extremely high prevalence of sexual abuse and physical violence that is generally not being addressed as a root cause of their criminal behavior;
- The physical and sexual exploitation of young girls leads to a constellation of disempowered behaviors resulting in alcohol/drug use, prostitution, acting out, traumatic responses, criminal behavior, dependence on and vulnerability to perpetrators, recruitment by pimps, etc.....
- FOPP attempts to address these issues and intervene earlier in the process with both the offenders and current and future victims.
- Experience with men in FOPP indicates that awareness, intervention, and prevention programs concerning the exploitation and victimization of females in this society should be implemented earlier with boys and young men.

## RECOMMENDATIONS

### Men/Boys:

More research is needed on men as prostitute users.

Develop programs that address:

- power dynamics of male/female relationships;
- perception of women and girls as objects;
- Physical and sexual exploitation (i.e., date rape, childhood sexual abuse, domestic violence etc.);
- Attitudes used by current prostitute users to justify their actions;
- Increase collaboration and integration of these issues with organizations (schools, CBO's, churches, criminal justice, etc.....) to prevent men from exploiting and victimizing women.

## RECOMMENDATIONS

### Women/ Girls:

Create an infrastructure of services that work to rehabilitate and reintegrate the most disadvantaged, disenfranchised, and exploited individuals back into society:

- Emergency shelters, safe houses, and supportive housing;
- Utilize prostitute survivors as peer educators;
- Establish data banks of resources
- Medical care and vocational training;
- Conduct research on the harm of prostitution;
- Media campaigns to raise public awareness;
- Change social, economic and political structures which generate prostitution;
- Increase women's and girls' employment opportunities;
- Improve educational levels and eradicate illiteracy.

Stakeholders	Benefits
Elected Officials	<ul style="list-style-type: none"> <li>✓Community recognition for participation in effective program</li> <li>✓Reduces public health care costs</li> <li>✓Reduces crime</li> <li>✓Improved efficiency of criminal justice system</li> </ul>
Criminal Justice System	<ul style="list-style-type: none"> <li>✓Reduction in street prostitution activity</li> <li>✓Reduction in collateral crime activity that accompanies prostitution (drug trafficking, rape, assault)</li> <li>✓System energized by success of the program</li> <li>✓Community recognition for participation in an effective program</li> <li>✓Reduce outstanding prostitution warrants</li> <li>✓Fewer case dismissals</li> <li>✓Reduces recidivism</li> <li>✓Diversion of first offenders allows resources to prosecute high priority misdemeanors</li> <li>✓Increased public safety</li> <li>✓Increased awareness of prostitute as victim</li> <li>✓Reduces jail costs</li> <li>✓Address root causes of prostitution (sexual abuse, addiction, homelessness, poverty)</li> <li>✓Reduces judges calendar</li> </ul>
Public Health System	<ul style="list-style-type: none"> <li>✓Focus service information on intensive users of public health system</li> <li>✓Educate high risk users about STDs/AIDS</li> <li>✓Way to address and treat root causes of prostitution</li> <li>✓Reduced reliance on emergency room for treatment of drug overdoses, assault, rape, infections, HIV care)</li> <li>✓Improves the health status of frequent users of public health system</li> </ul>
Prostitutes	<ul style="list-style-type: none"> <li>✓Provides an alterative to prostitution</li> <li>✓SAGE provides needed treatment and skills development for recovering prostitutes</li> <li>✓SAGE provides employment opportunities for prostitute survivors</li> <li>✓Restorative/therapeutic process</li> </ul>

Stakeholders	Benefits
"Johns"	<ul style="list-style-type: none"> <li>✓ Avoid criminal justice system</li> <li>✓ Opportunity to be educated on legal, safety and health consequences of prostitution</li> <li>✓ Opportunity to receive treatment for core issues related to prostitution</li> </ul>
Families of Prostitutes	<ul style="list-style-type: none"> <li>✓ Increased stability of families</li> <li>✓ Improved health status of families</li> </ul>
Families/Partners of "Johns"	<ul style="list-style-type: none"> <li>✓ Increased stability of families</li> <li>✓ Improved health status of families</li> <li>✓ Encourages "John" to address sexual addiction/exploitation issues</li> </ul>
Community (includes business community)	<ul style="list-style-type: none"> <li>✓ Reduction in street prostitution activity</li> <li>✓ Increased public safety</li> <li>✓ Reduction in neighborhood disorder leads to increased commercial opportunities</li> </ul>

District Attorney's  
Reference Form



TERENCE HALLINAN  
DISTRICT ATTORNEY  
CITY AND COUNTY OF SAN FRANCISCO

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Date:

Police Report # \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Arraignment Date: \_\_\_\_\_

Dear \_\_\_\_\_:

You were arrested and cited for a violation of California Penal Code Section 647, subdivision (b), engaging or soliciting the act of prostitution. Prostitution is illegal and prosecuted in this state. Due to the increase of sexually transmitted diseases and the exploitation of young adults, prostitution is no longer just a criminal justice issue; it is a public health concern.

After review of the above cited police report, it is the opinion of the San Francisco District Attorney's Office that you committed a criminal offense that can be prosecuted. A preliminary review of your record, however, indicates that this offense is your first adult contact with the criminal justice system. Therefore pending verification of your record, you are eligible to participate in San Francisco's First Offender Program. This program is sponsored by the San Francisco District Attorney's Office, the San Francisco Police Department, the San Francisco Adult Probation Department, and the San Francisco Department of Public Health.

In lieu of criminal prosecution, this program is designed to educate individuals about the social, health, and legal ramifications of engaging in the act of or the solicitation of prostitution. The program is voluntary and requires payment of an administrative fee of five hundred dollars to cover the administration and educational costs of the program. The program is given as a one-time, eight-hour course, usually on the last Saturday of each month. Those individuals who are eligible and wish to participate must take and complete the class 120 days from the day of arrest. Once the class is completed, within the prescribed time, the above-stated criminal case will be discharged. It is important to stress, however, to be eligible and to remain eligible you cannot commit another criminal offense during this 120 day period. If another crime is committed, the above-stated case will be filed, as well as the new offense. **You may wish to consult an attorney as to whether or not you wish to participate in the First Offender Prostitution Program.**

If you are interested in participating **YOU MUST COMPLETE THE FOLLOWING WITHIN TEN WORKING DAYS FROM THE DATE OF THIS LETTER.**

- 1) Report to the SFDA's reception area at Room 322 (Third Floor) and pay the administrative fee of \$500.00. The administrative fee should be made out to the SFDA FOPP Fund in a cashier's check or money order only. No personal checks or cash will be accepted.

2) Report to Room 475 (Fourth Floor) of the Hall of Justice at 850 Bryant Street for a processing by the Police Department. Processing hours are Monday through Thursday from 9:00 a.m. to 12:00 p.m. Participants from out of the area may only be processed on Fridays from 9:00 a.m. to 12:00 p.m.

You must bring the attached SFDA FOPP Referral Form, a photo I.D. and your citation in order to be processed.

3) You will then be registered for a class. You will be informed of the class date and location. If you require an interpreter, please inform us when you sign up for a class.

Please note if after police processing of your criminal record it is determined that you are NOT ELIGIBLE you will be notified and received a full refund of your administrative fee. You will also be given a return court date. You must appear in court on the given date.

Please bring the SFDA FOPP Referral Form with you to the class. On the date you complete the FOPP class, the Registrar will give you a receipt of completion. If you fail to appear for your scheduled class, not only will the above-captioned case be filed against you, but you will also forfeit your administrative fee.

If you have any further questions regarding the FOPP class, please contact Lisa Ortiz, FOPP Program Coordinator at (415) 553-9743. Ms. Ortiz can answer your questions regarding FOPP only. You should contact an attorney if you have any questions about the merits of your case or require legal advice.

Very truly yours,  
TERENCE HALLINAN



Reve Bautista  
Assistant District Attorney



TERENCE HALLINAN  
DISTRICT ATTORNEY  
CITY AND COUNTY OF SAN FRANCISCO

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**FOPP IN-COURT REFERRAL FORM**

Defendant's Name: \_\_\_\_\_ Court No. \_\_\_\_\_

Incident Report No. \_\_\_\_\_ Department: \_\_\_\_\_

A preliminary review of your record indicates this offense is your first adult contact. Pending verification of your record, you are eligible to participate in the SF First Offender. If you are interested in participating **YOU MUST COMPLETE THE FOLLOWING BEFORE YOUR NEXT COURT DATE.**

- Your Court Return Date is, \_\_\_\_\_ at 10:00 A.M. in Department 30 which is located in the Second Floor of the Hall of Justice.
- Report to the District Attorney's Office, Hall of Justice, Room 322, between 10:00 A.M. and 12:00 P.M. and 2:00 P.M. to 3:00 P.M. Monday through Friday. Bring this Form with you to show to the D.A. representative that you qualify.
- You must pay a **\$500.00** administrative fee to cover the administrative and educational costs of the program. Pay the administrative fee of **\$500.00 in cashier's check or money order only**, payable to **SFDA FOPP**. No personal checks or cash will be accepted.
- You must be processed in Room 475 of the Hall of Justice **before your next court date.** The hours are Monday through Thursday, 8:30 A.M. - 12:30 P.M. If you reside out of the area, you will be processed on Friday 8:30 A.M. - 12:30 P.M.
- Once you are processed, you must return to the District Attorney's Office to be registered for the assigned FOPP Class. FOPP Classes are held on the last Saturday of the month. The FOPP Classes are held at the Hall of Justice Jury Assembly, Room 307, from 8:30 A.M. - 4:00 P.M.

For further questions regarding the FOPP, you may contact Ms. Lisa Ortiz, FOPP Program Coordinator at (415) 553-9743. Ms. Ortiz can answer your questions regarding the FOPP only. If you require an interpreter, please notify our office at least 14 days prior to the scheduled FOPP Class. You should contact an attorney if you have any questions about the merits of your case or require legal advice.

TERENCE HALLINAN  
DISTRICT ATTORNEY

Reve Bautista  
Assistant District Attorney



TERENCE HALLINAN  
DISTRICT ATTORNEY  
CITY AND COUNTY OF SAN FRANCISCO

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## SAGE Project Referral Form

Please contact Autumn Burris of the Standing Against Global Exploitation(SAGE) Project either by dropping in at:

965 Mission St., Suite 409  
San Francisco, CA. 94103

or by telephone at (415)905-5050

Your return to court date is: \_\_\_\_\_  
in Municipal Court department: \_\_\_\_\_

You must complete eight (8) hours of counseling by the following date: \_\_\_\_\_

Only after you have successfully completed these eight hours of counseling will your case be discharged by motion of the District Attorney.

**SAN FRANCISCO FIRST OFFENDER PROSTITUTION PROGRAM (FOPP)  
D.A. REFERRAL AND PROCESSING FORM**

**PART 1**

Respondent: \_\_\_\_\_  
[Last, First, Middle]

Referral Date/  
Letter Sent: \_\_\_\_\_

Referred by DDA: \_\_\_\_\_

Citation #: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Police Report #: \_\_\_\_\_

Court Date: \_\_\_\_\_

**PART 2: TO BE COMPLETED BY SF POLICE DEPARTMENT – 850 Bryant, Room 475.**

Pending verification of the above-referenced respondent's criminal record, he/she is hereby preliminarily approved to participate in a FOPP class.

Photo ID # of Respondent: \_\_\_\_\_ SFPD Staff: \_\_\_\_\_

**PART 3: TO BE FILLED OUT BY DA STAFF ONLY – 850 Bryant, Room 320.**

<input type="checkbox"/> -PAID IN FULL..	Date: _____	DA Staff: _____			
<input type="checkbox"/> -Partial Payment.	Date: _____	Amount: _____	Balance: _____	DA: _____	
<input type="checkbox"/> -Partial Payment.	Date: _____	Amount: _____	Balance: _____	DA: _____	
<input type="checkbox"/> -Partial Payment.	Date: _____	Amount: _____	Balance: _____	DA: _____	
<input type="checkbox"/> -Partial Payment.	Date: _____	Amount: _____	Balance: _____	DA: _____	

**PART 4:**

I understand that eligible participants must complete the First Offender Prostitution Program (FOPP) within the time allowed. I understand that failure to do so will result in my case being re-referred to the District Attorney's Office for prosecution. I also understand that participation is voluntary, and I choose to participate in the San Francisco First Offender Prostitution Program and will attend the class listed below.

\_\_\_\_\_ [print name]                      \_\_\_\_\_ [signature]                      \_\_\_\_\_ [date]                      \_\_\_\_\_ [primary spoken language]

**PART 5: TO BE FILLED OUT BY DA STAFF ONLY. Failed to respond within 5 days – [ ]**

CLASS DATE: \_\_\_\_\_ DA Staff/Date: \_\_\_\_\_

RE-SCHEDULED CLASS DATE: \_\_\_\_\_ DA Staff/Date: \_\_\_\_\_

**PART 6: TO BE FILLED OUT BY DA STAFF ONLY. EXCEPT FOR THE RESPONDENT'S SIGNATURE.**

Photo ID Verified#: \_\_\_\_\_ AM Check-In: \_\_\_\_\_ PM Check-In: \_\_\_\_\_

- I hereby certify that the above-referenced respondent has completed the FOPP class. The DA's Office will send a letter to the respondent notifying him/her that their case has, therefore, been discharged. The letter, per respondent's instructions, is to be sent to:

\_\_\_\_\_  
\_\_\_\_\_

- RESPONDENT FAILED TO APPEAR FOR CLASS AS SCHEDULED. This case is being re-referred to the DDA to proceed with standard case charging.

\_\_\_\_\_  
[REGISTRAR'S SIGNATURE / DATE]

\_\_\_\_\_  
[RESPONDENT'S SIGNATURE / DATE]

General Criminal  
Justice System  
Information

## Police Department

### Role in FOPP:

- Run decoy operations to arrest customers of prostitutes
- Inform the arrested customers of the availability of the FOPP diversion option
- Facilitate sections of the 'John School' course
- Maintain order during the 'John School'

### Benefits:

- Improved Public Safety
- Reduction in street prostitution activity
- Reduction of collateral criminal activity that accompanies street prostitution
- Officers are energized by the success of the program
- Community recognition for participation in an effective program

## District Attorney's Office

### Role in FOPP:

- Develop diversion criteria and run the diversion program
- Devote one staff to administering the program
- Facilitate a section of the 'John School' course

### Benefits:

- Improves public safety
- Reduces recidivism
- Diversion of customers frees up resources to prosecute high priority misdemeanors
- Fewer dismissals of prostitution cases
- Easier to 'make' cases with prostitutes as victims
- Community recognition for participation in an effective program

# SAGE Basic Information

SAGE

*(Standing Against Global  
Exploitation)*

## SAGE

### Role in FOPP:

- Developed the curriculum for the 'John School'
- Facilitate sections of the 'John School' course
- Use customer fines to provide services to street prostitutes

### Benefits:

- Customer fines fund a significant portion of the services provided by SAGE
- Provides employment opportunities for former prostitutes
- Community recognition for participation in an effective program
- Therapeutic for survivors to participate in the 'John School'

# the sage project

On May 10, 1995 12 women gathered together in a storefront on Divisadero Street in San Francisco. They came from all walks of life, yet they shared a common set of life experiences that bonded them together. They arranged chairs in a circle and began to talk. They laughed, cried, and shared their hopes, fears, dreams and disappointments. Together they worked to heal the pain of trauma and abuse. They worked to find alternatives to prostitution. They became sisters.

These 12 women, and thousands of others like them, came together through the SAGE Project. STANDING AGAINST GLOBAL EXPLOITATION, (SAGE) is an organization committed to improving the lives of women who are survivors of sexual exploitation, violence and prostitution. SAGE was formed in 1995 through the vision and life experience of Norma Hotaling. After completing her studies in Health education at San Francisco State University, Norma, a former heroin addict and prostitute conducted a survey of street prostitutes in San Francisco. Through this process, and her own insights as a survivor of prostitution, trauma and drug abuse, Norma recognized the need for a human rights organization to advocate for and help meet the needs of this underserved population. SAGE was born.

Since then, Norma, SAGE staff, volunteers and clients have been helping people to see sexually exploited individuals as human beings and dispelling myths about the sex industry. From Holland to Australia, from The Oprah Winfrey Show to LIFE and GEORGE Magazines, SAGE has initiated a dialogue that is a decisive step towards social change.

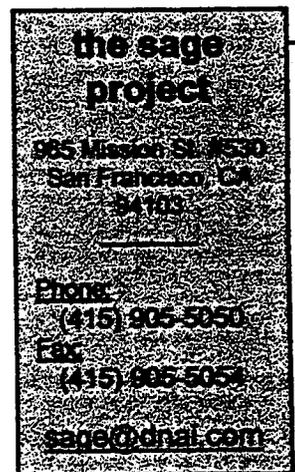
SAGE's programs have assisted over 500 women in exiting prostitution over the last three years. Services include individual and group therapy, holistic healing, education and vocational services. Through this uniquely comprehensive program of recovery from trauma and drugs, the organization was able to give most of these women tools for healing, skills, guidance and motivation to make affirmative lifestyle choices.

Each week, SAGE counselors, all of whom are prostitution survivors, meet with over 250 women and girls in jails, rehabilitation programs, hospitals, juvenile facilities and in the SAGE office. Many of these women join others, some of whom walk in off the street, to participate in treatment at the SAGE Trauma and Recovery Center (STAR) in downtown San Francisco. Empowering women to find alternatives to prostitution not only saves lives, but results in a substantial reduction in tax dollars spent on court and incarceration costs, hospitalizations, welfare and other social services.

In collaboration with the San Francisco District Attorneys' Office, and Police Department, SAGE Executive Director, Norma Hotaling has designed and implemented the First Offenders Prostitute Program (FOPP). This innovative program reduces the negative impact of prostitution in our community by focusing on the "demand" side/customers. Fees collected from the men fund a full range of services to women and girls who are the real victims of prostitution and sexual exploitation. Proudly, FOPP has been awarded the prestigious "Innovations in Government," presented by the Harvard Kennedy School of Government and the Ford Foundation. The program has remarkably reduced recidivism rates for clients. Of over 2,000 participants in FOPP, 98% have remained arrest-free.

SAGE is partnered with many community-based organizations and governmental agencies. Locally, SAGE works with the Mayor's Office, the Sheriff's Department, the Adult and Juvenile Probation Departments, the Department of Public Health and the Commission on the Status of Women, as well as a myriad of domestic violence, homeless, HIV/AIDS and mental health service providers. Strong coalitions have also been built with international groups concerned with the trafficking of women and girls.

The agency has come a long way in a short time and there is still much work to be done... By responding to the needs of survivors of sexual exploitation, trauma and abuse, by raising public awareness worldwide—the work of SAGE is both a lifeline and a catalyst for change.



**SAGE: Standing Against Global Exploitation**

**SAGE PROJECT, INC.**  
**(Standing Against Global Exploitation)**  
**291-10th Street**  
**San Francisco, CA 94103**  
**(415) 552-7243**

SAGE Project (SAGE) is organized *by* and *for* survivors of abuse, prostitution and trauma. Since 1989, SAGE has been committed to improving the lives of women and girls victimized by and/or at risk for sexual exploitation, violence, and prostitution. SAGE has developed a unique expertise on how to work with this population.

SAGE administers a variety of programs addressing the needs of girls and women in the criminal justice system and those who are at risk for becoming involved with the system. Almost all of the girls and women in the criminal justice system are victims of abuse, prostitution and trauma. Many have substance abuse problems, are HIV-positive and were homeless before being jailed. SAGE provides counseling and other services which assist these girls and young women and help them reintegrate into society. The goal is to provide a continuum of services which will support women as they leave prostitution and/or physically, emotionally and sexually abusive relationships.

SAGE is unique in that we do not regard our clients' criminal or drug using behavior as the root cause of their problems but rather as a symptom. Their history of sexual violence and exploitation causes these women and girls to develop trauma responses that often are socially unacceptable or seen as deviant. Because the members of SAGE's staff share similar life histories with our clients, the clients trust the peer counselors and know that they truly understand what they have experienced. By being able to relate to someone who cares for them, these women and girls are able to take the first steps towards changing their lives.

All of the SAGE staff are women who are survivors of sexual exploitation and trauma; the board is completely comprised of women, one of whom is a prostitution survivor. The organization's programs are designed with staff, and board input.

SAGE works to provide services and build coalitions with a variety of agencies in the criminal justice system, substance abuse treatment programs, and international groups concerned with trafficking of women. Locally, SAGE works with staff from the Mayor's Office, the Sheriff's Department, the Probation Department, the Health Department, the Commission on the Status of Women, and the domestic violence, homeless, sexual assault, and mental health communities. SAGE has hosted many visits from national and international organizations including a UN mission on Human Rights on the Sale of Children, Child Prostitution and Child Pornography. SAGE was recently selected as one of the 25 finalist of over 1500 applicants for the prestigious Innovations in Government Award awarded by Harvard University's John F. Kennedy School of Government and the Ford Foundation.

Currently, SAGE receives the bulk of its funding through contracts with San Francisco's Adult Probation Department and District Attorney's Office. In September 1997, SAGE was also awarded funding through the San Francisco Department of Public Health, Community Substance Abuse Services Division. In collaboration with these city agencies, SAGE provides program services to diverse populations. In addition, SAGE recently received funding from the Women's Foundation to diversify the financial support of the organization as well as its board of directors.

For additional information, please contact Norma Hotaling, Executive Director, (415) 552-7243. Please note our mailing address is different than our office. For mail: 1501 Taraval, # 145, San Francisco, CA 94116.

Truly,

Norma Hotaling  
Executive Director

# Service Needs of Prostitutes

# Prostitution and Violence

- Studies show that 65-95% of prostitutes are physically assaulted
- 70-94% are sexually assaulted
- Prostitutes are victimized repeatedly: one study found that 48% had been raped more than 5 times

# Effects of Violence

- Sexual assault causes physical and emotional trauma
- Repeat victimizations can lead to 'psychological paralysis'
- One study found that 41% of prostitutes met the criteria for Posttraumatic Stress Disorder

# Drug Use and Treatment

- In one study, 75% of prostitutes reported having a drug problem
- There is a strong correlation between prostitution and drug use
- Prostitution survivors need specialized drug treatment services
- Services must address the effects of repeat victimizations

# Homelessness

- A study of San Francisco prostitutes showed that 84% reported current or past homelessness
- 78% of prostitutes in the same study reported a need for safe housing

# Life Skills Training

- Prostitution survivors can have serious skills deficits
- Services should include: educational and job counseling; life skills training; and, parenting education

# Health Services

- Prostitutes are in need of basic medical services and health education
- STD counseling and treatment should be provided

# SAGE Services

- 5 Phase 26 week Day Treatment Program
- Services include: Career and Life Planning; Tools for Healing; Acupuncture; Life Skills; Substance Abuse Treatment; Case Management; and Health Services
- All SAGE peer counselors are former prostitutes

## Service Needs of Prostitutes: A Brief Summary

Prostitution survivors need comprehensive wrap-around services including: Posttraumatic Stress Disorder treatment, substance abuse treatment, life skills development, support groups, mentoring, and health counseling.

### Prostitution and Violence:

In the course of their 'careers,' prostitutes experience extraordinary levels of violence and sexual abuse. Numerous studies (see Tab 8) have attempted to document the dangers involved in street prostitution. One study (Silbert) found that 65% of prostitutes were physically abused by customers. Two-thirds of the women had been physically abused by their pimps. The study also found that 70% of the women had been victims of customer rape.

Another study documents even higher levels of violence and sexual abuse (Miller). This research found that 93.8% of the women had survived some form of attempted or completed sexual assault. Over 95% of the women were physically assaulted. Nearly half of the women reported being forced into having sex with men who identified themselves as police officers. In addition, 56.3% of the women had been robbed by their customers.

Research conducted in England (Benson) showed that 27% of the prostitutes in the sample had been raped in the past 12 months. A further 43% had suffered some form of physical assault.

What this data does not fully document is the frequency of abuse experienced by street prostitutes. The vast majority of the women had been assaulted and/or raped more than one time. Data collected in San Francisco (Hotaling) shows that 48% of the women interviewed had been raped more than 5 times.

Sexual assault can cause physical injury and profound emotional trauma. Rape survivors can exhibit a variety of trauma induced symptoms including: sleep disturbances, depression, humiliation, anger and self-blame and inability to concentrate. Repeat victimization exacerbates these symptoms and can lead to a type of psychological paralysis characterized by passivity, an inability to change destructive behavior and self-deprecation. (Silbert).

Posttraumatic Stress Disorder (PTSD) is a psychiatric diagnosis detailed in the DSM-IV.<sup>1</sup> Criteria for the disorder include: recurrent nightmares, difficulty sleeping, flashbacks, hypervigilance, and increased startle responses. One study of battered women found that 84% of them met the PTSD criteria. Of the San Francisco prostitutes sampled in 1995, 41% of them met the criteria for PTSD (Hotaling).

Data on incest/sexual assault prior to entering prostitution is scant at best. However, researchers

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<sup>1</sup>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association, 1994)

believe that early experiences lead to later victimizations and establish a cycle that is difficult to break. Fifty-seven percent of the street prostitutes interviewed in San Francisco report being sexually abused as children. Thirty-two percent reported that rape was their first sexual experience. (Hotaling)

### **Prostitution and Drug Use:**

Although the incidence of drug use in the street prostitute population is unknown, it is believed to be quite high. There is a strong correlation between prostitution and drug use. Many researchers see the drug use as a correlate of PTSD and repeat victimization. A study of San Francisco street prostitutes found that 27% had an alcohol problem and 75% had a drug problem. (Hotaling) Studies in England show that between 20 and 83% of the street prostitutes were intravenous drug users. (Benson) Traditional drug treatment or case management programs may not have the skills to address the effects of repeat victimization experienced by former prostitutes. Recovering substance abusers are trained to deal with relapse triggers -- events or circumstances that produce cravings and predispose them to resume their use of drugs. A prostitution survivor is vulnerable to an additional set of triggers -- situations or experiences that may cause her to feel fear and re-live her victimizations. The connection between sexual/physical abuse and substance use, though well-established, rarely results in improvements to services for substance using abuse survivors.

### **Prostitution and Homelessness:**

Prostitutes may be dependent upon their pimps for housing and may never have had stable housing. An overwhelming percentage (84%) of San Francisco prostitutes reported current or past homelessness. Seventy-eight percent of these same prostitutes reported that they needed a home or a safe place to live. (Hotaling) Clearly, a treatment/case management program that ignores this critical need risks underserving the prostitution survivor population.

### **Prostitution and Life Skills:**

Women who enter prostitution at a young age do not have the opportunity to develop critical life skills. Pimps work hard to isolate the women from family, friends and social supports. Working as a prostitute precludes completing school, learning valuable skills and building a work history. Women involved in the sex trade may never have bank accounts, proper identification, or stable living situations. When the women make the decision to leave prostitution, they have severe life skills deficits. Treatment/case management programs for these women much include very practical skills building elements. For example, good work habits, self-esteem, etc. If these deficits are not addressed, traditional services, like outpatient drug treatment, may not be effective.

## **SAGE Services:**

SAGE attempts to address the multiple needs of current and former prostitutes. Former prostitutes are trained to serve as peer counselors and mentors. These peer counselors are role models for other women trying to exit prostitution.

SAGE services for women include: individual counseling; support group therapy; drug abuse treatment; case management; mentorship; sexual health and somatic healing; massage therapy; acupuncture; job counseling; parenting; clothing assistance; life skills training; and HIV counseling. Support and educational groups address the following topics: long-term effects of violence and sexual exploitation; childhood experiences of abuse and incest; drug education; STD counseling; and the consequences of criminal activity.

The 26 week Day Treatment Program is made up of the following five phases:

- Crisis Intervention and Stabilization
- Skill Building and Education
- Identity Transformation
- Sustained Growth
- Continued Integration

SAGE works closely with other services providers to access other community resources. The final step in the holistic program prepares women to maintain their recovery and offers them the opportunity to assist other women in need.

# SAGE Day Treatment Program

## **SAGE Day Treatment Program for Prostitutes**

### **Goals:**

The primary goal of the day treatment for prostitutes program is to facilitate the recovery and functioning of prostitutes and sex workers affected by alcohol and drug use through the delivery of high quality, culturally structured bilingually accessible services offering a spectrum of models from abstinence to harm reduction which are sensitive to issues of sexual trauma, and the dynamics of violence, power and control.

The SAGE Day Treatment for Prostitutes has two goals:

- 1) recovery - to enable these clients to recover from their addictions to alcohol and drugs, as well as the trauma of abuse, violence, and exploitation that lead to these addictions, and;
- 2) improved functioning - to enable these clients to overcome the lack of life skills, blunting of aspirations, and alienation resulting from trauma and addiction. This improved functioning, aside from addiction recovery and avoiding revictimization, will include exiting the criminal justice system; gains in life-skills and education; the ability to care for self and set up a network of safe support (including safe houses, medical and mental health, etc.); obtain employment; and, improve their housing.

### **Day Treatment Program Description:**

The Day Treatment Program lasts 26 weeks, and operates from 1 p.m. to 7 p.m. Program time is divided into two 4-hour blocks of time to accommodate varying schedules. In addition to group sessions, the program offers individual sessions and family counseling; harm reduction education; acupuncture; drug education and relapse prevention; health education and HIV prevention; parenting education; self-defense; coping skills and competency development; life skills; career planning and vocational counseling; Eye Movement Desensitization Reprocessing (EMDR); and, other therapies.

Harm reduction strategies employed in the SAGE program are designed to:

- reduce or eliminate levels of drug and alcohol use
- reduce violence and risks of retraumatization
- increase the use of detoxes, therapists and mental health programs
- increase self-care through the practice of self-soothing behaviors (e.g. relaxation techniques, weekly acupuncture)
- develop strategies for the use of clean needles and safe sex practices between drug using

- partners, in pimp/prostitute partnerships, and with clients
- develop fail-safe plans (develop a network of safe persons and places one can call upon when in danger)
- reduce risks of violence (don't get in the car, seek shelter care, call 911)
- manage medication (take or administer medication as prescribed)
- develop stable primary care for participants and their children (use emergency rooms for bonafide emergencies and establish relationships with primary and pediatric care providers)

## **Philosophy and Curriculum**

The philosophy of the Day Treatment Program is to create empowerment using peer counselors and role models (all counselors are survivors of the sex industry and are in drug recovery). This empowerment philosophy includes harm reduction, and teaching clients that personal protection is an integral part of their recovery. The ultimate goal is abstinence from addictive substances. To achieve this goal, the main emphasis is on peer counseling. A variety of other modalities are offered through donated and contracted services. These are described below.

The curriculum of the Day Treatment Program:

### *Phases:*

1. **Crisis Intervention and Stabilization (2-4 weeks):** ensure the client's safety, protect her/his health, assess for risk of harm to self or others, detox, and engage the client in day treatment.
2. **Skill Building and Education (4-6 weeks):** develop self-protection and life skills that support abstinence, increase self-care techniques, and reduce the harm of accumulated trauma.
3. **Identity Transformation (4-6 weeks):** transform the participant's sense of self from victim/whore/criminal/addict to recovering survivor, accomplishing this transformation through increased ability to protect or nurture themselves and understanding the issues underlying their thought and behavior.
4. **Sustained Growth (4-6 weeks):** help the client remain in the here and now (preventing dissociation) while working on problems of the past and teaching clients to resolve problems that threaten their new lives.
5. **Continued Integration (4-6 weeks):** prepare clients to maintain recovery, prevent relapse, and learn to help others (this is the last stage and is followed by Graduation).

*Menu of Services:*

1. Eye Movement Desensitization Reprocessing (EMDR): the most thoroughly studied method of treating Post Traumatic Stress Disorder (PTSD), showing an extremely high rate of success.
2. Career and Life Planning for Survivors: separate 13 week modules for women and men help them overcome the past and work toward successful vocational futures and empowerment.
3. Tools for Healing: 2 hours per week for 10 weeks; modules help participants build effective coping strategies, manage anger, confront grief and shame, and achieve spiritual growth.
4. Movement and Art Therapy: 2 hours per week for 25 weeks; using body awareness techniques, breath work, movement therapy, expressive arts therapy, storytelling, etc. to teach specific skills and process the experiences and issues faced by participants.
5. Self-Defense Training: The Martial Art of Wing Chun, a simple and effective method to avoid and escape unsafe situations.
6. Acupuncture: 5 sessions per participant; alleviates withdrawal symptoms and improves mental and physical well-being and promotes involvement in recovery.
7. Sexual Health and Somatic Healing: 6 week course focusing on sexual health for survivors of sexual abuse and/or women who have been involved in the sex industry.
8. Life Skills: 3 hours per week for 10 weeks; gender specific approach to life skills development. The ten workshops include participatory learning experiences, group activities, role plays, extensive skill practice, and take-home action plans, activities which provide transfer of the skills being taught in the workshop to the participant's individual daily life.
9. Substance Abuse: workshops, discussions, individual and group counseling, didactic and experiential learning, and 12-step programs are the backbone of the program.
10. Case Management: includes outreach and engagement; screening, assessment, and treatment planning; facilitation and coordination; and advocacy services.
11. Gender Specific Health Education: men and women will participate in separate

weekly interactive workshops stressing the need to establish regular primary care and preventive health practices.

12. **Literacy/Education:** help clients identify educational alternatives (GED or other programs) that will best serve their interests and advance them toward their goals.
13. **Vocational Services:** a program to prepare clients to enter employment in the final stages of treatment or work with affiliated community-based vocational services.
14. **HIV Services:** HIV education and prevention, counseling and testing.
15. **Parent/Child Bonding Education:** parenting education groups teaching childhood development and healthy, appropriate parenting styles.
16. **Peer Counseling:** use of counselors who are in recovery from prostitution and addiction.

The SAGE program provides wrap around services through the combination of mandatory on-site services and program linkages through which clients are able to access needed additional services (or services during non-program hours).

# SAGE Information and Programs

**WOMEN AND PROSTITUTION**  
Norma Hotelling, Executive Director, 1996  
SAGE

**What happens to an individual who sells sex?**

Prostitution is a very complex issue. Culturally, the prostitute population is one to be hated and discarded. They are objectified and thus are not viewed as people. This attitude is perpetuated by the very individuals who use prostitutes, the customers or "Johns." The results from a "johns" program for men who use prostitutes, the "johns" routinely say, "There is nothing wrong with prostitution," but did not agree with their daughter becoming a prostitute. Regarding personal values, the majority stated they would not marry a prostitute (Sawyer 1995). Legally, prostitution has been disproportionately treated as a crime perpetrated by those offering sex for money rather than by those seeking to purchase sex. Therefore, legal consequences in the form of arrests, jail time and fines historically have been consequences for the prostitutes but not for the customer.

UNESCO views prostitution as "one of the most serious forms of discrimination." (WHISPER 3, 1, 1988) In San Francisco, nationally and around the world, death, HIV infection and the rape and violence perpetrated against prostitute women, men and youth is virtually ignored and very often is blamed on the "victim." Re-victimization and re-traumatization of abuse survivors and prostitutes seeking social, medical, and mental health services runs rampant. Services developed for battered women traditionally discriminate against prostitutes, and drug using women. Drug using prostitutes seeking treatment are often placed in co-educational living situations and groups, where the men are free to call them "bitches" and "whores," and treated like "cattle" (Woodhouse 1992). Very often if sexual behavior ensues between male clients and prostitute clients the woman is kicked out. Sex with prostitutes often is used as a reward for male clients. Certainly, the specific vocational needs of abuse survivors are never programmatically dealt with and issues of prostitution, violence, and sexual abuse are never addressed. Emerging research finds that mental health systems and criminal justice systems are filled with undiagnosed and untreated abuse survivors (Wyatt and Powell 1988; Craine, Henson, Colliver, MacLean 1988; Carmen, Reiker 1989; Whitwell 1990; Goff, Brotman, Kindlon, et al. 1991).

Lori Heise in her article *Violence against Women: The Missing Agenda*, states, "There are two experiences that unite women across culture and class, those of giving birth to life and the fear of male violence. Violence against women is perhaps the pervasive yet least recognized human rights abuse in the world. It is also a profound health problem sapping women's physical and emotional vitality and undermining their confidence--both vital to achieving widely held goals for human progress." She goes on to explain that, "The most endemic form of violence against adult women is domestic violence, or more accurately, abuse of women by intimate male partners." Even though the severe abuse of women is documented study after study and exists in almost every culture of the world except a handful of small-scale societies where wife beating occurs only rarely (Heise 1992; Levenson 1989; Counts et. al. 1991). Heise found that population based surveys suggest that between 21 and 30 percent of U.S. women will be beaten by a partner at least once in their lives (National Committee 1989) and that battered women are four to five times more likely to require psychiatric treatment and five times more likely to attempt suicide than

non-battered women (Stark and Flintcraft 1991) About a third of battered women suffer major depressions and some go onto abuse alcohol and drugs. A recent study by the Addiction Research Foundation in Toronto found that battered women's use of sedatives was 74 percent higher and their use of sleeping pills 40.5 percent higher than non-abused women (Groenveld and Shane 1989). Studies show, however that most battered women begin to drink only after the onset of abuse, suggesting that women are using alcohol to escape an intolerable situation (Amaro et al 1990, Stark et. al. 1981). The connection between abuse and substance use is rarely drawn and real institutional changes concerning the treatment of substance using abuse survivors has yet to take place. Women with alcohol or drug problems may then be viewed by their partner as acting inappropriately. Kagle (1987) has noted that a drunken man is viewed as funny, while a drunken woman is viewed as obnoxious or unfeminine. Characterization of female drug users by both males and females in the drug world are typically more negative and demeaning for women. In a study of incarcerated male and female drug users, women were described as the lowest of the low: "Broads on dope get radical, sleazy, snaky" (Fox et. al. 1977). Sandmaier (1980) contended that when women drink, they have a tendency to become more verbally aggressive. This aggression violates the gender role norms. Thus, it may be perceived as more acceptable for a man to hit a woman who is not behaving in an acceptable feminine role. Further, women who are drug users are frequently prostitutes (Miller 1980; Goldstein 1979; Rosenbaum 1981). This may result in further conflicts about appropriate behaviors for women who use drugs. Whatever the reason for violence perpetrated against women, the lethality and effects should not be underestimated. Stark and Flitcraft (1989) conclude that "abuse may be the single most important precipitant for female suicide attempts yet identified." One out of every four suicide attempts by women are preceded by abuse, as are half of all attempts by African American women (Stark 1984).

## **Rape and Sexual Assault**

Due to the stigma and shame associated with rape, sexual assault may be one of the most under-reported crimes. But even official, under-counted figures are chilling. Studies indicate that one in five American women has been the victim of a completed rape (Sorenson et. al. 1988). Researchers estimate that only 34 percent of stranger rape and 13 percent of acquaintance rapes are reported (Koss et. al. 1990). Sexual assaults can cause physical injury and profound emotional trauma. Rape survivors also exhibit a variety of trauma-induced symptoms including sleep disturbances, depression, feelings of humiliation, anger and self blame, nightmares, fear of sex, and inability to concentrate. One study from the United States found that rape victims were nine times more likely than non-victims to have attempted suicide, and twice as likely to experience a major depression (Kilpatrick 1990).

In a 1995 research study of 130 street prostitutes in San Francisco, by Melissa Farley, Ph.D. and Norma Hotaling, H. ED (1995), it was reported that 68% had been raped since entering prostitution, 48% had been raped more than 5 times, 46% had been raped by "johns" or customers of prostitutes, and 36% had been raped by non-customers. Eighty-four (84) percent reported current or past homelessness. Eighty-two (82) percent of the subjects reported having been physically assaulted since entering prostitution, 19% reported having been physically assaulted in the past week, 20% reported having been physically assaulted in the past month 45%

reported having been physically assaulted in the past year, 55% reported having been physically assaulted by customers, and 30% reported being physically assaulted by non-customers

Fifty-seven (57) percent reported that they had been sexually abused as children, 32% reported that rape was their first sexual experience, 26% reported that their first sexual experience was with a relative, 16% reported that their first sexual experience was with an adult friend of the family and 27% stated that their first sexual experience was with a person five or more years older than themselves. **Drug and Alcohol Use:** Seventy-five (75) percent reported having a drug problem, and 27% report an alcohol problem. the average duration of the drug or alcohol problem was 6.5 years (Farley and Hotaling, 1995).

In the study conducted by Farley and Hotaling(1995), subjects were administered a 17-item self-rating scale which corresponds to the DSM III-R symptoms of posttraumatic stress disorder. Subjects levels of PTSD-like symptomology was measured and compared to other traumatized populations. On the average the subjects scored at PTSD symptom level for two of the four DSM III-R criteria for persistent, intrusive re-experiencing of trauma. On the average, subjects scored at PTSD symptom level rating for six of the seven DSM III-R criteria for numbing of general responsiveness and persistent avoidance of stimuli associated with trauma. Finally, on the average, they scored at PTSD symptom level for six of the six criteria for persistent hyperarousal. Forty-one (41) percent of the 130 prostitutes in this sample met criteria for a diagnosis of PTSD.

The researchers investigated the effects of gender and race on levels of violence experienced in prostitution, and on PTSD checklist scores. Women and transgender prostitutes experienced significantly more physical assaults and rapes in prostitution than men prostitutes. Significant differences in physical assaults and rapes on the basis of race was not discovered. Neither race nor gender affected PTSD checklist overall scores (Farley and Hotaling, 1995).

Studies indicate that women who experience early sexual abuse are at risk for sexual and physical attack during adolescence and adulthood (Browne and Finklehor, 1986; Finklehor and Browne, 1988; Wyatt and Powell, 1988). One explanation for this relationship is that women who have been the victim of early sexual abuse develop a self-concept, interpersonal style, or personality that makes them easy for aggressive, exploitive males (Finklehor and Brown, 1988). On the other hand, it may be that sexual abuse increases the likelihood that a woman will become involved in a life-style (e.g., substance abuse, criminal behavior) that increases her risk of victimization.

Mimi Silbert, Executive Director, Delancy Street Foundation with Ayala Pines (1981) conducted a study in 1981 of 200 prostitutes and described an emotional process they called psychological paralysis. Psychological paralysis emerged as a major theme in the first phase of the study that was designed to explore the extent and nature of the problem of rape and juvenile sexual exploitation both prior to and since their becoming prostitutes. Psychological paralysis was experienced by the subjects in dealing with their lives as a result of their excessive and senseless victimization.

Sixty (60) percent of the sample were victims of incest and child sexual abuse and reported

extremely negative emotional and physical impacts from the abuse. Victimization continued to be very high as a result of their involvement in prostitution. According to Silbert and Pines, three quarters of the prostitutes who participated were victims of rapes unrelated to prostitution. The study found that in addition to the physical and sexual abuse, in most cases the victims reported feeling there was absolutely nothing that they could do about the victimization. It was suggested that when excessive victimization is coupled with the lack of understanding of the causes of the abuse, as well as a sense of impotence to do anything to change the situation, then a sense of psychological paralysis develops. Silbert and Pines found that for the majority of the subjects, rape was the final awareness that there was no aspect of life over which they could exert control. This final lesson served as one more advancement of their psychological paralysis characterized by immobility, acceptance of victimization, feeling trapped and hopeless, and the inability to take the opportunity to change. One of the frustrations commonly cited by probation officers, police, and other field workers with prostitutes, is the fact that they do not take advantage of opportunities for different lifestyles even though they claim to hate the life they are in. Programs designed to deal with individuals escaping prostitution should be designed to help develop a sense of control over one's life, promote the ability to change their problems, and to break out of traps. According to Silbert and Pines, psychological paralysis seems to occur as an out growth of extended and repeated situations which lead to "learned helplessness" (Peterson and Seligman, 1983). A growing body of literature, in social science has shown that when people undergo a series of negative events over which they have no control, the result is learned helplessness.

Silbert and Pines contend that when as a sense of psychological paralysis pervades the prostitutes population, the prostitute becomes completely unable to leave the prostitution lifestyle, even when other opportunities are offered. They maintain a belief that bad consequences would occur no matter what new steps they take. They have lost any sense of control over their lives and have accepted feeling trapped and victimized (Silbert and Pines, 1982). This helps to explain why 88% of the prostitutes in the study by Farley and Hotaling (1995) reported that they wanted to get out of prostitution but were unable to leave even when offered the choice.

### **What happens to women and girls who are recruited by pimps?**

The average age of entry into prostitution is 13 years (Silbert and Pines 1982) or 14 years (Kelly and Weiseberg 1985). Most of the 13 to 14 year-old girls were recruited or coerced into prostitution by abusive pimps who initially act as boyfriends or lovers (Gamache and Giobbe 1990). The Counsel for Prostitution Alternatives, Portland, Oregon found that in a group of women studied, 63% were horribly beaten by pimps an average of 58 times per year. Most women deny that the men they are with are pimps, when we first begin to deal with them. Procurers (pimps) very often target runaways, girls that hang with the deviant crowd, kids that smoke, cut class, are beginning to adopt criminal or anti-social behavior, and girls that come from abusive backgrounds who have low self-esteem and confidence. The procurers begin by befriending the girls and young women and then calculate a romantic connection. The strategy of befriending and love is designed to fit the vulnerabilities of its potential victim. A procurer's goal is to find naive, needy teenage girls or young women, con them into dependency, season them to fear and submission, and turn them out into prostitution.

In breaking down their victims, some pimps rely only socially isolating their victims by taking them away from family, friends and embroiling them in a social system that involves living in transient hotels close to the "whore strolls", traveling from city to city, and socializing with transient persons usually also involved in the sex industry as prostitutes or pimps. Harsher methods may involve beating, raping, sodomizing, drugging and starving a woman before turning her out on the streets or over to a brothel.

Kathleen Barry (1995) describes the intricate, savvy strategies used by recruiters of women and girls. She states that a critical step in seasoning a girl is changing her identity. She is given a new name and any necessary papers, such as false driver's license, social security card and birth certificate, so that the police will not be able to trace her real identity or determine her true age. More importantly, the stripping of the girl's identity removes her past and makes her the property of the pimp." Anthropologists Christina and Richard Milner state, "A pimp wants a woman's mind more than her body. It's love, loyalty, and obedience he requires as well as a capacity for self discipline." (Milder and Milder 1972)

More of the recruitment process involves attention and affection including pet names such as Foxy Lady, Star Lady, Sportin Lady, Hope to Die Woman. There is usually glamour and flash--new clothes, jewelry and followed by the "turning out lines." "Baby, if you really loved me." "You only need to do it for a little while, till I get on my feet. For us." "You just need to make some extra money until I get on my feet or until I get some money" or "until you get enough money for me to buy some stash, then I'll take care of us." Shortly after she turns her first date, the verbal, physical and sexual abuse begins. She turns over all her money to the pimp. He puts a quota on her, increases it over time, breaks her by calling her a "whore, nothing but a whore." Telling her that no one else would have her. He begins to beat her into submission, raping her, making her work longer and longer hours, increasing her financial quota and only giving her "affection" after she has submitted to his almost insurmountable demands.

### **What do individuals need in order to escape prostitution?**

In the study of 130 prostitutes by Hotaling and Farley, 88% said they wanted to get out of prostitution, 78% said they wanted a home or safe place, 73% wanted job training, 67% said they needed drug and alcohol treatment, 58% wanted health care, 50% wanted support from other's who have been through what they've been through, 49% wanted self-defense training, 48% wanted individual counseling or support, 44% wanted legalized prostitution, 43% wanted legal assistance, 34% wanted childcare, and 28% needed physical protection from a pimp.

We believe that we have the key to successfully counteract learned helplessness and psychological paralysis, and support autonomy over victimization. Through advocacy and by working directly with public and private organizations to change their approaches to working with women, men, girls, and young boys who are at risk for sexual exploitation, physical and emotional violence, entry and/or recruitment into prostitution we can influence public policy and special programs.

# Recommendations

Prostitution is not a crime that women or girls perpetrate against men and society, even though they are regularly treated as the perpetrators. They are routinely arrested, sent back to homelands, or sent back to abusive home situations. They are often blamed for their own victimization and pushed farther and farther out of medical, mental health and social support systems and further and further into institutions, such as jail and homeless shelters. Those who benefit from prostitution- recruiters, brothel owners, strip club owners, pimps, traffickers, families that sell their children, and customers of prostitutes-are usually never arrested or punished. We feel that this process should be reversed and the persons benefiting from prostitution should be punished and the prostitutes should be protected and provided with services that enable them to stay safe while in prostitution and escape prostitution as effectively as possible.

## **Short-term objectives include:**

- establish safe houses and emergency shelters;
- assist in the rehabilitation and reintegration of the most disenfranchised and disadvantaged women and girls back into society;
- assist women and girls escaping prostitution in acquiring appropriate services such as housing, medical care, substance abuse treatment and vocational training;
- utilize prostitute survivors such as peer educators to build trust and respect so that positive change can take place\*;
- establish data banks;
- develop research focused on solidarity with women and girls who resort to prostitution;
- raise the level of general public consciousness through grassroots communication networks and media;
- work cooperatively with other groups to organize and act against the recruitment and trafficking of women and girls locally and overseas;
- collect data on people and organizations involved in human trafficking;
- exchange information;
- pressure local, national, and international organizations and governments to act against prostitution (not prostitutes) and human trafficking.

## **Intermediary objectives include:**

- request governments to assist and financially support programs for women who wish to stop working in prostitution;
- enact laws to punish not the prostitutes themselves, but those who benefit from prostitution or those police who cooperate with brokers and traffickers;
- prohibit interstate, national; and international trafficking in women;
- enforce legal procedures against rape and other forms of violence against women;
- analyze policies and procure affecting women and girls vulnerability for entering into prostitution such as changing economies and welfare laws;
- use mass media to raise consciousness against trafficking in women and girls;

- raise voices against mass media pornography and commercialization of sex,
- challenge traditional customs and religions encouraging sexual exploitation of women and reinforcing women and girl's second class status.

**Long-term objectives include:**

- change social, economic and political structures which generate prostitution,
- create and institutionalize alternative economic development policies which do not commercialize women's bodies;
- increase women's employment opportunities;
- create women and girl owned and run businesses;
- improve educational levels; eradicate illiteracy;
- prevent sexual discrimination, sexual harassment and early childhood sexual abuse.

\*Peer Counselors: The peer counselors are women who have survived the sex industry and are concerned about the impact of sexual exploitation on all women and girls in our society. Most of the women have experienced sexual abuse, incest, emotional and physical childhood violence, rapes, beatings, torture, kidnapping, domestic violence, homelessness, drug use and recruitment into prostitution by pimps. All of the women have been in the criminal justice system at some time in their lives, and many are HIV positive. Of the women who have histories of substance abuse, all are in recovery.

A wealth of specialized knowledge exists among these women and their dedication to working as peers and role models with this population of girls is immeasurable. Simply put, the peer-counselors can work with the women and girls at a level that is impossible for anyone else to achieve. Having to build trust with this population of adults and youth for non-peers is usually a long, time consuming specialized process and very often not successful. Utilizing peers on a consistent bases has the ability to break through these barriers, often immediately, allowing an educational and mentoring process to ensue.

**Preventative Education with Customers of Prostitutes and Potential Customers of Prostitutes**

Because the issue of men's involvement in the buying of women and girls for sex is often overlooked we have crimes being committed against women and girls at rates equal to the Holocaust. Without the demand, there would not be the recruitment and trafficking of women and girls into prostitution. Preventative education programs such as the First Offenders Programs for Customers of Prostitutes in San Francisco<sup>1</sup> need to be developed worldwide. Popular misconceptions about prostitution and male sexuality need to be challenged among young men in order to prevent them from growing up to become prostitute users. Education on the impact of child sexual abuse upon victims, on the reasons why children and women enter into prostitution, on age of consent and prostitution laws around the world, as well as consciousness raising around the issues of gender and racism would also help to deconstruct the permissive narratives used by current prostitute users to justify their actions.<sup>2</sup>

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<sup>1</sup> First Offender's Prostitution Program is a collaboration between SAGE and the SF District Attorney's Office

<sup>2</sup> O'Connell Davidson J: *The Sex Exploiter*, ECPAT, World Congress against the Commercial Exploitation of Children, 1996

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# **Prostitution, Violence and PTSD**

## **Norma Hotaling and Melissa Farley, Ph.D. (1995)**

130 street prostitutes from four neighborhoods (Tenderloin, Polk Gulch, Mission, Hayse Valley) were interviewed.

### **Gender**

75% = women  
13 = Men  
12 = Transgender

### **Ethnicity**

39% = White  
18% = Latino  
6% = Asian  
5% = Mixed heritage or left blank

*33% = African American*

### **Sexual Assault**

68% had been raped since entering prostitution  
48% had been raped more than 5 times  
46% had been raped by "johns" or customers of prostitutes  
36% had been raped by non-customers.

### **Physical Assault**

82% of the subjects reported having been physically assaulted since entering prostitution  
19% reported having been physically assaulted in the past week  
20% reported having been physically assaulted in the past month  
45% reported having been physically assaulted in the past year  
55% reported having been physically assaulted by customers  
30% reported being physically assaulted by non-customers.

### **Sexual Abuse Histories**

57% reported that they had been sexually abused as children  
32% reported that rape was their first sexual experience  
26% reported that their first sexual experience was with a relative  
16% reported that their first sexual experience was with an adult friend of the family  
27% stated that their first sexual experience was with a person five or more years older than themselves

### **Drug and Alcohol Use**

Seventy-five (75) percent reported having a drug problem  
27% report an alcohol problem  
The average duration of the drug or alcohol problem was 6.5 years

### **Posttraumatic Stress Disorder (PTSD)**

Forty-one (41) percent of the 130 prostitutes in this sample met criteria for a diagnosis of PTSD.

### **Homelessness**

Eighty-four (84) percent reported current or past homelessness.

### **Needs Assessment**

88% wanted to get out of prostitution

78% = home or safe place

73% = job training

67% = drug and alcohol treatment

58% = health care

50% = peer support

49% = self-defense

34% = childcare

28% = protection from pimps



## Standing Against Global Exploitation

965 Mission Street

Suite 409

San Francisco, California 94103

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In 1989, Standing Against Global Exploitation (SAGE) was born from the vision and life experience of its founder and current Executive Director, Norma Hotaling. Norma, a survivor of prostitution and a formerly homeless recovered heroin addict, recognized the need for a human rights organization to advocate for and serve the needs of this disenfranchised population of women and girls.

SAGE, a grassroots organization located at 965 Mission Street, Suite 409 in San Francisco, is committed in improving the lives of women and girls victimized by and/or at risk for sexual exploitation, violence and prostitution. More so, this program addresses multiple needs and issues including social isolation, substance use, effects of trauma, dissociation, vocational impacts from involvement in prostitution, HIV and STD risks. SAGE seeks to effect change on two levels: (1) in the lives of individual women and girls and (2) in the local, national and international community, by challenging societal attitudes that fosters ignorance and acceptance of sexual exploitation, trafficking of women and girls, while it condemning them as criminals or "toss-aways".

SAGE works to provide services and build coalitions with a variety of agencies in the criminal justice system, substance abuse treatment programs, and international groups concerned with trafficking of women. Locally, SAGE works with staff from the Mayor's Office, the Sheriff's Department, the Probation Department, the Health Department, the Commission on the Status of Women, and the domestic violence, homeless, sexual assault, and mental health communities.

SAGE currently offers several programs and services including community outreach, public education, residential treatment support groups, mentoring and job placement, in-custody programs for women and girls, peer support groups, peer education groups and a mental health support. Among the most notable, innovative and effective programs that have been developed are the First Offenders Prostitution Program (FOPP), the Network Pilot Program (NPP), the Satellite Sexual Trauma Counselors Program (SSTC), and the Sexual Exploitation and Violence Prevention and Treatment Project (SEVPTP).

In 1996, SAGE incorporated to become a 501c(3). The program currently operates with a paid staff of only seven members and 6 private contractors. The organization is governed by a Board of Directors of seven members and a president. The staff of SAGE is comprised of women, most of whom have "beaten the odds" by overcoming histories of multiple arrests, trauma, substance abuse, homelessness and poverty. SAGE staff are proud role models for each other and clients.

With a mere annual budget of \$200,000, funding for the SAGE program is contributed from many private and public agencies and institutions. Currently, SAGE receives the bulk of its funding through contracts with San Francisco's Adult Probation Department and the District Attorney's Office. In addition, SAGE recently received funding from the Women's Foundation to diversify the financial support of the organization as well as its Board of Directors. As of September 1997, SAGE is also funded through the San Francisco Department of Public Health.

Since its incorporation, SAGE has worked with over 1100 women and girls who have been victimized. Currently, SAGE continues to strive to meet the wide array of needs of these women and girls, providing support and viable options for those who are seeking to exit the sex industry, while integrating them into society. Prevention, early intervention, treatment and peer support play a pivotal role in all SAGE efforts.

# SIGNS OF UNHEALTHY BOUNDARIES

Trusting no one — trusting anyone — black and white thinking

Tell all

Talking at intimate level on first meeting

Falling in love with new acquaintance

Falling love with anyone who reaches out

Being overwhelmed by a person -- preoccupied

Acting on first sexual impulse

Being sexual for partner, not self

Going against personal values or rights to please other

Not noticing when someone else displays inappropriate boundaries

Not noticing when someone invades your boundaries

Accepting food, gifts, touch, sex that you don't want

Touching a person without asking

Taking as much as you can get for the sake of getting

Giving as much as you can give for the sake of giving

Allowing someone to take as much as they can from you

Letting others direct your life

Letting others describe your reality

Letting others define you

Believing others can anticipate your needs

Expecting others to fill your needs automatically

Falling apart so someone will take care of you

Self abuse

Sexual and physical abuse

Food abuse

# SIGNS OF HEALTHY BOUNDARIES

Appropriate trust

Revealing a little of yourself at a time, then checking to see how the other person responds to your sharing

Moving step by step into intimacy

Putting a new acquaintanceship on hold until you check for compatibility

Deciding whether a potential relationship will be good for you

Staying focused on your own growth and recovery

Weighing the consequence before acting on sexual impulse

Being sexual when you want to be sexual -- concentrating largely on your own pleasure rather than monitoring reactions of partner

Maintaining personal values despite what others want

Noticing when someone else displays inappropriate boundaries

Noticing when someone invades your boundaries

Saying "No" to food, gifts, touch, sex you don't want

Asking a person before touching them

Respect for others -- not taking advantage of someone's generosity

Self-respect -- not giving too much in hope that someone will like you

Not allowing someone to take advantage of your generosity

Trusting your own decisions

Defining your truth, as you see it

Knowing who you are and what you want

Recognizing that friends and partners are not mind-readers

Clearly communicating your wants and needs (and recognizing that you may be turned down, but you can ask)

Becoming your own loving parent

Talking to yourself with gentleness, humor, love and respect



SAGE

SPECIALIZED STEP WORK FOR THE ANXIOUS SURVIVORS

Step One: "We admitted that we are powerless over our addiction, that our lives had become unmanageable."

Describe how alcohol controlled you (e.g., preoccupation with use). Give two examples of how you lost control over your use of chemicals.

Four horizontal lines for writing.

Describe three problems you have now or have recently had related to your use of chemicals.

Four horizontal lines for writing.

Describe two ways that drinking or using drugs made your anxiety worse.

Four horizontal lines for writing.

Describe three ways you can reduce your stress without drinking or using drugs.

Four horizontal lines for writing.

SAGE

SPECIALIZED STEP WORK FOR THE ANXIOUS SURVIVORS

Step One: "We admitted that we are powerless over our addiction, that our lives had become unmanageable."

Describe two skills you need to learn to strengthen your recovery program.

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Describe how your anxiety makes your life unmanageable.

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# December



1998

*SAGE*



**The Star Center**



*SAGE*

<u>Monday</u> 7-14-21-28	<u>Tuesday</u> 1-8-15-22-29	<u>Wednesday</u> 2-9-16-23-30	<u>Thursday</u> 3-10-17-24-31	<u>Friday</u> 4-11-18-25
<u>A: New Clients</u> 11:45-12:45 p.m. Intro. to STAR Center	9:30-11:00 a.m. Acupuncture	9:30-10:00 a.m. 1 to 1 Counseling	9:30-10:30 a.m. Acupuncture	9:30-11:00 a.m. SAGE/STAR Staff Meeting
1:00-4:00 p.m. Intake	11:15-12:45 p.m. TOOLS Group	10-11:30 Relapse Prevention	10:30 a.m.-12:30 p.m. Spirit Works/Breathe Movement Therapy	12-1 LUNCH
<u>B: Continuing Clients</u> 10-12 a.m. Beginning and Endings Process Group	12:45-1:30 p.m. LUNCH	11:30-1:00 p.m. Acupuncture	12:30-1:00 p.m. LUNCH	1:00-2:30 p.m Relapse Prevention
12-1 LUNCH	1:00-3:00 p.m. Women's Well Being	1:00-1:45 p.m LUNCH	1:00-2:00 p.m. Endings and Beginnings Group	3:00-4:00 p.m. Crime and Addiction
1:00-3:00 p.m. Prostitution Assessment	3-5 p.m. Relapse Prevention	1:45-2:45 p.m. Step Plans	2:00-4:00 p.m Healthy Body/Healthy Sex w/Staci Haines	
3-5 p.m Relapse Prevention		3:30-5:00 Yoga Class	4:00-5:00 p.m. Relapse Prevention	
		6:00-8:00 SAGE Group at 507 Divisidero	*Dec. 24th and 31st HOLIDAY	*Dec. 25th HOLIDAY
		8:00-9:00 p.m Self Defense at 507 Divisidero		

*Sage Project Inc.  
Presents  
A Process Group  
For Women*

*Come join us in the healing process. We believe in recovering from trauma and prostitution and we welcome you to come share your stories with us.*

*Where: 965 Mission St. suite 530  
When: Thursdays 1:00-2:00 p.m.*

*Hope to see you there!!!!*

*For more Information Please feel free to call  
415-905-5050 fax 415-905-5054*

If you are tired of being pimped, hurt  
and prostituted. . .

If you are being beaten or have  
suffered abuse. . .

If you are stuck in the cycle of using  
drugs to live and living to use. . .

**You can RECOVER and  
FIND SAFETY**

If you want a safe place and someone  
to really understand. . .

If you are ready to get clean and  
change your life. . .

If you want support and guidance. . .

You have someone to call  
**CALL SAGE NOW.**

Help us help you.  
**415-905-5050**

*There is*  
**LIFE**  
*after:*

**Prostitution  
Abuse  
Rape  
Molestation  
Incest  
Pornography  
Violence  
Jail  
Drugs  
Alcohol  
Addiction  
Trauma**

*SAGE*  
**415-905-5050**

*SAGE*

**organized *by* and *for*  
survivors of prostitution,  
abuse and trauma**



**965 Mission St. Rm. 530  
San Francisco, CA 94103  
415-905-5050**

# SAGE SISTERS

## SPEAK OUT:

*"SAGE is the family of support I never had growing up." -j.m.*

*"SAGE has given me a safe life and a job I love away from drugs." -l.m.*

*"... if I had to choose only one support system it would be SAGE." -a.b.*

*"I followed abusive pimps from state to state working the circuit for 30 years until I found SAGE." -anonymous*

*"As a recovering addict and prostitute, I desperately cried out for help and no one really listened to my story until I created SAGE to help myself and other women."*

*-Norma Hotaling*

## SAGE Services

- individual counseling
- support group therapy
- drug abuse treatment
- case management
- mentorship
- massage therapy
- acupuncture
- job counseling
- clothing assistance
- life skills training
- HIV counseling

**You DON'T need to HURT.  
You can FEEL BETTER.**

## SAGE Referrals

- recovery centers
- safe shelters
- medical care
- legal services
- computer classes
- parenting classes
- HIV testing

All SAGE counselors are women who have experienced prostitution, violence, and sexual assault, so we know why drugs are used to escape, numb the pain and to cope.

We can help guide you to a safe, happy life free from abuse.

**YOU ARE NOT ALONE  
ANYMORE.  
WE UNDERSTAND.**

We work with people of **all** races, ages, sexual orientations, and spiritual viewpoints.

---

### THE STAR CENTER Day Treatment

Program seeks to meet the immediate needs of clients while addressing core issues that serve as barriers to recovery. We understand that the physical, cultural, emotional and social experiences of each person must be addressed if that person is to be made whole again. At STAR, women find tools for healing, guidance and motivation needed to establish healthy lifestyles.

---

STANDING AGAINST GLOBAL EXPLOITATION (SAGE), is a nonprofit organization committed to advocating for and meeting the needs of women and girls who are survivors of trauma and sexual exploitation. Since 1992, SAGE has been helping people to see sexually exploited individuals as human beings and dispelling myths about the sex industry. SAGE has helped over 500 women and girls exit prostitution and make affirmative lifestyle choices.

**At THE STAR CENTER we work with people of all races, ages, sexual orientations and spiritual viewpoints.**

---

**"I followed abusive pimps from state to state working the circuit for over 20 years...and then I found THE STAR CENTER"**

*-- Anonymous Client*

**Confidentiality Ensured**

**The STAR Center/San Francisco**

the  
**STAR Center**

**SAGE Trauma and  
Recovery Center  
"STAR"**

**965 Mission Street #530  
San Francisco, CA 94103  
(415) 905-5050  
sage@dnai.com**

**There is life after...**

PROSTITUTION  
ABUSE and TRAUMA  
RAPE  
MOLESTATION  
EXPLOITATION  
DOMESTIC VIOLENCE  
INCEST  
PORNOGRAPHY  
INCARCERATION  
UNHEALTHY RELATIONSHIPS  
DRUGS and ALCOHOL

**we're here to help...**

**Who Is  
the STAR Center For?**

- Anyone who has exchanged sex for drugs, money, or survival needs
- Anyone who is or has been in the sex industry
- Anyone who has suffered exploitation, abuse, trauma, molestation and/or sexual assault

*All SAGE and STAR staff  
are survivors of  
trauma and prostitution.*

**we understand...**

*We understand that drugs are used to escape, numb the pain and to cope. We can help guide you to a safe, happy life free from abuse.*

**What happens at  
the STAR Center?**

The multiple needs and issues of those recovering from drug addiction, prostitution and trauma are addressed through; peer counseling, group and individual therapy, holistic healing, and vocational services. We help women develop a vision for their lives and take the first steps toward realizing it.

**How Do I Get Into  
the STAR Center?**

If you or someone you know needs treatment, call the STAR Center at (415) 905-5050 or drop in at our office at:  
965 Mission Street,  
San Francisco,  
Monday through Friday,  
between 9:00 a.m. & 5:00 p.m.

**we will guide you...**

**at the STAR Center.**

# Benefits, Barriers and Assets

*Team Exercises 1, 2 and 3*

# Team Exercise 1

# Benefits to Your Jurisdiction

- Benefits fall into two broad categories:  
Public and Private
- Listing benefits to each stakeholder will assist in building support for the program
- Some stakeholders will receive both types of benefits

# Examples of Benefits

<u>Stakeholder</u>	Type of <u>Benefit</u>	<u>Benefit</u>
District Attorney	Public	Fewer dismissals leads to more efficient use of resources
Prostitute Customers	Private	Reduced risk of STD's

# Team Exercise 1: Benefits

<u>Stakeholder</u>	Type of <u>Benefit</u>	<u>Benefit</u>
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# Team Exercise 2

# Barriers in your Jurisdiction

- Two broad categories: philosophical/policy or resources
- Listing barriers will assist in formulating strategies for overcoming them
- More than one barrier may apply to each stakeholder

# Examples of Barriers

<u>Stakeholder</u>	<u>Type of Barrier</u>	<u>Barrier</u>
Police Department	Philosophical	“Prostitution is a victimless crime.”
Drug Treatment Agencies	(inappropriate) Resources	No specialized services available for ex-prostitutes

# Team Exercise 2: Barriers

<u>Stakeholder</u>	Type of <u>Barrier</u>	<u>Barrier</u>
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# Team Exercise 3

# Assets in your Jurisdiction

- Each jurisdiction has assets
- Cataloging your assets will help you build on your strengths
- Assets come in many forms: be creative

# Team Exercise 3: Assets

Stakeholder

Asset





# Building Constituencies & Engaging the Media

## ➤ Building constituencies

- What does this mean?
- Why is it important?
- Strategies for engaging supporters/opponents
- Team exercise

## ➤ Engaging the media

- Who are the media?
- Know your media!
- Tips for developing media contacts
- Building relationships
- Tools of the trade
- Team exercise

## ➤ Supporting materials

- How to's
- Check lists
- Planners
- Dos and don'ts

## **Building Constituencies**

- It is critical that you know who will support your program or oppose your program.
- You must develop strategies to engage both potential supporters and opponents.

**To make this program work in my jurisdiction, I need the support of:**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

**In my jurisdiction, possible opponents  
to this program could include:**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

## **Strategies for engaging stake holders:**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

## Strategies for overcoming opposition:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

## **Engaging the Media**

- Media are a key element of any public safety effort
- They play a significant role in educating community
- They contribute to crime prevention and community safety efforts
- They can publicize major policy initiatives underway

## Who are the media?

### ➤ Print media

- daily and weekly newspapers
- syndicates and news services
- special interest publications

### ➤ Television & radio

- network television
- cable and community television
- national public radio
- local radio spots

### ➤ The Internet

- Web sites
- Listservs

## Tips for Developing Media Contacts

- Create a media database
- Read, watch, and listen!
- Identify interested reporters
- Compliment good reporters
- Develop Delta Sigma Chi contacts
- Don't be afraid of the "cold call"
- Be proactive
- Get to know the community newspaper editors
- Be a valuable, reliable resource
- Ask a journalist to join your advisory board
- Find where journalists hang out and join them!

## **Building Successful Relationships with the Media**

- Attitude
- Preparation
- Persistence
- Speak the language of journalists

## **Tools of the Trade**

- News release
- Media advisory
- Public service announcement
- Opinion/editorial columns
- Letters-to-the-editor
- Press conference

## **Delivering Your Message**

- Define your audience
- Develop key message points
- Develop position statements
- Create a theme
- Compose sound bites or quotes

# Press Releases, Media Advisories, and News Conferences

along with the date the release is written. The top right-hand corner should include the name of a person to contact for more information, a title (when applicable), and his or her area code and telephone number.

- Begin your first, or "lead," paragraph with the name of the city in which the event will occur or where your organization is located.
- The "lead" paragraph is the most important part of your press release. Often, assignment editors and news directors will not read beyond the lead paragraph. Use the lead paragraph to capture the essence of your story. Include the following information in this order:

WHAT: The specific event, program or activity

WHO: Your organization or the participants in the event

WHEN: Day/Date/Time (include a.m. or p.m.)

WHERE: Location of the event (including street address)

WHY: The primary purpose of the event or program

- Limit your press release to one page. The media will contact you for additional details, as needed.
- Always type your release double-spaced, and have at least two people carefully edit it and review it for typographical errors before distribution.
- After the lead paragraph, expand upon the key information by providing greater details of the event or activity.
- Indicate if any "VIP's" will participate in the program or be present at the event.
- For special events, describe any special effects, visuals or other media attractions.
- Whenever possible, develop a creative, eye-catching headline. If you have no appropriate headline, leave adequate space for the editor or news director to fill one in.
- Always include at least one good quotation from the major figure involved in the event or activity.
- Always be clear and concise, using short descriptive sentences.
- Check every statement in your story for accuracy. Be prepared to support your facts with background research or information.
- If your release offers a publication, information or assistance, make sure your final paragraph indicates how to contact your organization for additional information.

## DESCRIPTION

Public service announcements (PSA's) can be utilized in three mediums:

- Newspaper (print PSA's);
- Radio (audio PSA's); and
- Television (video PSA's).

PSA's can deliver messages about your organization, its activities, or victims' rights issues in general. The *National Association of Broadcasters* suggests that PSA's "should sound like a cross between a news story and a commercial message." Your PSA's should be brief, well-written in a "conversational" manner, and interesting.

PSA's target different news mediums, as well as different audiences. Your methods for producing a print PSA for your local newspaper will differ from those you use to broadcast a radio or television PSA. Likewise, your audiences will differ. At times, you will want your PSA's to reach victims and, in other instances, the general community will be your target.

PSA's are a valuable "freebie" to victims' rights advocates. Producing an effective PSA usually costs little but your time and creativity. And PSA's are available only to non-profit organizations.

There is a great deal of competition among non-profit organizations for public service announcement time and space. Usually, a media outlet cannot tell you when your spot will be aired. Your PSA, along with those of other non-profit organizations, will be placed into rotation and aired or printed alternately with those from other groups.

You can work to assure greater public exposure for your PSA's by presenting them to your news media in a professional, timely manner. If you understand the PSA requirements from your local media, and you know the message and audience you are attempting to reach, you will be well on your way to developing a comprehensive public announcement campaign.

### Print Public Service Announcements

Print PSA's are designed strictly for publication in newspapers or magazines. These mediums require not only good copy, but also a well-developed graphic design. Print PSA's for newspapers are published in black-and-white, while magazine PSA's can incorporate many colors. The size of print PSA's varies, and is dependent upon a publication's policies and available space.

Before you produce print PSA's, contact your local newspaper or magazine. Ask to speak to the community service director (also known as the public service coordinator). You should ask him or her the following questions:

- Do you accept print PSA's?
- If yes, are there any general policy guidelines for non-profit groups which wish to submit them?

The length of your PSA limits the scope of your message. However, it is important to always include the "5 W's" in your message: "Who, what, when, where and why."

There are several methods to bring your PSA to the attention of your local radio station:

- **Announcer copy:**  
You provide the station's public service director with written copy which is read "live" by the disc jockey.
- **Pre-recorded copy:**  
You provide the public service director with a cassette or reel tape of your message. Sometimes, celebrities or other recognized people will pre-record a strong public service message which you can reproduce for several mediums.
- **Self-recorded copy:**  
Many radio stations encourage non-profit organizations to record their public service message themselves at the radio station.

You should always provide written copy of your PSA to the public service director of the radio station. He or she may wish to incorporate portions of your message in actual airplay. Most stations prefer copy on 8-1/2" x 11" paper; some like copy on index cards. A sample PSA form is included in *Appendix F*.

Always make sure your PSA contains the following information:

- Name of sponsoring organization;
- Contact information (name, address and telephone number);
- Requested start and stop dates;
- Length of PSA; and
- A brief description of the topic.

It's a good idea to also ask the radio station to "co-sponsor" your message by adding a tag, such as: "This important public service message is brought to you by the Smithtown Victim Advocacy Program and Station K-105."

It's also important to know the policies of local radio stations regarding public service announcements. You should ask the following questions:

- Do you broadcast PSA's?
- What format do you require? Live? Announcer copy? Pre-recorded copy?
- Is there a limit to the number of PSA's my organization can submit each year?
- Which length do you prefer for PSA's? 10 Seconds? 30 Seconds?

It never hurts to ask a station's public service director if they will produce a PSA with your organization's message. Other excellent resources are the communications or radio/television departments at your local colleges. Students are often looking for projects to develop and expose their talents.

Most states have a professional association of broadcasters which is affiliated with the highly effective *National Association of Broadcasters*. You may wish to contact the association in your state to discuss your public service needs. Its personnel may be interested in promoting victims' rights issues on a statewide basis, so don't overlook this opportunity!

## Editor's Advisory

### PURPOSE

An editor's advisory provides newspaper editors and radio/television news directors with brief, succinct information about a special event or program and, in particular, press availability opportunities.

### DESCRIPTION

Editor's advisories should not, in general, be substituted for a press release. Rather, they are an excellent tool to enhance your press release by reminding the media of a special event or press conference the day before it happens. Editor's advisories are usually reserved only for the editors and producers of major mediums, such as daily newspapers, network affiliates on television and radio, and key radio stations. For major events, editor's advisories can be mailed to your entire media list as a "friendly reminder" of your activities.

Composing an editor's advisory is similar to writing a press release. It should be no more than one page, double-spaced. Your message should be brief and to the point.

Your editor's advisory contains release and contact information exactly the same as a press release. However, the body of the advisory contains only the briefest of details outlined in the following manner:

- WHO:
- WHAT:
- WHEN:

Before you submit an opinion/editorial column, it's a good idea to contact your newspaper's editorial staff and ask the following questions:

- Do you publish op/ed columns?
- Are there any guidelines I should follow when I submit an op/ed column?
- Is there a suggested length for the column?
- What are your advance deadlines for submitting op/ed columns?
- To whom should I submit it?

When you sit down to write your opinion/editorial column, consider the following suggestions:

- The column's author(s) should possess good writing skills. You may wish to collaborate with two authors: One who is knowledgeable about the topic you are addressing, and one who has strong writing skills.
- If you are writing in response to a previously published column, article, or letter-to-the-editor, briefly outline the contents of that piece in your first paragraph and note its date of publication.
- If you are writing on behalf of an organization or coalition, make sure your column adheres strictly to its policies and positions.
- Use letterhead if you are representing your organization.
- Make certain all your facts are well researched.
- Outline your thoughts before you begin writing the text, and carefully follow that outline.
- Use relevant statistics, case studies, and other current data to emphasize and support your message.
- Remember, your mission is to not only communicate your message, but to persuade your readers that your position is believable and correct.
- Carefully follow the deadline and length requirements requested by the newspaper.
- Type your column double-spaced.
- Have two or three people edit and proofread your first and final drafts.
- Provide the editor with a brief personal biography. Include your affiliation with victims' rights.

If a particular issue is extremely important, consider orchestrating a "letter tree" to your editor. Ask five or ten of your colleagues to submit a letter pertaining to the subject at hand. Often, the editorial page editor will enclose several letters addressing the same issue in a special box which really stands out on the page.

Always remember that the editor has the right to shorten your piece because of space limitations. In other words, what you submit may not always be exactly what gets printed.

## Press Conference

### PURPOSE

A press conference brings media and public attention to a situation or special event which your organization considers particularly important. In order for a press conference to be successful, the issue(s) it addresses must also be important to the media and the citizens of your community.

### DESCRIPTION

A press conference involves inviting all the media in your community to an event which features a prominent guest speaker, a major announcement or a unique demonstration or activity. Press conferences, when planned and implemented effectively, can provide your organization with extensive news coverage with limited effort.

You should never call a press conference unless the news you have to report cannot be handled through a standard press release. If you build a reputation as an indiscriminate "caller of press conferences," your relationship with the media will be

severely damaged. Remember--news mediums are constantly working against time and, in the news business, time is money.

If you are ever in doubt whether or not you should call a press conference, contact a journalist who has reported about your organization in the past. Explain the issue or event you wish to publicize, and ask his or her professional opinion as to whether a press conference is a good idea. Then, follow that suggestion! Journalists know what is "news," so their opinions can be very helpful.

Save press conferences for major announcements that require feedback or elaboration. Most of your time at a press conference should be reserved to answer questions from the media. If you can answer all the questions over the telephone, you do not need a press conference. If a press release will accomplish the same goal, then send a written communication.

With these guidelines in mind, here are some of the circumstances that might call for a press conference:

- Mail your press release three weeks in advance of the press conference. Be creative! Remember, your press release has to "sell" the event. Refer to the section entitled *Press Release* for further specific guidelines. Attach a map if your press conference site is difficult to find.
- Follow up your press release with a telephone call offering additional information. Politely ask if the medium plans to cover the event. Find out if they have any special needs: i.e., risers for television cameras, special lighting, space for audio/video equipment, etc.
- Prepare media kits for distribution to all journalists. Please refer to the section entitled *Media Kit* for additional details.
- Before the event, notify your staff and volunteers about the press conference, and its time and location. You may receive last minute calls requesting this important information.
- Have a table at the entrance of your conference site staffed with two helpful, friendly persons. Ask all participants--especially the media--to sign in at the table. Provide all journalists with the media kits and answer any questions they may have regarding the event.
- Be prompt. If you call a press conference at 10:00 a.m., start at 10:00 a.m. Make sure the key spokesperson or moderator for the conference is present and ready to begin on time.
- Your press conference should be planned to last no more than thirty minutes. Additional information and individual interviews can be provided immediately after the press conference during a more informal "press availability" session.
- Your press conference should feature one key spokesperson or moderator.
- Realistically evaluate your time constraints and limit your speakers accordingly. It's a good idea not to have more than three people deliver remarks or make presentations.
- All speakers--and especially your key spokesperson--should be well-briefed in advance of the press conference. Think about your audience, message and mediums. Tailor your remarks and plan potential responses that might arise according to your projected audience, message and mediums.
- Your moderator should commence the press conference with a brief greeting and thank the media for attending. He or she should introduce the other speakers, offering brief explanations of their reason(s) for participating. Any statements should be read slowly and carefully, and should explain any visual or print materials you may have.
- All speakers should be notified in advance exactly how long their remarks should be. Assign a staff person to stand at the back of the room and signal when time is running out.

- *Mothers Against Drunk Driving* activists who were promoting a "nickel a drink" tax in California poured thousands of nickels upon the bar of a cocktail lounge; and
- To point out the accessibility problems faced by disabled people, activists in Chico, California "handicapped" their entire city council for a day and conducted a press conference showing the various "disabilities," obtaining reactions from each council member as well as spokespersons from the disabled community.

Another consideration when you hold a press conference is providing information to journalists who wanted to attend, but who were unable to do so due to scheduling conflicts. Mail media kits to those who express interest. Radio stations in particular appreciate the chance for a telephone interview on the day of the press conference.

If time permits, run through a "practice" press conference either at your office or preferably at the actual site. Once reporters arrive, it's too late to make adjustments.

Make sure all participants are prepared. Compile a list of potential questions and "drill" your participants. If your moderator can't rattle off statements and answers easily, line up experts who can.

And finally, expect the unexpected. Be prepared. Be positive everything works and works well. If you and your staff are detail oriented, it will eliminate frustration and confusion the day of "the big event."

## News Conference Planner

Scenarios: (Select one)

Planning steps:

1. Identify the announced topic of the news conference. Develop an attention-getting, "catchy," promotional phrase for the news conference that would sell to the media:

.....

2. Since this is a joint news conference, identify other organizations that would participate. Who are they and what function will they serve?

a. ....

b. ....

c. ....

3. Identify the speaker(s) and their purpose for being present (include a moderator, if needed):

a. Speaker 1 .....

Purpose .....

b. Speaker 2 .....

Purpose .....

c. Speaker 3 .....

Purpose .....

4. Identify other platform guests that may not speak but would provide visual/symbolic support and take questions.

a. ....

b. ....

c. ....

5. What are some visual elements for the television cameras?

a. ....

b. ....

c. ....

6. What will be some of the items in the media kit? What is the specific purpose of each item? What items will be provided by the joint sponsor(s)? NOTE: A sample media kit for each scenario is available on the following pages. However, feel free to add other important items.

a. ....

b. ....

c. ....

7. What are some of the challenging questions you expect to be asked?

a. ....

b. ....

c. ....

d. ....

e. ....

## Your Planning Form

General topic:

Your audience: Are they strong supporters, neutral, or strong opponents?

Which of your publics are you talking to?

Your key message points:

1.

(Example/Analogy)

2.

(Example/Analogy)

3.

(Example/Analogy)

Your position statements on the topic or specific issues (see The Media Preparation Plan)

Your theme (which you plan to repeat)

Your strong quote or sound bite:.

## News Conference Scenarios

### Scenario #1

The culmination of a lengthy criminal investigation into illegal electronic gambling devices in southern Alabama was the seizure of numerous devices today by the Alabama State Police, State Excise Police, and the Marion County Sheriff's Department. Approximately 300 troopers were joined by three agencies, as well as numerous city and county agencies in locating, seizing, transporting, and storing the evidence obtained.

Over 700 locations were targeted in 14 counties in the State Police South Zone. "A main purpose for the seizure was to curtail widespread illegal gambling perpetrated by the use of gambling machines," said Superintendent P. Roy Jenkin. He added that the investigation gradually developed into a large-scale operation because of the number of machines and locations being operated by a network of owners and vendors.

Information on the number of machines seized and the locations from which they were seized is available by contacting the 12 districts involved in this operation. They are: Pendleton, Putnamville, Jasper, Evansville, Connersville, Seymour, Sellersburg, Lakewood, Greensville, North Ridge, Medina, and Olmstead Falls.

### Scenario #2

The last of several Marion County sobriety checkpoint programs will be on Friday, September 8. The site, which has not been selected, will not be announced to the public.

Since July, the program's results have met or exceeded the expectations of the involved local law enforcement officials. Last Friday and Saturday evenings, an average of 17 police officers from the State Police, Marion County Sheriff's Department and Beachcliff Municipal Police Department have operated sobriety checkpoints throughout Marion County.

The program accomplishments are: 155 portable breath tests and 44 certified blood alcohol tests which resulted in 42 DWI arrests. The average blood alcohol content was 1.8%. This is almost twice the legal limit for blood alcohol content while operating a vehicle in the State of Indiana.

The officers inspected a total of 2,057 vehicles. The average retention time was only three minutes. The program was also responsible for 88 criminal arrests and 6 felony arrests.

### Scenario #3

In a continuing effort to save lives and reduce injuries, the Albemarle, Ohio, Municipal Police will stress enforcement of the seat belt and child safety seat laws

over the Memorial Day travel period. This weekend will be the kickoff of their year-round enforcement program for the next year. This is a comprehensive program designed to help key several cities in the state to reach 75% by the end of December.

Albemarle Police Department will conduct periodic observational surveys. This will assess the problem as well as determine the positive effects of the enforcement program.

This holiday is traditionally a time when travelers begin summer vacations or enjoy warmer weather by going to visit relatives or visiting State parks. We just want to ensure that everyone arrives safely to enjoy the holiday.

#### Scenario #4

Lt. Robert Chase was in high-speed pursuit of an impaired driver when the officer's vehicle went out of control and struck and killed Sara Lutz who was waiting at a bus stop. The agency has experienced three "hot-pursuit" crashes in the past two years. While this is the first fatality, the crashes were covered by the media and there was some public concern. In addition, the Sara Lutz family is suing the city and municipal police department. The family is wondering if Lt. Chase was following agency policy and if he and other agency officers are properly trained. About 3 months ago, there were stories written by the investigative reporter of the Courier and an editorial questioning this practice and discussing his conversation with the trainer of driving at the academy which was "not that favorable." The CEO wants to conduct a news conference.

# News Conference Logistics Checklist

(MARK BY 100X)

		Complete For Applicable Items Only			
		Action To Be Taken		Action	
Item	X (if not app.)	Person Responsible	Date	Complete (Initials)	Confirmation
<b>1- Issue Preparation/Strategy</b>					
Substantiate need for a conference					
Define goal and objectives of conference					
Key messages					
Position statements					
Theme					
Consider conducting an "event"					
Determine need for joint news conference					
<b>2- Personnel</b>					
Identify agency coordinator					
Identify speakers					
Identify technical expert					
Invite VIPS and support persons to assist principal					
Identify VIP host					
Assign a supervisor of physical arrangements					
Arrange security, escort through building, etc.					
<b>3- Date/Time/Place</b>					
Identify length of conference					
Coordinate with principal's calendar					
Identify day/date					
Identify time					
Identify place					
Identify competing events for media's time					
Identify convenient place					
Other location if it has promotional value					
<b>4- Specific Planning Elements</b>					
Develop initial agenda					
Identify visual aids					
Identify activities					
Determine need for no Q&A session					
Determine need to prohibit cameras					
Determine need to prohibit non-media/freelancers or freelancers be invited?					

		Complete For Applicable Items Only			
		Action To Be Taken		Action	
Item	X (if not app.)	Person Responsible	Date	Complete (Initials)	Confirmation
4 - Specific Planning Elements (cont)					
Determine need for escorts security etc.					
Determine need for temporary building conference passes					
* Consider non-media and "entertainment" industry					
* Refreshments					
Type					
Time					
Catering Needs					
* Flags, agency/city/state logos and background pieces					
Table/place for news releases and media kits					
* Post signs to direct reporters					
* Name tents for speakers					
Need for transcript					
* Need for agency photographer					
* Need for audiotape recording					
Develop seating chart					
5 - Facilities Planning					
Reserve room					
Floor plan					
Noise level					
Temperature					
Parking					
Public address system					
Dark background					
Large podium with light					
* Telephones for media					
Electrical outlets					
Electrician on standby					
* Multitrack-sound output box					
* Podium height for speaker					
Place for microphones on podium					
Risers for television cameras					
* Access to outside for television equipment					
* Telephone hookup for radio feeds					
Identify room/vans for post-conference interviews					
* Separate door for dignitaries					
6 - Conference Promotion					
Develop a news release/advisory					
Obtain clearance					
Compile prospective list of media					
Print assignment & photo editors					
Radio-TV assignment editors					
List conference on wire service calendar					
Produce final list					

Item	X (if not app.)	Complete For Assignable Items Only			Confirmation
		Action To Be Taken		Action	
		Person Responsible	Date	Complete (Initials)	
6- (cont) Conference Promotion (cont)					
* Send news release or advisory					
<i>Mail</i>					
<i>Fax</i>					
<i>Phone Calls</i>					
* Make follow-up phone calls					
* Call media with last minute speaker changes					
7 - Media Kit					
Determine need for kit					
Assign media kit producer					
Include items from joint organizations					
Get clearances for materials					
Print media kit					
Collate materials					
Determine quantity					
8 - Pre-Conference Briefings and Rehearsals					
Brief principal and agency support staff on media attending, specific interests of reporters, format of conference, etc.					
Rehearse questions and answers					
<i>Identify moderator to field questions</i>					
<i>Prepare speakers for responding to questions</i>					
<i>Identify general and tough questions</i>					
<i>Conduct practice session of questions</i>					
* Determine if take questions from non-media					
Discuss other ways to make certain Q&A goes well					
9 - Day of Conference					
Revise agenda/release/fact sheet/kit					
Inspect room setup/flags/logos					
Inspect physical/electrical setup					
* Brief speakers on use of visual aides					
Review "event" activities					
Review additional questions and answers					
Oversee escorts, security, issuing of building passes, etc.					
* Floor supervisor to welcome reporters					
* Hand out conference materials					
Supervise serving of refreshments					
* Prohibit microphone hookup 5 minutes before conference					
Test sound system function/levels					
Test room temperature/noise level					

Item	Common For Assignable Items Only				Confirmation
	X (if not app.)	Action To Be Taken		Action Complete (Initials)	
		Person Responsible	Date		
10 Conduct Conference					
Welcome reporters					
Introduction to the issue					
Deliver general statement					
Read precisely worded statement, as needed					
Review ground rules					
Timetable					
Review other agency topics					
Review media list					
Attribution issues					
C&A procedures					
Rules for freelancers					
Post-conference interviews					
Introduce speakers					
Conduct a short presentation					
Start the question and answer session promptly					
Ask reporters to state name and media outlet					
Who decides to end C&A early?					
P/O SIGNALS					
Make concluding statement					
End on positive note					
Identify contact person and telephone number					
Thank reporters					
Thank staff					
11 Conduct post-conference interviews					
Supervise session, stay on-time					
Schedule reporters					
12 Conduct agency tour					
13 Follow-up and Evaluation					
Send original news release and lot to media					
not present					
Consider post-conference news release					
Follow-up on reporter promises					
Write thank you notes/make calls					
Document media coverage					
Conduct de-briefing/internal review					
Prepare final report					

## Press Release

### PURPOSE

A press release informs the media about your organization's upcoming activities, special events, or ongoing programs for victims' rights.

### DESCRIPTION

A press release is the most widely used method to attract media attention and coverage of your activities. Press releases serve as official invitations to special events,

# Information Sheets

### **III. Information Sheets**

- **Fact Sheets**

One page fact sheets should be prepared and regularly updated for the media and others interested in aspects of your agencies or projects that are being carried out. This gives you material that can provide a reporter with the basics. Sometimes this is all they require and occasionally it might provoke further questions.

- **Accomplishment Sheets or Success Stories**

In addition to the fact sheets, a list of accomplishments or success stories of the agency are very important. Again, these one page sheets can be forwarded to reporters who are seeking information along this line. These should be regularly updated as new accomplishments are achieved or additional success stories occur.

- **Myths & Facts Sheets**

If there are reoccurring inaccuracies concerning your agency, then a myth and fact sheet should be composed. This will give you an instrument that can be distributed to reporters to clarify such inaccuracies.

# D.C. Revitalization Task Force

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**DRAFT**

## Offender Supervision

As part of the effort to revitalize Washington, D.C., the National Capital Revitalization and Self-Government Act of 1997 calls for the establishment of the District of Columbia Offender Supervision, Defender and Court Services Agency. The agency will provide supervision for offenders on probation, parole and supervised release pursuant to the District of Columbia Code.

The Revitalization Act also provided for the appointment by the Attorney General of a Pretrial Services, Defense Services, Parole, Adult Probation and Offender Supervision Trustee, who is vested with fiscal and legal authority to exercise all powers and functions authorized for the Director of the Agency. The Trustee's role is to reorganize and transition the functions related to pretrial services, defense services, parole, adult probation and offender supervision. The Agency assumes its duties not less than one year or more than three years after the enactment of the Revitalization Act.

The Offender Supervision, Defender, and Courts Services Agency will supervise any offender who is released from prison for any term of supervised release that has been specified by the Superior Court of the District of Columbia. These offenders will be subject to the authority of the United States Parole Commission until the completion of the term of supervised release.

The Agency will also supervise all offenders placed on probation by the Superior Court. The Offender Supervision, Defender, and Courts Services Agency will carry out the conditions of release imposed by that court, which may include conditions that probationers undergo training, education, therapy, counseling, drug testing, or drug treatment. The Agency will also make reports to the Court with respect to an individual on probation as the Superior Court may require.

The Act also calls for the United States Parole Commission to assume the jurisdiction and authority of the D.C. Board of Parole, which will be abolished. The United States Parole Commission shall have the exclusive authority to amend or supplement any regulation interpreting or implementing the parole laws of the District of Columbia with respect to felons.

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# D.C. Revitalization Task Force

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**DRAFT**

John A. (Jay) Carver III

D.C. Offender Supervision and Court Services Trustee

John A. (Jay) Carver was named by Attorney General Janet Reno in October 1997 to oversee the establishment of the new District of Columbia Offender Supervision, Defender and Court Services Agency. This new Federal agency, established under the National Capital Revitalization and Self-Government Improvement Act of 1997, will ultimately provide for consistent supervision of defendants and felons in the District of Columbia through all stages of the criminal justice system from arrest through trial, incarceration or probation, and supervised release.

The D.C. Pretrial Services Agency, which Mr. Carver headed for 13 years, has been cited as a model for criminal justice administrators across the nation and was awarded the Department of Justice's designation as an "Enhanced Pretrial Services Program." The Agency, one of the oldest in the nation, has played a role in implementing a large, highly automated and comprehensive program of pretrial drug testing and monitoring.

Following his retirement from Pretrial Services earlier this year, Mr. Carver became the director of the Washington office of the Justice Management Institute. The Denver-based non-profit organization seeks to improve the overall administration of justice by helping courts and other justice system institutions and agencies achieve excellence.

A 1967 graduate of the University of Wisconsin, Mr. Carver received his J.D. from Georgetown University Law Center in 1974. He is a member of the Bars of the District of Columbia and Virginia.

###

**DRAFT**

**Truth-in-Sentencing Myths & Facts (1/6/98)**

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**Myth:** *The District of Columbia has the highest incarceration rate in the nation.*

**Fact:** This is an unfair comparison of the District of Columbia to any of the states. It is comparing apples and oranges. There has never been a comparison of incarceration rates for urban jurisdictions; therefore, it is impossible to compare D.C.'s incarceration rates to other cities.

We do know that in 1992, 83 percent of felony defendants in the District were incarcerated. This percentage is lower than Los Angeles, San Diego, and Harris County, TX (Houston).

**Myth:** *The District's criminal code currently has a tremendous racial impact with African-American males receiving harsher sentences than whites for similar crimes. This will be exacerbated with the implementation of the Commission's proposals.*

**Fact:** While it is true that African-American males are incarcerated at a greater rate than other racial groups within the District of Columbia, it is also a fact that the overwhelming majority of the nation's capital is African-American.

The Commission is charged with developing a system of determinate sentencing for violent offenders. The Commission is concerned with the disparity in sentencing and it is for this reason that the Commission has gone beyond its mandate to suggest to the council to develop guidelines that would work toward eliminating these disparities.

**Myth:** *Under Truth-in-Sentencing proposals, length of incarceration will increase.*

**Fact:** Determinate sentencing will not necessarily result in lengthier periods of incarceration. In fact, there is absolutely no way to determine whether the new system will increase sentences.

The goal of federal Truth-in-Sentencing requirements is to reward states if they require violent criminals to serve an average of 85 percent of their sentence, not to make sentences longer. Twenty-seven states currently receive federal funds under Truth-in-Sentencing with 19 of those having a determinate sentencing structure.

Under the current D.C. system, a defendant sentenced to five to 15 years would serve five years before the individual was considered for parole. And as pointed out by Margaret Quick, Director of the D.C. Parole Board and a voting commissioner, many prisoners (60 - 75%) are not released at the time of their first parole hearing and some in fact serve the entire maximum sentence imposed.

Under the determinate sentencing structure, the same defendant who faced five to 15 years could be sentenced to any number of years up to 15 years and would serve the entire sentence imposed less good time credit. We cannot assume that judges will in fact impose sentences that will result in defendants serving longer time than is presently served under indeterminate sentencing. Again, this is why the Commission is suggesting to the council that guidelines for sentencing be promulgated.

**Myth:** *Fiscal accountability for decisions about sentencing felony offenders is no longer built into the system, and the Act actually has a built-in incentive to send more offenders to prison and to send them to prison for longer terms.*

**Fact:** The federal government will be paying for community release and the other alternatives to incarceration

At the same time, the Act creates a federal agency, the Offender Supervision, Defender and Court Services Agencies, to supervise persons and provide treatment on release (both pre- and post-trial) and pays for it, not D.C.

The unitary approach to sentencing, as proposed by the Commission, offers the potential for increasing the sentences for felony offenders, but contains no safeguards to prevent this from happening.

Concern for this possibility has resulted in Commission recommending that the council develop guidelines to prevent this from occurring.

**Myth:** *The Commission proposal does not account for a community corrections program or a system of alternative sanctions.*

**Fact:** The proposal does indeed take into account such programs and, in fact, the Bureau of Prisons will pay for halfway house transitional time as part of the individual's sentence. The D.C. Work Release Act which has applied to misdemeanants is not affected by work of the Commission.

In the area of alternative sanctions, it is a charge of the Commission to enhance the effectiveness of the Drug Courts through graduated sanctions treatment programs.

**Myth:** *The structure of the Act plan will limit the use of intermediate sanctions. While the federal government pays the cost of incarceration, D.C. will pay the cost of all other sanctions.*

**Fact:** That is incorrect.

**Myth:** *The proposed recommendations will repeal the District's Medical and Geriatric Parole Act.*

**Fact:** The Truth-in-Sentencing Commission will propose coverage for those inmates that fall under this category.

# Media and Public Outreach

## V. Media & Public Outreach

### ■ Media List

A media list should be compiled that includes the name of the organization, a point of contact, fax number, telephone number and address. After each announcement is distributed by fax, this list should be updated to make sure that all news organizations are receiving the releases, advisories, etc.

### ■ Media Newsletter

A one page newsletter can be sent out the media every month to give a update on what your agency is doing. In some cases, the newsletter can include a condensed version of any news releases that were distributed in the course of the past month. Many times releases are either overlooked or not used because of the heavy flow of news on the day it was issued. But, such stories sometimes may be used at a later date when a reporter can devote more time to it.

Of course, anything new that has occurred greatly helps the newsletter.

### ■ Website

Basic information on the agency can be posted on the Website. The use of this technology has grown exponentially over the last five years, as more and more individuals are accessing the web. This includes news organizations, as well as citizens.

**DRAFT**

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**D.C TASK FORCE MEDIA LIST**

**UPDATED 1/26/98**

<u>Newspaper</u>	<u>P.O.C.</u>	<u>Fax</u>	<u>Phone</u>	<u>Address</u>
Washington Post (D)	Bill Miller	202-628-7940	202-334-7901	1150 15th Street, NW DC 20071-0001
Washington Times (D)	Ron Hansen	202-879-1233	202-636-4895	3600 New York Ave., NE DC 20002-1947
City Paper	Elissa Silverman	202-462-8323	202-332-2100	2390 Champlain St., NW DC 20009-2620
Capital Spotlight Newspaper	Betty Brooks	202-745-7860	202-745-7858	2112 New Hampshire Ave., NW DC 20009-6559
The Current	Christopher Kain	202-363-9850	202-244-7223	5125 MacArthur Blvd., NW DC 20016-3300
The Georgetown	Gary Tischler	202-342-0751	202-338-4833	1610 Wisconsin Ave., NW DC 20007-2720
The InTowner	Editor	n/a (request all releases be mailed)	202-234-1717	1730-B Corcoran St., NW DC 20009-2406
La Nacion	Editor	202-462-3675	202-234-3898	1752 Columbia Rd., NW DC 20009-2814
News Dimensions	Editor	202-628-0550	202-628-2300	1221 Mass. Ave., NW DC 20005-5313
Washington Afro-American	Lawanza Spears	202-939-7461	202-332-0080	1612 14th St., NW DC 20009-4307
Washington Blade	Lou Chibbaro	202-797-7040	202-797-7000	1408 U St., NW DC 20009-3916
Washington Hispanic	Editor	202-667-8902	202-667-8881	2467 18th St., NW DC 20009-2003

Washington Informer	Alvin Peabody	202-574-3785	202-561-4100	3117 MLK Ave., SE DC 20032-1537
Washington New Observer	Editor	202-232-1711	202-232-3060	811 Florida Ave., NW DC 20001-3017
Washington Sun	Editor	202-882-9817	202-882-1021	830 Kennedy St., NW DC 20011
Legal Times	Sam Skolnik	202-457-0718	202-457-0686	1730 M St., NW, Suite 802 DC 20036

<u>Newsletter</u>	<u>P.O.C.</u>	<u>Fax</u>	<u>Phone</u>	<u>Address</u>
Crime Prevention News	Wayne Welch	301-588-6385	301-588-6380	8204 Fenton St. Silver Spring, MD 20910
Washington Crime News Service	Dick O'Connell	703-352-2323	703-352-4811	3918 Prosperity Ave. Fairfax, VA 22031

<u>News Service</u>	<u>P.O.C.</u>	<u>Fax</u>	<u>Phone</u>	<u>Address</u>
Metro Network	John Irving	301-718-0075	301-718-4949	n/a

<u>Radio Station</u>	<u>P.O.C.</u>	<u>Fax</u>	<u>Phone</u>	<u>Address</u>
WAMU	Kathy Merritt	202-885-1269	202-885-1200	4400 Massachusetts Ave., NW DC 20016-8003
WASH	News Director	202-895-5103	202-895-5000	3400 Idaho Ave., NW DC 20016-3046
WETH	News Director	703-824-7288	800-959-8991	P. O. Box 2626 DC 20013-2626
WHUR	News Director	202-806-3642	202-806-3500	529 Bryant St., NW DC 20001-2326

WKYS	News Director	202-432-5477	301-306-1111	4001 Nebraska Ave. NW DC 20016-2733
WMAL/WRQX	Donna Payton/ Barbara Britt	202-686- 3061/ 202-364-9668	202-686-3100	4400 Jenifer St., NW DC 20016-2733
WMZQ	News Director	202-966-2679	202-362-8330	5513 Connecticut Ave., NW DC 20015-2607
WOL	News Director	410-576-7912	410-332-8200	400 H St., NE DC 20002-4336
WTOP	Michelle Comes	202-895-5140	202-895-5000	3400 Idaho Ave., NW DC 20016-3046
WPGC	News Director	301-345-9505	301-441-3500	6301 Ivy Lane, Suite 800 Greenbelt, MD 20770-1402
WHFS	News Director	301-731-0431	301-306-0991	8301 Corporate Dr., Suite 550 Landover, MD 20785-2230
WGMS	News Director	301-468-0491	301-468-1800	11300 Rockville Pike Rockville, MD 20852-3003
WGTS	News Director	301-270-9191	301-891-4200	7600 Flower Ave. Takoma Park, MD 20912-7796
WJZW	News Director	703-549-3960	703-683-3000	510 King Street Alexandria, VA 22314-3132
WETA	News Director	703-824-8343	703-998-2790	3700 S. 4 Mile Run Dr. Arlington, VA 22306-2304
WJFK	Public Affairs Director	703-385-0189	703-691-1900	10800 Main St. Fairfax, VA 22030- 4702

WFAX	R.C. Woolfenden	703-533-7572	703-532-1220	161-B Hillwood Ave. Falls Church, VA 22046-2932
WPFW	News Director	202-588-0561	202-588-0999	702 H St., NW DC 20001-3748

<u>TV Stations</u>	<u>P.O.C.</u>	<u>Fax</u>	<u>Phone</u>	<u>Address</u>
WFTY	News Director	202-965-0050	202-965-5050	2121 Wisconsin Ave., NW DC 20007-2558
WHMM	News Director	202-806-3300	202-806-3200	2222 4th St., NW DC 20001-2312
WJLA	Sam Ford	202-362-1124	202-364-7777	3007 Tilden St., NW DC 20008-3008
WRC	Assignment Editor	202-885-4104	202-885-4000	4001 Nebraska Ave., NW DC 20016-2733
WTTG	Karen Houston/ Nathalie Joost	202-895-3132	202-244-5151	5151 Wisconsin Ave., NW DC 20016-4124
WUSA	Assignment Editor/Chris Houston	202-966-7948	202-895-5999	4100 Wisconsin Ave., NW DC 20016-2810
WMDO	News Director	301-495-9556	301-589-4800	962 Wayne Ave., 9th fl. Silver Spring, MD 20910-4433
WETA	David McGowen	703-998-3401	703-998-2600	3200 S. 4 Mile Run Rd. Arlington, VA 22206
WNVC	News Director	703-849-9796	703-698-9682	8101A Lee Highway Falls Church, VA 22042-1111

NewsChannel 8	Assignment Editor	703-912-5329	703-912-5308	7600 D Boston Blvd. Springfield, VA 22153
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<u>Wire</u>	<u>P.O.C.</u>	<u>Fax</u>	<u>Phone</u>	<u>Address</u>
Associated Press	Daybook Editor	202-776-9575	202-776-9470	n/a
Reuters	Daybook Editor	202-898-8401	202-898-8345	n/a
UPI	Daybook Editor	301-577-3689	202-544-4812	n/a
Associated Press MetroDesk	Jannelle Carter	202-736-9699	736-9692	n/a

<u>Editorial</u>	<u>P.O.C.</u>	<u>Fax</u>	<u>Phone</u>	<u>Address</u>
Washington Times	Marylou Forbes	202-832-2982	202-636-3015	n/a
Washington Post	Colby King	202-334-5269	202-334-6000	n/a

<u>Other Media</u>	<u>P.O.C.</u>	<u>Fax</u>	<u>Phone</u>	<u>Address</u>
DC Watch (Web)	Dorothy Brizill	202-232-1215	202-234-6982	n/a

DoJ Office of Public Affairs	Lauren Varian	202-514-5331	202-616-2777	Main
Congressional Research Ser.	Steve Rutkus	202-707-9770	202-707-7162	Lib. of Congress Gov. Div. 101 Independence, SE, DC 20540-7470

## SAMPLE NEWSLETTER - NOT A DRAFT - DO NOT USE

From: Office of Offender Supervision  
To:

February 1998

# ***D.C. Criminal Justice Update***

Monthly Report from the Office of Offender Supervision

### **PRETRIAL AND PAROLE COOPERATE TO IMPROVE DEFENDANT ACCOUNTABILITY**

The District of Columbia Board of Parole today announced that it was accepting assistance from D.C. Pretrial Services to establish drug-use monitoring procedures for the District parolees. Under the experiment, twenty-five parolees will undergo bi-weekly drug tests to monitor compliance with terms of parole. If found in violation, parolees face increasing stiff sanctions, including jail time, to deter future drug use. The parolees give a urine sample at the Superior Court's Social Services Division collection site. Pretrial Services testing lab analyzes the samples for prohibited substances and enters the results into a state-of-the-art computer database system. The Parole Board hopes to use the results of these tests to improve its supervision of parolees by making former prisoners accountable for the behavior. Pretrial Services has also assisted Parole by ordering proper computer equipment and technical consultation.

### **DEPUTY AG HOLDER TO DISCUSS BENEFITS OF TRUTH-IN-SENTENCING**

Deputy Attorney General Eric H. Holder, Jr., will meet with representatives of the District of Columbia Press at 9:30 a.m., Friday, January 16 to receive questions on how the enactment of Truth-in-Sentencing legislation will benefit public safety in the District.

Holder, chairman of the District of Columbia Truth-in-Sentencing Commission, maintains sentencing criminals to specific

terms of imprisonment, instead of a range, will institute certainty and increase fairness in the city's sentencing system.

Under the proposed changes, violent felons will be sentenced to a certain number of years in prison. Currently, judges sentence felons to a range of years, with minimum and maximum terms of imprisonment. When prisoners have served the minimum terms of their sentences, they become eligible for parole.

Under the proposed changes, these felons would receive a specific sentence, not a range. Judges, criminals, and their victims would know exactly how much time a felon will serve for his or her offense.

### **TRUTH-IN-SENTENCING COMMISSION MOVES CLOSER TO DEADLINE**

Members of the D.C. Council received an update Tuesday, January 13, 1998, as the effort continues to develop recommendations to change sentencing for felonies in the District of Columbia. The Truth-in-Sentencing Commission met with council members to outline proposed recommendations in how the District of Columbia sentences murderers, arsonists, sex offenders, and other violent felons.

Prior to Tuesday's meeting with the council, the commission has held 10 meetings over the past four months, including a session in December at which time the public was invited to comment on recommendations or make suggestions.

CONTACTS : 202-616-1092

Charles Miller

Bryan Young

# General Information

## Engaging the Media

The news media comprise a key element of any public safety effort. Journalists have a significant role in educating the public about crime, contributing to crime prevention and community safety efforts, and publicizing major policy initiatives that affect crime and victimization.

The major venues for media outreach include:

- Print Media
- Electronic Media
- World Wide Web

### Print Media

- Daily newspapers: There are over 2,000 daily newspapers in the United States, ranging from small town newspapers to USA Today (with a worldwide circulation and distribution). Journalists who might be interested in justice approaches include:
  5. Crime reporters: Can be identified by either contacting dailies and requesting specific names, and/or by reading the newspaper to cull reporters who are assigned to the crime beat.
  6. Feature reporters: Assigned to report on general topics that are of interest to readers, of which public safety priority. Feature articles tend to be longer, and focus more on programmatic solutions to problems facing a community.
  7. Editorial boards: Responsible for researching and writing opinion columns on topics relevant to a community or region. The editorial section in daily newspapers is one of the "most read" pages, and one of the most effective outreach tools if the editorial slant is positive. The best way to access editorial boards is to prepare a "press kit" (described later in this text) that describes a program in detail, mail it to the paper's editor, and request a meeting with the editorial board.
- Weekly Newspapers: Weekly publications tend to cater to smaller communities and, as such, focus on activities that are important to a small region of neighborhoods. With smaller staff and longer deadlines, weekly newspapers are a significant venue for criminal justice practitioners.
- Syndicates and News Services: News services (such as United Press International and Associated Press) are usually located in larger cities. Often, local news articles that are deemed "of interest" to larger audiences are distributed and published by news services. News syndicates extend public outreach from major news media (such as the Los Angeles Times and New York Times) to hundreds of other newspapers for publication.
- Special Interest Publications: Wherever there is a "special interest," there is usually a publication that publicizes it. Myriad publications are targeted at women, persons of

color, geographical jurisdictions, labor unions, faith communities, etc. Special interest publications include media venues geared toward justice professionals, crime victims, community leaders, and juvenile and criminal offenders.

### **Electronic Media**

**Network Television:** Television is regarded as the source of news for two-thirds of people in live in America. Most communities, regardless of size, have at least one network affiliate. In addition to news broadcasts, other areas of interest include: talk shows; morning lead-ins to the network morning shows; television actualities/editorials; public service announcements; and documentaries and other special broadcasts that focus on topics of interest to a community.

- **Independent television:** Many communities also have independent stations that offer the same media outreach opportunities as network television.
- **Cable television:** Local cable stations offer myriad opportunities for public service programming, and should be contacted to determine their lineup. In addition, cable also offers "community calendar" stations that update viewers on activities scheduled in the upcoming weeks.
- **Radio:** When one considers that virtually every home and car have a radio, this is one of the most significant venues for public outreach about justice issues. Radio venues include: all news; talk radio; ethnic stations; and educational radio (such as Public Service Broadcasting).

### **The World Wide Web**

Many criminal justice practitioners have created their own web sites on the Internet to provide consistent, comprehensive information about their efforts. Web sites can be electronically linked to other sites built upon mutual interests, such as criminal and juvenile justice, victim assistance, and community mobilization. In addition, the world wide web offers endless opportunities for improved communications through electronic mail.

### **Developing Good Media Contacts**

It is important to remember that journalism is a fast-paced profession, with reporters often moving quickly to new, different assignments. As such, practitioners should remember that any roster of media contacts should be updated at least every six months.

There are ten excellent approaches to developing and maintaining good media contacts:

1. Start with your local library. Ask a librarian to help you locate directories of news media (there are several that deal with both print and broadcast media). Directories are organized by community/zip code, so contacts for your local media should be easy to identify. Begin

- creating a media database, with names, addresses, telephone numbers, fax numbers, and e-mail addresses for crime beat reporters, editors, feature writers, and talk show hosts or producers.
2. Read the news, watch television, and listen to the radio. Are there are reporters, talk show hosts, editorial writers or newscasters whose stories indicate an interest in innovative approaches to society's problems?
  3. Compliment the media! When you read, view or listen to a good story, drop a note to the reporter. Send a carbon copy to the reporter's editor, for good measure!
  4. Determine if your region has a chapter of Delta Sigma Chi, the society of professional journalists. Often, issues related to crime are on their annual conference agendas. Make a call to see if you can speak at one of their frequent training programs.
  5. Don't be afraid of the "cold call." Once you've identified journalists that cover social and justice issues, pick up the phone and explain your work in criminal justice. Offer to send an information package, and keep your resources professional and brief.
  6. Be proactive with the media. Write letters-to-the-editor. Contact radio and television stations to see if they accept actualities, which are simply editorial broadcasts that express an opinion.
  7. Get to know the editors of your community's newspaper(s). Write a letter explaining your program, its mission and goals, and how it differs from current approaches to justice. Request a brief meeting to fill them in on details. You'd be surprised how many of these contacts turn into editorial board sessions!
  8. Be a valuable resource to the media. Use your good contacts in the justice community to your advantage --become a "human Rolodex" for journalists, providing them with referrals that can help them expand and shape stories.
  9. Non-profit agencies should consider asking a journalist to serve as a member of the Board of Directors or in some other advisory capacity. They can make consistent, valuable contributions to your media outreach and community education efforts.
  10. Find out where journalists hang out in your community. Usually, it is a restaurant or lounge close to their offices. Casual, impromptu meetings often turn into long-lasting relationships.

### **Building Successful Media Relationships**

Veteran award-winning journalist Colleen Patrick identifies three factors that are key to successful media relationships: attitude; preparation; and persistence. Patrick offers "checklists" of ideas that might contribute to each of these factors:

## Attitude

- Am I open and sincere?
- Am I ready to receive critical questions about my subject and not be defensive?
- Have I dealt with my emotions adequately? Am I ready to talk to the media without losing my temper?
- Am I prepared to present my subject briefly and enthusiastically?
- Do I feel confident about the merits of my story and presentation?
- Do I believe I sound like I am confident?
- Do I feel positive about what I have to say?
- Do I believe others will benefit from this information?
- Am I ready to be pleasantly assertive if I am put off at first by someone who does not seem to be interested in my story?
- Am I ready to keep calling and writing until I feel my story has a fair hearing?
- Am I ready to ask for advice if I believe I need help?
- Am I ready to have fun with this process?

## Preparation

- Is my press release, press letter, fact sheet, backgrounder or story announcement brief and neat?
- Does every word count on my paperwork?
- Are all the releases, fact sheets, letters or backgrounders easy to read?
- Do I have copies of newspaper clippings or other additional information to include which might make my topic more credible?
- Am I sufficiently knowledgeable about my subject to talk comfortably about any aspect of it?
- Do I know whom to contact if I need more information?

- Am I willing to rehearse my presentation before I speak with media contacts?
- Am I ready to enjoy my contact with the media?

### Persistence

- Have I made a complete list of media people to call so I have someone else to call if I am turned down?
- Am I ready to start all over again tomorrow if I am turned down today?
- Am I ready to listen to constructive feedback about my approach and presentation?
- Am I confident enough to understand the difference between constructive feedback and someone's incorrect opinion?
- Am I ready to do more homework in case I need more information?
- Do I have someone or a group of supporters to be there for me if the going gets tough?
- Am I willing to listen to those who disagree with my side of the story?
- Am I willing to understand that both sides of any issue deserve to be heard?

### "Speaking the Language" of Journalists

Journalists need and like information that is direct, concise and to-the-point. Rambling sentences, typos, and/or inaccurate information will cause your media outreach to be ignored. While not everybody is an excellent writer, often practitioners can work in "teams," combining an "idea" person with someone who possesses strong writing skills.

Two important resources should be considered for use by criminal justice practitioners:

1. Any "Journalism 101" textbook, which is readily available in the bookstore of most community colleges and universities. Journalism texts cover basic writing skills. In addition, if you know what journalists are taught, you will have a better idea of how to best present your information in a manner that is preferable to them.
2. A "stylebook" for writers and editors, which is considered the "bible" for journalists. Stylebooks include tips on language use, style of presentation, and definitions of terms. An excellent stylebook is published by U.S. News and World Report, and is available. The U.S. News & World Report Stylebook for Writers and Editors is available by contacting (800) 836-6397, Extension 2500, or by writing: U.S. News Stylebook, c/o Sisk Fulfillment, Dept. 2500M, P.O. Box 470, Federalsburg, MD 21632.

## Tools of the Trade

There are six essential "tools of the trade" in dealing with media professionals.

- Press release.
- Public service announcements.
- Editor's advisory.
- Opinion/editorial columns.
- Letters-to-the-editor.
- Press conference.

Each of these tools requires considerable planning, yet is quite simple to master with practice. An in-depth overview of each tool, developed by the National Victim Center, is included in Appendix A of this section.

## DEALING WITH THE PRESS

### DO

Treat dealing with the press as part of your overall duties at accident sites. Consider the press an opportunity to tell the public about the Safety Board.

Take advantage of the ability of the press to supply you with witness names and accident photos, carry announcements.

Answer questions factually, as best you can. If the answer could change tomorrow, it's not a fact.

Coordinate press access to the wreckage to minimize disruption to the investigation and the wreckage.

Respond to questions on when the report will be finalized and the probable cause adopted by saying, in so many words "The Safety Board will examine and analyze all factual information concerning the accident and will issue its report and determine the probable cause at a later date. However, the Safety Board can issue Safety Recommendations at any time in response to a safety deficiency."

Explain the comprehensive nature of all Board investigations -- work at the accident scene, post-scene activities, factual and analytical report writing.

Refer questions on flight recorders to the Office of Public Affairs in Washington.

Remember that it is the Board's investigation, not yours.

Emphasize the fact-finding, non-liability nature of all Board investigations.

Remember that you are always on the record when talking to reporters.

### DON'T

Give more information than necessary to answer the specific question.

Be afraid of the press.

Talk to the press when participating in an investigation by a foreign government, that is the role of the IIC or other official of that government.

Confirm accident details that a reporter is giving you and don't take somebody else's word for confirmation of factual information.

Attempt to estimate when a given accident report will be completed either in Briefs or in long-form.

## Public Relations Activities

Public relations is a properly planned program of policies and performances that will build public confidence, increase public understanding and support. It is also a management function, evaluating public attitudes and a planned program of action to earn understanding and acceptance by the public, administrators who oversee the agency, the agency's own employees. Some sample activities, in five different areas of public relations, are listed below.

Which activities are conducted by your agency? Suggest some other effective programs.

### Community Relations

1. Encouraging participation in civic affairs.
2. Providing executive leadership and support to worthwhile causes.
3. Giving generously in personpower to health and welfare, education, professional and civic fund-raising drives of a community-building nature.
4. Arranging periodic surveys of public opinion.
5. Conducting periodic reviews of agency policies and procedures to insure that they are on target.
6. Determining the particular "social" needs of the community and then developing specific agency sponsored programs designed to help meet those needs.
7. Publicizing the agency as a "good place to work," not only to attract qualified job applicants, but also to humanize the agency's image.
8. Conducting tours of the agency for organized groups and occasional "open house" for the media and general public.
9. Maintaining and promoting an agency speakers' bureau.
10. Keeping abreast of the latest technological developments affecting the industry.
11. Staging special events, anniversaries, and other agency observances.

12. Making sure that the agency's properties are maintained as to provide an example of responsible agency concern for the environments in the communities in which the agency has a facility.
13. Installing and properly maintaining attractive and uniform identification signs at the agency's properties.
14. Participating broadly in local exhibitions and fairs of general public interest.
15. \_\_\_\_\_

### Public Information

1. Distributing news releases concerning agency and industry developments of public interest or concern.
2. Arranging and conducting individual interviews and news conferences between the agency's executives and media representatives.
3. Maintaining a prompt, efficient, media information service that operates 24 hours a day, to answer inquires from the media.
4. Publishing industry advertisements on a regular basis in the daily, weekly, and important regional publications throughout the agency's service area.
5. Planning mass mailings, over the chief executive officer's signature, to certain publics to call attention to current developments on the local or national scene that affect the agency.
6. Promptly and fully satisfying requests from the public throughout the agency's service area for factual material concerning the practices, and accomplishments of the agency.
7. Organizing series of "Editorial Roundtables" between the agency and the top regional newspapers, magazines, and radio/television stations.
8. Developing videotapes portraying the agency's operation and highlighting the economic advantages of the agency's service area.
9. \_\_\_\_\_

### Visitor Information

1. Preparing "welcome" letters signed by the chief executive officer to visitors new to the agency.
2. Preparing an attractive booklet summarizing "what every visitor ought to know" about the agency and it's facilities.
3. Giving the agency's "contact" employees (i.e., those who come into contact with the public or media) special public relations training for general guidance in meeting the public.
4. Periodically reviewing the agency's correspondence forms to make sure they continue to promote the proper image.
5. Developing brochures and other informative material directed to specific public groups (e.g., impaired drivers, neighborhood crime WATCH programs).
6. Preparing special mailings on agency problems over the CEO's signature to legislators and administrators.
7. \_\_\_\_\_

### Employee Information

1. Making sure the employee publication regularly reviews and reports on major developments, accomplishments, and problems of critical importance to the agency.
2. Providing agency management with special public relations training to improve their human relations with their employees.
3. Preparing material on major developments for use at employee meetings or conferences.
4. Mailing to employees occasional letters from the agency's CEO concerning important changes in personnel policies or administration.
5. Using bulletin boards, announcements, etc., to focus employee attention on current public relations approaches and on current problems of the agency.
6. Developing an orientation program for new employees with informational materials

that properly stress the agency's history and business.

7. Providing continuity and a sound public relations approach for the agency's booklets on safety, medical care, pensions, and other matters of special employee interest (e.g., stress, AIDES, etc.).
8. Distributing carefully selected information pieces concerning the agency and the industry with employee paychecks.
9. Making applicable items among the suggested activities available to retired as well as active employees.
10. \_\_\_\_\_

#### Agency Administrator Information

Whether at the city, county or state level, internal information should be provided to the City Manager, County Executive, Mayor, Governor, etc., on a regular basis. For example:

1. Giving special attention to the routine daily informational needs.
2. Preparing and updating an agency mission statements that includes monthly/yearly activities.
3. Preparing and distributing highlights of the CEOs remarks at the important meetings.
4. Explaining the objectives of the agency in terms of special current developments, in the agency's quarterly and other communications.
5. Conducting special, VIP tours of agency properties.
6. Preparing attractive booklet summarizing the agency's history, organization, present status, and future prospects.
7. Making sure that each administrator's inquiry receives a prompt, personalized response, signed by the CEO or the officer to whom the inquiry was directed.
8. Distributing to all administrators fact sheets and/or reprints of vital information on the agency or industry.

9. Arranging periodic surveys of all administrators and other department heads to ascertain their preferences for the operation of the agency.

10. \_\_\_\_\_

# Educational Needs of the Customer

- Introduction
- Consequences of continued criminal activity
- Health education
- Effect of prostitution on the prostitutes
- Dynamics of pimping, recruiting and trafficking
- Effect of prostitution on the community
- Sexual addiction
- Evaluation: impact of John School on customer
- Materials

# Educational Needs of Customers

- A critical component of the First Offender Prostitution Program is the education of the customer. This education, which takes place during the 8-hour John School, is thought to be a key to lowering recidivism rates.
- The curriculum of the John School was developed in a deliberate way—to address the educational needs of the customer.

# Who are the customers?

- Male customers arrested for the first time, with no serious prior convictions.
- Majority are white, 25-40 years old, college educated, employed and earning over \$30,000/year.

# First time?

- Over two-thirds of participants have self-reported having had sex with a prostitute at least once in their lifetime.
- Of those, 23% had between 4 and 15 encounters with prostitutes within the last year and 52% had two or more sex partners over the previous three months.

# Consequences of continued criminal activity

- Assistant District Attorney explains:
  - the First Offender Prostitution Program will not be available to re-offenders
  - re-offenders will be charged and could face fines, jail time, etc.
  - consequences of being HIV positive and re-offending
  - consequences of being caught with prostitute under the age of 18
  - consequences of beating or raping a prostitute

# Consequence of continued criminal activity

- Re-offender could face other, less serious, charges like traffic tickets, car towing and/or seizure, loitering to commit prostitution, etc.
- Situations where John's become victims:
  - could be robbed, beaten or murdered
- Community action:
  - John's could be photographed, put on the news, turned into the police, etc.

# John School Curriculum

# Impact on the prostitutes

- Testimonial presentation about prostitution given by prostitute survivors of the sex industry.
- Discussion of childhood risk factors, violence, drugs, rehabilitation and reintegration.
- Gives the John's a sense of the prostitutes as people/victims.

# Dynamics of pimping and trafficking

- This session is used to educate customers about the tactics that pimps use to draw young girls into prostitution and bring attention to the worldwide exploitation of women and girls.
- 68% of 130 street prostitutes surveyed report having been raped
- 82% report having been assaulted

# Impact on the Community

- Community activists discuss:
  - impact of prostitution on their neighborhoods
  - drugs and violence associated with prostitution
  - impact on area businesses and what effect it has on quality of life
  - effect on children and other members of the community
  - increase in the level of “fear of crime” in the community

# San Francisco First Offenders Prostitution Program

## **“Prostitution Laws & Street Facts”**

### Course Outline

JERRY COLEMAN, Assistant DA, SF

[Prior to lecture, draw on blackboard the “Cycle” and the “Ripple” diagrams, attached] *[Put TITLE SLIDE up now]*

#### 1. INTRODUCTION

A. SFFOPP is carrot & stick approach: getting this arrest discharged is one carrot; learning, possibly for 1st time, your crime’s role in a much bigger picture affecting many others, is another carrot; I am the stick.

B. These laws apply not only in SF, but throughout California.

#### 2. YOUR NEXT ARREST

A. I assume this not your first solicitation; just 1st time caught in SF.

B. For next arrest, consider the following out in the street:

- 1) Anyone could be a cop (man or woman)
- 2) Whether you solicit or just go along: still a crime
- 3) Even if w/friends who negotiate for you all: still a crime
- 4) Everything you say is being tape recorded

C. You were cited this time; next time, you’ll be booked

[Let Joe Dutto give description of length/flavor of transport/booking]

D. The arraignment process in SF Muni Court:

- 1) You come from holding cell if can’t make bail [describe holding cell like bathroom in rear of our classroom]
- 2) Public courtroom filled with witnesses, victims, defendants
- 3) Simulated arraignment [you as judge, Joe as public def.]
- 4) Ask class for 1 word description of arraignment process

E. Next steps: pretrial & plead guilty, or trial; either way, costs \$  
*[DOLLAR BILL SLIDE]*

### 3. FUTURE ARRESTS [PUNISHMENT RANGES SLIDE]

A. Possible diversion per PC 1001, if county allows (6 mos. community service, \$500 fine, 2 court appearances)

B. If no diversion, or if next arrest after diversion, 90/18/CTS/Test  
[Explain all terms of dispo]

C. Then 6/2/45/Test (unless HIV+, then see below)

D. Then 6/3/90/Test (unless HIV+, then see below)

E. Max on misdemeanor is 6 mos. CJ

F. If HIV+ on new arrest:

- 1) New felony in CA since 1990
- 2) You may be indicted, facing \$50,000 bail
- 3) Trial in Superior Court & max of 3 yrs State Prison

G. If prostitute under 18:

- 1) Minimum 272 PC (contributing): 1 yr.CJ & \$2500 fine
- 2) Wobbler 261.5 (stat.rape)
- 3) Possible 288 PC (lewd act) or 266i (pandering, w/8yr.SP max)
- 4) Likely SP or long probation w/huge fines, community srvc.,jail

### 4. WHY CAN'T AVOID NEXT ARREST

A. If get real prost. (not cop), but do in public place: 647(a) & same Punishment ranges. (Hugh Grant example in LA)

B. You go to hotel w/prost., could wake up groggy, naked & w/o wallet and watch (or not wake up at all) [Joe Dutto to give examples of johns as victims who died] [Use Cycle diagram here]

C. You go w/prost. but beat her, cut her, rape her: now you are a felony assault, rape defendant [Use Cycle diagram here] and we will prosecute you (Teri Jackson examples)

D. You go to massage parlor [MASSAGE SLIDE HERE]: SFPD

regulates these, as magnet for crime, esp. Robbery of johns

E. Just blocking traffic to solicit will cause you problems:

- 1) Minimum traffic ticket, as SFPD traffic enforces, so \$ & insurance points
- 2) Could be 372 PC (criminal nuisance) & booking since we still have you on list from this offense [Joe describes]
- 3) Possible towing, and even forfeiture if SF passes local law (Case out of Michigan upheld forfeiture of car even against john's wife!; so said US Supreme Court)
- 4) New 1996 misdem. crime: PC 653.22 (loiter to commit prostitution) [Read 653.22(b)(4) to see if sounds familiar]

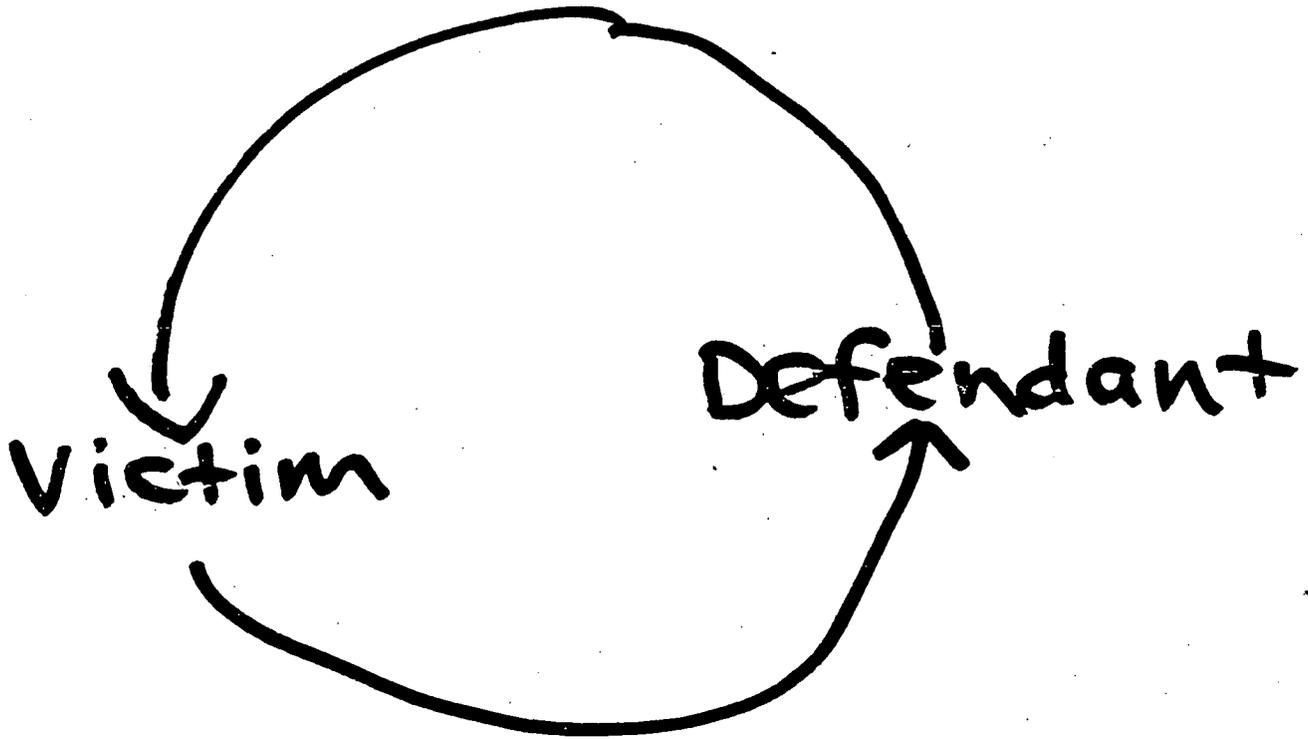
## 5. PUBLIC PRESSURE BEYOND POLICE

[Here, use Ripple diagram to show we started with "You" in this arrest; the last topic covered "You and prostitute" to show the cycle between defendant and victim. Next hour, DPH will scare you much more than I, with next ripple, "You and your family". Final ripple is "You and the community"; neighborhood citizens angry by your conduct will be here in the afternoon, but here is a preview of their concerns.

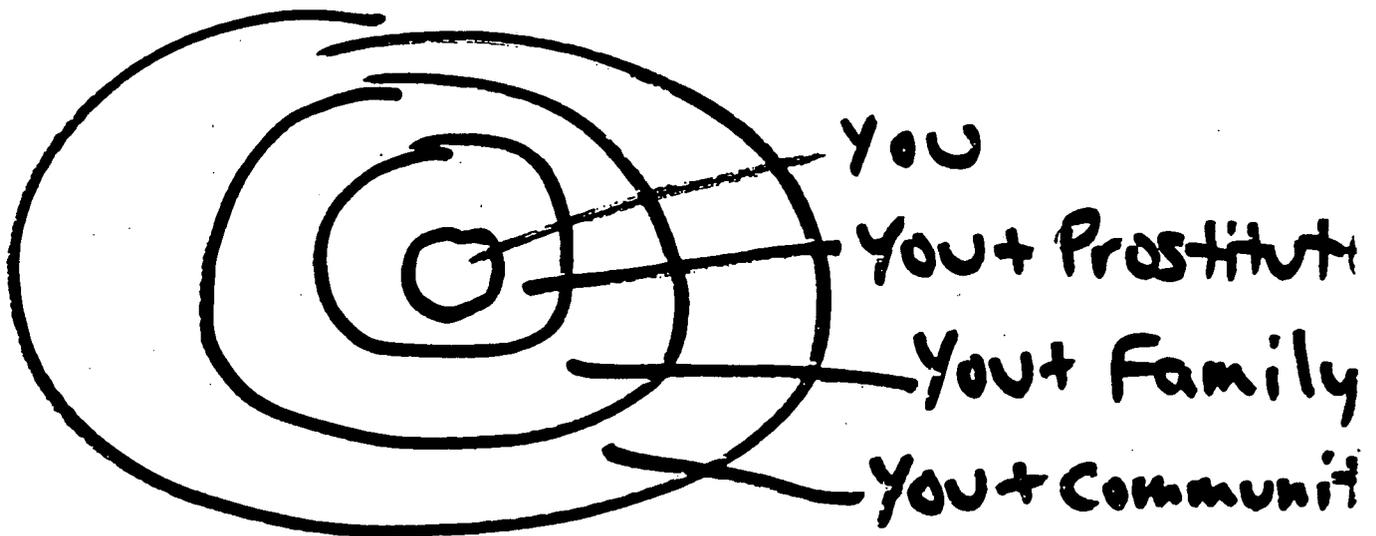
- A. Neighbors will photograph or videotape you
- B. They will note your license for the police (some police depts send a postcard home to warn the driver of loitering in high prostitution area)
- C. [Read Elvin Reed's letter, on behalf of Capp seniors who can't come to program]
- D. Some communities air the "John Hour" on radio or newspapers
- E. Regular TV footage of police sting operations (your face may be blocked, but maybe not your company's logo on the pickup's side)
- F. Why all this community fuss:
  - 1) Seniors can't use bus stops, as prostitutes' "offices"
  - 2) Parents angry that kids pick up used needles, condoms
  - 3) Businesses in area lose business, send City fewer tax \$, and Complain to mayor, police chief, DA (who listen)

6. CONCLUSION: WHY WOULD YOU WANT TO RUN THIS GAUNTLET?  
Why would you want to run this gauntlet of angry neighbors, active police stings, media, court problems, certain embarrassment and possible injury or death to yourself? Use your head [CYBERPORN SLIDE] ; Use your hand if you must, but stay out of our neighborhoods. It is our duty to prosecute you. For some of us, it is a pleasure; it won't be for you.

# Cycle Diagram



# Ripple Diagram



ed in this section, "recording" means any tangible medium upon which information or sounds . . . are recorded, including any phonograph record, cassette, wire, film, or other medium of recording or sounds . . . are recorded or otherwise stored, including sounds accompanying a motion picture or audiovisual work.

ed in this section, "audiovisual works" are the physical objects that consist of related images which are intended to be shown by the use of machines or devices, such as projectors, viewers, or electronic equipment, with accompanying sounds, if any, regardless of the form of the material objects such as films or tapes on which the images are embodied.

any person who has been convicted of a violation of this section shall be punished as follows:

(a) If the offense involves the advertising, offer for sale, offering, rental, manufacturing, or possession for sale of at least 1,000 articles of an audio recording or of an audiovisual work described in subdivision (b), the person shall be punished by imprisonment in the county jail not to exceed one year, or by imprisonment in the state prison not to exceed five years, or by a fine not to exceed two hundred thousand dollars (\$250,000), or by both . . .

(b) If the person is convicted of a violation of this section in violation of subdivision (a) not to exceed one year, or by imprisonment in the state prison not to exceed five years, or by a fine not to exceed twenty-five thousand dollars, or by both . . .

(c) If the person is convicted of a violation of this section in violation of subdivision (b) not to exceed one year, or by imprisonment in the county jail not to exceed one year, or by a fine not to exceed one hundred dollars (\$100,000), or by both. (Added by Stats.1988, c. 367, § 1; Stats.1989, c. 942 (S.B.2073), § 1.)

Telephone calls to 911; intent to annoy or harass; response costs

Who telephones the 911 emergency line or harass another person is guilty of a crime punishable by a fine of not more than \$1,000, by imprisonment in a county jail not to exceed six months, or by both the fine and imprisonment in this section shall apply to telephone calls made in good faith.

Intent to annoy or harass is established by proof that a person makes or receives calls over a period of time, however short, that are made under the circumstances.

On conviction of a violation of this section, a person shall be liable for all reasonable costs incurred by the telephone company in providing emergency response. (Formerly § 653L, added by Stats.1988, c. 262 (A.B.2741), § 1. Renumbered § 653L, added by Stats.1995, c. 91 (S.B.975), § 127.)

Renumbered § 653.5 and amended by Stats.1987, c. 44

Balloons: electrically conductive material or apparatus; sale, distribution or release outdoors; repair

No person shall sell or distribute any balloon which is made of electrically conductive material, and filled with a gas lighter than air without:

(1) Affixing an object of sufficient weight to the balloon to counter the lift capability of the balloon.

(2) Affixing a statement on the balloon, or ensuring that a statement is so affixed, that warns the consumer about the risk of the balloon coming in contact with electrical power lines.

(3) A printed identification of the manufacturer of the balloon.

(b) No person shall sell or distribute any balloon filled with a gas lighter than air, which is attached to an electrically conductive string, tether, streamer, or other electrically conductive appurtenance.

(c) No person shall sell or distribute any balloon which is constructed of electrically conductive material and filled with a gas lighter than air, which is attached to another balloon constructed of electrically conductive material and filled with a gas lighter than air.

(d) No person or group shall release, outdoors, balloons made of electrically conductive material and filled with a gas lighter than air, as part of a public or civic event, promotional activity, or product advertisement.

(e) Any person who violates subdivision (a), (b), (c), or (d) shall be guilty of an infraction punishable by a fine not exceeding one hundred dollars (\$100). Any person who violates subdivision (a), (b), (c), or (d) who has been previously convicted twice of violating subdivision (a), (b), (c), or (d) shall be guilty of a misdemeanor.

(f) This section shall not apply to manned hot air balloons, or to balloons used in governmental or scientific research projects.

(g) Electrical corporations shall report to the Public Utilities Commission every other month, from January 1, 1991, until June 30, 1993, on electrical service disruptions caused by balloons constructed of electrically conductive material, including, but not limited to, the location of the service disruption, the composition of the balloon, and the extent of the disruption. The commission shall provide a copy of each electrical corporation's bimonthly report to a representative designated by the metallic balloon manufacturers and shall report the following by December 31, 1993, to the Legislature:

(1) The number of outages reported by each electrical corporation on a monthly basis.

(2) A comparison of the monthly outages reported pursuant to Chapter 1122 of the Statutes of 1988, with the monthly outages reported by each electrical corporation pursuant to this act, reflecting the numerical trend of the outages. (Added by Stats.1990, c. 1559 (S.B.1990), § 1.)

§ 653.5. Repealed by Stats.1988, c. 1199, § 24, operative July 1, 1989

CHAPTER 2.5. LOITERING FOR THE PURPOSE OF ENGAGING IN A PROSTITUTION OFFENSE

- Section 653.20. Definitions.
- 653.21. Offense; intent; relevant circumstances.
- 653.22. Severability.
- 653.23. Violation; offense.
- 653.24. Local laws; preemption.

§ 653.20. Definitions

For purposes of this chapter, the following definitions apply:

(a) "Commit prostitution" means to engage in sexual conduct for money or other consideration, but does not include sexual conduct engaged in as a part of any stage performance, play, or other entertainment open to the public.

(b) "Public place" means an area open to the public, or an alley, plaza, park, driveway, or parking lot, or an automobile, whether moving or not, or a building open to the general public, including one which serves food or drink, or provides entertainment, or the doorways and entrances to a building or dwelling, or the grounds enclosing a building or dwelling.

(c) "Loiter" means to delay or linger without a lawful purpose for being on the property and for the purpose of committing a crime as opportunity may be discovered. (Added by Stats.1995, c. 981 (A.B.1035), § 4.)

§ 653.22. Offense; intent; relevant circumstances

(a) It is unlawful for any person to loiter in any public place with the intent to commit prostitution. This intent is evidenced by acting in a manner and under circumstances which openly demonstrate the purpose of inducing, enticing, or soliciting prostitution, or procuring another to commit prostitution.

(b) Among the circumstances that may be considered in determining whether a person loiters with the intent to commit prostitution are that the person:

(1) Repeatedly beckons to, stops, engages in conversations with, or attempts to stop or engage in conversations with passersby, indicative of soliciting for prostitution.

(2) Repeatedly stops or attempts to stop motor vehicles by hailing the drivers, waving arms, or making any other bodily gestures, or engages or attempts to engage the drivers or passengers of the motor vehicles in conversation, indicative of soliciting for prostitution.

(3) Has been convicted of violating this section, subdivision (a) or (b) of Section 647, or any other offense relating to or involving prostitution, within five years of the arrest under this section.

(4) Circles an area in a motor vehicle and repeatedly beckons to, contacts, or attempts to contact or stop pedestrians or other motorists, indicative of soliciting for prostitution.

(5) Has engaged, within six months prior to the arrest under this section, in any behavior described in this subdivision, with the exception of paragraph (3), or in any other behavior indicative of prostitution activity.

(c) The list of circumstances set forth in subdivision (b) is not exclusive. The circumstances set forth in subdivision (b) should be considered particularly salient if they occur in an area that is known for prostitution activity. Any other relevant circumstances may be considered in determining whether a person has the requisite intent. Moreover, no one circumstance or combination of circumstances is in itself determinative of intent. Intent must be determined based on an evaluation of the particular circumstances of each case. (Added by Stats.1995, c. 981 (A.B.1035), § 4.)

§ 653.24. Severability

If any section, subdivision, sentence, clause, phrase, or portion of this chapter is for any reason held invalid or unconstitutional by any court of competent jurisdiction, that portion shall be deemed a separate, distinct, and independent provision, and that holding shall not affect the validity of the remaining portion of the chapter. (Added by Stats.1995, c. 981 (A.B.1035), § 4.)

§ 653.26. Violation; offense

A violation of any provision of this chapter is a misdemeanor. (Added by Stats.1995, c. 981 (A.B.1035), § 4.)

# Health Education

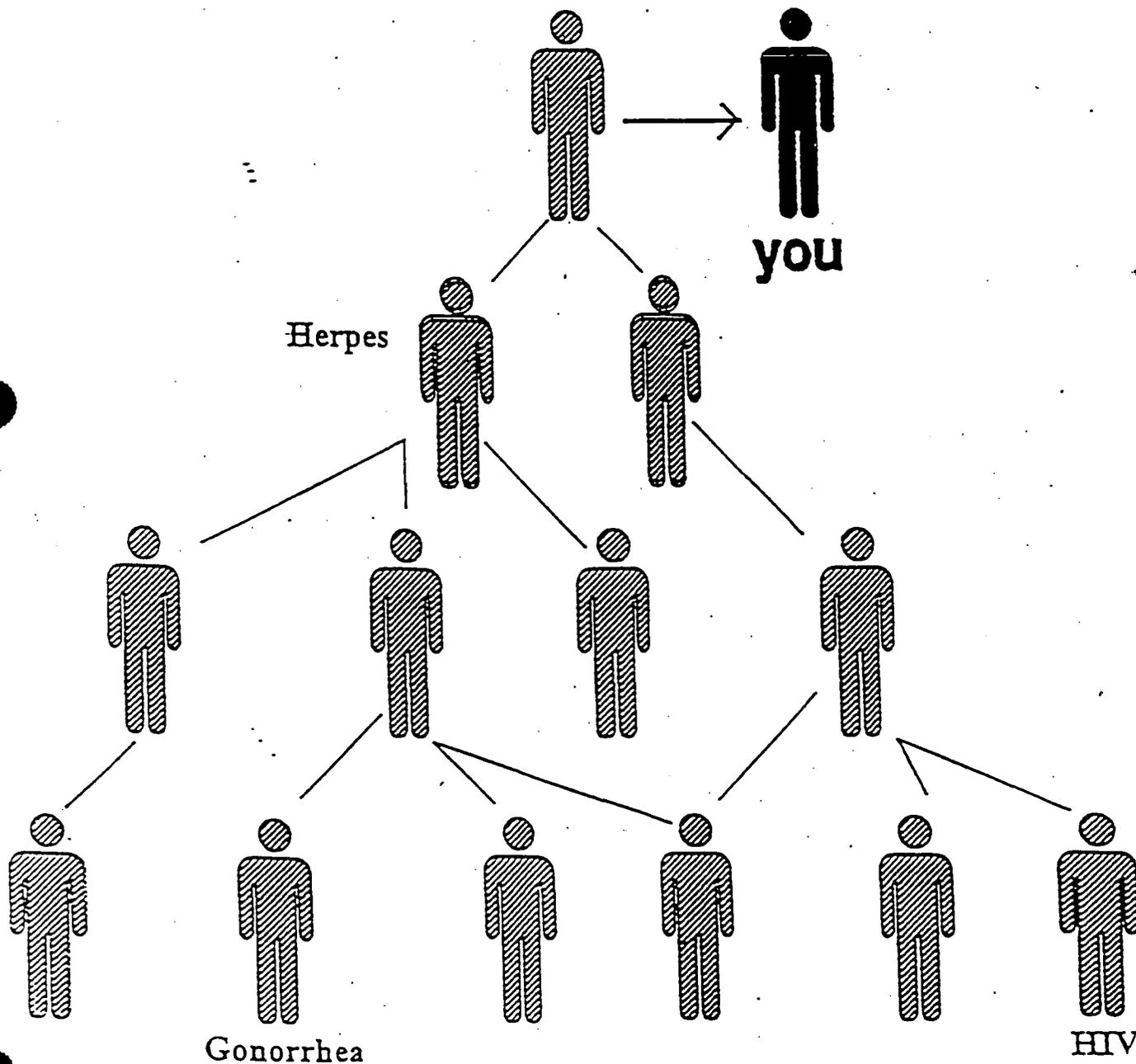
# Health Education—why it's critical.

- FOPP participants present a risk profile for STDs twice as high as the national average and are over five times more likely to have had two or more sexual partners over the past three months.
- Johns' mistakenly believe themselves to be at low risk for HIV and other STD infections”
- FOPP provides an opportunity to conduct STD/HIV risk reduction with a population of at-risk men not easily or conveniently accessed through conventional means of health education.

# Health education

- Health educators discuss:
  - increased risk of STDs and HIV
  - how STDs are transmitted
  - immediate and long-term effects of STDs
  - information about specific STDs
  - how STD transmission can be prevented
  - where people can go for STD/AIDS testing and/or treatment

When you have unsafe sex with someone-  
it's like you've had unsafe sex with  
each one of his/her sex partners-  
and each of their partners...etc.



## Score Your STD Risk

Have you had vaginal, anal, or oral sex without a condom with two or more different people in the last three months?  yes  don't know  no

Have you had sex without a condom with someone who may have had other sexual partners than you in the last three months?  
 yes  don't know  no

Have you had sex without a condom with someone without first discussing using condoms to protect each of you?  yes  don't know  no

Have you had sex with someone who may have used crack, cocaine, speed, or heroin in the last three years?  yes  don't know  no

Over the last three months, have you had sex with someone without asking them if they had any STD, including HIV?  yes  don't know  no

If you answered "yes" or "don't know" to one or more questions, you have had a good chance of being exposed to an STD.

Compared with persons who have had only one sex partner:

- \* Having 2-3 partners increases your chance of getting an STD by five times
- \* Having 4-6 partners increases your chance of getting an STD by ten times
- \* Having an STD increases your chances of getting infected by HIV by three to five times

### Who is "risky" to have sex with?

The person who doesn't use a condom during sex! The person who has more than one sex partner at the same time. If she/he will have unprotected sex with you - then she/he probably has had unprotected sex with others! Is this you? Is this typical of your sexual partners? What might YOU be bringing "home" to the person you care most about?

# Where can people go for STD testing and/or treatment?

---

See your local referral list - or call the National STD Hotline 1-800-227-8922

- ◆ San Francisco City Clinic (356 7th Street, between Harrison and Folsom; call 487-5500)
- ◆ Berkeley Free Clinic call (510) 548-2745
- ◆ Planned Parenthood 815 Eddy Street, sliding scale, call 441-5454 for clinic hours
- ◆ Lyon-Martin Women's Clinic, 1748 Market, SF, 565-7667
- ◆ Cole Street Youth Clinic, 555 Cole Street, SF., 751-8181

**Common MYTHS among STD risk-takers:**

- ◆ "You can always tell if someone has an STD."
- ◆ "I don't have sex with people who are likely to have an STD."
- ◆ I don't have sex with people who are likely to have HIV."
- ◆ I don't have sex with 'unclean' people."
- ◆ "You can't get an STD from oral sex."

**Common Sexually Transmitted Diseases**

- |               |  |
|---------------|--|
| ◆ Syphilis    | ◆ (HSV) herpes simplex virus                       |
| ◆ Chancroid   | ◆ (HPV) human papilloma virus (genital wart virus) |
| ◆ Chlamydia   | ◆ (HIV) human immunodeficiency virus               |
| ◆ Gonorrhea   | ◆ (HBV) hepatitis b virus                          |
| ◆ P.I.D.      | ◆ (HAV) hepatitis a virus                          |
| ◆ NGU         |  |
| ◆ Trichomonas |  |

**Common Symptoms of STDs**

- |   |  |
|---|--|
| ◆ <u>No Symptoms</u>                                  | ◆ <u>No Symptoms</u>                           |
| ◆ itching/burning: genitals, genital-area             | ◆ discharge (genitals/anus)                    |
| ◆ blisters: genitals/anus/mouth                       | ◆ open sores (with/out pain)                   |
| ◆ pubic/groin swelling                                | ◆ warts (on genitals/anus)                     |
| ◆ abdominal pain                                      | ◆ painful intercourse                          |
| ◆ burning on urination                                | ◆ flu-like symptoms, fever                     |
| ◆ diarrhea, gas, cramping, nausea, lethargy, bloating | ◆ body, palmer, plantar rash                   |
|   | ◆ abnormal bleeding (during or between menses) |

**Sexually Transmitted Enteric Diseases**

- |            |                   |
|------------|-------------------|
| ◆ Shigella | ◆ Giardia         |
|            | ◆ Entamoeba       |
|            | ◆ Cryptosporidium |

**Common conditions not always sexually transmitted**

- ◆ Yeast (*Candida* fungus)
- ◆ "crabs" *Phthirus pubis*
- ◆ *Molluscum Contagiosum*
- ◆ "scabies" *Sarcoptes scabiei*.

## What are some of the long-term complications of STDs?

- ◆ sterility
- ◆ ectopic pregnancy
- ◆ stillbirth
- ◆ permanent birth defects
- ◆ neonatal pneumonia
- ◆ neonatal ophthalmia
- ◆ arthritis
- ◆ blindness
- ◆ aortic aneurysm
- ◆ meningitis/tabes dorsalis
- ◆ liver cancer/failure
- ◆ AIDS related opportunistic diseases
- ◆ cervical cancer
- ◆ death

## How are STDs transmitted?

STDs are passed from person to person via:

- ◆ lesion-to-skin, lesion to mucous membrane, skin-to-skin, mucous membrane-to-mucous membrane
- ◆ fluid (mucous) discharge to mucous membrane or open lesion
- ◆ Infected bits of feces taken into the mouth, vagina or urethra (NGU?)
- ◆ through kissing (lesion or blister), cunnilingus, anilingus, vaginal intercourse, anal intercourse, digital sex, fisting, & sharing of sex toys with infected sexual fluids on them.

## What is P.I.D.? How does it occur?

### What are the consequences?

- ◆ Pelvic Inflammatory Disease occurs most frequently in women who have not been treated, or were inadequately treated, for gonorrhea or chlamydia.
- ◆ GC or CT bacteria ascend from the cervix through the os (often during menstruation or as a result of douching) into the uterus and up into the fallopian tubes or ovaries.
- ◆ Long-term, low-grade, infection can result in scar tissue, adhesions, and abscess formation, or peritonitis and can lead to sterility, ectopic pregnancy, dysmenorrhea, and painful intercourse.

## How is STD transmission prevented?

- ◆ Use of latex barriers (condoms, dental dams, and possibly clear plastic wrap) between sexual partners during the sexual activities listed above.
- ◆ Changing barriers between partners and activities.
- ◆ STDs can be transmitted in the absence of signs and symptoms
- ◆ STD organisms can be passed by direct contact of STD sores or lesions with skin or thin mucous membranes - or by passing infectious mucous discharge.

## HIGH-RISK LOVEMAKING

**A** few years ago, the National Survey of Men received a lot of media attention. Now comes the National Survey of Women. Based on a sample of close to 1,700 women ages 20 to 37, the study provides data on sexual behaviors that place people at risk for sexually transmitted diseases and allows researchers to compare women's behavior to men's, using information from the men's survey. One notable finding of the study—written by researchers at Battelle Memorial Institute—is the percentage of both women and men engaging in high-risk behaviors:

- Twenty-seven percent of women and 47 percent of men have had at least one one-night stand.
- Eighteen percent of women and 21 percent of men have engaged in anal sex.
- Two percent of women and 7 percent of

men report that they have paid for sex.

The major finding of the study: *Even though men are more likely to engage in risky sex, women are more than three times as likely to report having had an STD.* This striking gender difference is partly attributed to the fact that women have longer exposure to infected semen that remains in the vagina after intercourse, whereas men's exposure to vaginal fluids ends after sex. It is suspected, too, that the cervix is more susceptible to infection than a man's urethra. Regardless of gender, the link between number of sex partners and infection with an STD is clear. Compared with men and women who have had only one partner, those who have had two or three partners are five times as likely to have had an STD; those with four to six partners are ten times as likely to have had an STD.

### WOMEN, MEN AND LOVE

#### How many sexual partners they've had in their lives

NUMBER OF PARTNERS	WOMEN	MEN
One	19%	12%
Two to three	27%	15%
Four to six	26%	19%
Seven to fifteen	17%	26%
Sixteen or more	11%	28%

Source: From the National Survey of Women and the National Survey of Men, Battelle Memorial Institute.

## Are you really having safer sex?

**H**EALTH CAMPAIGNS PROMOTE "safer sex," which means using a condom during every act of intercourse, unless you're 100 percent sure that you and your partner are not infected with HIV. But do people understand what safer sex means? A new survey of 646 sexually active heterosexual adults, average age 25, revealed many misconceptions:

- More than one third said that they practiced safer sex with their latest partner, but more than half of those people had *not* used a condom during vaginal or anal sex.
- One third of these people who said they were having safer sex but weren't using a condom had only known their partner for one month or less; for nearly a quarter, the sexual

fourths of the respondents who did not have safer sex had not asked partners about their HIV status, 54 percent had not asked about intravenous drug use, and 53 percent had not asked about the number of prior sex partners.

In another study, college students reported that they based their decision whether or not to practice safer sex on their partner's familiarity and likability, rather than on anything related to risk. And according to other recent research, people who *do* ask a new partner about past risky behaviors are wrongly confident that they can tell whether or not the person is lying to them. In one study, each participant was paired with a person of the opposite sex and told to ask questions about his or her sexual history:

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Have you had sex without a condom with someone who may have had other sexual partners than you in the last three months?  
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Have you had sex with someone who may have used crack, cocaine, speed, or heroin in the last three years?  yes  don't know  no

Over the last three months, have you had sex with someone without asking them if they had any STD, including HIV?  yes  don't know  no

If you answered "yes" or "don't know" to one or more questions, you have had a good chance of being exposed to an STD. Compared with persons who have had only one sex partner:

- \* Having 2 - 3 partners increases your chance of getting an STD by 5 times!
- \* Having 4 - 6 partners increases your chance of getting an STD by 10 times!
- \* Having an STD increases your chances of getting infected by HIV by three to five times.

### Who is "risky" to have sex with?

The person who doesn't use a condom during sex! The person who has more than one sex partner at the same time. If she/he will have unprotected sex with you - then she/he probably has had unprotected sex with others! Is this you? Is this typical of your sexual partners?

What might YOU be bringing "home" to the person you care most about?

## What are some of the long-term complications of STDs?

- \* sterility
- \* ectopic pregnancy
- \* stillbirth
- \* permanent birth defects
- \* neonatal pneumonia
- \* neonatal ophthalmia
- \* arthritis
- \* blindness
- \* aortic aneurysm
- \* meningitis/tabs dorsalis
- \* liver cancer/failure
- \* AIDS related
- \* opportunistic diseases
- \* cervical cancer
- \* death

## How are STDs transmitted? STDs are passed from person to person via:

- \* lesion-to-skin, lesion to mucous membrane, skin-to-skin, mucous membrane-to-mucous membrane.
- \* fluid (mucous) discharge to mucous membrane or open lesion.
- \* infected bits of feces taken into the mouth, vagina or urethra (NGU?)
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- \* Changing barriers between partners and activities.
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- \* STD organisms can be passed by direct contact of STD sores or lesions with skin or thin mucous membranes - or by passing infectious mucous discharge.

# Sexual Addiction

# Sexual Addiction

- Sex therapist administers sexual addiction screening test.
- Sex therapist discusses:
  - signs/symptoms of sexual addiction
  - real needs of Johns' and how sex is used to in place of those needs
  - strategies for addressing and meeting real needs
  - goals of recovery
  - where to get treatment

# SEXUAL ADDICTION ISSUES

Mark Robinett, MFCC  
5028 Geary  
San Francisco, CA 94118  
(415) 221-3182

# NEEDS

## Real Needs

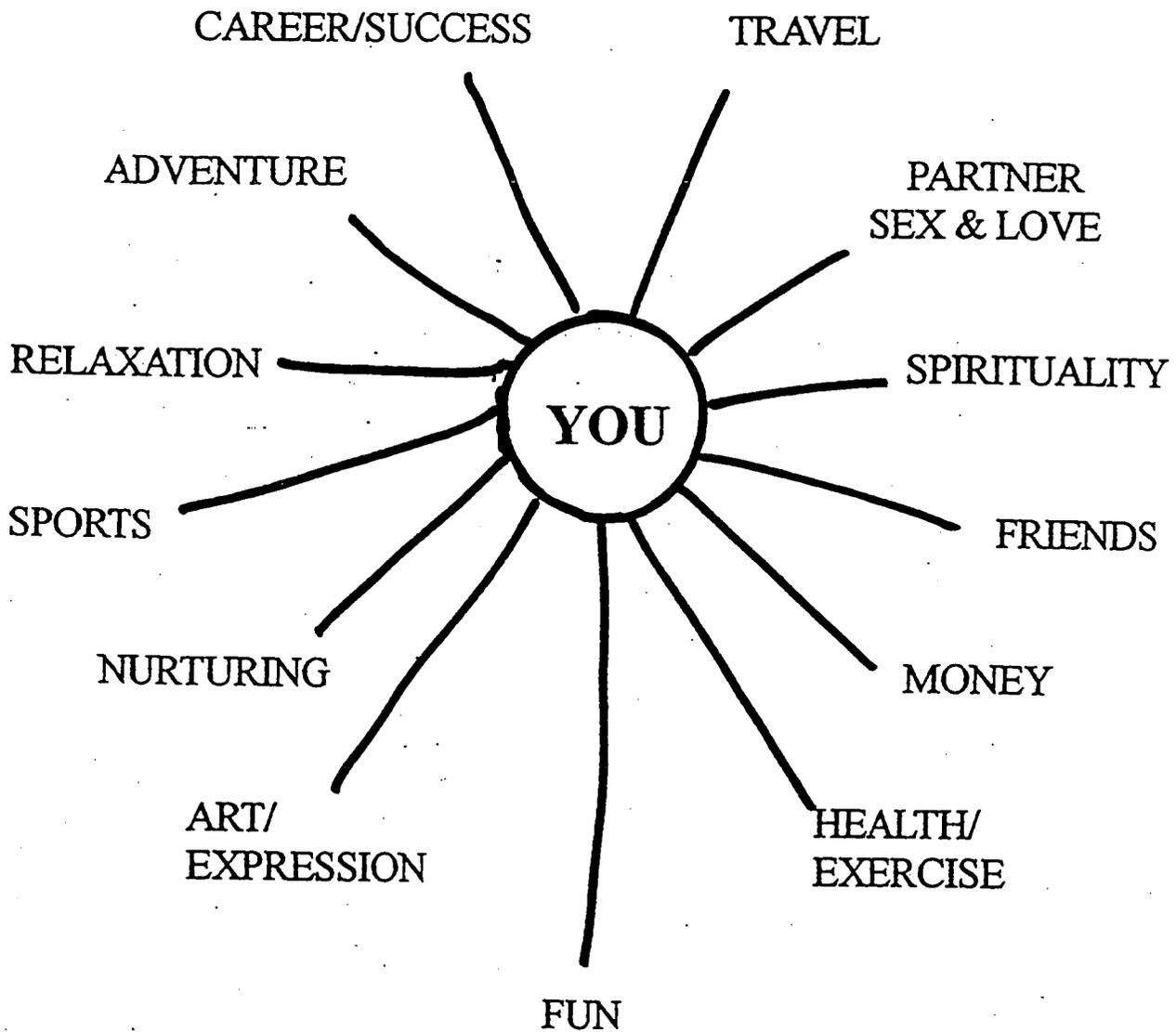
Love  
Intimacy  
Sex  
Friends  
Relationships  
Health  
Exercise  
Money  
Relaxation  
Career:Success  
Adventure  
Travel  
Spirituality



## Sex Addiction Used To Meet Needs

Sex  
Fantasies  
Affairs  
Masturbation  
Prostitution  
Voyeurism  
Exhibitionism  
Seductions  
AnonSex

# GETTING YOUR REAL NEEDS MET



WHEN YOU GET YOUR REAL NEEDS MET YOU CAN GROW

# GOALS OF RECOVERY

1. **Change the behaviors that are damaging your life.**
  - a. Work to understand how the behaviors developed.
  - b. Healing work on neglect and abuse trauma from childhood.
  - c. Develop new behaviors to meet real needs.
  - d. *Learn to be with your Feelings.*
2. **Sex and Love in one relationship.**
3. **Develop a Social Network** (more and/or better friends).
4. **Develop Spirituality in your life** (that which gives you a sense of meaning or purpose. Spirituality is also an opening to life).

## HOPE AND RECOVERY

We learn that the solution is not about will power...Its about something else.

Here are three steps to take in order to overcome addictive temptation;

### 1. Take an interest

One of first steps in making progress with this problem is to take an interest in understanding how it formed inside of you ?

Anyone have a sense of how this behavior developed in you?

How many of you have tried to stop your sexually addictive behaviors but have been unsuccessful??

What have you done to try and stop?

Action:    Read books on the subject  
              Talk to a therapist  
              Attend 12 step meetings

### 2. Another step: Identify your Needs

What are the real needs you are trying to get met?

Often we don't think that we have many needs - this rationalizes why we isolate. But most of us, simply as being human , have many needs.

(Slide?)

Action:    Start a journal  
              Talk to friends in meaningful ways  
              Plan an activity that you'd really like to do.

### 3. Get support from other people

This is where recovery begins, because when we begin to reach out to others, be they friends, family members, clergy, or professionals, we begin to reverse the process of isolation. (and shame and loneliness)

Not about willpower, about    Honesty  
  Openness  
  Willingnes

## TEN SIGNS INDICATING SEXUAL ADDICTION

1. A pattern of out-of-control behavior
2. Severe consequences due to sexual behavior
3. Inability to stop despite adverse consequences
4. Persistent pursuit of self-destructive or high-risk behavior
5. Ongoing desire or effort to limit sexual behavior
6. Sexual obsession and fantasy as a primary coping strategy
7. Increasing amounts of sexual experience because the current level of activity is no longer sufficient
8. Severe mood changes around sexual activity
9. Inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experience
10. Neglect of important social, occupational or recreational activities because of sexual behavior.

## The Sexual Addiction Screening Test (SAST)

The Sexual Addiction Screening Test (SAST) is designed to assist in the assessment of sexual compulsive or addictive behavior. Developed in cooperation with hospitals, treatment programs, private therapist and community groups. The SAST provides a profile of responses which help to discriminate between addictive and nonaddictive behavior. To complete the test answer each question by placing a check in the appropriate yes/no column. 13 or more yes answers means high probability of sex addiction. Information provided by: Robert O'Brien, MFCC, Psychotherapy Individuals and Couples - San Francisco California.

1. Were you sexually abused as a child or adolescent? yes no
2. Have you subscribed or regularly purchased sexually explicit magazines like Playboy or Penthouse? yes no
3. Did your parents have trouble with sexual behavior? yes no
4. Do you often find yourself preoccupied with sexual thoughts? yes no
5. Do you feel that your sexual behavior is not normal? yes no
6. Does your spouse or significant other(s) ever worry or complain about your sexual behavior? yes no
7. Do you have trouble stopping your sexual behavior when you know it is inappropriate? yes no
8. Do you ever feel bad about your sexual behavior? yes no
9. Has your sexual behavior ever created problems for you or your family? yes no
10. Have you ever sought help for sexual behavior you did not like? yes no
11. Have you ever worried about people finding out about your sexual activities? yes no
12. Has anyone been hurt emotionally because of your sexual behavior? yes no
13. Are any of your sexual activities against the law? yes no

Sexual Addiction Screening Test (SAST)

Page - 2

14. Have you made promises to yourself to quite some aspect of your sexual behavior?  
\_\_\_yes \_\_\_no
15. Have you made efforts to quit a type of sexual activity and failed? \_\_\_yes \_\_\_no
16. Do you have to hide some of your sexual behavior from others? \_\_\_yes \_\_\_no
17. Have you attempted to stop some parts of your sexual activity? \_\_\_yes \_\_\_no
18. Have you ever felt degraded by your sexual behavior? \_\_\_yes \_\_\_no
19. Has sex been a way for you to escape your problems? \_\_\_yes \_\_\_no
20. When you have sex, do you feel depressed afterwards? \_\_\_yes \_\_\_no
21. Have you felt the need to discontinue a certain form of sexual activity?  
\_\_\_yes \_\_\_no
22. Has your sexual activity interfered with your family life? \_\_\_yes \_\_\_no
23. Have you been sexual with minors? \_\_\_yes \_\_\_no
24. Do you feel controlled by your sexual desire? \_\_\_yes \_\_\_no
25. Do you ever think your sexual desire is stronger than you are? \_\_\_yes \_\_\_no

## **GOALS OF RECOVERY**

- 1. Change the behavior that are damaging your life.**
  - a. Work to understand how the behavior developed.
  - b. Healing work on neglect and abuse trauma from childhood.
  - c. Develop new behaviors to meet real needs.
  
- 2. Sex and Love in one relationship.**
  
- 3. Develop a Social Network (more and/or better friends).**
  
- 4. Develop Spirituality in your life (that which gives you a sense of meaning or purpose. Spirituality is also an opening to life).**

# The Bubble

IMAGINE A LITTLE CHILD dipping a plastic paddle into a bottle of solution and blowing bubbles. The child keeps doing it over and over, and eventually blows so long and hard that a giant bubble emerges and engulfs the child. This is a powerful image for expressing what happens to us as sex addicts.

Being hit with the obsession to act out is like being engulfed in a bubble. We are powerless and carried away by the all-encompassing power of our compulsions. In the grip of our addiction, we see the outside world through a transparent wall, but we can't communicate with it realistically because the wall cuts us off.

The bubble was blown during those times when our minds were preoccupied with addictive thoughts and fantasies; it became full blown when we progressed to acting out our sexual rituals; and it burst only when the rituals ended in some kind of climax.

The exhibitionist who spent hours driving around in a car looking for victims is totally caught up in the bubble. The voyeur who waited outside a window hoping for a magical glimpse of a naked body, the addict who met someone and ended up quickly in bed with them, the addict who cruised the streets for hookers, or who hurried to an arcade to hide in a little booth and spend quarters to gaze at pornographic movies—all these addicts were helplessly in the grip of the bubble.

The bubble is an appropriate, poetic image for many reasons. It expresses the radical nature of the addict's isolation. When we were in the bubble acting out, we existed in a secret world of our own creation where we sought thrills and pleasure. Unfortunately, this was also a world of shame and guilt, though these feelings did not hit us until the bubble burst and we reentered the real world. Addicted, we then prepared to create the bubble once again in order not to have to live with feelings of shame and thus we were isolated prisoners within the addictive cycle.

The bubble is also an appropriate image to express the sense of liberation we usually felt while acting out, as though we floated above all the burdensome responsibilities of normal life. Life seemed as simple, symmetrical and unified as a bubble because all the great and overwhelming realities of life were reduced to a single

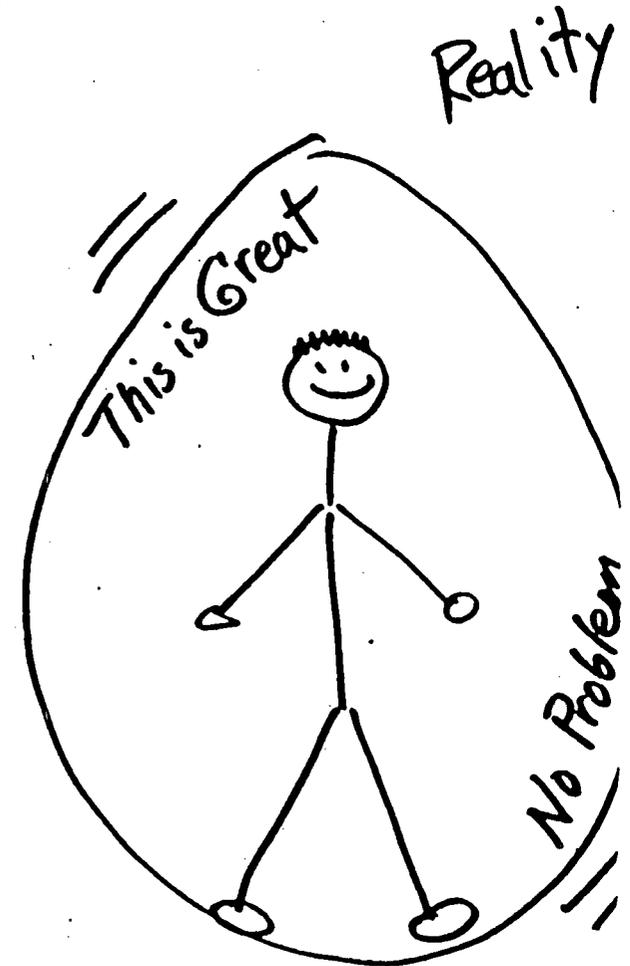
purpose. There was meaning in our lives during those hours spent in le—all thoughts and feelings were experienced only in relation to that one purpose. Life was immensely simplified in the bubble.

Life was also "safe" in the bubble, as though it were a womb. Ironically, the wall of the bubble surrounding us actually seemed protective even when it carried us into great danger, because we believed that as long as we stayed in our own isolated world nothing could really touch us. This is not to say that in the bubble we never experienced fear; on the contrary, fear of police, fear of discovery by a spouse, fear of disease—all these fears were felt in the bubble. The addict, however, found a way to turn these fears into sources of stimulation that became part of the very "fix" that was sought. In the meantime, the real fears of life which we did not face—losing a job, financial insecurities, death of a loved one, rejection by someone significant in our life—seemed far, far away, outside the bubble's wall. That is why, in an ironic way, we felt "safe" in the bubble, and further illustrates how the complexities of life became reduced in the bubble to single-minded simplicity. We never had to deal with the real, complex fears of life; instead, all feelings were experienced only in relation to sex. This simplicity and safety enabled us to feel in control when we were in the bubble; "I know how to hide from the police, and therefore my fear only pumps up my adrenaline, making me feel all the more in control and powerful." To deal with life's problems we often resorted to acting out in order to feel that reassuring simplicity, safety, and control that being in the bubble supplied.

The bubble is also an appropriate image for acting out because it expresses the irony that in this "liberation" from the realities of life, we were actually trapped. We may have felt as if we were flying to Mars, but actually we were trapped, engulfed in a bubble that felt like total freedom to go anywhere and do anything. The problem, however, is that the simplistic, single-minded obsessiveness which the bubble represents became more and more a restrictive space. Finally, we discovered that *we no longer used the bubble—the bubble used us*. Our freedom had become utter slavery.

Being compelled to enter the bubble is an expression of our powerlessness. When it burst, as it inevitably did, we felt the unmanageability as we crashed to the ground. The unmanageability was profound because our escapes into the bubble had prevented us from facing reality and learning the lessons necessary to effectively cope with life.

SEX ADDICTION  
BUBBLE



Reality "The Ground"

## RESOURCES FOR SEXUAL ADDICTION/COMPULSION

### 12 - STEP MEETINGS

Sex and Love Addicts Anonymous (SLAA) 979-4715 or (510)946-1496

Sex Addicts Anonymous (SAA) (713)869-4902 (ask for local numbers)

Sexaholics Anonymous (SA) (510)549-1795 or (615)331-6230

For partners of sex addicts looking for 12-step meeting for partners, write:

C.O.S.A., P.O. Box 14537, Minneapolis, Mn 55414

Co-Sex and Love Addicts Anonymous (Co-SLAA) (314)830-2600

Sexual Compulsives Anonymous (SCA) (212)430-1123 or (800)977-4325

Sexual Recovery Anonymous (SRA) (212)340-4650

S-ANON International; Family Groups, P.O. Box 111242, Nashville, Tenn. 37222-1242

### BOOKS

Don't Call It Love, Patrick Carnes

Out of the Shadows, " "

The Erotic Mind, Jack Morin

Looking for Love in all the Wrong Places, Jed Diamond

Hope and Recovery CompCare, 1987

Women and Sex Addiction: A Search for love and Power, C.D. Kasl

Back from Betrayal: Recovering from his Affairs, J. Schneider

### BOOKS ON INTIMACY

Constructing the Sexual Crucible, David Schnarch

The Passionate Marriage, " "

TREATMENT CENTERS (these centers provide excellent individual and group counseling often at a sliding scale)

The Impulse Treatment Center (East Bay) (510)680-4477

Del Amo Hospital (Torrance CA) (800)533-5266

The Meadows (Wickenburg, AZ) (520) 684-4001

### THERAPY GROUPS FOR SEXUAL ADDICTION & COMPULSION

All of the above listed Treatment Centers

Jack Morin, Ph.D. (Gay Men) (415)552-9560

Paul Slakey, MFCC (510)531-0948

Mark Robinett, MFCC (415)221-3182

Mary Beth McClure, MFCC (Women and Gay Men) (415)380-8495

Don Mathews, MFCC (510)680-4477

# Program Evaluation and Outcomes

# Evaluation/impact of program

- At the end of the class, Johns' are asked to complete a program evaluation form.
- The class has a profound effect on the participants. Of the 747 participants surveyed, the class was rated an average 4.8 out of 5. 95 % of participants felt that the class was beneficial and 100% stated that they learned new information. 97% state that it is highly unlikely or unlikely that they would solicit a prostitute again.

# Evaluation—participant comments

- Some participant comments include:
  - The program was balanced between shaming us and raising our consciousness, the shaming from the ex-prostitutes and the neighborhood people; the brass tacks of what can happen legally and physically; the background of who we're hurting, the resources, and ways to think about prostitution.
  - To hear from the prostitutes what they perceive as happening was very valuable. I will never be able to think of engaging the services of a prostitute without being stopped by the memory of hearing the pain in the voices of the women who spoke.

# Recidivism

- Belief changes expressed after the class are confirmed by dramatic changes in behavior. Of the 1,512 men completing the FOOP diversion class only 14 have been re-arrested for soliciting prostitution anywhere in California; a recidivism rate of under 1 percent.

## Prostitution data—customers

- There is scarce data on customers of prostitutes.
- Prevalence data is highly variable—one study indicating as few as 18% of U.S. men solicit a prostitute during their lifetime; and another indicating as many as 69%.
- An NIJ funded study examines customers of prostitution by collecting and analyzing questionnaires administered to 700 men attending educational workshops in San Francisco, Portland, Las Vegas and Santa Rosa. The researchers (Monto, Hotaling) found:

# Prostitution data—customers

- Ethnicity
  - 61% White
  - 18% Hispanic
  - 4% Black
- Age
  - ranged from 18 to 84, with a mean of 38 and a median of 37
- Marital Status
  - 41% married
  - 36% never married
  - 16% divorced

# Prostitution data—customers

- Level of education
  - 8% did not graduate from high school
  - 15% high school graduate
  - 35% received some college training
  - 42% received bachelors degree and/or graduate degree
- Work Status
  - 81% work full time

## Prostitution data—customers

- 34% reported having had their parents divorce when they were children, and a small proportion reported that they were physically hurt for no reason (14%) or touched sexually by an adult (14%) during childhood.

# Prostitution data—customers

- Sexual Preference
  - 94% strictly heterosexual
  - 5% experience with both
  - 1% strictly homosexual
- Number of sexual partners over past year
  - 44% one or two
  - 15% three or four
  - 15% five to ten
  - 8% 11 or more

# Prostitution data—customers

- Sexual encounter with prostitute
  - 17% never
  - 19% not within last year
  - 64% at least once within last year
  - 31% more than once but less than once/month
  - 9% one to three times per month
  - 3% once or more per week
- The average first age of first experience with a prostitute was 23.

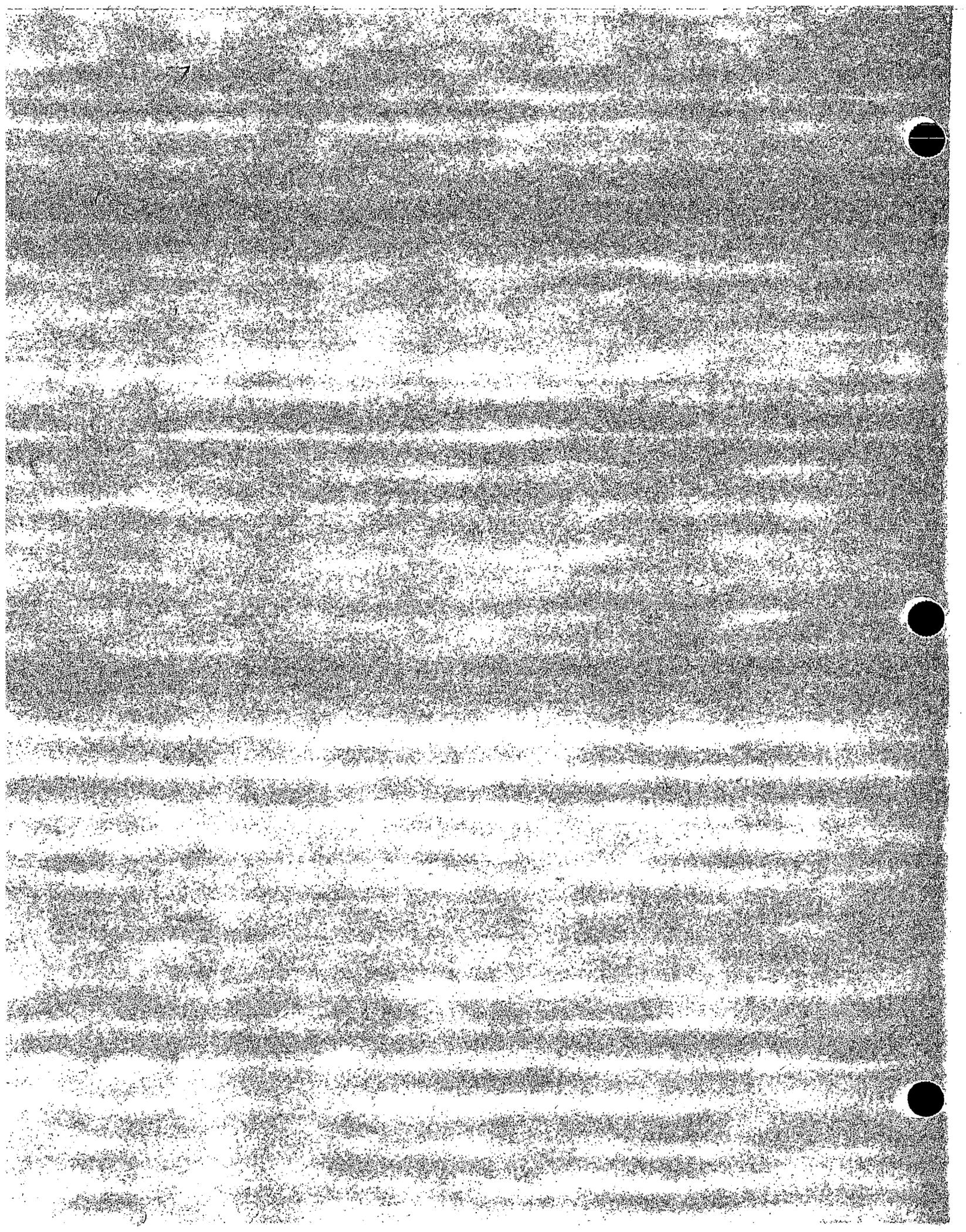
# Prostitution data—customers

- Research reveals that there are many different reasons why men solicit prostitutes:
  - have more sexual partners
  - liked limited emotional involvement sex with a prostitute offers
  - illicit nature of the act
  - attraction to violence
  - desire for companionship
  - belief that prostitutes hold “exceptional sexual powers”
  - partners unwilling or unable to satisfy them sexually

# Prostitutes

- The average age (nationally) of entry into prostitution is 14 years old.
- 75% of prostitutes were sexually and/or physically abused as children.
- Up to 75% are under the control of a pimp.
- 70% of prostitutes have experienced multiple rapes by customers, pimps and strangers.
- The majority of prostitutes become addicted to alcohol or drugs.

# Selected Articles on Prostitution



*"Your life is on the line every night you're on the streets": Victimization and the Resistance Among Street Prostitutes, by Jody Miller*

*Street Prostitution: Ten Facts in Search of a Policy, by Catherine Benson and Roger Matthews*

*Occupational Hazards of Street Prostitutes, by Mimi Silbert and Ayala Pines*

*The Dead Hookers' Ball, by Debra Wright*

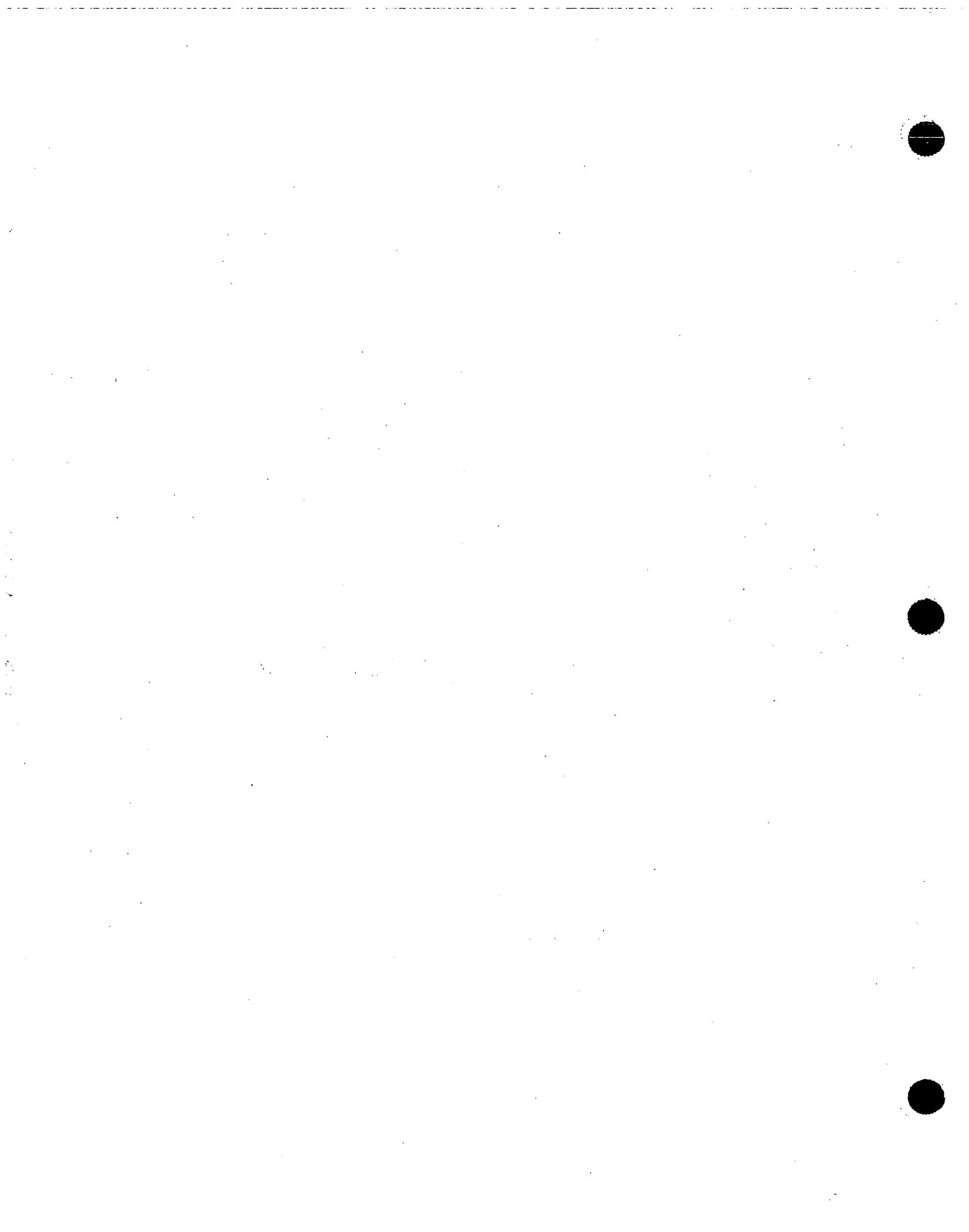
*Interview: Norma Hotaling and the SAGE Circle, by Ben Colodzin*

*Transmission of HIV in Prostitutes*

The AIDS Knowledge Base

(excellent bibliography)

<http://hivinsite.ucsf.edu/akb/1994/1-15/index.html#1-15-B>



**"YOUR LIFE IS ON THE LINE EVERY  
NIGHT YOU'RE ON THE STREETS":  
Victimization and the Resistance  
Among Street Prostitutes**

Jody Miller  
*University of Southern California*

**REFLEXIVE STATEMENT**

My decision to study violence against street prostitutes came from a panel I attended at the 1990 National Women's Studies Association conference. Margaret Prescod, founder of the Black Coalition Fighting Back Serial Murders, told of police inaction toward a serial killer who had been murdering women in South Central Los Angeles since 1983. Listening to her moving discussion, I decided to investigate violence against street prostitutes in my community. While I was doing the research, I was also becoming increasingly interested in issues of feminist epistemology, which influenced my decision to examine the tensions within my research between victimization and agency. This paper explores the simultaneous existence of the extreme victimization faced by street prostitutes and their strategies of resistance.

**INTRODUCTION**

Feminist research has tended to dichotomize women's experiences, presenting women either as victims or as active agents (Gordon 1986; Harding 1987; Lather 1991; Walkerdine 1990). According to Harding, focusing only on women's victimization is problematic because it "tend[s] to create the false impression that women have *only* been victims, that they have never successfully fought back, that women cannot be effective social agents on behalf of themselves or others"

(1987, p. 5). On the other hand, focusing upon women's agency is often misconstrued as blaming the victim (Gordon 1986, p. 23). These tensions within feminist research are magnified when studying women marginalized by additional forms of oppression.

The goal of the current research is to bring these theoretical issues into a discussion of concrete research, drawing on interviews with street prostitutes about their experiences with violence. Because women engaged in street prostitution have consistently been the brunt of myth and misunderstanding, the aim of this paper is to learn about violence against street prostitutes from the perspectives of the women who encounter it, and to examine their resistance to violence on the streets. My research on prostitutes' experiences with violence provides a complex example of the ways in which victimization and agency exist simultaneously and in multidimensional ways in women's lives.

Previous research on violence against prostitutes has indicated that women working at the lower levels of prostitution (i.e. streetwalking) not only face the most violence, but also the most social control by the police and police abuse (Carmen and Moody 1985; Diana 1985; James 1978; James, et.al. 1977; Perkins and Bennett 1985). In the first major attempt to investigate systematically various forms of violence against street prostitutes, Silbert and Pines (1982) found that 70 percent of the 200 females interviewed had been raped by clients, 65 percent reported being beaten by clients, and 66 percent were physically abused by pimps. In addition, the theme of violence frequently surfaces in research about other aspects of street prostitution, as well as in writings by women in the industry (Delecoste and Alexander 1988; Diana 1985; Jaget 1980; Miller 1986; Pheterson 1989; Reynolds 1986; Weisberg 1985). My study, while based on a small number of interviews, will add to the literature by examining not just the extent of victimization, but also prostitutes' strategies for coping with and resisting victimization.

While there were many structural constraints on the lives of the women I interviewed and most had been victimized frequently, they were anything but passive victims, and employed a number of strategies to resist and fight back at violence against them. I will begin by discussing the types and frequency of violence encountered by street prostitutes, as well as their perceptions about the prevalence of violence on the streets.<sup>1</sup> Then I will discuss the variety of strategies developed by women to avoid violent attacks. These included categorization and selectivity in choosing the men they would engage in sex-for-money

exchanges with, as well as methods for staying in control during the encounter. In addition, the women developed a number of means for coping with violent encounters when they occurred, including ways of fighting back or escaping, using street justice to get revenge for violent assaults, and, occasionally, calling on the police for protection.

## METHOD

My research is based on semi-structured in-depth interviews with sixteen prostitutes incarcerated at the county jail in a midwestern city during December 1990 and January 1991. Because most of the women working the streets in this city were addicted to crack, interviews in jail provided an environment to talk to women who were not high, and also provided longer periods of uninterrupted time than the streets would have permitted (Agar 1977). In addition, when prostitutes are on the streets, time is money. I was unable to compensate them financially, so I felt approaching women on the streets would be unethical. The jail setting allowed me to speak with them at no monetary cost, and provided the women who chose to talk with me a break from the boredom of incarceration.

While it is potentially problematic to generalize from persons within jail settings, there are reasons to be optimistic about my sampling. Researchers have found extremely high rates of arrest among street prostitutes, and this is especially the case for drug-addicted prostitutes (Diana 1985; James 1978; Miller 1986). In fact every woman in Diana's (1985) study had been arrested for loitering. This was especially likely to be the case in the city I conducted my research in, because the vice division of the police department and the judicial system were actively and openly committed to incarcerating women involved in street prostitution.

According to jail officials, of the approximately two hundred women incarcerated at the jail at any one time, around ten percent were serving time for prostitution-related charges. Women were drawn for the sample from a computer generated list of solicitation and loitering cases, and from the social workers' knowledge of "known prostitutes" incarcerated on other charges. They were told about the study and invited to participate by a jail worker. Women who agreed to participate were brought to a lawyer's booth in the jail where I conducted the interviews. Most of the women approached were willing to meet with

me; only two refused to be interviewed, and another asked that the interview be terminated part way through because the subject matter was too emotionally charged.

The women ranged in age from 20 to 38, with the majority in their early and late 20's. Nine were African American, seven were white. Five had been working since their early to mid teens. I began by collecting demographic information. I then asked general questions about the women's involvement in prostitution, their perceptions of prostitution and their commitment to the work. Once we talked more generally about their involvement in prostitution, I asked questions about their perceptions of violence and danger on the streets, and finally, about their personal experiences with violence. Most of the women constructed our relationship as one between an experienced streetwise individual and a somewhat naive "straight" person.

A critical dimension of feminist research involves validating women's understanding of their experiences (Collins 1990; Harding 1987; hooks 1989; Lather 1991; Smith 1987). This is especially important in the current research because street prostitutes have been particularly devalued, stigmatized, ignored and silenced in academic research. Although the very act of doing research may be reproducing unequal power relations (Ladner 1987, p. 77; Lather 1991), I have tried to employ a method that recognizes the women interviewed as most capable of defining their realities. Within the data analysis, I have been "multi-voiced" by drawing extensively from the interviews, and creating a dialogue between women, using their stories to examine the ways they resist against the widespread violence they face on the streets.

## THE EXTENT OF VIOLENCE ON THE STREETS

Street prostitutes face widespread victimization. In fact, it is part of the very fabric of the street environment. Of the sixteen women interviewed, fifteen (93.8 percent) had experienced some form of sexual assault, attempted or completed. Nearly half of the women interviewed (43.8%) reported being forced or coerced into having sex with men who identified themselves as police officers. Three quarters of the women had been raped by one or more tricks<sup>2</sup>, and 62.6 percent (ten women) had been raped in other contexts on the streets. In addition, nine women (56.3 percent) had their money stolen from them by tricks after their sexual transactions were completed. In addition to sexual assault, the women in this study reported a variety of

physical attacks, which often (though not always) took place in the context of sexual attacks. Fourteen women experienced some form of physical assault, ranging from being punched or kicked (five women), beaten up (ten women), stabbed or slashed with a razor or knife (five women). Four had been struck with objects, including a baseball bat, stick, crutch, and brick. Six had been kidnapped and held captive. Two were choked; three suffered serious injuries such as broken bones; one had her head rammed through a glass door; and one was tortured with electric shock.

In an important sense, a major finding from my interviews was that the violence against these women could not be quantified. Many of them indicated that their experiences with violence were simply too numerous to count. Cissy, a 29 year old white woman, said she was raped or robbed in the context of turning tricks "at least once a week, once a week, twice a week." Lacy, a 21 year old white woman, responded with a variety of answers about the widespread existence of violence: "All the time, all the time. It happens to us girls all the time." "I could tell you, we could sit here all day and talk about it." When I asked her if she had ever been stabbed, she held out her arms and said "yeah, take your pick" referring to the numerous scars on her arms.

We have alot of really sick people out there, you know, and when they get ahold of you, they do a whole bunch of crazy stuff to you. I've been in the hospital before and I been shot, I been stabbed eight times, I been kidnapped, I been tied up, all kinds of crazy things. There's just some really sick people out there.

None of the women I interviewed considered the streets a safe place for prostitutes to work. Ginger, a 27 year old African American woman, had worked previously in houses and felt the streets were much more dangerous. "[W]hen you work on the inside, you have no, you have no question. A man comes there, he's coming there for one thing. When you're on the streets, it's skeptical." According to Candy, a 20 year old white woman, "you know, its a 50-50 chance every time you get in a car." While violence was an ever-present part of street prostitution, constantly expected or experienced and frequently unavoidable, the women I spoke with did not passively accept this aspect of their work, but instead employed a variety of tactics to stay safe, protect one another, and fight back against violence. In the following sections, I will examine these

strategies, beginning with prostitutes' perceptions and selections of tricks.

### **STREET PROSTITUTES' STRATEGIES TO COMBAT VIOLENCE**

The women I spoke with tended to have a specific picture of the type of man who constituted danger on the streets. Usually this involved perceptions of individual pathology. Blondie, a 23 year old white woman, explained: "I mean, you got alot of weirdos out there. You have to jump out of cars and you know, give up the money that you already made. They just wanna do all kinds of stuff, you know?" Likewise, Jessie, a 29 year old African American woman, told me "It's like, oh, you know you don't have to be doin' nothing, just standing on the corner, a psycho's gonna grab you and throw you in a car if you're not alert. Kay Kay, a 21 year old white woman, was more adamant: "Men are so sick. If you just really knew. There is some sick men out there. Very sick...wanna beat you up, for pleasure, so they can come. That's just, that's sick. Men are sick."

Their perceptions of danger—as a threat caused by sick men—shaped the strategies used to keep themselves safe. There was a consistent pattern among the women I interviewed of categorizing and labeling potential tricks according to a variety of criteria, based on interpretations of what constituted the likelihood of a man being a "psycho." These interpretations will be the basis of the following section. In addition, the women discussed a variety of tactics used during their day to day encounters with men to "stay in control." I will conclude by discussing how women handled the inevitable violent encounters that arose. They utilized a number of strategies, both during and after the encounters, including fighting back or running away, calling upon street justice, and less frequently, going to the police.

My focus on street prostitutes' strategies for combating violence is in no way meant to present them as invincible women, able to maintain control on the streets. The structures of street prostitution do not allow for this, but instead perpetuate an unsafe environment in which working prostitutes are always vulnerable to attack. Rather, my goal is to further illuminate the complex nature of women's experiences of danger. While the women I spoke with were exploited and victimized on the streets, sometimes brutally, sometimes with incredible frequency, they did not passively accept this aspect of their job, but actively resisted their victimization. Some showed incredible courage and strength;

others survived. This is an aspect of violence against women that needs to be examined in more detail, in order to keep from framing women solely as disempowered victims.

### SELECTION OF TRICKS

#### Knowing What to Look For

For street prostitutes, the men who approach them offering to exchange money for sex pose both the potential for earning quick money, and the potential for danger. A large amount of the violence street prostitutes encounter is at the hands of tricks. As a result, the women I spoke with tried—to the extent possible given their need for money or their need for drugs at the time, both of which varied from woman to woman and encounter to encounter—to be selective about the men they dated. They employed a number of strategies for determining what made a safe date. For some women, long-time experience on the streets provided them with what they felt was a special knowledge for reading tricks. Other less experienced women sometimes went by instincts, refusing dates with men who gave them bad vibes.

Jessie, a 29 year old African American woman with several years' experience on the streets, believed the streets were dangerous, but felt that her knowledge and experience provided her with an edge that other women didn't have. She explained, "it depends on you. For me, it's just somewhat dangerous. You know what I mean, 'cause I know what to look for. For some people, it's probably very very dangerous." Dee, a 28 year old white woman who had been working the streets for twelve years, also felt she was experienced enough to tell which clients were dangerous. She explained, "I mean, you gotta be able to know, gotta be able to read people, you know. Look at somebody and tell. Just, you, I can talk to a person and know in five minutes if he's got a problem or not. I learned that." Sugar, a 31 year old African American woman who had been working on the streets since her late teens, told me, "You can almost, I guess you can't read the person, but you can tell by the way they talk and the way they be actin'. That's how I do 'em. Read 'em."

Sometimes, subtle clues within the interaction tipped the women off that something was about to happen. According to Princess, a 38 year old African American woman with a number of years' experience, she was the infrequently victimized because:

Well, for me, I have sensed the danger, and it helped. 'Cause I've been in danger several times. But I had sensed it. Guy pulled a machete on me, and I already had my knife out. And uh, I opened the car door and got out. He had his machete and I had my knife. I said "we'll be cuttin' each other up."

She discussed the clues within the encounter that tipped her off and allowed her to escape unharmed. By watching his moves and noticing when he seemed to stall or contradict himself, and by having a weapon on hand, she was prepared to confront him and get away:

Oh, he was nice, he said, "I wanna date you." I said "well I don't date black guys." 'Cause he lookeded real creepy. He said "well I wanna date you. I'll pay whatever you want." And I said "I want fifty dollars." He said "ok, I'll give it to you. I, I'm gonna pay you." And I said uh, "well alright." I parked him...in an alley. When we get down, he say "you wanna smoke a joint?" And I said "No. I'm here to take care of business. I don't, you know, time is money." So then he says "ok, how much did you say you wanted?" And that's when I felt, you know, the hanky panky was about to happen. He did like, he put his hand down in between the car and the door, the seat and the door. And he looked over at me and he said "how much do you want?" Lookin' all gloomy like that. And I said "how much did you tell me you was gonna give me?" And at that time I seen his hand come up. And I had my knife in my hand and I opened the door and backed out.

Younger women and women with less experience as street prostitutes did not discuss their ability to use street knowledge to read clients. Instead, some described following their instinct, refusing to date a man or terminating the date when they got a bad feeling about it. For example, Jane, a 28 year old African American woman who had only been on the streets for six months, explained her decision to terminate a date: "There was just something about him, and I always follow my first mind. And I say, 'never mind.'" Veronica, a 28 year old African American woman who had begun working less than a year before we spoke, explained, "if I get a leery gut feeling I don't go with them. Uh, I usually go with my instinct." At the same time, however, Veronica did not feel instinct or street knowledge were enough to protect prostitutes from violence. She continued, "it's not what you know. You're just taking a chance."

430 *Humanity & Society***Age, Race and Class Characteristics of Tricks**

Many times, tricks' demographic characteristics were drawn upon in deciding which ones to date. The women I spoke with consistently categorized men based on their perceptions of the men's race and age, and some based their choices on perceptions of class as well. Older men and white men were consistently preferred to younger and/or African American men. Kate, a 30 year old African American woman, explained, "Like um, young black guys you don't go out with. Older black guys, ok. Young white guys, some of em are ok. Middle aged guys are always cool." Similarly, Lisa, a 33 year old African American woman, told me "I don't date black guys. I don't date young guys. It was usually older white guys."

Some women could afford to be more choosy than others, depending on their economic situation and whether they were addicted to drugs. Ginger, a 27 year old African American woman, saw only six to eight clients a night, and felt she was able to be more selective than other women because she did not use drugs and she earned additional money working as a bartender. She explained, "it pays to be selective. Even though you're not always sure, but uh, you have more than that approaching you with it but uh, I have to say no sometimes because I don't wanna get in the car with 'em or they're young."

Choosing to date older men had specific advantages. They were perceived as less likely to pull something, and they also posed less physical threat. Dee, a 28 year old white woman, said "most, I try to date real old men....Some of the younger ones, you can't trust 'em." And Blondie, a 23 year old white woman, explained, "I get in cars with older guys that I know I can handle if they try to do anything to me. I'll beat 'em up. (laughs)" Likewise, Pepper, a 22 year old African American woman, explained, "if they're not old men period I don't mess with 'em."

When race was called upon to characterize clients, it often involved the use of widespread cultural stereotypes about African American men, sexuality and violence. Veronica, a 28 year old African American woman, told me "I don't mess with black clients. Because most black clients, they wanna give you hell, they wanna screw you to death or they want you to give 'em head for two or three hours and only wanna give you twenty dollars. I don't go for that." Dee, a 28 year old white woman, said "you can't trust a black man," and Cissy, a 29 year old white woman, explained "a lot of times I wouldn't get in the car with a black guy. I don't date blacks."

These attitudes about African American men were extremely pervasive among both the African American and white women I talked to. There was a tendency to define all African American men as violent based on bad experiences with a few. It is difficult to judge the extent to which their perceptions came from cultural mythology (Davis 1981, 1985), and how much came from actual experiences. It seemed that no matter how much violence was encountered at the hands of white men, the women were never willing to make the statement "I don't date whites" although they frequently made the statement, as Jane, a 28 year old African American woman did, "I'm not prejudice or nothing like that but I don't get in the car with no black dates." Kay Kay, a 21 year old white woman, even recognized that her tendency to view all black men as dangerous stemmed from only one bad experience two years prior to our interview. She had been lured into an abandoned house by a man who said he had some cocaine, and when she got there, he stabbed her six times and raped her repeatedly. She told me:

I won't go out with black men. 'Cause I got this by a black man [refers to scars on her body]. I will not go out with them. Unless I know 'em. Ok. I mean, some of 'em I do, not all. It took me a long time to um, like blacks. 'Cause when I got stabbed I hated every black, every black person was a nigger. They was all a nigger to me. I was prejudiced. Women, men, babies. I didn't care. Because one black man hurt me.

Yet even though she recognized that her prejudice stemmed from one bad experience, she still maintained stereotyped notions of African American men as dangerous. "Oh, I don't fuck with black people. They hurt you more than whites. They do. I don't care what everybody says. I mean, there's some white retards, but there's some black killers." By contrast, Sugar, a 31 year old African American woman, was the only interview subject who preferred African American men to white men. She explained, "I'd say, me, I prefer to date a black man, 'cause you don't uh have too many problems. Some of 'em you do, but most of 'em you don't. It be the white guys that be tryin' to pull the knives and things like that. That's mostly white."

Often the women's experiences with violence contradicted the assumptions they made about who was safe and who was dangerous, especially when they called upon categories such as "white" or clues that

indicated middle class status. For example, Candy, a 20 year old white woman, was stabbed by a white trick in his thirties that she felt safe with because "he looked like he was alright. He didn't look crazy. He was dressed nice." Similarly, Dee, a 28 year old white woman, was forced to give a free blow job to an African American man who "looked like he had money. You know, he didn't look like a street person, looked like a businessman." This is why Ginger, a 27 year old African American woman, believed the idea of "knowing what to look for" was a trap women fell into that made them more vulnerable.

[Y]ou never go by looks, looks are very deceiving...never go by looks. You can never say, "well he looks like this, he looks...." Looks are very deceiving. And women still say that, which I don't understand that either, I mean, they'll still say "well he looks like he'll be...." You can never, you never know.

At the same time, however, she explained that there was a small population of young African American men on the streets that preyed on street prostitutes:

"I'm not trying to be hypocritical, I'm not contradicting myself when I say that about young black guys, it's just that young black guys riding around out here on the streets, they really are not into dating too much...because they think all the girls out there are into drugs, geekers is what they call them...and they're really out just to take something. They might pay you and then try to rob you so basically the bottom line is really stay away from 'em. You know, don't even subject yourself to 'em. And that is a fact about young black guys out there. Riding [the strip]. Because that's what they're looking for is someone to take advantage of....Not to say that an old black guy can't do it or a white guy couldn't do it.

#### Sharing Information

In addition to judging tricks based on their characteristics or based on instinct or street knowledge, the women I spoke with also discussed a code of ethics among street prostitutes that involved sharing information about tricks with one another. While many of the women were quick to point out that they didn't consider most of the other women they worked around friends, they nonetheless felt a sense of obligation to pass on knowledge about dangerous men. Cissy, a 29 year old white woman, explained:

if we share dates or something, like say [somebody I know] is out there with me...and they'll go by and maybe he's eyeing me and uh, you know, I'll try to get him to come back, and like one of 'em will go, "he's a forty [dollar date], he's cool, he's a forty" or "don't go with him, he'll fuck you up" or uh, you know what I mean, we're like, they come around so much everybody knows 'em, we just, we tell each other if one's cool or not.

Cissy had been able to avoid some violent tricks because other women had warned her about them. "You know, there's a lot of 'em I haven't been with, because other girls, other girls told me and I just don't go with them." Blondie, a 23 year old white woman, was driven to a cornfield and raped by a trick. One of the reasons she agreed to go with the man was because she had "seen him out there a lot of times...[a]nd none of the girls ever said he wasn't a good guy." Because the women usually "pass it on if somebody does something," she thought she was safe.

Dee described an incident in which a man pulled a knife on her and she had to fight her way out of his car. She explained, "I told my girlfriends watch out for a little blue Honda, told 'em what he looked like. Said he had a grey jogging suit on, I described him to my girlfriends. Cause most of the girls'll do that, if they run into a fool out there, they'll tell the other girls what to look for." According to Jessie, she tended to keep her experiences with violence to herself rather than talking to anyone about them. However, she explained:

um, I would have pointed either one of them out though, to a girlfriend. If he would've rode by I would've said 'that's the one that did this.' Then I would've brought it up. You know, I would've looked out for you like that. If I see you gettin' ready to get in a car with somebody that I know has done something really rank and crazy to me, I'll tell you. That's the least I could do, 'cause that's the least I would expect from you. Whether you like me or not, you know, is to tell me if I'm in a potential dangerous situation.

**STAYING IN CONTROL**

Once women chose to get in the car with a date, they continued to employ strategies to avoid violence. Even when the man passed their criteria of what constituted a safe date, most women did not let down their guard when the transaction began. Instead, they called upon a variety of tactics to maintain their safety. These tactics included a number of specific rituals and actions. Jessie said "um, get paid up front. If they won't give me money before I have any kind of sexual contact with them, I won't date 'em." Similarly, Cissy explained the importance of maintaining control over situations in order to stay safe:

Don't act stupid. I mean, you know. The guy can tell if you're stupid or not. Get in a car, always be in control. Have condoms available all of the time. Don't never go out your area. I don't ever go to a dude's house. Unless I really know him. I'll pull 'em down in the alley in a minute, nearest alley. Um, don't take 'em nowhere. Don't go nowhere with 'em. Stay in control at all times, you know.

For many women, staying alert to the man's actions and being aware of the surroundings were the most important means of trying to maintain control over the situation and remain safe. According to Pepper, "I just know that, if I'm gonna get hurt its gonna be because my carelessness, not because I'm just gonna walk in and trust somebody to, like, not hurt me. Cause you don't know, maybe your friend next to you's gonna hurt you. I don't trust anybody." Sugar explained "I had a person try to turn an alley on me once before. One tried to catch the freeway with me. You got to look out for all that kind of stuff." A common ritual was to make sure the car door was not rigged to lock them in. Lisa, a 33 year old African American woman, explained:

I never got in a car and had no way out of it. I kept my hand on the door handle at all times. If I got in a car, I always acted like, I would never close the door all the way, to have to, to give me reason to have to open this door back up. You know, I'd close the door and its like, wait I gotta open this door and close it back up. If that door didn't open then I was out the window or something.

Some women were able to be more careful than others. As with Ginger's description of the number of dates she turned down to stay safe (see above), Lisa described the contrast between her method of car

dating and those of the other women she encountered on the streets. Like Ginger, Lisa was not a drug user, and was less desperate for money than many women.

I'd see girls get into cars, ten minutes they were back. I wasn't, I don't know what they were doing, ok, other than they weren't too concerned with who they were with, other than the money....[I]f you got in the car at the same time I got in the car, by the time I come back, you turned three dates and I've just been, and I'm still getting back from that one, and you would swear, you must have made a thousand dollars. No. My precaution is you're gonna have to talk to me first buddy. You know, you're not just gonna take me and drive me around some corner and do what you want and give me money and its gonna be done.

Other women felt it was better to get transactions over with quickly, both because it allowed them to make more money, and because it was perceived as putting them at less risk of attack. In addition to having to watch out for the men they were dating, street prostitutes also had to stay alert to people in the area who would attack both the women and the men they were engaged in sex with. Princess tried to engage in sex quickly, and to convince the men to pay attention to the surroundings when she couldn't, advising them to "pay attention to the rearview mirror." She described her frustration when the tricks didn't recognize this danger:

Ordinarily it'd take me about five minutes to make thirty, forty dollars off a blow job. When it goes to fifteen minutes, I'm pretty pissed. You know. 'Cause you're a white man, you're down here in the ghetto, you know, I don't want one of these thugs to walk around the corner and see you and wanna knock your window out and take your money. And mines too. So just do what we gotta do. And get out of here. I'm tryin' to save your life and mine. They have no understanding of that. "Ain't nobody comin'."...I know a couple girls that it has happened to. They'll come down the street with a crow bar, bust the windows out. You know, he's sittin' there with the car runnin', lookin' down at you.

## CHOOSING A LOCATION

A consistent means by which street prostitutes attempted to stay in control and remain safe was by choosing the location for the sexual transaction, based on the limited choices available. They could go to the trick's home, which most considered extremely dangerous and avoided; they could go to a motel, which required extra time and money; they could go to a dopehouse to turn the date, but most tricks rejected that for fear of being robbed or attacked. This left car dating—performing the sex act in the trick's parked car—as the easiest and most frequently chosen option.

All of the women I spoke with stressed the need to choose the location themselves, rather than leaving it up to the men. For example, Jessie told me "tell the trick where you want to go to turn the date. Never let them take you where they wanna take you to turn a date." However, the choice of locations varied among women. Because street prostitutes are highly visible and are therefore at great risk of arrest (Diana 1985; Hatty 1989), some women often chose to car date in secluded areas, in order to avoid being caught by the police. Others chose areas where they felt the police wouldn't find them, but where there were likely to be other street people around to provide some measure of safety. Still others placed their personal safety above getting caught by the police, and would engage in sex in open, visible places.

Jessie explained, "we all have these little designated park spots where we automatically always go when you wanna turn a date. 'Cause usually its more accessible and you can see what's coming all the way around, if the cops are coming or whatever." She liked to take tricks to the last garage at the end of an alley that dead-ended at a freeway overpass. She explained, "three sides of you is covered by like open air and freeway. You know, the cops can only come get you one way. You know. So you can relax." Likewise, Blondie took tricks to "a place on top of this hill where railroad tracks are...[where police] won't be looking for people to be in cars."

Other women felt it was more important to be around people when they car dated. According to Veronica, "I just try to stay around other people. Or I have somebody watch my back." And Lisa: "I don't care if you walked past and you looked in the car and saw it, had to be someplace where somebody could see me. I mean, you know, where, I wouldn't go in secluded places." Kate, a 30 year old African American woman, explained:

I like to go to a place where, if like, if somethin' happens I can jump out and run into a house, or I can jump through a window. I had a place where it was real dark one time and I got robbed like that. I always try and find a place where there's at least houses, someplace around so, you know, in case something happens I can just, someone'll know....I figure if the police are gonna see me get out the car, they gonna have to see me. You know, what are they gonna do, they see me get out of a car, ok, so what? I'm gonna do it in front of a bright lit store, where there's people going in and out, and so you know, if you're gonna attack me, you gotta attack me in front of all these people who aren't goin' to let you do that.

## HANDLING VIOLENT ENCOUNTERS

### Fighting Back in the Situation

No matter how careful the women were when they dated, they all sometimes ran into violent men on the streets. The women I spoke with recognized that violent encounters were sometimes inevitable. Cissy explained:

There's guys like that. Out there now. Well everyone's gonna find him, everyone's gonna find him the first time. Everyone's gonna find all of 'em the first time. You know what I mean? If you just remember who they are the next time they're out....But that's just part of the business. That's just part of working, that's just what happens. You have to accept it.

However, when it was possible, many of the women found ways to fight back against some acts of violence against them, in a variety of ways. Some carried weapons to protect themselves, but there were perceived risks involved in doing so. Because the vice officers in the city heavily targeted prostitutes, the likelihood of being arrested when armed with a weapon was considerable, and most of the women knew of other prostitutes who were sent to state prison under such circumstances. Lacy, a 21 year old white woman, carried a weapon until she had a violent encounter that made her stop. She explained:

Well, I used to carry a knife with me, like a six inch switchblade and I used to, you know, carry it up my coat sleeve. But uh, this date one night, he picked me up and he

had a knife and he stabbed me right here and right here [points to scars], and I stabbed him back, and I guess, you know I was so scared and I was so mad, you know, because you know, you, a lot of stuff builds up in you and stuff when you're out there and when something like that happens, you fight for your life, you know, you try to kill him, and uh, I tried to stab him in his heart, and I missed his heart by four inches and I got his lung, and they tried to get me for um, aggravated assault and everything. He spent eight days in the hospital, and they tried to get me in trouble for it. So I basically quit carrying anything.

A more common strategy for prostitutes was to try to get away from violent men. Women described fighting their way out of cars, distracting men so they could run away, and jumping from moving vehicles. For example, Pepper, a 22 year old African American woman, told of an encounter in which the trick demanded his money back from her after they'd had sex:

I snatched his keys out his car and threw em out the window....He jumped out the car to go get his keys and I took off runnin'. Then he come runnin' behind me....I start hollerin' my friends name, I said 'girl' and this dude that came down the steps from these other apartments, and they start chasin' him. So he took off runnin' back towards his car and pulled out.

Princess, a 38 year old African American woman, described a situation in which she was almost raped, and escaped by jumping out of a moving vehicle:

He said "I'm gonna take you. And I'm gonna go in every hole you got until I get tired."...He used to come and watch me dance at the bar. So I thought he was alright. Shit. We got way out to [the north side] and I decided I'm gonna jump out. So I jumped out....It took all the skin off my face, off my arms and everything.

Kay Kay, a 21 year old white woman, told of when a trick held a gun on her:

I looked out the car 'shoot me motherfucker, make it loud.'

I, I don't care. You gotta kill me, because uh, I ain't riskin' my life. I, I risk it every day, I mean, either shoot me, you ain't rapin' me, you ain't stickin' no gun up in me....I jumped out his car. Yes I did, with my pants down to my knees. I don't care. Wanna see my bootie? I mean, I'd rather show my bootie than get hurt.

### Street Justice

In addition to trying to fight against or escape from violence when it occurred, the women I spoke with also discussed their ability to sometimes call upon street justice, whereby at least some of the time, some drug dealers provided protection or revenge for women for acts of violence against them. Lacy, a 21 year old white woman, explained, "we got a thing called street justice....You know, like when somebody does something to us, we go get somebody to do something to them." For example, she described an incident in which she was beat up "real real bad" and robbed by an ex-boyfriend:

I was goin' with this, this drug dealer at the time....I was crying, I was all bloody and beat up. My boyfriend comes in his car. And he stopped in the middle of the street and he jumped out and everything, and carried me to the back and he said "what happened?" I said "he beat me up and took my money." And uh, my boyfriend picked him up, was throwin' him on the concrete on his head, and gave him thirty stitches in his head.

Usually, the women I spoke with discussed their ability to call upon street justice in the context of encounters with other street people, rather than tricks. For example, Jessie and a friend robbed one of her tricks and her friend in turn robbed her and put her head through a glass door. To retaliate, she "had some boys go and beat him up and rob him again that night." According to Jessie, "there's a lot of people out there, 'cause of how I am, they see I'm hurt, will wanna know why. You know, 'cause it's like, we hang around Jessie, we get high with her, she's not like, she don't deserve that. You know, and um, they go take care of him for me."

Street justice could sometimes be used to provide women increased safety when dating. For example, Kay Kay often parked her dates near dope houses to afford herself some measure of protection. "I park right in back of the dopeman's house. I don't care....'Cause you hurt me,

that's your ass. I got a lot of friends out there. A lot of people that care about me." Once a date picked her up and then refused to pay, saying that another woman he knew never made him pay.

"Well you gotta pay with me," I said. And, he says, we get to where we was parking, "oh, I'm not gonna um, pay you."  
"Motherfucker let me out of this car." I got out the car, "rape! rape!" He let me go. He had to. I was in the dope neighborhood, I know every dope boy there is.

### Going to the Police

The women I spoke with did not make a habit of going to the police when they were victimized. Usually, this was because they felt the police would not take their complaints seriously or would harass them for being on the streets. Lacy explained "I've seen situations and stuff where they haven't cared. Or that they've seen, they've seen situations, you know, with their own eyes and chose to look the other way." She also believed that the police:

just consider us a statistic....I don't know, it's just, I mean they figure like, well maybe if we do die at least they won't have to fuck with us no more. You know, they won't have to worry about nothin' with us and takin' us to jail. Or havin' us out there on the streets, you know, so that their boss will be mad at them.

Cissy said of incidents in which she's been raped by men, "I don't never report none of that stuff to the police. I don't know why. They'll look at me like I'm stupid 'cause I'm a prostitute. 'Well bitch you shouldn't be out there' you know, or something like that." Similarly, Blondie said that street prostitutes "get raped all the time and it doesn't matter to the police because you're a prostitute, you know. You really don't have any case against 'em."

However, the women I spoke with did occasionally turn to the police, especially when it was to report a man they considered particularly menacing, or someone who was targeting street prostitutes regularly. Usually when they did so, it was not to press charges, which they perceived as futile, but to call upon the police to stop the man from further violence. While the police were not perceived as an avenue women could go through individually in order to combat violent men, they did believe that the police could be useful in scaring

potentially dangerous men away. Both Cissy and Blondie had gone to the police under such circumstances. Cissy described one incident:

I've had a guy, one tried to rip my pocket off he tried to get his money back. I climbed out the window and shit. I puked on him when he tried to cram it down my throat right? I puked all over. He said "ah, goddamn you, give me my money back blah, blah, blah." I said "oh no bud" you know, and I went out the window, and uh he was acting crazy on me and shit. And I went and I flagged down a police and I told him about it. I mean I can't be havin' him around here beatin' us up, takin' our money and shit. And I gave him the license plates and stuff.

When Blondie was raped by the man who drove her to a cornfield instead of taking her where she had agreed to go with him, she decided to tell the police about the man, but she "didn't tell them what he'd done" to her. Instead, she "told 'em there was a guy in a red truck that was goin' around, you know, harrassin' the girls...." She explained:

finally they pulled him over and caught him but that was the only one. You know, we just don't even see no reason in tryin' to report 'em anymore because they don't do anything. That one time they did something, I guess he must of hurt one of the girls or something. The police down there are pretty nice though, you know, I mean they're friendly. If you say "that guy in that blue car went and he just tried to, you know, grab me and put me in his car" they'd go after him. Whether they'd do anything or not is a different story. They'd probably scare him bad enough not to try it again.

### DISCUSSION

Women engaged in street prostitution face widespread violence. Of the sixteen women I interviewed, twelve had been raped by tricks, ten had been raped by others on the streets; in all, fifteen of the sixteen women interviewed experienced some form of sexual attack. In addition, fourteen women had been physically attacked, some in the most brutal fashion imaginable. For most, violence against them was seen as immeasurable. These are important facts to know and research. We need to understand what in our culture makes this widespread

victimization possible, why street prostitutes face more abuse than women in other contexts in the United States (Bracey 1979; Hatty 1989; Silbert and Pines 1982).

At the same time, however, it is crucial that we not paint prostitutes as mere victims of abuse. Such an approach, while common in some feminist writings (see Barry, 1979), does a disservice both to the goals of feminist research, and to the lives of the women we hope to understand. Street prostitutes in particular have been stigmatized and labeled within academic research. Feminists should not contribute to the maintenance of these labels. Yet prostitutes who have written about their experiences feel this is a common occurrence among feminists:

One thing that's really clear is that feminists don't take prostitutes' testimony as valid....They find it necessary to interpret prostitutes' experience of their lives and then feed it back to the prostitutes to tell them what's really happening, whereas they wouldn't dare be so condescending or patronizing with any other group of women (in Bell 1987, p. 213).

My study points clearly to the fact that the victimization approach which is sometimes used by feminists frequently doesn't match prostitutes' understandings of their experiences on the streets. I don't want to deny that many women are horribly victimized by prostitution, but at the same time, I do not believe that the label "victim" is one that feminists have the right to place on women who work the streets. This stance can become a "totalizing discourse" (Lather 1991, p. 142) which fails to recognize the complexities and contradictions in street prostitute's lives. Individuals "are not unitary subjects uniquely positioned, but are produced as a nexus of subjectivities, in relations of power which are constantly shifting, rendering them at one moment powerful and at another powerless" (Walkerdine 1990, p. 3).

The women I spoke with resisted violence and fought back against it in a variety of ways when they worked on the streets. It is important to recognize these strategies without losing sight of the various ways in which prostitutes are oppressed. The women called upon an expansive repertoire in choosing which men to date, using street knowledge and instinct as well as demographic characteristics such as race, age and class. In addition, the women I spoke with described street networks which they could call upon both to gain information about and

protection from potential dates and to seek revenge against violent offenders. In addition, there were a variety of strategies called upon during the transaction to stay in control, including getting money upfront, making sure car doors were not rigged, and staying alert to men's behaviors and aware of the environment. The women I spoke with insisted upon choosing the settings for sexual transactions, settings which were chosen for the modicum of protection they provided prostitutes during car dates.

As a result of these various strategies, many women were able to avoid some of the violent encounters they otherwise would have experienced. In addition, when the inevitable violent trick was encountered, women were sometimes able to fight back and get away either unharmed or with fewer injuries than might have been the case otherwise. They also occasionally called upon either street or police justice in order to maintain or restore some amount of safety on the streets. While these findings in no way diminish our understanding of the amount of violence prostitutes are the target of, they do provide important knowledge for feminist researchers, and warn us against the simplistic portrayal of women as victims. My goal in this paper has been to further illuminate the complex nature of prostitutes' experiences with violent victimization. This is an aspect of violence against women that needs to be examined in more detail, in order to keep from framing women solely as disempowered victims.

#### ENDNOTES

1 The term violence has evoked many definitions. My focus is on robbery, physical violence, and sexual violence which has specifically taken place in the context of working the streets. Under the category robbery, I include situations in which money is exchanged for sex then taken back by tricks after the transaction is completed, in addition to robbery on the streets or robbery by men who pretend to be tricks then rob women of their money without demanding sex. To measure physical violence, I asked the following questions: in the last year, has anyone pushed, grabbed, shoved or slapped you? kicked, bit or hit you with their fist? hit you with something, beat you up or attacked you? choked you? threatened you with a knife or gun? used a knife or gun against you? I asked the following questions to examine their

experiences with sexual violence, all of which I classify as some form of rape: has anyone raped you? made you participate in sexual acts by using physical force or physically threatening you? made you participate in sexual acts by using a weapon or threatening you with a weapon? made you participate in sexual acts by threatening you in some way other way, like threatening to turn you in to the police or threaten to arrest you, for example? made you participate in sexual acts when you were unable to consent because you were drugged or passed out, for example?

2 This was the language employed by most of the women to talk about sex-for-money exchanges. They referred to the men they exchanged with as either dates or tricks. I will use these terms, as well as the term "client" interchangeably.

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## Women Organizing: Action and Reaction in the Formation of a Clerical Union

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### REFLEXIVE STATEMENT

This article grows out of both a desire to understand the process which a small group of women clerical workers fought a battle to organize and to share the accomplishments of these women with others. In the larger scheme of things, this is a small success, but it reminds that, given opportunities and conditions, individual dissatisfaction can be politicized and organized into collective action.

### INTRODUCTION

On 31 January 1985, 101 female clerical workers at a small, rural college voted to unionize in an NLRB election. This action was a radical and unprecedented step for a group of women who, in the five or six years prior to this vote, referred to unions with euphemisms as "the five-letter word." The chronology of events which culminated in a vote for unionization is a history of workplace dissatisfaction focused in two areas of the work experience: material benefits and quality of worklife. Long-standing and unresolved issues of wages and comparative worth, promotion, and benefits collided with frustrations over lack of respect, intimidation, and sexual harassment.

This study<sup>1</sup> examines the movement to unionize by this group of clerical workers. Specifically, it suggests ways in which particular conditions permitted individualized workplace dissatisfaction to be politicized and eventually articulated in unionization. It examines the role played by gender-based informal social and workplace networks.



## *Street Prostitution: Ten Facts in Search of a Policy*

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### **Introduction**

This paper is based upon research which has been conducted in Britain over the last 2 years, involving a survey of vice squads, prostitutes working in a range of settings, clients, residents groups and local authority representatives†.

There is a growing dissatisfaction throughout Britain with the ways in which prostitution is conducted and regulated. Residents associations, in particular, have become increasingly militant on this issue, engaging in a range of activities involving lobbying, demonstrations and in some locations, vigilante type operations engaging directly with street prostitutes as well as their clients and pimps.

Most of these grievances are formally focused on issues of noise and disturbance, spilling over into concerns about the safety, particularly of women, on the streets. Underlying these formal concerns are issues relating to the control of public and private space and growing demands for freedom of movement and expression. At a deeper level there are inevitably questions of morality and social values. For the most part these

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†This paper is concerned exclusively with 'female' street prostitution. Issues relating to male homosexual prostitution and 'rent boys' are not addressed in this paper. The research on which this paper is based involved a national survey of 30 vice squads, semi-structured interviews with 30 women working on the streets and 18 women who worked from off-street locations. Interviews were conducted with 38 clients who visited massage parlours and saunas, and police data on 280 men reported for kerb crawling were examined. A residents survey was conducted in Leicester involving 210 residents, followed by several in-depth interviews with residents groups in Balsall Heath, Birmingham. The research also involved a number of interviews with health, housing and local authority representatives.

issues have—following the dictum of the Wolfenden Report that ‘questions of morality are not the laws business’—remained subordinated to the questions of order maintenance and public nuisance.

It has also become apparent to those seriously engaged in the ongoing debate, that the familiar broad brush and ‘quick fix’ responses: legalization, decriminalization and the introduction of zones of tolerance; are unlikely to provide realistic and acceptable solutions. These responses at best, cater for particular interests, at worst, they would probably encourage a greater level of street prostitution, increase the level of nuisance, and increase the vulnerability of working women. Since these options are regularly offered as ‘solutions’ in the public discussions, it is necessary at the outset to briefly review their implications for the organization and regulation of street prostitution in Britain (see Matthews 1986).

### Legalization

Legalization has received some support from the police and some residents’ groups, who see it as a way of providing a safer more comfortable and manageable setting for both prostitutes and clients. It is claimed that the establishment of state-run or state-sponsored brothels would allow better access to health, welfare and education services for both parties. Equally as important, this option is seen to provide a method of removing women from the streets, by providing an acceptable setting for them to work, in a way which overcomes the hypocrisy and unjustness of the present system.

Although it is possible, in some cases, that legalized brothels might provide improved conditions for some of the women who decide to work in these settings, there are some serious limitations to their effectiveness in terms of health services, working practices and the selection of clients. In terms of health, even regular check-ups provide no guarantees and can lead to complacency. Invariably in these settings there is no provision for checking (infected) clients. Evidence from abroad provides little support for both state-sanctioned and privately-run brothels. Indeed, research into brothels on the continent suggests that the only parties who actually benefit from these commercialized and exploitative arrangements are the clients and the owners (Jaget 1980).

Brothels do not provide an attractive option for many women currently working as street prostitutes. The strictly controlled working environment, involving regular hours and shift work, will be viewed by many women working as prostitutes as inflexible. Many women would resist both unofficial or official registration as prostitutes. Evidence from Germany indicates that only 12% of prostitutes work in the state-run eros centres,

since as Jaget explains, “the rest would rather live in illegality than accept the state’s working conditions, wages and control”.

Furthermore, the working conditions of the women often militate against attempts to ensure their welfare. Evidence from Holland and elsewhere suggests that behind this ‘liberal’ approach, is the tendency to import women from poorer ‘third world’ countries, who are lower paid, more malleable and who are, in some cases, held in conditions of subjection (Goodson 1992). For example, in Amsterdam, Rotterdam and Utrecht, prostitute women from Latin America, the Dominican Republic, the Philippines and Eastern Europe, reportedly constitute 40%, 65% and 50% respectively of the prostitute population in these areas (Golding 1994).

Legalization may also encourage prostitution. The message that prostitution is socially acceptable, albeit in designated settings, may exacerbate the situation, by encouraging the recruitment of women outside the system who feel that prostitution is more socially acceptable.

Alternatively, the state is put in a hypocritical position of allowing prostitution in brothels whilst cracking down on the street trade. Those women working outside the brothel remain subject to the same, if not an increased, level of control.

### Zones of Tolerance

The designation of specified areas away from residential streets, is an approach which has been piloted abroad, particularly in Holland. In Britain, the idea has found support amongst city councils, police officers and residents’ groups. By providing an ‘acceptable space’ where women can work, this option claims to offer a manageable setting in which the trade can operate, leaving the police to spend a larger proportion of their time and energy on more ‘serious’ offences. The role of the police is limited to providing protection for the women from dangerous clients, rather than arresting them for soliciting and loitering.

Evidence from abroad, however, indicates that the creation of ‘zones of tolerance’ produces more problems than it solves. Rather than providing protection for the prostitutes, violence against prostitutes in these zones is reported to be common, (*Guardian* 8/5/95). Indeed, they have acted as a magnet for a range of illegal activities which have then reportedly overspilled from these zones into surrounding areas (Golding 1994). Consequently a significant number of street prostitutes refuse to work within these zones.

There are also problems of where such zones are to be located and the setting up of ‘positive’ rather than ‘negative’ zoning raises potentially a

whole range of problems, not only for those persons living and working in designated zones, but also for those living nearby (Matthews 1993).

Indeed, the appearance of an industrial area or a car park full of sex workers, also raises questions about health and safety and whether such places may resemble little more than a concentrated version of the conditions which street prostitutes currently experience. Such an option does little to address the wider issues related to the 'demand and supply' of prostitutes and clients and, like legalization, it may in fact ultimately encourage street prostitution by signalling its acceptability.

### Decriminalization

The fundamental principle which most advocates agree on, is that existing legislation is littered with anomalies and inequities. In particular the application of the term 'common prostitute' to those who are charged with soliciting offences appears anachronistic, while the sex specific nature of 'soliciting' for women and 'importuning' for male prostitutes also seems incongruous.

In response, some commentators have argued that the best method of overcoming these anomalies is to remove the legal control of prostitution and decriminalize it. In effect they argue, prostitution is not the law's business and that it should only be subject to the same amount of levels of controls as other occupations (Jaget 1980; McLeod 1982; The Second World Whores Congress 1986).

Although there are various degrees of decriminalization advocated by different groups, they all fail to recognize that the stigma which is associated with prostitution is not solely a consequence of legal regulation, but rather it is the legal regulation which is a function of social stigmatization. At the same time, decriminalization does not address the particular problems of nuisance and exploitation which is associated with street prostitution and overlooks the degree to which legal regulation is legitimately concerned with the regulation of public order and attempts to provide some degree of protection and support.

Most importantly, decriminalization takes little or no account of the deterrent effects of legal controls; serving to deflect a significant number of young women, particularly in periods of growing inequality, away from prostitution, making it a less attractive choice.

Decriminalization also increases the possibility of exploitation through the commercialization of the sex industry. The potential profits from the commercialization of prostitution are enormous and there is no shortage of entrepreneurs who are willing to exploit such an opportunity. Like any normal business activity, this would involve an attempt to control of the market in sexuality, restricting competition, undermining competitors and

maximizing output in order to maximize profits. It especially leaves juvenile prostitutes vulnerable, who would be less safeguarded under such measures, particularly in relation to their 'youth premium'.

These popular 'solutions' therefore are generally untenable and do not in themselves provide a basis for the construction of realistic policy. Importantly, advocates of these options fail to recognise and take account of the different interests and dynamics which are at play in this issue. The objective cannot be to aim for the eradication of street prostitution, or to attempt to balance off, or synthesize all the interests involved. Rather, the aim is to develop an approach which is able on one hand to respond to the current situation and which can take into account the different interests involved, on the other.

In the course of investigating this issue, we have attempted to examine it from a number of different vantage points with a view to policy formation. It has become evident that the approaches discussed above — legalization, zones of tolerance and decriminalization — are based upon dubious assumptions which have been found to have, at best, limited validity. In examining the data, a number of significant empirical findings have emerged which it would seem, need to be taken into account in developing a practical and viable policy in this area.

### Ten 'Facts'

1. *The majority of women who work on the streets became involved in prostitution at a relatively young age*

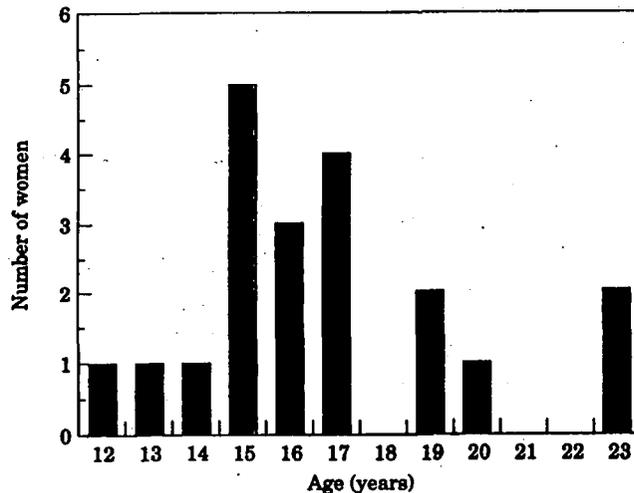
Our research indicates that the majority of women who contact their clients on the streets are considerably younger than the women who work in other forms of prostitution. The average age of these street prostitutes was 21 years. In contrast, the average age for women contacting clients through off-street methods was found to be 25.5 years but rises to an average age of 31.6 years for those women who work in saunas. Furthermore, the present research also indicates that women involved in street prostitution began their involvement whilst relatively young.

Thus 75% of our sample of working women were aged 17 years or under at the time of their initial involvement in street prostitution, and some 40% were 15 years or under. Other studies have revealed similar figures. For example, Faugier & Cranfield (1994) reported that 63% of women they contacted, started working as prostitutes before the age of 20 years. Similarly in Malvolwane *et al.*'s (1989) study of London prostitutes who worked predominantly from the streets, it was reported that 79% of women entered prostitution when they were under the age of 20 years, and of these 40% were 16 years or under.

In relation to young women's involvement in prostitution, there is also a disturbing connection in some areas with children who have been in residential care. In Nottingham for example, during 1993, the Anti-Vice Squad dealt with 22 juvenile offenders involved in prostitution (21 young women and 1 young boy). The Squad believed that 13 of these juveniles were from local authority Community Homes. However a 'snapshot' from the local authority reported that there were 26 young people (14 girls and 12 boys) known or strongly believed to be involved in prostitution on a regular basis (see also O'Neill *et al.* 1995).

These findings suggest that the majority of women became involved in street prostitution at an age when they are vulnerable and impressionable. The disturbing evidence of the relation to residential care, suggests that this particular route of entry into prostitution requires more detailed examination.

Figure 1. Age ranges at time of entry into street prostitution.



### 2. Most women who work on the streets, do so on a sporadic and temporary basis

The research which we have conducted also indicates that the average length of involvement in prostitution for those women who contact clients on the streets, appears to be much more limited than is often assumed. In a sample of 20 women who worked predominantly on the streets, there were three women who had been involved in prostitution for 9 years, 10

years and 20 years respectively. However, the average length of involvement for 17 other women who worked on the streets, was 2.8 years.

Similar findings were reported by McKeganey & Barnard (1992) in their study of street prostitutes in Glasgow. They found that the average length of time spent working as a street prostitute was 2 years. Malvolwane *et al.* (1989) however, report an even lower duration of 10 months, whilst Matthews' (1990) study of street prostitutes in Finsbury Park, found that the largest group of working women were those whose involvement was of a temporary nature, often drifting in and out of prostitution.

The implications of these findings are that those women who contact their clients on the streets are not predominantly 'career' women, and that their commitment to prostitution is far more transient than is often suggested.

### 3. There is very little mobility between street prostitution and commercial and organized forms of prostitution

In many areas, there is a hierarchy of working women, with street women at the bottom and brothel workers at the top. Interviews conducted with both groups of women suggest that there is restricted mobility between these two settings. For example, women who work in brothels tend to describe themselves as attractive, mature, reliable, organized, 'clean' (i.e. non-drug using) and 'independent' (working without pimps). The conception which those who operate in saunas have of street prostitutes however, ensures that access to such establishments, for many 'working women' is denied. As the manageress of one massage parlour explained:

Street girls are different. They're often young and inexperienced and a lot of them are on drugs or have a pimp. Most of them have been in trouble with the police too. I won't have them here, they are bad for business. We don't want the police around here any more than we have to. We've only been raided once in two years. They come around every now and again but they seem to leave us alone mostly. We're all mature ladies, experienced and reliable. We don't need any trouble.

Many women working on the streets admit that they are less organized and consequently reject the controlled environment of a legalized brothel or the presently operating 'illegitimate' brothels (saunas), preferring the flexibility which the streets can offer. Indeed, saunas and state brothels were the most unpopular places of work for women who worked on the streets, with only 12% and 6% in our sample respectively, opting for such a change of location. Thus the research indicates that an expansion of more organized and commercialized forms of prostitution will not attract a very significant percentage of those who currently work on the streets.

4. *The majority of women working as prostitutes have economic, social and health-related problems*

It has long been recognized that the primary incentive for women to become involved in prostitution is money. Prostitution offers relief from relative deprivation. It requires no qualifications, no experience and street work in particular, offers flexible working conditions. Although not all women who become involved in prostitution do so as a means of economic 'survival' (see Roberts 1993: 326-329), many studies show that the main reason for entering prostitution, particularly for women who work on the streets, is a function of mounting financial pressures. These pressures may be the result of many factors, although studies both in Britain and elsewhere, provide a fairly consistent picture of the main factors. These include child care expenses, drug addiction and unemployment (see Jaget 1980; McLeod 1982; Delacoste & Alexander 1987; Hoigard & Finstad 1992).

Indeed, many women involved in prostitution experience the pressures of being a single parent or the sole family earner. In our research, 11 of the 30 women surveyed (37%) had dependent children (nine women worked on the streets). McLeod's (1982) research found that 60% of her sample group had children, whilst Malvolwane *et al.* (1989) similarly reported that over 57% of the women they interviewed were parents. Furthermore, nine women (30%) of our sample of street prostitutes had dependent males, which included both 'partners' or 'passive ponces' and 'pimps'. The term 'pimp' is universally recognized as a problematic category legally covering those males who may have a commercial interest in the prostitute's earnings and those who exploit and exercise control over the women (McLeod 1982; Lowman 1985; Edwards 1993). Nevertheless, the existence of a dependent adult can reinforce the commitment to prostitution.

Despite assertions that women working as prostitutes are relatively well organized and therefore, should be allowed to continue their 'freely chosen' occupation unhindered, the reality is that many suffer from different forms of dependency. The myth of the 'happy hooker' unfortunately persists. In our sample of street prostitutes, 12 of the women (40%) admitted injecting drugs at some time, while only 20% admitted to being current drug users.

The literature on drugs and prostitution is divided between those studies which have found very low rates of drug abuse and injecting, to those which have found widespread use of drugs. Day *et al.* (1988) for example, found 14% of the prostitutes they contacted in London were injectors while Ward & Day (1993) found 9.6% were current or past drug injectors. Likewise Morgan-Thomas *et al.* (1989) found a 20% rate of injecting in Edinburgh. Kinnell (1989) in Birmingham found little over one-quarter of the women were injecting. McKeganey & Barnard (1992) meanwhile, reported 71% of

206 Glasgow prostitutes were injectors while the study carried out by Green *et al.* (1993), showed 83% were intravenous drug users and concluded that; "Prostitution is thus the cornerstone of an apparently 'black economy' associated with drug abuse."

Undoubtedly different research methods employed in different areas can produce varying rates of intravenous drug use. Some of these women had become involved in prostitution in order to finance their addiction, while others became involved in drug use as a consequence of their involvement in prostitution. However, it was evident that for both groups of women, their involvement in drugs compounded their commitment to prostitution. As one woman stated:

When you've got an expensive habit, you can't be thinking, "Oh I'd like to get out, I'd like to be doing a straight job, this one's no good." You just know this is the only way to keep yourself going... You've got to get enough to keep on top, you can't think about tomorrow or the next day, it's just about what you need for now.

There was also evidence of the widespread use of drugs such as alcohol, amphetamines and marijuana amongst female prostitutes. One woman who worked as a prostitute explained how her drug dependency was compounded by her experiences of prostitution:

I hate them [clients] I do. They make me feel sick. Some of them don't even talk to you, they just grunt at you like you're a piece of meat... I can't handle it unless I've had a smoke. It numbs you and you can't remember how many you've done, it just makes me forget...

Research on drug addiction indicates that this not only produces health issues in itself, but can also reduce the probability of condom use and therefore the possibility of protection against sexually transmitted disease (Morgan-Thomas *et al.* 1990; Bloor *et al.* 1991; McKeganey 1992).

5. *Women who contact their clients on the streets are the repeated victims of both sexual and physical violent attacks*

Despite assertions that prostitution is essentially a 'job' just like any other, the widespread evidence of abuse experienced by these women, suggests an alternative view. Twenty-six women (87%) in our sample had been the victims of abuse from clients in the last 12 months. The abuse ranged from being verbally assaulted by clients to being stabbed, beaten up and raped. Indeed 27% of the women reported that they had been the victim of rape in the last 12 months. A further 43% had suffered some sort of physical assault or abuse. The widespread occurrence of violence was also reported

by Barnard (1993) and earlier by McLeod (1982) who stated that; "Almost without exception, prostitutes I have had contact with have experienced some form of serious physical violence from their clients."

Many of these women (73%) were multiple victims. Eleven women experienced two offences, six women experienced three offences, one woman experienced four offences and another woman experienced six offences within the last 12 months, indicating that certain structural features of prostitution increased the likelihood of repeat assaults. Indeed, of those women who were high multiple victims (three to six offences) only one woman did not work on the streets. In contrast, only one of the four women who had not been victims of abuse in the last 12 months, contacted clients on the streets. Thus it would seem that street contacts are the most dangerous way of meeting clients. There is evidence that the rapid kerbside encounter of street prostitute and clients, by its very nature, reduces the women's ability to screen out potentially violent and dangerous clients, especially when business is conducted in deserted and dimly lit areas (Barnard 1993).

The evidence of widespread and constant levels of violence and attacks underlines the precarious nature of the street trade. Undoubtedly, most women who contact their clients on the streets are cautious of the clients they pick up and attempt to avoid certain types of men. However, in a brief encounter it is extremely difficult to make informed decisions, particularly for those women who are desperate for money.

#### 6. *The majority of clients have regular partners or are married*

Most studies have found that the majority of clients are married (McLeod 1982; Kinnell 1989; Barnard & McKeganey 1992; Matthews 1993; Faugier & Cranfield 1994). Accurate numbers are difficult to come by, due in part to the highly discretionary nature of the amount of genuine information a client will give about his personal life. However, Kinnell (1989) puts the figure at between 28.8% and 43.7% in the two surveys she conducted, whilst Barnard & McKeganey (1992) put the figure at 51%. Similarly, Faugier & Cranfield (1994) reported 60% of clients were married or lived with a partner, whilst 65% of McLeod's sample of clients were either married or cohabiting.

Our research indicates that out of 280 kerb crawlers who were reported for summons by vice squads in Norwich and Balsall Heath, 85% were married. Furthermore, of 38 clients who used saunas and massage parlours, the total number who were married or had a partner was 64%. This was confirmed by all of the women interviewed who worked in massage parlours. As one of the women explained:

Most of the clients here are married and they're either not getting enough at home or they don't like to ask for certain things... They like coming here because they know they can drop in here any time and they feel they can do what they want and then go back to their wives and families.

The vast majority of these clients had 'no complaints' about their sexual relationships with their wives. One client interviewed echoed a popular response which clients offered in relation to being questioned about why they visit massage parlours:

I come here once in a while for a bit of excitement. My wife is really nice, she's an attractive woman too, quite adventurous in the bedroom I suppose, but even when you've got caviar you want something else don't you?

Whilst prostitution, therefore, may provide an 'extra' or alternative form of non-relational sexual encounter, it does not appear to provide an essential sexual service for the majority of male clients.

#### 7. *Many kerb crawlers are middle-aged and a large proportion of them are middle class*

Very little academic research has focused on the characteristics of the clients of prostitutes. Our research found that the ages of 280 kerb crawlers ranged from 19 to 71 years, with an average of 35 years (See Figure 2).

Although over one-third of kerb crawlers were aged between 17 and 29 years, just under one-third were 30-39 years old, and a further one-third were over 40 years of age.

Information on the social class of the kerb crawlers was based on Standard Occupational Classifications (SOC). Although detailed records were not available, the job title entered on police records provided a basis for categorization.

Seven men were retired at the time of the offence. Twenty-six men (9%) were unemployed, three others (1%) were students and information for one kerb crawler was missing.

Almost one-third of kerb crawlers belonged to social groups i and ii; while just under three-quarters fell into the top three social classes of professional, managerial and skilled non-manual workers.

The implications of these findings are that a large proportion of clients are unlikely to be deterred by the level of fines which are currently given out to female prostitutes. It is more likely that some form of shaming will have the greatest deterrent effect on this group.

Figure 2. Age range of kerb crawlers.

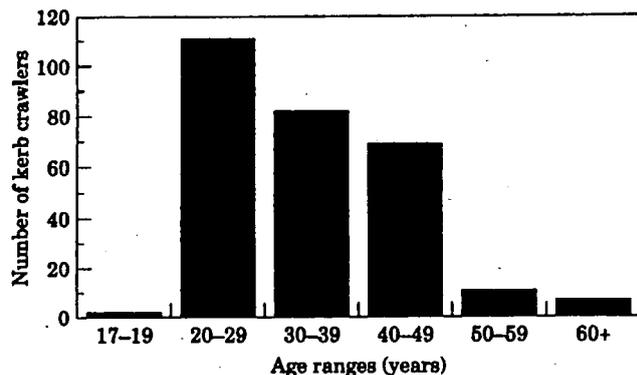
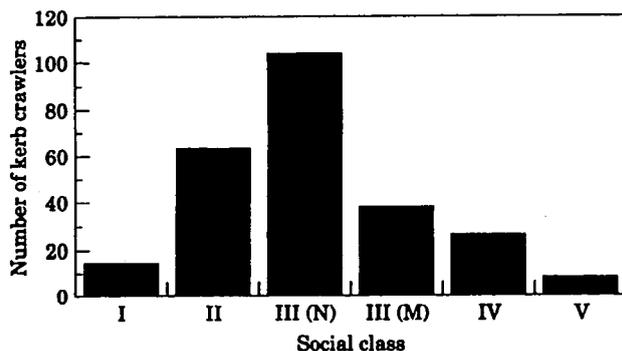


Figure 3. Social class of kerb crawlers, based on occupation.



#### 8. Clients who patronise saunas and massage parlours are not generally involved in kerb crawling

Just as it was found that there are significant differences between those women who work on the streets and those who operate in saunas and massage parlours, the same distinctions appear to apply to clients. All of the clients in our sample who were interviewed in saunas and massage parlours stated clearly that they never engaged in kerb crawling activities. For these clients, the service available in the massage parlours was distinguishable in four ways from that available on the streets.

First, most of the clients interviewed emphasized the importance of being able to relax in the massage parlour. The availability of a massage,

bath or jacuzzi before and during the sexual services was seen as an important feature. This type of service could not be enjoyed with prostitutes who worked on the streets, unless they took the women back to their own homes or hotels, which for many of the clients, was considered impractical and expensive. Secondly, the clean appearance of the massage parlour and of the women working there was identified as a very important factor by the majority of clients. Indeed, many of the clients who visited the massage parlour saw the street girls as 'dirty' and unclean. Thirdly, the friendliness and professionalism of the women in saunas was also viewed by men as a desirable feature. This was felt to be less in evidence amongst street prostitutes, who were viewed by these clients as young and inexperienced.

Finally, the clients unanimously agreed that one of the most important attractions which the sauna offered was its discreet, semi-legitimate nature, and its apparent safety from the police and on lookers. They also felt a sense of personal safety in the sauna. In contrast, clients expressed a fear and uncertainty in relation to picking up prostitutes on the streets.

#### 9. The regulation of prostitution is low status police work

Street prostitution remains very close to the bottom of a national scale of police priorities, while work in the vice squad is not generally seen as 'proper' police work. Consequently, some vice squads devote a considerable proportion of their time and resources to related issues such as drugs and robberies, which command more respect and status (see Benson & Matthews 1995).

The police focus on street prostitution in most areas is consequently largely reactive and the result of pressure from local residents. One vice squad officer explained that the police response, which included a combination of strategies involving heightened visibility and 'cracking down' on the prostitutes, was largely an attempt to placate local residents rather than produce a coordinated strategy designed to achieve a long-term reduction of street prostitution. As he explained:

You've got to be seen to be doing something, even if they [the prostitutes] do just go straight back out there. If we didn't we'd be over-run with girls and complaints about them.

Moreover, another officer interviewed in Wolverhampton stated that the women who work in the more industrial areas are arrested far less frequently than those who choose to stand in residential areas, despite the fact that both are formally breaking the law. As he stated:

It's not that we don't arrest them exactly, it's just that we target the girls who are causing the most problems and they happen to be those who work in the residential areas. If they all worked in the industrial areas then we'd concentrate our efforts there, but at the moment we're happier if they're away from the residents.

Other squads indicated that they operated an informal selective system of arrests, depending on whether the women co-operate with police. Many vice squads see the prostitutes as a useful source of information about other criminal activities. For this reason the police have a vested interest in developing the cooperation of women involved in prostitution and of securing a 'good working relationship' with these women. This can, and does, lead to a situation in which the police fraternise with the women one day while arresting them on another. These contrasting practices create confusion and uncertainty for all concerned and lead to differential arrest rates for each area. Over a 12-month period, it was found in the course of our research that arrests per working woman ranged from 0.2 in Cambridge, to 23 arrests per working woman in Bradford.

Whilst police forces in many areas have turned their attention increasingly towards the male kerb crawler, there was similar evidence of a wide variance in cautioning and prosecution rates for clients. The range for cautions over a 12-month period varied from 0 in Cambridge, to 325 in Charing Cross (London).

Thus, it can be seen that the police often operate in relation to conflicting demands. Consequently, the effectiveness of the existing forms of regulation is not just a function of the legislation, but is also conditioned by the processes of enforcement.

*10. Despite growing inequalities over the last decade, the number of women working as prostitutes on the streets in the majority of areas has either remained constant or decreased*

The situation which the Wolfenden Committee responded to in the 1950s has changed considerably. The Committee reported that there had been nearly 7000 arrests in 1953 and that there were about 1000 women working on the streets of the West End of London alone. Contrary to some assertions that "more women are turning to the streets as a way of making a living than ever before" (Edwards 1993:123), current levels of street prostitution indicate an opposite tendency. In Southampton for example, the vice squad reported that the average daily sightings per quarter in 1985 was 30 women. By 1990 this had dropped to 14 women and by 1995 it had decreased to around six women. Similarly, Balsall Heath vice squad reported that in 1990, over an average 24-hour period, there were 40

women working on the streets and at any one time there were about 20 women. In 1995 this has dropped to about 14 women working over a 24-hour period, with only six women working at any one time. Indeed, many areas have witnessed a considerable decrease in the numbers of women working on the streets over the last 10 years.

Meanwhile, a recent survey of vice squads revealed that in over 50% of cases, the numbers of women working on the streets have remained relatively stable over the past year. These squads included: Blackpool, Bournemouth, Coventry, Derby, Doncaster, Essex, Hull, Leicester, Middlesbrough, Mosley, Northampton, Nottingham, Plymouth, Portsmouth, Southampton and Stoke on Trent (see Reading *et al.* 1992; Benson & Matthews 1995).

In eight areas (30%), the respondents reported that street prostitution levels in their area had decreased. These areas included: Bradford, Cambridge, Cardiff, Charing Cross, Norwich and Greater Manchester. Only three respondents indicated that street prostitution had increased in their area: Sheffield, Bristol and Wolverhampton.

### Summary and Discussion

In sum, there are a number of significant findings which emerged from recent research, which provide a useful starting point for considering the formulation of viable policy options.

Previous experience also indicates that this issue is unlikely to be satisfactorily addressed through legislative means alone. The law is a clumsy instrument in dealing with these matters and the ambivalence of those agencies who are charged with implementing legislation, make such an option on its own, unrealistic. Thus, there is a need to consider both legal and extra-legal approaches which can provide a more effective response to this issue. In relation to the 'facts' identified above, there are a number of legislative reforms in the British context which seem to deserve some consideration.

### Possible Legislative Reforms

#### *The removal of the wording 'Common Prostitute'*

The wording 'common prostitute' in existing legislation appears to be an anachronistic and stigmatizing label, which in effect pre-empts the possibilities of developing any realistic deterrence (Edwards 1984; Smart 1985; Roberts 1992). Legislative bodies could remove this wording.

*The inclusion of gender neutral language*

Gender neutral language in legislation would expand the remit of the present legislation to include 'solicitation' by men. The inclusion of clients into the legislation may encourage the law to treat the activities of male clients, particularly those who approach non-prostitute women, in the same way they treat female prostitutes.

*The removal of the wording 'Persistence' from kerb crawling legislation*

It is becoming increasingly evident that kerb crawlers are more susceptible to regulation than women who work as prostitutes, and are the 'weak link' in the relation. In terms of controlling the nuisance aspects of street prostitution, it therefore seems preferable to increase police powers in relation to kerb crawlers, and within the current legislation, the most obvious way to do this is to remove the word 'persistent' from the legislation. This change in the legislation would increase the vulnerability of those kerb crawlers who, in some areas, seem to be more of a problem than the prostitutes.

*The introduction of 'Shaming' sanctions for kerb crawlers*

It is apparent from police evidence that kerb crawlers may be much more susceptible to shaming sanctions rather than the imposition of fines. This may be particularly relevant to the large proportion of clients who are married or cohabiting. Alternative sanctions, such as the use of licence points for the offence of kerb crawling, could be considered.

*The development of 'Procuring' legislation*

The large percentage of women who began their involvement in prostitution as teenagers is disturbing. Those who have been in local authority care or hostel accommodation are particularly vulnerable and susceptible to procurement. Although legislation exists to address this issue, it is rarely enforced and carries relatively light sanctions. There is, in light of the available evidence, grounds for re-examining this legislation and increasing its impact and applicability.

**Extra-legal Reforms***Development of multi-agency initiatives*

Multi-agency initiatives have been seen to be effective in some locations,

particularly when they have been well-coordinated and driven by residents groups. The problem has been that in many locations, such intervention has not been 'multi-agency' enough. That is, they have relied too heavily on one strategy or agency to 'solve' the problem, rather than developing more comprehensive approaches. Agencies such as local authorities, social services departments, health services and education departments can be brought together, with a view to offering support to the women by offering a range of services and advice on addiction, drugs and health issues.

*Examination of child support*

In the present survey, 37% of the women had dependent children, while 20% stated that they became involved in prostitution in order to support their children. There is, therefore, a need to extend the existing provisions for child support and provide advice to claimants, particularly single mothers. There is also a need to look at equal opportunities policies with regard to examining child care facilities and other problems which working women encounter.

*Examination of welfare and housing issues*

Similarly, there is a need to extend the range of welfare facilities available to young people at risk. It is essential that there is a recognition of the growing problem of homelessness of juveniles aged 16-18 years, who may engage in commercialized sexual activities in return for accommodation, (Young Homelessness Group 1989). The uncertainty of the benefits system, the lack of benefits and problems of finding low-priced accommodation, all serve to increase the pressure for young people to become involved in prostitution (Green 1992; Taylor & Hattenstone; 1992). Both Birmingham and Liverpool local authorities have called for the restoration of benefits to these youngsters.

Some local authority housing departments have begun to be involved in schemes which offer temporary respite from prostitution in an emergency hostels and 'safe houses'. These are set up for domestic violence victims and are also able to accommodate women who urgently need to get away from damaging situations.

*Enhancement of health education and advice*

Forty percent of the women in our sample admitted injecting drugs. Others were regular abusers of other drugs such as alcohol, amphetamines and cocaine. Health advice should be aimed at both drug prevention and dependency. Furthermore, 10% of the women admitted that they did not

always insist on condom use, and a further 20% admitted that they were susceptible to offers of financial rewards by clients for unsafe sexual practices. The apparent demand for unsafe sexual services suggests that health information needs to be directed towards male clients, and that more imaginative strategies for developing support and advice should be explored.

#### *The improvement of safety for women working as prostitutes*

There is also an urgent need to recognize the risks of violence and sexual assaults which women working on the streets experience. Barnard (1993) critically asserts that the apparent lack of academic and/or professional attention to such issues is possibly 'because selling sex is not generally considered a legitimate vocation'.

In the present study, 87% of working women had been subject to some sort of abuse from clients in the last 12 months. Furthermore, approximately 73% of these women had been multiple victims highlighting the vulnerability of these women to repeat assaults. Many of these women, however, had not reported the assaults to the police. Both preventative strategies and the role of the police and intermediaries need to be closely examined in order to improve the safety of these women.

#### *Development of alternate and 'exit' routes*

Forty-three percent of the women from our survey admitted that they had thought about getting out of prostitution. However, very few felt that they had any available alternative means of employment. Many of these women lack qualifications and training, although they expressed an interest in engaging in alternative occupations. Indeed 57% of women in the survey indicated that if they could get a legitimate job which paid a good living wage, they would give up prostitution.

Increasingly, therefore, services and opportunities could be developed in order to provide the women concerned with a wider range of options. In developing 'exit' strategies, the aim is to help those women who want to leave prostitution, but feel trapped. A combination of training, employment, health and welfare provisions will need to be developed if this objective is to become a reality. A combination of these policies could help to make prostitution a less attractive option for these women. Reforms therefore, could aim to:

- (1) Reduce the number of women who enter prostitution.
- (2) Reduce the period of time in which women are involved in prostitution.

- (3) Increase the range of occupational options available to women at risk as well as those involved in prostitution.
- (4) Increase the range of assistance to those women who express a desire to leave prostitution.

#### Conclusion

In recent years in Britain, there has developed a two-pronged response to street prostitution, both sides of which now appear to be inadequate. On one side, there has been an essentially coercive response provided by the police which has been primarily directed at 'keeping the lid on' the public order problems associated with street prostitution. Vice squads have been encouraged to 'crack down' on street prostitutes, arresting and rearresting them on a continual basis.

On the other side, there has been a medicalization of prostitution, largely centred around concerns over the transmission of HIV and AIDs. This response, which involves the supply of condoms, lubricants and the dissemination of health education advice, generally fails to address the conditions which produce prostitution or the public order issues which have become associated with it.

It is clear that although these two responses continue to play a major role in the policy debates around prostitution, a review of current developments suggests that it may be the time to move beyond these two options. As the level of street prostitution has begun to level off and even decrease in many parts of the country, it appears that it is time to consider more comprehensive and imaginative forms of intervention than those which are currently available.

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# OCCUPATIONAL HAZARDS OF STREET PROSTITUTES

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A study of 200 women street prostitutes documents extremely high levels of on-the-job victimization. Subjects reported being physically abused and beaten by both customers and pimps. Other forms of victimization included customer rape, forced perversion, non-payment, robbery, violence, clients going beyond the prostitution contract, and unfair split of money with pimps.

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The literature on prostitution is mainly focused on motivation for entrance and descriptions of the lifestyle of prostitutes involved either in the criminal justice system or the social service system (e.g., Barlay, 1968; Benjamin and Masters, 1964; Davis, 1971; Goldstein, 1969; Gray, 1973; James and Meyerding, 1976; James, 1978, 1979; Lindsay, 1970).

The present study represents the first major attempt to investigate various forms of victimization of street prostitutes prior to and after entering prostitution, both on and off the job.<sup>1</sup> Thus the study is unique both in its focus (i.e., victimization of prostitutes) and in its target population (i.e., street prostitutes not recruited through any agency), who are usually hostile toward the "straight world" and unavailable to social scientists for

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research. The present article addresses abuses on the job as one form of victimization of street prostitutes.<sup>2</sup>

### METHOD

The subjects were 200 juvenile and adult women street prostitutes in the San Francisco area. They were extensively interviewed by specially trained ex-prostitute members of the Delancey Street Foundation, a residential treatment center well-known nationally for its successful treatment of ex-addicts, convicts, and prostitutes. The credibility with and access to street prostitutes who would not otherwise come in contact with official agencies gave the Delancey Street interviewers a unique advantage. Interviewers were extensively trained in interview techniques and uniformity of administering and coding questionnaires. The interviews, lasting from two to four hours each, were based on a specially designed "Sexual Assault Experiences Questionnaire." Interrater reliability was established at the 90% level. Of the current prostitutes in the sample, 70% were under 21; almost 60% were 16 or under, and numbers were 10 and 11 years old. Of the sample, 78% reported starting prostitution as juveniles; and 68% were 16 or younger when they started prostituting. Of the sample, 69% were white; 18% were black; 11% were Hispanic; 2% were American Indian; and 1% Asian. Over two-thirds of the sample (68%) were from families of average or higher income (60% of the juveniles were from comfortable or very wealthy homes); yet 88% of the prostitutes described themselves as poor at the time of the study.

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### RESULTS

Results of the study documented extremely high levels of victimization of prostitutes related to their work. Of the subjects, 78% reported being victimized by forced perversion an average of 16.6 times each woman. Also, 70% were victimized by customer rape or clients similarly going beyond the prostitution contract, an average of 31.3 times. Of the subjects, 74% reported being victimized by nonpayment, an average of 5.2 times; 45% reported being victims of robbery, an average of 3.6 times; 65% were victims of violence, an average of 9.2 times; 49% were victimized by an unfair split of money with pimps, an average of 35.5 times. Of the subjects, 41% were victimized in some other way, an average of 2.6 times (e.g., forced into sex for no pay with police, being beaten by police, being beaten by other prostitutes).

Additionally, 65% of the prostitutes were physically abused and beaten by customers, an average of 4.3 times. The reasons for the physical abuse, as perceived by the victims, varied: 40% perceived that the customers "got off on it, enjoyed it, and thought of it as a part of sex"; 32% stated it was because customers didn't want to, or couldn't, pay; 16% stated it was because the customers hated prostitutes or hated women in general. Most often, however, the beating was totally arbitrary: "no specific reason, just crazy, that's how they are," 46%; "don't know the reason for the beatings," 8%. This kind of arbitrary abuse is the most devastating psychologically and contributed to a kind of psychological paralysis in the prostitutes.

More than three-fourths of the victims stated there was nothing they could do about customer abuse; only 1% mentioned reporting to the police. The rest mentioned such things as: fight back, 12%; get away, 6%; tell pimp, 9%.

Over half the current prostitutes and over three-fourths of the juveniles stated they had a pimp at the time of the study, despite the fact that 41% stated there was absolutely no advantage in having a pimp. Two-thirds of the women had been physically abused and beaten by their pimps (18% were beaten constantly; 36%, regularly; 29%, not very often; 12%, once or twice; 5%, depended on the situation). In over 50% of these cases,

the women accepted it as a way of life, felt they deserved it, or were flattered by it as a sign of caring. "It made him feel like more of a man, and I felt it was my duty. . . . I'm used to it by now. They can't hurt me no more."

### DISCUSSION

The presented results document a serious problem of victimization among street prostitutes, as part of their work condition. Other parts of the study document extremely high incidence of juvenile sexual exploitation prior to entering prostitution, as well as sexual abuse totally unrelated to the women's prostitution status. The street prostitutes appear to be hopelessly trapped in an endless cycle of victimization. It is suggested here that these women, subjected to continuous abuse and victimization over which they have no control, develop a "psychological paralysis" which prohibits their abilities to break out of the cycle. Psychological paralysis is characterized by a total passivity, inability to change destructive behavior, and self-deprecation. This sense of entrapment in a hopeless situation is particularly distressing in light of the fact that the majority of the sample are juveniles, with almost 60% of those presently prostituting being 16 years or under.

These young women perceive no options for themselves, blame themselves for their own victimization, and therefore do not report the victimization or avail themselves of any agency support. The study's findings demonstrate an urgent need for intervention services specifically designed for victimized street prostitutes.

### NOTES

1. A preliminary report of the study's findings was presented at the meeting of the American Psychological Association, Montreal, Canada, September 1980.
2. An earlier version of this article was presented at the meeting of the Western Psychological Association, Los Angeles, April 1981.

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# THE DEAD HOOKERS' BALL

Debra Wright, 1996

Debra Wright is an ex-prostitute, and wrote this after interviewing dozens of prostitutes and concerned women activists.

It's Halloween and here comes the Hooker's Ball, and with The Ball comes the promotion and the glamorization of prostitution as a victimless crime. Looking at the Queen of the ball, Margo St. James, and her clique--the so-called "prostitutes' rights movement" led mostly by people who don't choose prostitution for themselves--and the sex industry, we are almost lulled into a state of numbed indifference when faced with the facts that around the world this sex industry is chewing up and spitting out women, men, and children at a rate, as described at the UN Conference on Women, equal to that of the Holocaust.

On many occasions, I have wondered if the "sophisticated, progressive" image we have of ourselves as San Franciscans, really matches reality? This is definitely one of those times.

Many women activists attended the Forth UN Conference on Women in China and traveled throughout Thailand. In follow-up seminars here, they described scores of workshops and seminars on trafficking in women, and prostitution in developing countries. They spoke of crying with hundreds of women and girls who were kidnapped, sold into prostitution, raped and beaten into submission, held against their will in brothels, and watched day and night to prevent escape. After becoming ill with signs of HIV infection, many of these women and girls were allowed to escape only to be rejected by the families who originally sold them to recruiters, and the communities from where they originated.

"After hearing of the hundreds of thousands and millions of boys, girls, women, and men now used in the "sexual slave trade," a term used by the Queen of Belgium and the First Lady of Nigeria, world-wide, I now return to my city to experience the unconscionable, flagrant promotion of prostitution in such a light hearted, fun, politically correct way that it truly reminds me of the Romans, Christians and lions," stated one activist upon returning from China and Thailand.

People in this country tend to make a sharp distinction between First and Third World Prostitution. That, however, is a misleading division. First, the majority of women who live as prostitutes here are socio-economically disadvantaged, often with histories of emotional, physical, and sexual abuse. Second, attitudes and policies from dominate countries are imported abroad like fast food chains. Girls as young as ten, for example, who are coerced into India's brothels or Thailand's booming sex trade are called "commercial sex workers." "Entrepreneurs." These terms totally erase victimization. Similarly, some so-called "prostitutes' rights" groups in India are organized and led by brothel owners and managers. This is how our attitudes about commercial sex have been felt worldwide. Make no mistake about this: The sex industry does not distinguish between First and Third World, forced and voluntary, or child and adult prostitution. These labels are convenient but unreal. They mask the violence inherent in prostitution.

Women I've talked with describe traveling in Thailand, and learning more about how prostitution becomes normalized. They say the bars and brothels are built around major open air tourist shopping areas. As you mingle in the crowds with music blaring from the bars, you walk shoulder-to-shoulder with hundreds of customers of prostitutes also known as "tricks" or "johns." Many of whom stroll arm and arm with nine, ten, eleven year old girls. You see the women dancing in the bars with dead looks on their faces, with numbers on their G-strings that are used for ordering them up by "tricks," no names are used or if they are they are fake. Many of the younger girls are wearing identifying tags that say "Trainee." You are barked at to come into the bars and shown signs that say "women with dogs," "smoking pussy," "pussy shooting ping-pong ball." You continue to walk but remember, you're here shopping for leather, silver, silk ties, and Hard Rock Cafe T-shirts. Everything else around seeps into your consciousness, filling your senses, and your high off of the good deals, it all blends and becomes normal. The message: women = thing: women's sexuality = sport/entertainment.

Your return a second and third night, and finally your totally accepting of the harm, the dead stares on the women's faces, the numbers used for ordering them up, the twelve year olds wearing "Trainee" badges, being felt up, and the Western and Asian men that are buying the women and girls.

The same process will happen at the Hookers' Ball: The goal is to normalize prostitution, to fill up your senses with music while you rub shoulder to shoulder with tricks, pornographers, promoters of the sex industry; to appeal to your charitable nature, and make you feel included among the politicians and the elite; to have you think that this is charade is representative of the sex-industry, to make you forget that we are connected to a larger whole and the larger whole is suffering and dying at unfathomable numbers. You will be persuaded to believe that prostitution is empowerment. But I -- and millions of others -- will be lingering, dead and alive, in the shadows to remind you that prostitution is something that can never be "fixed" or "O.K.," and that a "trick is not an honorable person.

St. James and other supporters of the sex industry believe that prostitution is inevitable. I think this is an incredibly man-hating position. Are we to believe, as we stand among the shadows of the dead, the numb, and the nameless, that men as a class are controlled by their sex drives? That they are incapable of making ethical choices?

I believe that to be truly inclusive St. James' extravaganza should be called "The Dead Hookers Ball." Try to think of costume suggestions. Consider how to represent the 45,000 children who are HIV infected from working in the brothels in Bombay, India. Or what about the San Francisco prostitute whose dismembered body was found in a dumpster off Polk Street. Or what about the one who was killed with a red high heel shoe in her head. Now there is a costume! Or how about the young woman found dead and naked in the bay. What about the "I don't want to be a hooker costumes," that represent he thousands of girls in Burma that tattoo their faces so that they won't be pretty and won't be kidnapped and sold into Thai brothels or the vulnerable women who move from welfare to "sex work?"

Please consider these suggestions so that the silenced -- forever -- among us will get a chance to be heard at "The Ball."

iere Issue



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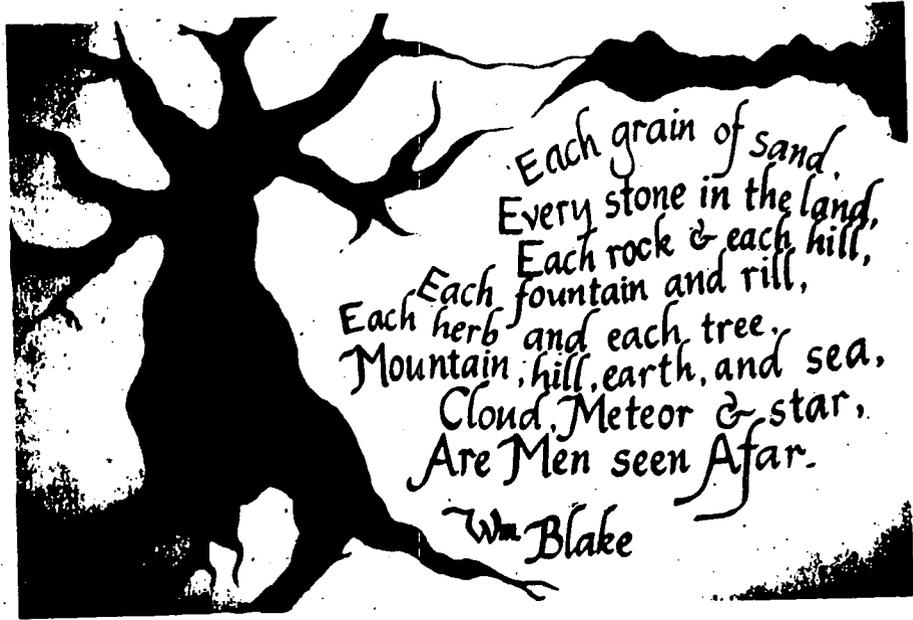


# Olympia Institute Quarterly

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Keeping the body and soul together:



Each grain of sand,  
Every stone in the land,  
Each rock & each hill,  
Each fountain and rill,  
Each herb and each tree,  
Mountain, hill, earth, and sea,  
Cloud, Meteor & star,  
Are Men seen Afar.  
Wm Blake

**What kind of help REALLY HELPS?**

## INTERVIEW: NORMA HOTALING AND THE SAGE CIRCLE

by Ben Colodzin

*(Norma Hotaling is the director of SAGE—a nonprofit organization in San Francisco which helps ex-prostitutes heal traumas and live healthy lives. I asked Norma—a friend since we met in an Olympia Institute wilderness program 8 years ago—for an interview regarding her experience of what kind of help really helps for people in deep suffering. She suggested that we bring that question to the circle of women that comprise SAGE's staff and volunteers—the SAGE circle. First names are given for each member of this circle who identified herself.)*

laurie: What I first found to help me deal with what happened to me in my life and how that played into what I started getting into later, I think the knowledge and helping to fit it together, was what helped me to start pulling out of it. As far as what we need...really, the knowledge is one of the most important things. To have the knowledge that there is another way, you know? When I started getting into prostitution, after a while I started feeling like this was the only thing I had, this is the only thing I can do, and the knowledge that I can do something else—that there's something else out there to help get me out of this situation, was really important. After that, a lot of things started to help me heal. Getting honest was real important. Having the love of sisters, having understanding people to help me to get through the stuff, and help me get out of the trauma—the retraumatization that I constantly put myself into—and sometimes still do. I'm trying to break that cycle. Trying to heal myself is a really hard thing.

susan: I think really the initial thing that's helped me is having women like SAGE and women that I care about walk me through a lot of my pain, to show me that even though I was victimized and I had a lot of trauma in my life, that I can turn that around and be empowered as a woman. And to feel my pain, that that's okay, and to talk about the things that have happened to me. And to learn about the things that I didn't

know how to do, like acupuncture, meditation, peacefulness. Betty's really been teaching me how to be spiritual, because the place that I come from is very dark, and I didn't have any light, but now through Betty I'm learning how to be spiritual, I get to go inside myself and it's okay to deal with all that. And for me too, I think honesty has played—is playing a big part. Because having the shame and the guilt of everything that I've done, and of everything that I've had done, has stopped me, and has caused me to go on a trip of self destruction. Instead of feeling the things that I needed to feel, and going through the pains and the motions, I was trying to kill myself. So, once I looked at that, and really accepted that for what it was, I've really been able to come out of myself. Another big thing is having a place to go to, that I felt safe, because I've been in the jail so many times. I wanted a way out, but I didn't know how to get out, and I was made to feel—well, I was criminalized. And it made me angry as hell, because all I was doing was trying to take care of myself and survive, I was using my survival skills on the street. I got arrested so many times that I became very angry, and had no place to go, and had to go back to the same thing. So: having a place to go to, learning the skills, being safe, not having to worry about a pimp, or a lover, or family coming to kill me, and these women protecting me and surrounding me, has helped tremendously.

deborah: I got tired of being in an institution. And I found God. And I asked him to lead me the right way. And I found a program that I love—I love SAGE—and I can open up, and not be scared, and not be hurt by anybody, and say what I feel. It also helps you with your kids. And I've been getting a lot of support on that end of it, with my kids. And I've been a prostitute since I was 14. And I'm 40 now.

alexis: what helped me is to hear that I'm not the only one. That everything that I go through, somebody's been through something worse. That somebody is there, that somebody can say—you know what? You can validate yourself, you don't have to go out there and have a man validate you. You don't have to be ~~the victim~~. You don't HAVE to do those things. And

things that we should have more of—when I was young, I didn't have a positive person in my life, to say 'go to school', to say 'what are you going to do when you don't look pretty no more?' I didn't have anybody to say that. So I think, mentoring, and support—when I say support, I mean, *NOT* saying, 'oh, it's ok, it's ok to do that'; but saying 'no, it's not ok to do that. You need to get out there, and you need to make your life ok.' Because I had a lot of patting on my back, so I thought anything I did was ok, I was spoiled and I thought 'if it's not my way, it's not ok.' And now I have women in my life that say 'no! That is not ok.' And I think we need more women to support us.

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*I thought I was ONLY going to be a prostitute for the rest of my life. That's what I was taught. But having the fortune to have these other women around me, makes you know that you are somebody. It just makes all the difference.*

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betty: I became a prostitute when I was 14 years old. What really helps me is talking to someone that is on the same page as me. They really understand me and they really help me. I thought that I was *ONLY* going to be a prostitute for the rest of my life. That's what I was taught. But having the fortune to have these other women around me, makes you know that you are somebody. It just makes all the difference. Because we're taught that we're not going to be nobody. There still needs to be many more ~~services~~ for education, because many of us stopped our education when we were so young. There's so many things that we need to do, but that's really crucial.

laurie: we need prevention when we're younger. We need prevention. We need to educate about morals and values, maybe in schools, and one on one tutoring. For a lot of the younger girls that are already starting to do this.

I've been in the justice system since I was a juvenile. I wasn't a prostitute at that age, but I was already getting in trouble. And I think that if somewhere along that line, someone could have done something then, way back then—if someone could have, like you said, be my mentor—like they cared, you know? It might have helped.

vicki: I think that dealing with the despair and the hopelessness is necessary, but then after that's done, I think what needs to be done is that people need to be encouraged to thrive—because they made it out, against all odds. Even when all of society was saying 'loser, whore, you'll never make it', whatever you want to say. And I think that women need to be constantly reminded how powerful and strong that they are, just for that fact. Because I know that just when I say that I'm coming to this group, people will say 'what's that?', and that's the only time my chest gets big, and I say 'it's an ex-prostitutes group.' And you know, I have no shame saying that, because of the 'ex.' And then I just swagger away. I think that's really, really important.

alexis: I had so much shame around what I did. My dad was a pimp, and that taught me as a child that he was out all night, and would sleep all day. So I had to be loud, to get attention. So I'd be loud, and wake him up. It was usually negative attention. And I saw that the lady that was bringing home the money, she was getting his attention. And still she was getting hit on, he was hitting her.

And so I always thought, if you were getting love then you were supposed to get hit. And yelled at.

And, you do not have to get hit, you do not have to get yelled at, you do not have to get all this negative

attention to get love. When I was younger I was raised by my grandparents. But I felt, since my real parents weren't there, that I wasn't lovable. Abandoned. I did all these things to get all this attention, and it was usually negative, acting out in negative ways, so I would get a negative response. And, just to teach parents, and to teach people period, to try and get that positive response. I mean, I'd like to hear someone say 'I like that', instead of 'why'd you do that?' I don't like those negative responses now, and if someone yells at me, I get really hurt.

norma: so one of the things that comes up for me as you're speaking is that we need the men in the world more involved in the girls' lives. We need men to value girls. I think that's a big thing that we see in prostitution; we have the men that are exploiting the women, that are creating political and economic systems for women to operate in that make them vulnerable to going into prostitution. I think a lot of that has to change.

I think we also need programs in schools, so girls know how not to be recruited by pimps. And how not to be recruited by drug dealers, and how not to be recruited by gangs. The tactics are the same. They pick vulnerable girls. And if parents were more involved in girls' lives, there would be a lot less vulnerable girls to be preyed upon.

betty: After I got out of prostitution, it took me a while; I think now I'm ready to deal with a man. They were all tricks, I had no respect for men. And maybe, I needed to move into something where you can express that. And now, that I'm better with myself, I'm ready to go into a real relationship with someone, and realize that all men aren't that. All men aren't pimps. All men aren't trying to do harm to you.

laurie: we need all around education. We need society educated to the fact that we are just *WOMEN*. If the whole society says you're never going to be anything, this is all you're going to amount to, how are

you going to pull out of that? It's almost like hitting a brick wall. It's no wonder we lose so many women. We need some kind of residential program for young girls, because there's all kinds of young girls that are being sent back to very destructive homes, just because that's where they're 'supposed' to be, or whatever, and a lot of them don't want to go, they're being molested in these homes, a lot of things are happening to the girls in these homes, and we go out there, and they want us to take them home, which we could just take them home with us. And we have no place, and no way, to service these young girls. And it's going to be really hard, with a lot of our back grounds that's going to be the major problem I guess, but we could do it. We could find a place for these young girls, if we could just find a way.

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***The hatred of girls and women has got to change. So that women and girls are not just there as objects or commodities, or through prostitution.***

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norma: systematic change has got to happen. The hatred of girls and women has got to change. So that women and girls are not just there as objects or commodities, or through prostitution. When they talk about legalizing it, they very often compare us to alcohol. They say 'oh, look at prohibition. Alcohol was illegal, and look at it now.' In the same story where it's about women, and prostitution, and what we should do about it, it says 'they're alcohol'. The problem with that is that alcohol gets abused, and then it gets urinated out somewhere. And what happens to the woman when she gets abused? The legalization thing says to me, well, they'll just put a band around her neck, or something, and say '99% pure'—because she's had her vagina checked—and then you'll market her, and you'll traffic her, and then that makes it

okay. It really oversimplifies a very complex issue, and it totally objectifies women. If women are alcohol, and they do get abused, what is there then? Where are the services for her, what does she need? We've never had services for prostitutes. We've only put them in jail. And, like you were saying, when I got out of jail all I thought was that I was a criminal and a bad person. Nobody in 40 years ever asked me about my life.

susan: I want to say two things about that that I think are very important. I remember all the different cities and all the different streets that I walked down, and in the community I was the hated one, you know, I never got any help from anybody. Except you, Norma. I can remember you coming out on the street to see about me, and telling me about different things. And it is definitely something we need more of, the community coming together. Extending our knowledge of what we can do. Women need a safe place to go to, directly from jail. They maybe don't know how to form an exit plan. Don't know exactly what they need. They need a place they can go to, where they can be safe.

laurie: When I was on the streets on Christmas Eve, the look that chilled my blood was the look from a woman. A woman in a Jaguar, on her way to, you know, her family's big dinner. It wasn't necessarily the men that would look at you as if you were so disgusting, but other women. Women who had never had that experience would look down on you so, that was the look that would make me cringe.

(Speaker not identified): for the last 18 years I've been going in and out of treatment centers, and the reason I've always left is because things would come up, that not even I could face, so I wouldn't be honest about it. One of the things that I think we need is something that is really long term; maybe it doesn't be so institutionalized long-term, but maybe

going from a program to living in a flat, living with somebody in a flat, before you're out on your own, because it's just really, really traumatizing, a lot of the stuff that happens to us then. Retraumatizing. Because a lot of the stuff that's happened to us, it's happened for a long time. It's going to take a long time for us to heal.

norma: And who in here needs to get their G.E.D. (high school diploma equivalent)? (Show of hands; about half of 20 or so participants raise their hands). You know, this is after (pointing to 2 women who have raised their hands) 17, or 24 years in prostitution. And still needing to get a high school education. This is not going to be done in 6 months. And then the rapes, the beatings, the kidnappings, the being left for dead—you know, all the other things on top of it, and still, at 45 or so, needing to get your G.E.D. And your first job. *EVER*. And learning how to live with people, how to pay rent, learn how to go to school if that's what you want to do. Build a social support system. Have healthy relationships. It's going to take a long time. You know, I think society owes. Because I was *MADE* to be a prostitute. What *SAGE* is about, *SAGE* isn't about any shame whatsoever. I'll be goddamned if I'm going to be ashamed about being a prostitute. Because I was made to be a prostitute. I had men buying sex from me at age 5. And I was incested throughout my whole childhood. And then, when I started developing behavioral problems, I was the problem. You know? And I know today, I have a clear picture about my life now. It all makes sense to me. And I don't have any shame about that. Who should have shame are the ones that are incesting our children. The fathers and mothers that aren't paying attention to our children. And our girls specifically. And the men who are tricks (who are paying for sex). And then we have things like the welfare bill, which creates an economic environment where many girls are forced into prostitution. Who are the ones who are making these laws? People at the very least who don't care about women and girls.

susan: You know, I've felt that way --- Norma, because for a long time I've thought '--- do? What do I do to get these monies that I n.

Because I didn't have            ces. I didn't know any-  
thing else. I totally a            n you, and I think we  
need to take a good look at that.

laurie: yeah, when your children are crying because they're hungry—because the welfare's not going to last, I mean, it doesn't stretch from month to month—or they're going to school, and their shoes are not like the other children's—they're wore out. What's a woman going to do? A man's going to offer her money, and she's going to be able to feed her children and buy them shoes. We really need to do something about this, in society.

Another thing is that most of the people that are creating these laws—and I'm not saying all, but a lot of them are customers of prostitutes. So when they talk about legalization, they're defending their right to have that woman who they can go to. And that's the whole power play. So what they're going to do is build brothels so they can contain the women, provide the product, and get the taxes.

(Speaker not identified): The saying 'You're always gonna be a prostitute' is changing. A lot of us are coming out of that. A lot of us have gotten our lives together. So we see this going on. I stand up and tell the world that I'm a prostitute—I have no shame in it. And that's what's going on these days—you're seeing a lot of women that are really coming into their own, that have worked the streets, that have been in the criminal justice system, has been to the penitentiary, and they are coming out and they are doing something with themselves. They're getting the education, they're owning businesses.

susan: It is good too to see this gentleman come here, that's looking at things like we are; you know, like a brother thing, in a comforting way. I appreciate that. That's very comforting, to know that. That the man is not always the villain. That's comforting, for me to realize that.

norma: and we do, we do want to have healthy relationships.

ben: can I say something back to that?

norma: Of course.

ben: First of all, thanks for saying that, because that makes me feel comfortable. In my work, part of what I do is working with men who have really deeply numbed themselves—you know, do what you've got to do to protect yourself from pain, and you can really numb out—probably everybody here knows that. And I see what you've all been talking about—all that control stuff that's going on—and yeah, it's mostly getting acted out through men, for several thousand years, I wouldn't argue with that. And yet, the thing that's going to change it, if anything will change it, is people opening their hearts.

So what I wanted to say to you is that most men that I've seen who are real addicted to that male domination control thing—and it's not *ONLY* control of women, it's control of other men, too—when even men like that go really deep into their healing, they don't need terrified women, they need strong women. That's real. I've seen that's true even 'way over here, on the very extreme other side of the gender boundary. That it's a really big service to the *WHOLE* human race, and not *ONLY* to your sisters, to be doing all these things you're doing.

susan: That's a beautiful statement. They don't need terrified women, they need strong women.

laurie: For all these years, women have been coing (codependent with) this stuff, putting up with this stuff. And we really have to start putting our feet down, as a unit. And that's when this will change. And that's what I mean, by the women driving by in their Jaguars. These are the women who need to start getting it together and doing some work with us, and finding out that we're people, that we're women just like them. These are the women who could really change it for us, because they're already in there, they've already achieved, they had a somewhat decent upbringing,

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r they struggled through somehow—they made it. If we could just get some of these type of women to come with us and help us with this thing—that's something we need. Women high up in the big buildings downtown. These are the women we need to educate, to let them know that we're *WOMEN*, We love. We care. Because that woman driving her Jaguar, she knows *SHE'S* a woman.

And it's not as simple as the women in their offices leading their own lives and not getting into the fact that there are women out there that need their help. I think this is really important. When I first got here, I thought that I would never have a job—and I have a job today. I think that there's many forms of prostitution. I think that some of these women that are in their Jaguar married that man for that money—and not for who that man really was. And so I think that my prostitution—not the walking the street part—I think that my prostitution started at age 14, when my addiction started. When my addiction started, I knew who to go to—I dated the dope man, for years. And it wasn't until a man who dealt dope got busted in a federal case that I said, ok, I can do this addiction thing on my own.

The difference today is that I'm doing a job, and staying clean on my own. I believe all my prostitution directly comes from my addiction. SAGE has helped me to come in here when I first got here—I didn't believe in myself, I never thought I would make it another day clean on certain days. And I got to come here and be with other women. And I think it's really important for us *women* to give back to either the women who have just walked through the door, or at your job; you never know how you'll be able to give back to people. And that's what keeps one able to go on and keep doing what they're doing, by thinking that maybe they've helped someone else.

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*We do drugs because there's a lot  
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norma: I think that it's the most courageous thing in the world to recover from the type of addictions we've had—to detox, to hang in there, and go through all the pain. You know, we do drugs because there's a lot of pain that we're trying to cover up, and to go through that process—we've got to have programs for women where that process is totally honored, and it's a totally sacred process. And where we believe that a woman that just attempts that, is the most courageous person on this earth. And we don't have that. We walk into drug treatment programs, and we're treated like whores and criminals. And nobody's there just to love us. Just to love us. And to help us calm that pain down, and calm that trauma down, and understand our lives. And then give us opportunities. That's what I think really needs to change—you know, the blame. And I think it's a miracle that there are the ones who do come off the street. I think it's purely natural for us to be on that street corner, shooting heroin into our veins. That's what really makes sense.

(Speaker not identified): And people that can't read. People that don't even know they can do it, until they get people pushing them, helping them. I was one of those people. And I read something the other day. I'm at third grade level, but every day now I got a book in my hand. (Applause from the circle.)

(Speaker not identified): But you read at 12th grade level today. What you read today was 12th grade words.

(Speaker not identified): oh. In my vision, I always said, you know, 'you can't do that'. 'You can't read, you can't do that'. But I can. (More applause and encouragement from the circle.)

norma: I remember women being around you, saying 'you can do that'.

(Speaker not identified): And some of the jobs these women have created. Look around. We all come from the same place. It's incredible, the stuff that's being done by these women, that were prostitutes on the street. When I look around this room, it's just amazing.

meerin: I'm very moved. The first thing I say in the morning is 'thank you, goddess, for blessing me with the job that I have' because I get to be with women all day, and share and get back love. What was said before about the different kinds of prostitution—when I stopped prostituting for money, I prostituted in other ways, for a long time. I think that recognizing behavior patterns around what is internalized in women as children and continues through—maybe you get married, maybe you work the streets—there's this ser-

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***Women are getting it, it's happening all over. It's our time. We are on the verge of changing the entire way that the world works. So the systems will change, and the agencies will change, and what it will come back to is that the mother, and the daughter, and the son will change, and then that relationship begins to change us.***

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vice orientation of women, and what we get back

from that, there's something that we have to clear up in our brains. Because we are made to be nurturers, and we are made to be strong. And to recognize that will only come from loving ourselves, and other women.

The first thing that I got, to become who I am today, is the fact that I allowed myself to love other women. And when I did that, then I loved the blessed mother, and I loved all the saints, and I loved the nuns that I used to hate, and I brought that back to myself. And I really believe that this source that we create in the rooms that SAGE is creating—it's happening, what Betty said, women are getting it, it's happening all over. It's our time.

We are on the verge of changing the entire way that the world works. So the systems will change, and the agencies will change, and what it will come back to—is that the mother, and the daughter, and the son will change, and then that relationship begins to change us, and that's what's happening. And I want to tell you, that I didn't receive my G.E.D. until I was 37. And I'm in graduate school. And I have a degree in acupuncture. And I probably will go to law school. And I'm 51.

laurie: and so hopefully when you write this article you'll show that we are survivors, so that when the media looks at us they won't just see prostitutes, they'll also be able to see that we are the survivors of all this destruction.

(Speaker not identified): Yeah, we're not victims. We have been victimized, but we're definitely not victims.

(Speaker not identified): And I want to say to our visitor from India (a woman who runs a social service organization for prostitutes in Calcutta, India), I think you're doing incredible work. You're taking on centuries of attitude, and that really takes a lot of heart.

Indian visitor: From all of you, I never expected this kind of understanding of oneself. It's really rewarding that I came here. Most prostitutes in India are very, very sorry about themselves. And just talk about the help that they need. But if we can have that self-esteem....it really has moved me. I feel like I'll go back home with 10 years extra energy.

(Speaker not identified): this is the most beautiful experience of my life. I feel like I want to be part of this, I want to volunteer my time, that makes me feel like I'm doing something. I feel like I've gotten so much, I've gotten so much. I just want to say thank you. I love you. This is a major turning point in my life.

norma: And I've got to say, thank you for being here. This is not a one-way street; we get so much from you being here.

I think that it's amazing, considering all the issues that we bring to this table, that the world hasn't even figured out how to deal with us...except put us in jail. And just around this room, we're doing this from a girlfriend-to-girlfriend, woman-to-woman way of healing, and I think that's really powerful.

Also, we need to keep this on a personal level. On a human level. The minute it gets institutionalized, it loses what's happening HERE.

What's really helped me is to learn to love other women. It's why I'm here. It's my air. To be there with other women, to just be there in total love. And, awe. You know, just look at these incredible women. Who's luckier on this planet than me, sitting in this circle? ☐

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Norma Hotaling is the founder and director of Standing Against Global Exploitation in San Francisco, CA.

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## The Shadow Of Male Suffering

by Will Riggan

I am a man who has frequently been frightened to feel my feelings. Neither my family nor my society encouraged me to take this fear seriously or do anything to transform it. And yet it has been important to me throughout my life to explore what all of us do with our pain, our fear, and our suffering. How we hide from them, express them, and act them out in so many convoluted ways. And to explore what we have to do to become more aware, more truthful with ourselves, and better able to live as loving human beings.

These explorations have taken me through deep and hidden territories, both within myself and within our culture, that have often frightened me—because they forced me to feel very deeply. I have learned that to work through my fears, it is sometimes necessary that hidden truths be uncovered, and allowed to breathe.

In this paper—originally presented as a lecture at a conference on male survivors of childhood sexual victimization—I have drawn upon my work as a psychotherapist to describe a collection of secrets about a particularly virulent form of human distress, which is unknown to most people. By describing to you the territory of this extreme case, I hope to accomplish two tasks.

First, I would like to see this particular collection of secrets be uncovered, and allowed to breathe. And second, I would like to offer to you my belief that the connections between the hidden men that I will describe, and the hidden territories within each of us men and women, hold profound meaning and useful guidance as we consider what kind of help really could help in our present world situation.

In the culture of male survivors of childhood sexual abuse there is one sub-group, about which precious little is known. This is the group of men, and boys,



## THE AIDS KNOWLEDGE BASE

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## Transmission of HIV in Prostitutes

◀ 1.15 ▶

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Early in the HIV/AIDS epidemic, many people feared that female prostitutes would become widely infected and spread the infection to their male clients. That concern led to widespread research and testing of female sex workers in all parts of the world, and there is now extensive evidence on the extent of infection and on factors associated with infection risk. This chapter presents information about the rate of HIV infection among prostitutes, factors that might affect HIV transmission to and from prostitutes, and interventions designed to lower the risk of transmission from professional encounters. The term prostitute is used here to include a diverse group of women who exchange sexual services for money, drugs, or other goods. Although male prostitutes may be at high risk for HIV infection, data on them are so scarce that no estimates of risk have been made.

Evaluation of the causes and extent of HIV infection among prostitutes is an important public health goal. Interventions to limit the spread of HIV require realistic appraisal of the degree of risk both for the prostitutes, who may contract infection from their clients or other sexual partners, and for the clients, who may become infected as a result of sexual contact with an infected prostitute. Unfortunately, though perhaps not surprisingly, the exact risk of either of these events is difficult to determine accurately, and probably varies widely depending on such factors as the local prevalence of HIV infection; extent of high-risk practices, especially injection drug use by the prostitute, her client, or her other sexual partners; extent of condom use or other barrier methods or spermicidal contraceptions; and extent and kind of sexual practices involved in a professional encounter. For different groups of prostitutes in the United States and European countries, the rate of HIV infection varies from 0 to as high as 47.5 percent.

**EPIDEMIOLOGY OF AIDS AND HIV INFECTION AMONG PROSTITUTES**

Because it is so difficult to achieve representative sampling of the prostitute population, there are no accurate estimates of the prevalence of HIV infection among prostitutes in the United States. There have been small, unrepresentative reports of the extent of infection among women in jail charged with prostitution, women attending sexually transmitted disease (STD) clinics, and women in drug treatment programs, but these reflect the bias of selective entry into each of those settings.

programs, but these reflect the bias of selective entry into each of those settings.

From 1987 through 1989, the Centers for Disease Control (CDC) coordinated the largest study of HIV in U.S. prostitutes, conducted in eight cities. (1) The CDC recruited from a wide range of sites, including brothels, STD clinics, drug treatment programs, escort services, and the streets in known prostitute "stroll" areas. HIV infection rates were generally low (0 percent) in areas with a very low prevalence of HIV infection, and high (47.5 percent among women heroin users recruited in a methadone treatment center in New Jersey) in areas with a very high prevalence (Table 1). For all eight locations the median rate was 4.3 percent. The rate in New Jersey far exceeded that of the location with the next highest rate, Miami, at 17.8 percent. Infection rates by area were consistent with female HIV disease rates reported for at-risk populations in the particular area, indicating that women sex workers have HIV infection rates comparable to those for other women at risk for HIV infection in those areas. In general, HIV infection rates for prostitutes were approximately 50 percent of rates among female injection drug users (IDUs). One study surveyed HIV seroprevalence in the San Francisco Bay Area since 1985; in 1985 to 1986 the HIV infection rate was 4.4 percent for both prostitute and nonprostitute women at risk for HIV infection, and it rose to 5.8 percent in nonprostitutes and 5.7 percent in prostitutes in 1987 to 1988. (2) Among women with a history of prostitution, HIV infection was associated with injection drug use. (2)

Table 2 summarizes HIV infection rates from studies of prostitutes in Africa, Asia, and Latin America, where HIV infection risk is less likely to be associated with injection drug use or male homosexual behavior. In most of these areas, the potential for HIV transmission is increased by low rates of condom use and high rates of infection with other STDs. Nonetheless, except in some African countries and limited areas in Brazil and Thailand, the rates of HIV infection among prostitutes are still relatively low. Therefore, on a country level, information about HIV infection rates among prostitutes is too variable to permit conclusions that would be of use in developing prevention efforts. (3)

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## TRANSMISSION RISK IN THE UNITED STATES

As with nonprofessional sexual encounters, estimation of risk of HIV transmission from a sexual encounter between a particular client and a particular prostitute clearly requires knowledge of the risk circumstances of both persons. This knowledge is usually not available for clients, although in some settings - such as when prostitutes who are tested regularly and found negative for HIV are known to use condoms consistently, and are known not to have sex with high-risk individuals - the risk of HIV transmission is clearly low. (4) In cases where potential risk for transmission is greater, the actual risk depends also on the risk of the specific sexual practices during the encounter, and on the frequency of such encounters.

### Risk from Drug Use

In the United States and Europe, the risk of HIV infection for prostitutes is significantly related to risk behavior that is not specifically occupational, especially the illegal use of injection drugs. Many studies reported that HIV infection is highly correlated with injection drug use among prostitutes. (5) Data from the CDC multicenter study show that rates of HIV infection are 4 times higher among female sex workers who report a history of injection drug use (19.9 percent) than among those without such a history (4.8 percent). Other studies from Miami (6) and New York City (7) found no HIV infection in non-injection drug-using prostitutes who work as call girls.

More recently, the use of smokable crack cocaine by young women in New York and the exchange of drugs for intercourse are associated with increased numbers of paying and nonpaying sexual partners, with increased rates of syphilis and HIV infection. (8) A 1991 review of research on crack cocaine use and STDs, including HIV infection, found that in five studies reporting on crack use and HIV infection, increased sexual activity and number of partners, rather than prostitution per se, were associated with acquiring HIV. However, three of the five studies looked at populations with other risk characteristics, such as injection drug use or pelvic inflammatory disease, that confounded the analysis. (9)

### Risk from Heterosexual Transmission

## Risk from Heterosexual Transmission

As with nonprostitute women, the risk of HIV infection for sex workers who do not inject drugs is increased by relationships with nonclient sexual partners who are more likely to be infected, especially those who inject drugs. Since prostitute women, like other women, are unlikely to use condoms during sex with their primary partner, the risk of heterosexual HIV transmission from that partner may be relatively greater than the risk of transmission from customers. Similarly, the risks associated with crack cocaine use are related to unprotected sexual intercourse rather than the route of drug administration; women who are addicted to smoking crack cocaine report offering unprotected sex to many partners in order to obtain the drug or the money to purchase it. (10) Similarly, in the CDC multicenter study, among non-injection drug-using prostitutes with HIV infection, increased numbers of nonpaying partners was associated with higher HIV infection rates. (1)

## The Occupational Context of Risk

In the context of exchanging sex for money, the relative risk for infection may differ based on the setting, the type of behavior involved, and the relationships between the partners. (11) The majority of sexual encounters between prostitutes and customers, especially those who work on the street and in bars, involve manual or oral sex, take less than 15 minutes, and probably are of lower risk than when there is greater privacy, a wider variety of sexual techniques, and extended sessions, as is more characteristic of escort services and other outcall kinds of prostitution. (5,10)

Limited ethnographic information indicates that there are social class and cultural differences in the types of sexual services preferred by clients; however, these descriptions have not correlated preferences with differential HIV risk. For example, the frequency with which prostitutes provide anal sex is not known. Most women sex workers do not offer this service, and those who do charge more for it, which may reduce demand. (12) Clearly, there is a need for research to identify the range of sexual services sought and provided, because their variation could affect the probability of HIV transmission.

Among women who sell sex, condom use for protection against HIV and other STDs appears to vary according to the nature of the relationship between the sexual partners. Condom use is reported most frequently with paying partners, especially those who are not known clients, and least frequently with the primary partner. (13) In a study of women with multiple sexual partners, women who expected payment for sex with casual partners were much more likely to use condoms during such encounters than were women who did not expect payment. (2) Thus, for those who define much of their sexual activity as occupational, risk of transmission of all STDs is reduced for both parties. (4,11)

## Risk for Customers

There is no direct research on the risk of HIV transmission to male customers from prostitutes, although the risk of female-to-male transmission is estimated to be much lower than that of male-to-female transmission. (14) One study from an STD clinic in New York found the same rate of infection (1.4 percent) among men whose only reported source of possible infection was sex with prostitutes as among men who reported no contact with prostitutes, no drug use, and no homosexual activity. (8) Among AIDS cases reported by the CDC, less than 5 percent of those among males have been classified as "no identified risk." (37) In a follow-up study of 1,138 of these men, all but 238 reported other risk behaviors; only 33 (0.08 percent of adult male cases) of the 238 reported contact with prostitutes. Thus, the fraction of reported cases of HIV disease attributable to sex with a prostitute is much lower than the fraction attributable to other modes of transmission, such as drug use or transfusion, but approaches the fraction of cases of HIV disease attributable to occupational infection of health care workers. However, this estimate would obscure cases where sexual encounter with a prostitute was the mode of transmission but other risk factors were present and were designated as the cause of infection.

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## INTERVENTION AND PREVENTION PROGRAMS

Effective intervention and prevention strategies for this group have to depend on very limited research because programs targeting sex workers have been rare. Further, the generally illegal nature of the business complicates the design and implementation of effective prevention strategies. This discussion of prevention strategies addresses goals and types of programs, including access and barriers to effective interventions.

As with similar programs for other risk groups, the goals of intervention and prevention programs for prostitutes differ in assumptions about whether everyone wants or is able to cease their risk behavior. Programs with a behavior-cessation goal have been part of law enforcement efforts. The message is that those who continue to practice prostitution will be incarcerated. These punitive intervention efforts are certainly widespread, but high recidivism rates are evidence of their ineffectiveness. Other intervention programs have goals similar to programs directed at homosexual men or IDUs; their goal is not to eliminate the behavior if those at risk are unwilling or unable to do so, but to change the behavior toward less risk. These behavioral goals include safer-sex knowledge and practices, including regular use of condoms.

The limited available information shows that prostitution is extremely diverse, and includes independent and arranged transactions, full-time and occasional work, and a wide range of locations, clients, sexual practices, and income - from subsistence to lucrative. Intervention and prevention messages target women who see themselves as sex workers and their clients who define themselves as customers, but will be ignored by those who do not identify their sexual behavior as prostitution.

Prostitutes' participation in programs based in existing institutions such as law enforcement and detention programs, STD clinics, and other public health facilities may be limited by the negative experience prostitutes associate with those institutions. The programs with greater success in reaching this "hidden" population employ peer-led recruitment and intervention activities, thus involving prostitutes themselves as participants in the effort to address problems, rather than as objects to be changed. (38) In addition, understanding how the business of prostitution is organized helps in developing methods to encourage recruitment, maintain participation, and offer realistic alternatives for changing unsafe behavior.

Interventions generally fall into two categories: those that reflect the concerns of the sex workers themselves, and those that protect the clients or public by deterring business. Interventions that reflect the latter include periodic police "sweeps" to clear the streets of prostitutes, as well as media campaigns to deter men from buying sex from prostitutes. To date, such measures have not deterred prostitution and have made it more difficult for intervention efforts to reach those at risk.

Laws against prostitution exist in all 50 states, although their enforcement varies widely. Some states have passed additional legislation that targets prostitutes by requiring HIV testing or restricting the activities of infected persons. The impact of such laws on HIV transmission and the ability to provide intervention is not known. However, legal provisions for their isolation and for mandatory testing are unlikely to address fundamental problems related to HIV transmission, and they have not been effective to date in curbing the spread of other STDs. (15) The threat of such restrictive action may cause persons at risk to avoid HIV testing and other help in order to escape identification. Furthermore, women may not accept HIV-related education and prevention materials for fear of being identified as prostitutes, or even worse, as HIV-infected ones. These problems are not unique to prostitution and can be addressed in ways similar to those used to reach IDUs.

Living on the margin of society affects HIV risk for sex workers in other ways. Because they are outside the law, their ability to negotiate for safer working conditions or to refuse unprotected sex because of price or safety considerations is limited. (13) A prostitute's precarious financial position can make her vulnerable to customers who offer more money for unprotected or more risky sexual acts.

Among those interventions that reflect the concerns of prostitutes themselves, the most effective would be to expand current drug treatment programs to meet the demand and would include programs for IDUs as well as prostitutes dependent on crack cocaine or alcohol. (16) In any case, for those not in treatment

for drug dependency, street outreach programs have been effective in providing education about safer drug use and sex practices, and in referring women to treatment programs when available.

The kinds of safer-sex educational programs developed for other sexually active adults at risk are being developed for women who sell sex. In addition to messages that focus on occupational risks, these outreach programs emphasize that the risk of HIV transmission exists even in intimate relationships, where precautions are least likely to be seen as necessary or acceptable.

In summary, intervention and prevention programs related to prostitutes and HIV should be accessible in terms of location, language, and so on, and should use educational rather than punitive strategies. The development of more effective programs is impeded by regressive legislation related to HIV disease and prostitution, laws against prostitution, and other effects of the marginality associated with drug use and being identified as a prostitute. The experience of prevention efforts to date indicates that two conditions are essential to success: The message source must be trustworthy and nonjudgmental, and the content must reflect the interest of the target group.

Finally, it must be recognized that selling sex is a transaction with buyers as well as sellers that has flourished throughout human history. Prevention messages warning men not to have sex with prostitutes have not been effective. Furthermore, if HIV prevention messages say only "don't have sex with prostitutes," instead of "use condoms when you have sex with prostitutes or others you don't know," then men who continue to patronize prostitutes will not understand their responsibility to use condoms. In fact, guidelines for self-protection and partner protection for prostitutes are the same as for other sexually active adults. They are as follows:

For persons who do not know whether a sex partner is infected:

Realize that intimate sexual expression can be achieved without exchanging secretions or having penetration.

Do not allow his or her blood (including menstrual blood), semen, urine, vaginal secretions, or feces to enter your vagina, anus, or mouth.

Use condoms for vaginal, rectal, and oral sex.

Use contraceptive foams, jellies, or creams that contain the spermicide nonox-ynol-9 in conjunction with a condom.

For persons who think or know that they might be infected:

Realize that sexual expression can be achieved without exchanging secretions or penetration.

NEVER allow semen, blood, urine, vaginal secretions, or feces to enter another person's body. Always use a condom for sex.

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## Sex Workers

### Female Sex Workers

#### Documents

- [Transmission of HIV in Prostitutes](#) From the AIDS Knowledge Base
- [Prostitution and HIV/AIDS](#) Link to the Canadian HIV/AIDS Legal Network
- [HIV Prevention in Injecting Drug Users and Female Sex Workers](#) Link to the United Nations Development Project Office in the Ukraine.
- [Needs Assessment For At Risk Populations](#) from the San Francisco Task Force on Prostitution Final Report 1996
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January 16, 1998

## Understanding the social needs of streetwalking prostitutes

Weiner, A. *Social Work*, 1996 Jan, 41(1):97-105. (UI: 96151940)

**Abstract:**

The social dynamics of prostitution render prostitutes unable at times to meet basic human needs, vulnerable to violence, and at risk for sexually transmitted disease. Since April 1989 a mobile van from a private foundation has been contacting prostitutes throughout the five boroughs of New York City to provide HIV testing and counseling and to distribute condoms, bleach kits for cleaning needles, and HIV prevention information. Data collected from 1,963 female prostitutes are discussed in this article. Information is provided on demographics, family and living arrangements, sex and drug practices, HIV status and risk reduction practices, and health history. Methods are discussed for social workers to develop creative ways to provide outreach and develop relationships with a vulnerable population that invests much effort in remaining concealed.

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January 16, 1998

## Living conditions of prostitutes: consequences for the prevention of HIV infection

Serre, A; Schutz-Samson, M; Cabral, C; Martin, F; Hardy, R; DeAquino, O; Vinsonneau, P; Arnaudies, M; Fierro, F; Mathieu, L; Pryn, S; Welzer-Lang, D; DeVincenzi, I. *Revue D Epidemiologie et de Sante Publique*, 1996 Oct, 44(5):407-16. (UI: 97087678)

### Abstract:

Since 1990, several community-based interventions have been set up for populations of prostitutes in France with the principal objective of preventing HIV infection in prostitutes and their sexual partners. Field workers have suggested that extremely precarious living conditions are a major obstacle for the diffusion of prevention messages. A multidisciplinary working group thus set up a study in order to determine which living conditions could affect the adoption of behaviour at low risk for HIV infection. In May 1995, six of the seven teams conducting prevention actions among prostitutes in France used a short standardised questionnaire to collect information including type of housing, health insurance cover, physical aggressions, drug use. It was planned to collect data from all persons attending the drop-in centres. A total of 355 questionnaires were completed (sampling was exhaustive for 3 of the 6 teams). The population comprised women, men and transvestites. The median age was 28 years. Only 39% (135/348) of the subjects had access to health insurance. Approximately 50% (160/324) of the persons lived in precarious accommodation (hotel or no fixed address) and 33% (119/355) had been victims of physical aggressions during the 5 months preceding the study. Transvestites and young people had the most precarious living conditions. Despite the limits of this study due to the difficulty in carrying out a survey in this very marginalised population, the unique information collected may enable community health action strategies to be suitably adapted. In particular, it is important to improve partnership between field workers and existing social and health services, to improve access to better accommodation, health care and physical security while disseminating prevention messages and distributing condoms.

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January 05, 1998

## HIV Infected Streetwalking Prostitutes: Implications for Social Work Practice

Adele P. Weiner, Ph.D. and Joyce I. Wallace, M.D.

### Abstract

**Introduction:** HIV infected streetwalkers represent a highly vulnerable population with few resources to meet their basic needs. Due to the illicit nature of their activities, they are extremely difficult to reach through traditional social services. **Project Description:** Since April 1989 a mobile outreach van has been providing HIV counseling, distributing condoms and bleach kits for cleaning needles, HIV information and service referrals to streetwalking prostitutes in New York City. When individuals request services, staff complete a two page questionnaire that gathers information on demographics, sex and drug practices, familial and housing variables, and medical history. **Project Results:** As of February 1996, 3051 women have been interviewed. 31.4% are HIV positive. Those who are HIV positive are older (34.2 years vs. 32 years,  $p \leq .000$ ) and have worked longer as sex workers (5.4 years vs. 4.4 years,  $p \leq .000$ ). Hispanic women have the highest rates of infection (34.9%) followed by African American women (30.2%) and White women (28.7%) ( $\chi^2 = 8.55$ ,  $p \leq .000$ ). **Findings and Implications:** As a group, the HIV positive streetwalkers are less likely to have the resources to meet their basic needs. Those who are HIV infected are more likely to have a history of drug use ( $\chi^2 = 9.04$ ,  $p \leq .003$ ). 63% of the HIV positive women reported a history of injecting drugs ( $p = 355.88$ ,  $p \leq .000$ ), 71% reported currently smoking crack ( $\chi^2 = 6.4$ ,  $p \leq .012$ ) and 40.1% reported that their lover was an IV drug user ( $\chi^2 = 10.07$ ,  $p \leq .002$ ). The HIV women were also more likely to be homeless ( $\chi^2 = 51.8$ ,  $p \leq .000$ ). They are less likely to have Medicaid ( $\chi^2 = 14.5$ ,  $p \leq .000$ ) or other insurance ( $\chi^2 = 14.8$ ,  $p \leq .000$ ) to pay for needed care. Social workers need to be aware of the multiple needs of this population and the impact of the service delivery system on them. This population demonstrates a multiplicity of needs related to race, gender, drug use and HIV status that must be addressed in ways that maximize the sex worker's self-determination and strengths. Non-traditional outreach models, indigenous workers, and linkages to the medical and social services delivery system need to be developed.

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January 12, 1998

## Vulnerability on the streets: female sex workers and HIV risk

Pyett PM, Warr DJ. [In Process Citation] AIDS Care 1997 Oct;9(5):539-47.

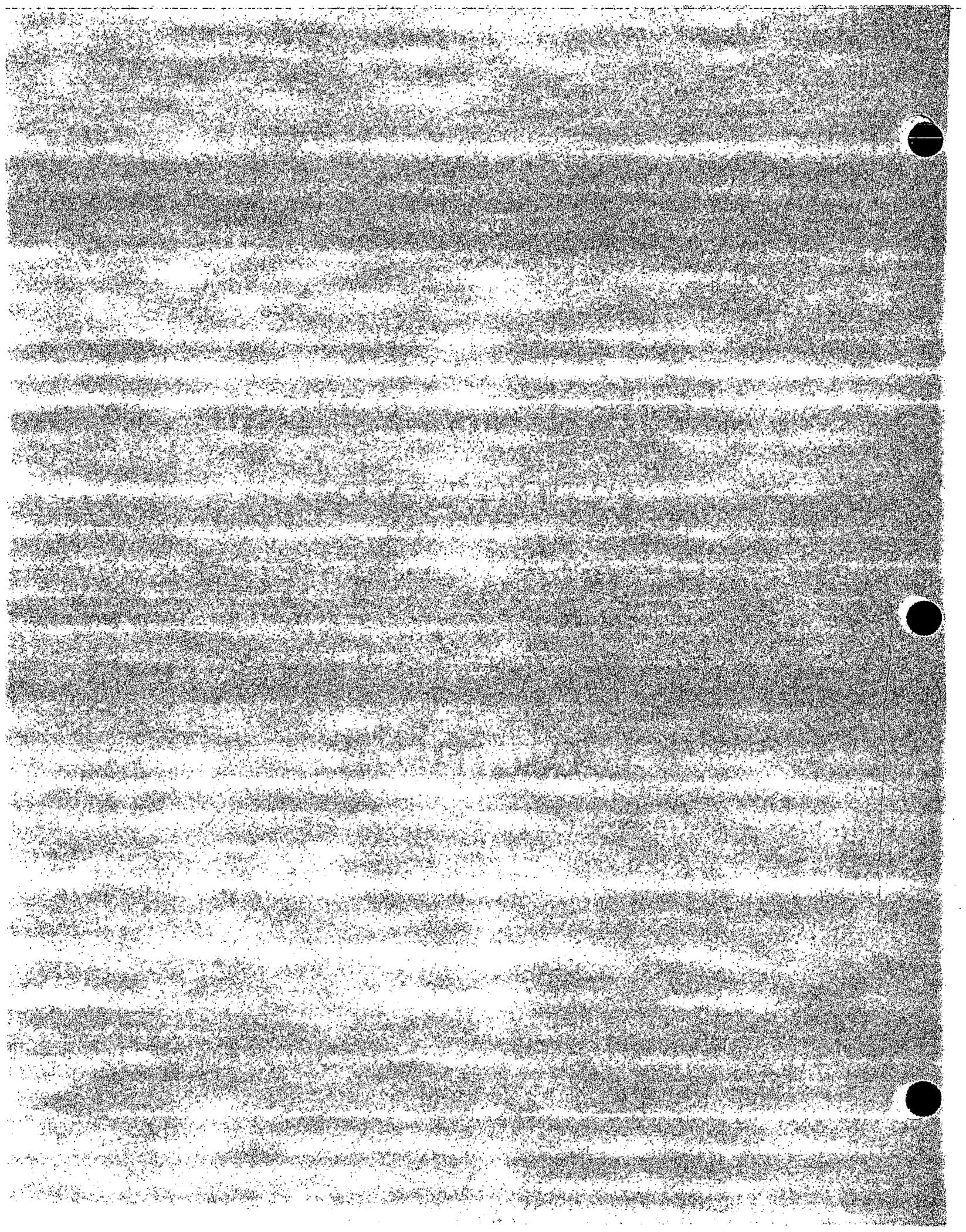
### Abstract:

In-depth interviews were conducted with 24 purposively selected female sex workers who were perceived to be vulnerable to risks associated with their lifestyle and occupation. Brothel workers were found to be considerably less exposed to risk than the women working on the streets. Client resistance was the major obstacle to women maintaining safe sex practices. Physical threats and coercion from clients, the absence of legal protection for street workers, the workers' extreme social isolation and lack of community support added to the difficulties experienced by women in their attempts to insist on condoms for all sex services. Youth, homelessness and heavy drug use had contributed to women being at times even more vulnerable because they had less capacity to manage situations of potential violence or STD risk. Whether through sex work or in their private relationships, HIV remains a risk for some of these women. This study highlights the dangers associated with illegal sex work. While decriminalization of prostitution would reduce some of the dangers to which women were exposed and increase women's capacity to insist on safe sex practices, it is also important for community education programmes to address men's failure to accept responsibility for condom use when seeking the services of sex workers.

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Violence Against  
Persons who  
Prostitute: The  
Experience in British  
Columbia



Excerpts from:

*Violence Against Persons Who Prostitute:  
The Experience in British Columbia*

John Lowman and Laura Fraser

Department of Justice Canada

TR1996-14e

1995

Research, Statistics and Evaluation Directorate  
Policy Sector

Full Text available at:

<http://users.uniserve.com/~lowman/violence/tabcon.htm>

100-100000-100000

## The 1993 Survey of Violence on the Downtown Eastside/Strathcona

No portrait of violence against sex trade workers would be complete without a first hand account of their experiences. Unfortunately, we did not have sufficient funding to conduct an interview survey with a representative sample of sex trade workers from Vancouver's various strolls, and from persons working in the off-street prostitution trade. Instead, we conducted a short self-administered questionnaire survey in the Richards-Seymour area and in the Downtown Eastside (see p.68). However, we learned that during 1993 an extensive interview survey had been undertaken of violence against street-involved women in the Vancouver Downtown Eastside/Strathcona community. We have received permission from the sponsors and other people associated with this research to include here a review of its findings.

In the summer of 1993 a coalition of local service agencies<sup>(37)</sup> formed a steering committee to examine violence against sex workers. The committee determined that there were few services in the community available to deal with violence, and reasoned that street-involved women should be given an opportunity to identify the types of programs that would cater to their needs. The committee proposed that this opportunity take the form of a survey of street-involved women, and that the subjects of the research should help design it. The B.C. Ministry of Women's Equality provided core funding.<sup>(38)</sup> The study was conducted in 1993 (Currie et. al., 1995). Its purpose was to:

- 1) provide an opportunity for sex workers from the community to provide information about their victimization and to make recommendations to improve or develop necessary services;
- 2) compile and analyze both qualitative and quantitative information, and to make recommendations based on the direct involvement of street-involved women;
- 3) provide information to the steering committee and other community-based agencies to enable the community to develop or enhance services for sex workers and other victims of violence in the community; and
- 4) identify issues related to violence for street involved women, as well as current gaps in service.

### Method

Initially the steering committee identified topics to be covered by the survey (personal information/demographics; nature of violence; support services; police services; shelter/housing; and HIV/Aids); others were added during the interview design process. Two community women were hired as interviewers, and a process of consultation with street-involved women initiated. The research team contacted women through local service agencies, on the street, in local cafes and by word of mouth, and held community meetings to introduce local women to, and get them involved in the research. To give local women an opportunity to participate in research design, six "group interviews" were held, involving 60 women. Through the experience of these group interviews, information priorities were identified, and a draft interview schedule was prepared.

Besides facilitating the research, the focus groups also provided an opportunity for women to share information with each other, share their experiences, and offer each other support. The interview question format was adjusted and finalized after ten women were interviewed. Of a population of at least 500 street-involved women, researchers contacted 60 in group interviews, and 85 individually. Since almost seventy percent of the individual interview sample are First Nations people, this study stands out for its information about native women involved in the sex trade in Vancouver.

Below we review the main findings of the Downtown Eastside/Strathcona study. We have focused on the findings of the study that relate to violence against persons in their capacity as sex workers. The summary statistics presented here relate to the 85 participants who were interviewed individually (and to various subsets of their responses).

### **Some General Characteristics of the Participants**

The women interviewed ranged in age from 16 to 55 years (the average was 26). Other characteristics of the participant group include the following:

- Almost 70% of the respondents were aboriginal. 27% were Caucasian.
- 71% were mothers (averaging three child births per person); less than 50% of the mothers knew where their children were. 16% of participants currently lived with their children.
- 88% of the participants lived in the Downtown Eastside/Strathcona community. 18% of the participants were homeless, and 47% lived in a local hotel.
- 18% of the participants grew up in Vancouver. Of those who migrated to Vancouver, 64% came from outside British Columbia.
- 91% of the women did not have their high school diploma; 40% had completed less than grade ten.
- A third of the participants said that other family members had worked in the sex trade, either currently or when they were growing up. 73% of the participants entered the sex trade prior to their 18th birthday.
- All of the participants received financial assistance, or some other kind of governmental support.
- When asked about their lifetime experiences, 99% of respondents reported that they had been the victims of some form of "violence" with 97% reporting multiple victimization. 73% had been "sexually abused" (no definition is provided) as children.

## Violence Related to the Sex Trade

When asked whether they had experienced violence in the last six months while prostituting, 77% said that they had (with an average of seven incidents per person). The main perpetrators were customers, boyfriends-partners, and other sex workers. The incidents are summarized in Table 76.

**Table 76 Types of Violence Experienced During Past Six Months (n of respondents=65)**

Type of Violence	Percent
sexually assaulted (any sex act without consent or agreed terms)	62
beaten by boyfriend	52
beaten by customer	48
dumped by customer	44
assaulted with a weapon other than a gun or knife	30
assaulted or beaten up by another person	26
beaten by another sex trade worker	14
robbed	14
assaulted with a gun	14
beaten by a pimp	14
dragged by a car	08
held against their will	06
strangled	04
beaten by police	02

When asked if they had sought help from anyone about these incidents, 75% said that they did. Table 77 summarizes the persons/places that victims "received or wanted support/services from."

**Table 77 Help About Violence**

Help Sought	Percent
went to their friends for support	67
accessed a service agency or counsellor	53
went to the police	49
were admitted to a hospital	42
went to a social worker	27
asked their family for help	11
got a restraining order on their victimizer	29
received help from a stranger	2
used the bad date sheet	2

The interviewers noted that when police became involved, it was generally not because women approached police for service; rather, they became involved in those incidents where a woman was hospitalized (police became involved in 80% of such incidents). The general perception is that few services are available for street-involved women. Although respondents had varying opinions as to the value and effectiveness of different services, 89% said that they liked some of the services available, and 87% of these thought that they had received help at one time or another.

### **Housing and Violence**

86% of respondents believed they did not have adequate housing.<sup>(39)</sup> Only 5% were happy where they were currently living, and the vast majority (95%) wanted to live outside the Downtown Eastside. 65% of the survey participants lived in a hotel on the Downtown Eastside, or without any shelter or accommodation. As to the question, "Have you experienced any violence related to your housing over the past six months?" 38% of the participants said "yes." In particular, respondents perceived living in Downtown Eastside hotels to be quite dangerous. A recent newspaper article estimated that roughly 2000 single women live in hotels and flophouses in the Downtown Eastside. A local woman was reported as saying it was safer sleeping outside than in some of the hotels: "It was all that sexual stuff you have to always be on the defensive. You have to keep your guard up or be completely loaded. It was a nightmare."<sup>(40)</sup> The article

continues, "Women face constant danger in hotels. Several men and women usually share one bathroom often without a lock on the door. Some women feel safer picking the least-threatening looking man in a bar and sleeping with him for the night. Prostitutes sometimes find shelter with their tricks."

### **Alcohol and Drugs**

All of the respondents had used alcohol or illicit drugs at some point in their lives, and 94% had used them in the past six months (78% had used alcohol; 75% heroin and 68% cocaine). 70% were 14 years or under when they began drinking. Over a third of the women used some other form of drug including Talwin/Ritalin (T's-and-R's), marijuana/hash, and hallucinogens. The large majority of women who used heroin, cocaine and T's-and-R's administered the drug intravenously.

Of the 84% of respondents who said that their drug use changed when they were working, 96% said that their use increased while they were working, and of these, 80 % said that they used more in order to work, the other 20% reasoning that they used more when they worked the street because working provided the money to buy drugs. Table 79 depicts the number of times the respondents used their drug of choice each month. Over 70% of the respondents who used cocaine and heroin, used from three to twelve doses per day.

When it came to the relationship between drug use and violence, 91% of respondents reported that alcohol and drugs were the cause of, or resulted in violence against them. 87% of respondents reported at least one incident in the past six months. When asked about the number of incidents over the past six months, 23% of these respondents said that there were too many to remember, and another 51% reported between two and ten incidents.

Of the 91% reporting incidents of victimization related to illicit drugs and alcohol, all of them were victims of a physical assault by a person under the influence of drugs or alcohol (the incidents were instigated by customers, partners and/or pimps, drug dealers, and other sex workers). 58% of respondents believed that their own intoxication had contributed to their victimization, and 14% reported that they had committed acts of violence because they had been intoxicated. The report also says that 78% of respondents had sought help to deal with their alcohol and illicit drug use and goes into some detail about the types of services that respondents would like to see provided.

All the respondents felt that there should be more alcohol and drug services, and that they need to be more comprehensive, more flexible in their operating hours, more individualized, and less judgmental in the way that they go about providing for the needs of street-involved women. The report also notes that while there are roughly the same number of men and women in the Downtown Eastside, of 66 adult detox beds available locally, only 6 were for women. 73% of respondents said that more mobile services should be made available.

## **HIV/AIDS**

Questions were asked about the respondents' awareness of, and concern about HIV/AIDS. 99% of the women were familiar with HIV/AIDS, and all of these women expressed concern about contracting the HIV virus. 31% of respondents reported that, over the past six months, they "had experienced violence that they believed was related to HIV/AIDS." Of these respondents, 71% said that the incident related to a customer's refusal to wear a condom. When it came to combating AIDS, the majority of respondents thought that more education was needed, and that the local needle exchange program should be expanded.

## **Training**

91% of respondents did not have a high school diploma. Only 44% had any training or skills education since becoming involved in the sex trade. 60% stated that lack of training and education did affect their involvement in the sex trade, and 93% of respondents stated that they would be interested in some kind of training program if it were available to them.

## **Bad Dates**

98% of the women had been victims of violence as a result of a "bad date" at least once while they had been working. A bad date was defined as, "any date which involved any physical, sexual or emotional acts of violence as well as any form of robbery/financial loss as a result of a customer. This definition included unpaid sex, kidnapping, harassment, dumping and even death." The respondents were very concerned about youth entering the sex trade, and wanted to see young people "get out before it is too late."

## **Differential Vulnerability of Sex Workers**

97% of the women believed that some identifiable groups of persons were victimized more than others. Other persons mentioned as having a higher risk of being victimized were women working in remote areas, older women, and mentally disabled women.

When it came to what should be done about violence in the sex trade, 23% believed that nothing could or would be done to decrease violence against these high risk groups, and another 22% said they did not know what could be done.

To end the interview, women were asked, "If you had a million dollars, what would you do with it?" This question was asked in order to provide the women with an opportunity to de-brief, and to end the interview on a positive note. The answers give a good indication of the feelings of these women about the rigors of prostitution on the Downtown Eastside over 90% wanted to use the money to help others, particularly young people prior to their entrenchment in the sex trade.

## 1994 Survey of Victimization of Women Who Prostitute

The Downtown Eastside/Strathcona survey provides an intimate view of the experiences of street-involved women in one Vancouver community. It is particularly interesting for its representation of street-involved aboriginal women, who are usually under-represented in Canadian surveys of persons who prostitute. Indeed, of the various Vancouver strolls, the Downtown Eastside area probably has the highest proportion of street-involved First Nations women. It is also likely the area with the highest proportion of intravenous drug users (aboriginal and Caucasian).

Many of the women who work in Strathcona do so independently they don't necessarily have to have "a man" to work the street, although many of them have a partner with whom they share their money. Such a relationship may be exploitative, and a person sharing the earnings of a woman who prostitutes is susceptible to being prosecuted for living on the avails. No doubt, some of the women who work in the various stroll areas in Strathcona and further east (Hastings-Commercial and Hastings-Victoria) are "pimped" (police sources say that the women working in the Hastings-Vernon area are pimped) but, for the most part, the social world of the East side strolls (particularly the Downtown Eastside) is quite different from the "Uptown" strolls (Seymour-Richards and First Avenue-Quebec-Ontario<sup>(42)</sup>).

One question raised by information we have culled from newspapers in particular, the finding that, of the main strolls, the Downtown Eastside is the area most often identified in accounts of murders and assaults of prostitutes, and Richards-Seymour the least often mentioned is whether victimization is differentiated by area/street-community. To this extent, and in the interests of making our portrait of violence in the sex trade as comprehensive as possible, we would have liked to have conducted interviews with a broad range of persons working in various strolls, in escort services, body rubs, and so on, to supplement the information from the Downtown Eastside survey. Unfortunately, with the resources at our disposal, this was not possible. Instead, we conducted a short self-administered questionnaire with an eye to providing information about differences between areas, and about the relative dangers of street as compared to off-street prostitution.

The survey was carried out with the assistance of "Prostitution Alternatives Counselling and Education" (PACE) a charitable society founded by former prostitutes to help people in the sex trade, and after they have left it. Representatives of PACE helped to design, pretest and circulate the survey.

At first, we tried leaving questionnaires in the offices of various service providers with stamped envelopes addressed to PACE. When it became clear that we were not getting much of a response this way, a PACE representative and assistant spent time in two local cafes asking women for their assistance with the survey. We quickly ended up with 65 participants. Because we wanted to compare experiences of women working the Downtown Eastside with women working the Richards-Seymour, PACE concentrated on these two areas.

Our efforts did not extend to other prostitution strolls in Vancouver and surrounding municipalities, or to Boystown because we did not feel we could get large enough samples in each of these areas for comparative purposes.<sup>(43)</sup>

The questionnaire asked some general questions about subjects: their age, "race" and gender; how long they had been turning tricks, and when they turned out. Since we anticipated that many of our subjects would have had some kind of experience in off-street prostitution (escort services, bars, massage parlours), we divided questions about victimization into two groups distinguishing on-street and off-street experiences. In the case of both on- and off-street experiences, we asked respondents to estimate how many out of every hundred are "bad dates," and to indicate which of a series of offences and/or types of harassment they had ever experienced. We then asked respondents to indicate who the perpetrators were, who they had told about various incidents, what kind of help they had received, what kind of measures they took to prevent bad dates, how the sex trade could be made safer for the people involved in it, and what kinds of people they think are most vulnerable to violence. We also asked several questions about respondents' attitudes to the police.

We discuss various methodological and interpretational issues in the process of presenting our findings.

### **The Respondents**

The age of the participants, which ranged from 16 to 43 years, averaged 24.1 years. 67% were twenty-five or younger.

Table 92 shows the number of years our subjects had been turning tricks. The average (calculated from the mid-point of each age range, an interpreting "more than 10" as 11.5 years) is from five to six years.

Table 92 Years Turning Tricks

	Percent
Less than one year	15.4
between 1-3 years	23.1
between 3-5 years	15.4

between 5-10 years	26.2
more than 10 years	18.5
Not stated	1.5
Total	100.0

Table 93 shows the age at which our subjects considered themselves to have turned their first trick. 60% had done so before their eighteenth birthday, and 85% prior to turning twenty. A quarter of the participants had turned their first trick at age 14 or earlier. The average was 16.5.

Table 93 Age Person Turned Their First Trick

Age	Percent
6	1.5
12	7.7
13	9.2
14	6.2
15	13.8
16	12.3
17	9.2
18	16.9
19	7.7
20	3.1
21	6.2
22	1.5
23	3.1
26	1.5
Total	100.0

Table 94 shows what has traditionally been referred to as the "race" of respondents (we did not use the term "race" on the questionnaire). As already noted, the concept of "race" has been widely debated because it is a socially constructed, not an "objective" analytic category. However, because "racial" categories come up over and over again in the discourses we have examined (e.g., in police reports to Crown counsel, in bad date reports made by women who prostitute, and so on), we included these categories in the victim survey. The categories "Metis" and "Mulatto" were added by respondents. All but one participant answered this question. That they did so without comment suggests that these are "commonsense" categories used on the street (as they are just about everywhere else). The majority of respondents (62.5%) were "white."

Table 94 "Race" and Gender of Respondent

	Percent
White	61.5
Aboriginal	10.8
Metis	7.7
Black	6.2
Oriental	4.6
Mulatto	4.6
East Indian	1.5
Other	1.5
Not stated	1.5
Total	100.0

Table 95 depicts the gender of our subjects, 90.8% of whom were female, one was male, three were cross dressers, and two were transsexuals.

Table 95 Gender of Respondent

	Percent
Female	90.8
Cross dresser	4.6
Trassexual	3.1

Male	1.5
Total	100.0

While all the respondents had worked the street 29 (45%) had worked only on the street 36 respondents (55%) had some experience of working in off-street locations (ads, bars, massage parlours, escort services) currently (15 persons; 23.2%) or in the past. We felt that this was a large enough sample to allow some comparison of rates of victimization on and off the street, which we present below. Then we examine area differences in reports of victimization.

### Comparison of On-Street and Off-Street Experiences

Interviews conducted in 1988 with women who prostitute suggest that, while they experience violence and exploitation in various kinds of off-street prostitution, generally street prostitution is more dangerous. Of the 50 women murdered in British Columbia since 1982 who were identified as having been involved in the sex trade (Table 3), only two were escorts (and six were cabaret dancers). Because we do not know the ratio of escorts to women who meet customers on the street, it is impossible to express these figures as rates, and thus impossible to know if escorts are statistically under-represented among the homicide victims.

We asked respondents to estimate the number of bad dates they experienced on the street and, where relevant, the number they experienced when working off-street. Because of the size of our sample, we cannot examine differences in levels of victimization in different types of off-street prostitution. After posing questions about the rate of "bad dates" on and off the street, we asked whether respondents had ever experienced certain kinds of victimization/harassment, and then asked who the perpetrators had been. We constructed the list of types of victimization from reports on "Bad Trick Sheets" (described above) and from information provided by interview subjects in previous studies.

Another way to have arranged these questions would have been to link the question about "bad dates" to the question about victimization/harassment, and reversed the order in which they were asked. In other words, we might have asked how many respondents had experienced various kinds of victimization, and then asked out of every hundred tricks, how many times they were victimized, for each kind of victimization. In a separate question, we could have asked how many times respondents were victimized in various ways by persons other than dates. The advantage of doing this would have been that we would have avoided the possibility that participants vary in the way they define "bad dates." However, in the interest of keeping the questionnaire short, we decided not to proceed this way.

We find some support for the notion that street prostitution is relatively more dangerous when we examine what types of victimization our respondents have experienced when working

on and off the street. While working the street, a much larger proportion of respondents reported having been robbed, sexually assaulted, beaten, strangled, and kidnapped, and were more likely to have reported being involved in an incident where a weapon was used, or being the victim of an attempted murder. The highest incidence of off-street victimization was in the categories "Refused condom," "Threat/intimidation," and "General harassment." It should be noted that because we asked respondents which kinds of victimization they had ever experienced, as opposed to how many times they experienced various kinds of victimization, it is possible that the variations identified here reflect differences in the relative amounts of time respondents spend working on and off the street, not different rates of victimization/harassment.

Generally, this information leaves the impression that women working the street go to greater lengths to protect themselves than they do when they work in off-street locations. Almost 40% of the subjects carried a weapon when they are working the street as compared to only 15% of the subjects when they are working elsewhere.

Roughly half the respondents avoid being drunk or stoned while they are working, and roughly the same number avoid drunk or stoned tricks. About 65% of the participants work with a friend when they work the street, and almost all of them try to "trust their senses" to identify potential bad tricks.

### **Perceived Risk of Victimization**

In response to our question about the relative vulnerability of different kinds of people to violence, 45 (69.2%) of our respondents suggested that that certain types of people are more vulnerable. The general consensus was that youths of both sexes and transvestites are the people most vulnerable to violence.

### **Opinions About How to Make The Street Safer**

We offered 19 ways that this might be achieved and, on average, respondents ticked about 6 of them. The most frequently selected category was "safe houses/trick pads," i.e., safe places to turn tricks. It would seem that one of the most obvious ways of reducing violence would be to get prostitution off the street so that it can be monitored and, in the process, rendered more safe. Other categories chosen by a majority of respondents included "be allowed to work in well lit area" (63.5% of the respondents), "law change" (60%) and "self owned escort" (50.8%). Respondents also gave police and community education a relatively high priority, as they did 24-hour drop-ins and outreach vans. Less than one in ten respondents mentioned a need for "more vice" or "more patrols."

### **Perceptions of the Police**

Our final set of questions dealt with opinions about police. Slightly more than two thirds of the respondents think that at least some of them are concerned, and one woman wrote, "The

ones who care are terrific." Nevertheless, these answers also show that 87.5% of the respondents believe that at least some vice officers are not concerned about the safety of sex workers. Overall, about 90% of the respondents think that at least some police officers are not concerned about their safety.

Table 113 describes respondents' feelings about vice and uniform police. Generally, we see the same pattern of answers as above the majority of respondents have mixed feelings about police: some are OK, some are not, some can be trusted, some cannot. A little over a third of the respondents do not trust most police officers, uniformed or otherwise. Again on this score, there was no discernible difference between respondents from Richards-Seymour and the Downtown Eastside. On some measures, both groups give vice a somewhat more positive appraisal than they do uniform officers.

Table 113 Opinions About Police (All respondents, n=65)

	Vice		Uniform	
	Count	% of Cases	Count	% of Cases
Don't trust most of them	22	34.4	25	38.5
Most are disrespectful	19	29.7	18	27.7
It varies/not consistent	17	26.6	22	33.8
Most are respectful	16	25.0	13	20.0
Most are helpful	15	23.4	10	15.4
Most do a good job	14	21.9	10	15.4
Most harass me	14	21.9	10	15.4
Trust most/most OK	13	20.3	9	13.8
Most are uncooperative	12	18.8	12	18.5
Most don't take me seriously	11	17.2	12	18.5

Most take me seriously	9	14.1	6	9.2
Other	3	4.7	2	3.1
Total	165	258.0	149	229.3

To conclude the questionnaire, we asked four open-ended questions: a) What changes, if any, would you like to see in the operation of escort services? b) What services do you think these should be for sex workers? c) Who would be the best person for sex workers to approach for help when they have bad dates? And d) Is there anything else you would like to say about the above issues, or any other issues you feel are important? In each case we report the responses given by four or more persons.

Regarding escort services, there were 3 types of responses given by four or more persons (giving a total of 20 responses). Eleven respondents suggested that escort operators should take a much smaller cut from the women who work for them. Generally, escort services are regarded as unreasonably exploitative. Five persons thought that escort owners should be more concerned about the safety of their employees. Four persons thought that only self-owned escort services should be permitted to operate.

Regarding services for prostitutes, there were 9 types of response given by four or more persons (for a total of 60 responses). Twelve persons thought that there should be safer places to turn tricks, thereby reinforcing the earlier findings presented in Table 110: the most frequently mentioned way of making the streets safer for sex workers would be to identify safe locations for them to turn tricks. Ten respondents urged that there be better and more accessible non-judgmental medical services, five mentioned the need for a 24 hour drop-in center (a place to eat, shower, and get warm), five mentioned the need for other sorts of places to get shelter and warmth (heated bus shelters or other covered areas), five urged that prostitution be legalized, four said there should be safe houses for abused women, four said more educational/vocational training programs are needed, and the same number urged police to take street-involved women more seriously.

As to who the best type of person sex workers might turn to in the event of bad tricks, there were six types of response given by four or more people (for a total of 50 responses). Thirteen persons mentioned services run by ex-prostitutes, and twelve mentioned police although every one of these respondents qualified their answer in some way by saying that the police would be OK to report bad dates to, as long as they actually act on such reports. Nine respondents mentioned the DEYAS Bad Date Sheets as a useful non-judgmental way of doing something about bad dates. Eleven respondents mentioned friends and other prostitutes as the best people to report bad dates to, and eight mentioned crisis centers and various kinds of counsellors and other service providers as long as they are properly trained and non-judgmental.

When we asked if there was anything else respondents wanted to say about the issues raised in the questionnaire, there were four general responses: a) pleas for more understanding of people who prostitute (8 respondents); b) comments about the need for law change so that if women decide to prostitute, they can do so in safety (8 respondents); c) 12 respondents mentioned the need for safer places to work (several respondents were critical of prosecutions of local hotel operators for bawdy house violations, and viewed such initiatives as increasing the amount of danger faced by women having to turn tricks in cars); and d) comments about the need for police to take bad tricks more seriously and be more helpful.

## **VPD Procuring and Living on the Avails Prosecutions**

We extracted information about prosecutions for living on the avails and procuring from Vancouver Police Department Vice Intelligence Unit files on "pimps" for the period 1989-1993. Between 1981 and 1987 in Vancouver, police charged only twelve people with the pimp-related offences of procuring and living on the avails of prostitution. In 1988 there was something of a change in the Vice Unit's philosophy of prostitution law enforcement, as can be seen in the relative attention paid to various prostitution offences, with a marked change occurring in 1988. The Uniform Crime Reports indicate that from 1989 to 1993 sixty-four persons were charged with procuring offences, as compared to only five from 1984 to 1988 (see footnote 45 for an explanation of how these data are recorded). In the past five years there has been a much greater effort devoted to enforcing the law against the exploiters of women who prostitute than there had been in the previous five years.

There is also a distinct change in the pattern of communicating law (s.213) enforcement. From 1986 to 1992 Vancouver police laid between 883 and 1466 communicating charges, with an average of 1209 a year. In 1993 the number fell abruptly to 212, marking another shift in the VPD's philosophy of prostitution law enforcement. In light of a general sense of disillusionment with the results of communicating law enforcement particularly because of the perception that the sentences handed out did not merit the labour being put into law enforcement emphasis shifted to enforcement of much more labour intensive laws against procuring and living on the avails. During 1993, communicating law enforcement was for the most part restricted to individuals working outside the informally recognized prostitution strolls, for gathering intelligence about new faces on the street, and against youths.

In 1994 with the resurgence of neighborhood lobby group activity against the street prostitution trade, particularly in Mount Pleasant, there will likely be more s.213 charges than there were in 1993. Given that the rhetoric of these groups is as much about "shaming the johns" as it is about displacing street prostitution out of certain areas, it gives police additional impetus to pursue the perceived exploiters of women who prostitute. The result may be that communicating law enforcement increasingly focuses on customers.

### **Scenarios of Prosecutions**

At the time we scrutinized their records, the VPD Vice Unit information system contained a total of 159 files on "pimps." 84 of these files contained a "Report to Crown Counsel" indicating what charges police recommended that Crown proceed with we do not know how many charges the Crown did proceed with, although it would appear to be a large proportion of these. Some of the Reports identified several accused, each of whom might be charged with more than one offence. Information about prosecutions is drawn from the Report to Crown Counsel made out by police. The remaining 75 files contained intelligence reports on suspected/known pimps emanating either from CPIC checks by patrol police during traffic checks, or from Vice Unit personnel during on-going investigations. Also, some files contain

information provided by immigration officials at highway border crossings and the Vancouver International Airport. The information presented below is compiled primarily from police Reports to Crown Counsel. Information is presented in two forms:

- a) a descriptive statistical profile of offenders, victims, incidents and cases.
- b) scenarios of cases constructed from witness statements taken by investigating officers (Appendix 4). We have constructed scenarios of 77 of the 84 cases<sup>(47)</sup> in which police filed a Report to Crown Counsel.

In addition to constructing a profile of prosecutions for living on the avails and procuring from information from Vice Unit files, we have attempted to describe some of the main dynamics of the pimp-prostitute relationship. To this end we conducted interviews with two women who talk about their experiences working in escort services and working for player-pimps (transcripts of the interviews are contained in Appendix 6).

### **Characteristics of Pimping Investigations**

We construct this portrait of pimping investigations from discussions with four Vice Intelligence Unit officers and from the VPD's internal manual, A Guide to Pimping Investigations. Our description of pimp prosecutions follows the Guide, supplemented with information from the interviews conducted with officers who currently or recently worked on the Vice Unit.

The Guide describes the Vice Unit as deliberately stepping up its enforcement of laws against pimps. In 1988, after the "Pimp Program" was established, police charged 12 individuals. Our review of Vice Unit files shows that police charged five people with pimp related offences in 1989, 25 in 1990, 16 in 1991, 15 in 1992, and 54 in 1993 (Table 116).

In developing the Pimp Program three main steps were taken: a) changing the attitudes of police officers towards persons who prostitute; b) developing a departmental strategy for pimping investigations; and c) developing a strategy for gathering evidence and bringing a case to trial.

### **Recognition of the Need to Change Police Attitudes**

The Guide to Pimping Investigations suggests that the first and foremost requirement in improving the quality of investigations is:

... a change in attitude on behalf of the police investigator. The greatest deterrent to the successful conclusion of pimp investigations is an investigator's negative attitude towards the main witness the prostitute or potential prostitute. If the police investigator believes that the prostitute is the cause of her own problems and deserves the consequences of her own actions, it

is most likely this attitude will manifest itself in the investigator's behaviour. This attitude will be easily detected by the victim and will result in the victim's unwillingness to sign on [i.e., sign a statement against] her pimp. Furthermore, an investigator possessing this attitude will most likely be unwilling to dedicate himself/herself to the arduous task of witness management. (VPD 1990, p. 2)

### **The VPD Vice Unit Strategy**

The Guide outlines four components of the departmental strategy for its "Pimp Program:" a) police management; b) the media; c) social services; d) Crown Counsel.

a) The Guide suggests that one of the most crucial elements is support by Police Management of the investigation unit:

This support should manifest itself in the authorization of the necessary overtime, recognition of effort and performance of individual investigators ..., [and] authorization of expenses for witness management and informant development. Furthermore, it is essential that appropriate vehicles are leased to create a suitable image for the Squad." (VPD 1990, p. 3)

b) The Guide suggests that: attempts should be made to garner positive media coverage by providing information on pimps arrested, including "information of an unusual nature, or an element of human interest;" ride-alongs should be made available to journalists to help them understand the police perspective on prostitution; and journalists should be apprised of upcoming trial dates, sentencing hearings and so on. According to the Guide, positive media coverage would: i) demonstrate police concern for victims of pimps; ii) encourage sex workers to provide information about pimps; iii) discourage pimp violence against women who prostitute; and iv) provide information that increases public support for activities of the police department.

c) Support of social service workers is described as being invaluable for identifying youth victims of pimps; also, the Department of Social Services can provide financial support to help relocate victims, and provide temporary placement of youths in safe houses.

d) As the Crown is a crucial player in the Pimp Program, the Guide suggests that the Crown Counsel office should be encouraged to: i) assign a specific prosecutor to monitor all upcoming vice cases; ii) offer advice on the legalities and the preservation of evidence; iii) assign a prosecutor to handle all pimp-related proceedings; iv) provide Vice Unit ride-alongs to increase prosecutors understanding of the street scene.

### **The Investigation**

The Guide describes eight components to a successful living on the avails of prostitution (LOAP) and/or procuring investigation:

a) Understanding the pimp-prostitute relationship; b) Initiation of cases; c) The interview with the main witness; d) Obtaining corroboration of evidence; e) Deciding whether to proceed with charges; f) Witness management; g) Arresting the pimp; h) The trial.

### *The pimp-prostitute relationship*

Interviews with Vice Unit detectives reveals that one of the main concerns in a living on the avails cases is establishing that the pimp-prostitute relationship is a parasitic one.<sup>(48)</sup> Although the Guide does not say so, the distinct subculture it describes is that of the so-called "Black Player" involved in "the Game" (cf. Milner and Milner, 1971; Layton, 1974). The pimp subculture described in the Guide represents the style of management on the Richards-Seymour stroll (for a description, see the interviews in Appendix 6a and 6b).

However, many of the prosecutions appearing in VPD files do not involve men fitting into this particular subculture, although the relationship with the women they manage/control is apparently interpreted by the courts as being no less parasitic. While other pimp styles are quite different in certain respects, many of the attitudes and values that underlie the management/control of women who prostitute are probably quite similar.

The Guide portrays the pimp as a man to whom status symbols (large money rolls, expensive automobiles, flashy dress and jewelry) are very important, and who is committed to the values of "the game:"

The pimp relies heavily on the concept of the pimp mystique. This mystique ensures that the pimp/prostitute relationship is such that the pimp's needs will always take precedence of those of the prostitute. The pimp personality consists of various artificial characteristics and manipulative techniques that psychologically induce women into the compelling lifestyle of the pimp. Such techniques of "flashing,"<sup>(49)</sup> "pratting" and charisma are significant components of the pimp's aura. "Flashing" is an eye-catching style that involves the display of expensive clothes, cars, jewelry and bank rolls (all of which the pimp perceives as his tools to induce the prostitute's attention). Once the woman's attention is drawn to the pimp, he then begins his "pratting" which is the pretense of rejection in order to strengthen desire. The pimp then achieves "charisma" by remaining a mystery, a puzzle and not divulging any significant information.

The Guide describes the majority of prostitutes as young (15-25 years of age), materialistic, often with a background of sexual abuse, possessing few life skills and education, having no money or clothes, no boyfriend, and as being emotionally vulnerable. The Guide suggests that:

The majority of girls have a love relationship with their pimp. The pimp uses guile, charm, promises and flashy treats to lure the woman. He typically meets a lonely girl, treats her, charms her, pretends to care for her and then perhaps the next day has her working as a prostitute for him. The seduction process usually includes a young girl having little clothing, no money, no

food... The pimp offers his protection and the attraction of being entertained in various bars. In a few days, she's offered a job and introduced to the process, rules and attractive earnings of prostitution. In order to maintain the girls under his control, the pimp uses the principles of degradation, dependency and competition as well as threats and violence.

Although pimps sometimes use praise to control their prostitutes, they usually resort to negative techniques. Furthermore, the pimp increases the prostitute's dependency by encouraging her to rely on him for all her needs. For example, clothing is taken from the prostitute as well as other personal property, such as phone books with family phone numbers and addresses. This is used as a bargaining device to ensure that the prostitute remains with the pimp. (VPD, 1990, p. 5)

The player-pimp's game has three main stages: 1) catching a woman (usually the catch is emotional); 2) turning her out, usually by making her feel she is indebted to him by virtue of the things he does for her;<sup>(50)</sup> and 3) maintaining and managing her subordination. From information we have gleaned from various interviews over the years (also see Appendices 6a and 6b) violence most often comes into the relationship in the process of maintaining and managing a woman's subordination. A particularly graphic example of this comes from a sixteen year old who lived with an alleged pimp for three months before she started to work the streets. Once she had turned out, the relationship with her man also turned:

"Within a week of me starting to work the streets he started to assault me. He basically treated me like he did his dogs. He called me 'stupid' or 'dozy.' He would also slap me on my back and shoulders. Sometimes he would put his hands around my neck and start to choke me. Most of the time I didn't want to go out to work. Sometimes I would tell him so, but generally my attitude showed it and his response was always violent..... He had quite a lot of mood changes during this time. One minute he would want to sleep with me, then he would put me down, calling me "useless" and telling me I could be replaced. I had sex with him when he demanded almost every day. He insisted on unprotected sex. The money I made was mostly used to purchase alcohol and drugs (coke, marijuana) and furniture payments. The only things he ever purchased for me were nylons and I was allowed to keep about \$10.00 from my first date so that I could buy a sandwich and a pack of cigarettes. On a regular basis he slapped me with an open hand, punched me with a fist, hit me with a broom handle, and played games with me. He would take a quarter, flip it up and down and get me to call heads or tails... If I won I wouldn't get beaten up, or if he won, I would. I didn't go to the police because I was and still am afraid of him."

She estimated she made up to \$400 a night and gave him about \$30,000 in the time she worked for him. He said she could leave, but that the "leaving fee" would be "a nice car." She decided to sign on the accused after he beat her up in an alleyway, leaving her semi-conscious, with a bleeding lip and a broken nose.

The strong impression one gets talking to women who have worked for player-pimps is that the pimp-prostitute relationship is all "game." Emotional attachments are described as

always strategic a means of manipulation and thus not really matters of emotion at all. Presumably some women do work with a man for a lengthy period, and it would seem reasonable to suppose that they would not characterize the pimp-prostitute relationship in these terms.

Initiating charges

According to the Guide, cases are usually initiated in one of three ways: through communicating (s.213) charges; by referral of information from patrol officers; and by walk-in complaints.

Vice officers can use section 213 to target prostitutes, particularly youths, known to be working for pimps. "Charging the female allows the investigators to determine the state of mind of the prostitute and her willingness to escape her present lifestyle."

Vice officers explained that, because of the substantial amount of time required in procuring and living on the avails prosecutions, they want to ensure that a victim-witness is sufficiently motivated to see a case through to its conclusion.

Patrol police carrying out routine duties sometimes come into contact with prostitutes, including those who have been victimized by pimps. Because of the suggested complexity of procuring and living on the avails prosecutions, patrol police are urged to pass on potential prosecutions of pimps to the Vice Unit.

Walk-in complaints are made by prostitutes wishing to sign on usually because of assaults and other abuses.

#### *Interviewing the victim-witness*

The Guide notes that interviews with witnesses in living on the avails and procuring cases follow the same format as witness interviews, but with several important exceptions. In pimp cases, the victim and main witness entered prostitution by choice, even if this choice was deeply influenced "by the deceit and cajoling from her pimp." Also, she is likely to have had, and may still have, a deep emotional bond with him. VPD Vice Unit officers viewed this emotional attachment as one of the main difficulties with pimp prosecutions.

The Guide thus cautions investigators to be mindful of the emotional dimensions of the pimp-prostitute relationship at all times when interacting with the main witness, and describes the main components and/or objectives of the interviews as follows:

a) to establish rapport; b) to explore the willingness of the victim to change her lifestyle; c) to expose the pimp's game; d) to obtain the elements of the particular charge; e) to obtain a written statement from the victim; f) to explain the plan of action to the victim.

The Guide provides advice on the demeanor the investigator should display in the process

of exposing the pimp as an exploiter: don't be authoritarian; don't moralize; don't be judgmental; don't make promises you can't keep; and don't use phrases like "trust me." Instead, the investigator should try to: establish a strong and confident image; make the victim feel safe; use humour as a way of creating a more relaxed interview situation; be empathetic to the victim's situation; and discard the square image.

Also the Guide advises that officers should not offer to drop s.213 charges in return for an accused's offer to give evidence against her pimp.

If pimping is a "head" or "skull" game, as it has sometimes been described (see, e.g., Layton 1974), the pimp prosecution is no less so. According to Vice Unit officers we interviewed, much of this game involves gaining a young woman's trust, which means finding out enough about her to break through the value system of the street scene and, if she's involved in "the life," the values of the player-pimp. One of the most difficult obstacles is the value system which prohibits giving information about a pimp to the police (signing on the pimp), informing, or ratting, being one of the most serious offences in the operation of any illicit or semi-illicit economy (as it is in many licit occupational value systems, including the police).

Casting him/her in the role of lay psychologist, the Guide advises the investigator to probe the victim-witness for information about her family background (background of parents, quality of childhood home life, incidence of sexual abuse, etc.) and the nature of her relationship with her pimp, with an eye to establishing her motives for signing on him. Given that the victim is usually the main witness, without whose testimony there would likely be no case, investigators try to ensure that a victim-witness is sufficiently motivated to see the case through to its conclusion, a process which may take well in excess of a year to complete.

Because prostitute witnesses may experience a change of heart about whether to see a case through to its conclusion, the Guide warns against using high-pressure tactics to obtain a statement, or to make any promises that cannot be kept to do so would only undermine the victim's trust of the investigator and thus jeopardize the whole proceeding.

The Guide suggests that a good written statement would:

a) be extremely detailed; b) include information about the background of the victim/witness; c) include pertinent details on the alleged pimp; d) include information as to whether the victim/witness was involved in prostitution prior to meeting the accused; e) provide information pertaining to the essential elements of living on the avails and procuring charges; f) name all associates who could connect the alleged pimp and prostitute; g) describe all information which could corroborate the main witness's testimony.

The Guide suggests that during the initial interview, the victim-witness should be told in some detail what will be expected of her if a case is to proceed to trial, whether the alleged offender will be arrested, where she will stay (sometimes police install the witness in a safe

house), what role she will have to play in court, and any resources that will be provided to her in the process.

### *Obtaining corroboration of victim-witness statements*

Having secured the main victim-witness's statement, the next step for the investigator is to secure evidence that will corroborate as many facts as possible in her statement. For example, testimony could be sought from persons who had observed the witness and alleged pimp together (other prostitutes, hotel clerks, etc.). Existence of prior s.213 charges would establish that the victim was known to VPID as having prostituted. Evidence from on-going surveillance or patrol checks might reveal that the alleged pimp was already known to have been in the company of a prostitute or prostitutes (as per the evidence requirements of the living on the avails section). Investigators also try to recover hotel or plane ticket receipts that might link the victim and accused. Sometimes Vice officers mount an undercover operation in which the victim presents marked cash to the alleged pimp so that it can be recovered when police lay charges. At this point, police might also be able to recover the victim's clothing from the alleged pimp's residence thereby further establishing a link between the two parties.

### *Deciding whether to proceed with charges*

The decision whether to lay a charge is based upon a series of objectives. The Guide lists these in descending order of importance as the following:

a) to assist the victim in changing her lifestyle and leaving prostitution; b) to assist the victim in removing herself from the physical and psychological control of a pimp; c) to charge the pimp and bring him before the courts.

However, the Guide goes on to note that even if a statement is gained and all the evidence corroborated, depending on the victim's emotional and psychological state, it may not be in the best interests of the victim to proceed with charges. Also, it may not be wise to proceed with charges if the victim is a sole witness, or if the victim's evidence is not corroborated. Other factors should also be taken into consideration: what support is available to the victim? Can the victim be adequately protected? Is it likely that the victim will follow through with the case, and be available for all necessary court appearances? In several cases where police decided not to lay charges, they did, nevertheless, help the complainant to relocate outside Vancouver.

### *Witness management*

The Guide describes "Witness management" as one of the most crucial and difficult aspects of pimp investigation:

The nature of the victim's lifestyle, background and psychological state makes the task of witness management extremely difficult. Therefore, the witness must constantly be 'nurtured' in

order to ensure their attendance in court as well as maintain their new lifestyle (P.12). Vice officers are required to be available on a 24 hour basis, and to that end carry pagers at all times in order to provide support to the victim-witness in any situation that might arise. The Guide suggests that investigation teams be limited to two detectives. This way investigators may establish a more intimate relationship with a victim, who may have nowhere else to turn for support. The investigator is expected to provide psychological support (the Guide notes that "the witness/victim will usually develop a psychological bond to the investigator") and act as a "resource person to help with practical everyday problems" (p.12).

The investigator is also responsible for witness protection. It is widely believed, both by police and women who work with pimps, that if a woman signs on her pimp, she may be murdered. The Guide suggests that pimp prosecutions require a witness protection program, including safe houses for temporary accommodation, and relocation and living expenses so that a witness can take up residence outside the city, often in another province, until the trial is over.

#### *Arresting the accused*

The Guide suggests that LOAP and procuring arrests should generally follow the same protocol as other arrests. But also they should be made in such a way as "to make a psychological impact" on the accused, in order to "reduce the probability that the pimp will contact the victim." Because pimps are known to be violent and may possess weapons, police make "a high profile entry" whenever possible. A high profile entry may be achieved by teaming up Vice officers with the Emergency Response Team in order to effect an arrest.

Investigators are urged to impress on the accused that the victim is under protection of the Vice Squad, and any interference with the victim/witness will be "dealt with to the full extent of the law" (p.13). After the arrest, the investigator determines the accused's financial situation (cash and assets) and citizenship status.

#### *The trial.*

Again, the Guide portrays witness management as one of the most important aspects of the trial. Witnesses often travel from outside Vancouver to attend the trial. Vice officers contact victim-witnesses directly to make travel plans, pick them up at the airport, bus or train station, and make hotel arrangements, all with an eye to increasing the victim's confidence that her interests are properly safeguarded. One of the investigating officers accompanies the victim-witness during her stay in Vancouver through the duration of the trial. Investigator's are also encouraged to be present in the courtroom so that friends of the accused cannot intimidate the witness.

#### *Main problems encountered during pimp investigations*

In talking about problems encountered during pimp investigations, police sources say the

biggest problem is the lengthy period cases take to come to trial. Because of the fear that pimps will take reprisals against women who testify against them, witnesses may be geographically relocated. As a consequence, the investigation team may have to spend a considerable amount of time with victim-witnesses who have to travel into Vancouver to attend both a preliminary hearing and a trial. Many of the women who sign on pimps would like to leave their life in prostitution behind them, but cannot when a preliminary hearing, and/or trial is still pending. The preliminary hearing, the victim-witness's first experience dealing with an often hostile defence attorney, may be traumatic.

One vice officer noted that many women do not want to return for the trial once they have been "raked over the coals at the preliminary hearing" by a defence attorney. In both pimp trials we observed in the summer of 1993, defence attorneys described victim-witnesses in very negative terms, sometimes reducing them to tears in the process. The essence of the two defense attorneys' cases was that victim witness testimony is not believable "why would anyone believe the testimony of a prostitute?" In both cases, the defence tried to claim that victim-witnesses were jilted lovers, and that their motivation for accusing the defendant was that he had rejected them. We do not know how representative these cases are, but in neither one was the argument successful both accused were found guilty.

One detective observed that it would be difficult to deal with some of the problems described above, because they reflect the adversarial structure of the criminal trial process. Nevertheless, the observing of two trials left the impression that a trial may be as much or more about the moral character of the victim as it is about the behaviour of an accused. One Vice Unit officer suggested that the process could be improved by treating procuring and living on the avails cases should be treated in the same way that we have been told spousal assault cases are currently treated (indeed, when assaults are involved, they should be treated as spousal assault cases) they must be dealt with by the court within sixty days. This would help circumvent all the problems created by the long delays in bringing cases to trial. Also, he suggested that a single prosecutor should be assigned to handle all living on the avails and procuring cases (as things stand, the trial may not be conducted by the same Crown attorney who handled the preliminary hearing).

#### **A Quantitative Portrait of Persons Charged With Procuring and Living On the Avails**

In Vancouver, the pimp program began in 1988, since which time a concerted effort has been devoted to living on the avails and procuring law enforcement. The analysis of cases that follows concentrates on the five year period 1989-1993.

Table 116 through Table 133 provide a descriptive statistical profile of offender and victim characteristics (age, "race," occupation, gender, citizenship, marital status, and criminal record) and characteristics of prosecutions (number and types of charges, number of offenders, number of victims, type of witnesses) in the 84 "pimp"-related cases from 1989 to 1993 that involved police filing a report to Crown Counsel recommending that charges be laid. These 84

cases involved 115 offenders. In the Tables below, we present information about offenders, cases, and charges.

According to the Guide on pimping investigations, between 1981 and 1987, police charged only 12 persons with procuring and/or living on the avails of prostitution. Table 116 shows that, from 1989 to 1993, 115 offenders were charged with procuring or living on the avails offences (or other offences related to these cases, such as threatening or assault) in 84 different cases. For three of these we do not have information about what charges were laid, and although eight other cases were related to a pimping investigation, none of the charges laid were for either procuring or living on the avails. That leaves 73 cases in which charges for procuring or living on the avails were laid. This is a larger number than is reported in the Uniform Crime Reports, which show 64 cases through this period (12 in 1989, 9 in 1990, 11 in 1991, 12 in 1992, and 20 in 1993).

The difference may be a reflection of UCR scoring rules: If a single criminal incident involves a number of violations of the law, as do sixteen of the 73 cases where a procuring or living on the avails charge was laid (including weapons offences, assaults, threatening, attempted murder, and other charges), then only the most serious incident is recorded. Also, as noted earlier, the Crown may not have acted on all the cases police referred for prosecution; attrition of this sort may also account for some of the discrepancy between the VPD statistics and the UCRs.

Table 116 Year of Case

Year	# of Accused	# of Cases	# LOAP Accused
1989	5	6	5
1990	25	21	16
1991	16	10	9
1992	15	12	9
1993	54	35	38
Total	115	84	77

Table 117 shows the number of offenders associated with each case. 75% of the cases involved only one accused. Ten of the fourteen cases in which there were two accused involved a man and a woman acting in concert to exercise control over another woman or a girl. One of the cases involving five offenders related to a house where three adult men and two male youths enticed six female youths to prostitute for them. The other (not shown in the case scenarios in Appendix 4) involved a single man and four women who worked for him. The four women threatened an undercover police officer posing as a prostitute, and they were all charged for doing so (also, police recommended that two of them be charged for trying to extort money from

the police woman posing as a prostitute by telling her that she had to work for their man). The man was charged with living on the avails.

Table 117 Number of Accused Associated With Cases

# of Accused	# of Cases	Percent
1	64	76.2
2	14	16.6
3	3	3.6
4	1	1.2
5	2	2.4
Total	84	100.0

Table 118 shows that the accused ranged in age from 14 to 46 years of age. From 1989 to 1993 eleven youths were referred to Crown to be charged for procuring offences. The Uniform Crime Reports indicate that only four youths were charged under s.212, suggesting that the Crown did not proceed with some of the cases referred to it by police. 86% of the accused were between 17 and 36 years of age. The average age of males charged with living on the avails was 25.0 years.

Table 118 Age of Accused

Age	Count	Percent
14-17	11	9.6
18-21	26	22.6
22-25	31	26.9
26-29	17	14.8
30-34	12	10.4
35-38	5	4.3
39-42	3	2.6
43-46	4	3.5
Not stated	6	5.2

Total	115	100.0
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Of the 115 individuals referred to Crown by police, 99 were charged with one of the procuring offenses or for living on the avails. 59% of these individuals were charged under more than one section of s.212, or with more than one offence under a particular section (Table 119).

Seventy-seven persons were referred to Crown to be charged with living on the avails of either an adult or a youth (of whom four were accused of living on the avails of more than one person). Of the 77 persons accused of living on the avails, 74 were males; four were under the age of eighteen (3 males and one female).

Table 119 Number of Prostitution-Related Charges

#	Count	Percent
0	16	13.9
1	31	27.0
2	42	36.5
3	19	16.5
4	3	2.6
5	1	.9
7	3	2.6
Total	115	100.0

Table 123 reveals that pimping cases mainly involve men. Although 19 of the 115 individuals referred to Crown counsel were female, only three of them were referred to Crown in a situation where (ostensibly) no male was involved (these three female youths tried to coerce a fourth youth into turning tricks the victim was hospitalized after being beaten by the other three). All the other females involved in these cases were prostitutes allied with a man who was charged with living on the avails.

Table 123 Gender of Accused

	Count	Percent
Male	96	83.5

Female	19	16.5
Total	115	100.0

In every instance where police referred a living on the avails or procuring case to Crown Counsel, the principal witness was the victim (or victims). S.212 cases do not proceed without victim testimony. Table 129 portrays the number of victims (i.e., persons who had been procured, or had someone live on the avails of their prostitution) listed as available to give evidence against the accused.

Table 129 Number of Victims Involved (n of cases=107)

	Count	Percent (missing values removed)
1	70	65.4
2	24	22.4
3	2	1.9
4	5	4.7
6	6	5.6
Not stated	8	Missing
Total	115	100.0

Table 132 shows the ages of the victims. The most notable feature of this information is the high proportion of proposed charges involving victimized youths almost half the victims were under 18. This indicates that not only has there been a deliberate shift in Vancouver Police Department priorities away from street prostitution to pimping and living on the avails, but that there has been a deliberate attempt to target the exploiters of youths.

Table 132 Age(s) of Victim(s) (n of cases=104)

	Count	Percent
Adult (18 and over)	51	44.3
Youth (under 18)	47	40.9

Both youth and adult	6	5.2
Not specified/unknown	11	9.6
Total	115	100.0

## **Violence and the "Outlaw" Status of Prostitution**

In this final section of the report, we move away from examining the various data bases at our disposal to discuss anecdotal information that speaks to broader questions about why women who prostitute are vulnerable to various kinds of violence. In the process, we begin to interpret some of the patterns emerging from our empirical investigations, and talk about how the quasi-criminal status of prostitution in Canada its "outlaw" status helps to create and perpetuate a milieu conducive to violence as a way of resolving conflicts and exercising power in the sex trade.

### **Male Violence Against Women**

Most of the violence described in this report is part of a continuum of male violence against women. No doubt violence extends to the male prostitution trade (both transvestites and males who dress as males), and to transsexuals. Many survey and questionnaire respondents believe that transsexuals and transvestites are more susceptible to violence than other sex trade workers. However, most of our information is about female victims, and to the extent that the large majority of sellers of sexual services are female and buyers male, our comments focus on male violence against women and youths who prostitute.

But how should violence against persons who prostitute be conceptualized? Is it a matter of violence against women in general or "prostitutes" in particular or should the two even be analytically separated? Then there is the matter of the reaction to prostitution: How much does the "prostitute" status of the female victim influence the way that police, courts and various factions of the public view, and respond to this victimization?

In very general terms, there are two main perpetrators of violence against persons signified as prostitutes: customers (or men who pose as customers), and manager-exploiters (pimps). We consider violence by customers first, and then consider the role of violence in the outlaw culture of the professional pimp.

### **Customer and Would-Be Customer Violence Against Persons Who Prostitute**

In very general terms, customer violence can be described as situational or predatory, although these are not mutually exclusive categories.

Situational violence occurs when a dispute arising during the course of a transaction escalates into violence. The dispute might take the form of a disagreement about services performed, price paid, and so forth. It is "situational" in the sense that is not premeditated. This might be the case with some sexual assaults, assaults, and robberies.

Predatory violence is premeditated. It may be financially motivated a planned robbery and/or it may be misogynist, sexual or serial. The offender sets out with a plan of action, he

knows what he is going to do before he does it, and he knows where to find victims: the unregulated and mostly unmonitored prostitution strolls of a city like Vancouver. The choice of a prostitute as a target is, at least partly, a reflection of differential opportunities: women who prostitute are relatively easy targets.

In some cases, situational violence may help to precipitate pre-planned incidents. Also, it should be noted that situational violence is not entirely situational. It is predicated on a series of values about women, sex, and prostitutes that the offender a "trick" brings to the situation. While an offence might not be premeditated, it is predisposed by certain attitudes towards women and sexuality. Some of these values, without which a dispute might not escalate into violence, may be no less misogynist than the attitudes of a man who deliberately sets out to find a woman to hurt.

We term predatory sexual violence against prostitutes "misogynist" because, as one 31 year veteran of the VPD put it, the maliciousness and viciousness of some of the sexual assaults and murders is "beyond belief." He described the behaviour of many of the men who assault prostitutes as "very physical... very intimate ... and designed to hurt." Take the case of a Victoria taxi driver recently given a life term for the second degree murder of a prostitute:

Court was told M\*\*\* fantasized about a pure, eternal heterosexual romance. He idealized women but despised them when he felt rejected. On Dec. 8, 1993 he picked up P\*\*\* and paid her \$50 for sex. When P\*\*\* tried to leave before M\*\*\* had finished the sex act, he exploded into anger, and the pent-up hatred he had of women poured out.<sup>(51)</sup> He stabbed his victim 32 times and then slit her throat.

In another recent case, D\*\*\* was convicted of three counts of sexual assault with a weapon (two involving prostitutes) three counts of confinement and one of robbery. D\*\*\* "pointed a gun at one victim when he ordered her to get into his vehicle. He then pressed the gun against her head as he forced her to perform an oral sex act." In the other assaults D\*\*\* "pressed a sharp knife against the victim's head as he forced her to perform ... sex acts."<sup>(52)</sup> In passing a sentence of fourteen years, the Judge described the premeditated assaults as "extremely serious" in nature, with each victim "subjected to prolonged terror."<sup>(53)</sup>

The impression of several police sources is that the reaction of the criminal justice system to violence against prostitutes has changed over the past ten years or so. Courts tend to look at sexual assault cases, including those involving prostitutes, differently now. Even in the case of prostitutes, one detective suggested, the courts acknowledge that "no" means "no," regardless of the status of the victim. Over the past ten years one Judge has been quoted on several different occasions as saying that his court would not tolerate offences against prostitutes. But, "Change is a long process," one officer continued, "and there are still Judges sitting now, especially at the Provincial Court level, who live in the 1950s." And even if there is a growing amount of respect for women victims, "Much of the defence in sexual assault cases is based on defamation of victims." Our in-court observations of two living on the avails cases yielded a similar conclusion,

although we do not know if this anecdotal information is representative.

As to the extent to which violence against prostitutes is a matter of violence against women in general rather than "prostitutes" in particular, we would resist too much of an analytic separation. We have come across several cases where men who have sexually assaulted prostitutes have convictions for assaulting other women too. For example, a man convicted in 1989 of killing a female jogger in Saanich was charged with two different assaults on prostitutes (both in 1986) for which he was out on bail awaiting trial at the time he committed the murder. He was convicted of both assaults, and was serving a lengthy sentence at the time police realized he was responsible for the murder.<sup>(54)</sup> Seen in this light, although the victim was a prostitute, any woman would have done. In this case, violence against prostitutes ought to be understood as part of a continuum of violence against women more generally. But we would also note that, to the extent that most people feel the need to justify their actions to themselves, it is likely that some men are more easily able to rationalize violence against a "prostitute," because of her moral-political marginalization, than against some other woman. The de facto criminal prohibition of prostitution plays a major part in this marginalization.

The current Canadian Criminal Code effectively outlaws prostitution technically, prostitution is legal, but it is almost impossible to prostitute on an on-going basis without breaking the law. This system of quasi-criminalization makes this marginalization more complete in several ways:

- 1) It contributes to legal structures that tend to make the prostitute responsible for her own victimization, and thus reinforces the line of argument that says that, if a person chooses to prostitute, they deserve what they get they are "offenders" not "victims". One example of this is the interpretation of the Criminal Injury Compensation Act reported below.
- 2) It makes prostitution part of a black market. As such, it is left to primitive market forces, and creates an environment in which the most brutal forms of manager-exploitation take root.
- 3) It encourages the convergence of prostitution with other black markets, particularly the trade in illicit drugs. Once the price of a habit-forming mind-altering substance is driven up by criminal prohibition, a drug like heroin can be as demanding a "pimp" as any man.
- 4) It alienates persons who prostitute from the protective service potential of the police why would prostitutes turn to the police for help when the police are responsible for enforcing laws against prostitutes? For a prostitute to report an assault or robbery might entail admitting that they were committing an offence (communicating s.213), or violating a bail or probation area restriction. Criminal law sanctions encourage an adversarial relationship between prostitutes and police. All in all, the de facto criminalization of prostitution creates a set of attitudes on both sides of the law that alienates each from the other. To conclude our report, we take up various aspects of these issues in more detail.

## **One Interpretation of The Criminal Injury Compensation Act: An Example of Making the Victim Responsible**

One graphic example of the tendency to hold the prostitute responsible for the offences committed against her is provided by a recent decision under the Criminal Injury Compensation Act. In denying compensation for injuries sustained in an assault, the presiding judge reasoned: Prostitution is an inherently dangerous activity. The injuries that Ms. F. sustained are precisely the kind of injuries which one might well expect to sustain while carrying out that course of conduct. Ms. F. placed herself in a vulnerable position, after soliciting. In all of the circumstances, she contributed directly to the circumstances giving rise to this incident. Without excusing the conduct of Mr. B in any way, section 4(1) of the Act is a mandatory provision, requiring that such circumstances be taken into account in determining whether or not to award compensation. After carefully considering all of the circumstances, no compensation shall be awarded to Ms. F. It is found that she placed herself in the position where she could reasonably expect to have been injured, in a manner similar to that which in fact occurred. In the result, no award shall be made. (Decision under the Criminal Injury Compensation Act, 8 July 1993 (S.J. Decoste), cited in Currie et. al., 1995). The most revealing part of this judgment is the argument that prostitution is inherently dangerous. For something to be "inherent" it must have an intrinsic or innate quality, inseparable from that to which it is attached. Unless one defines the act of payment for sexual services as a form of "violence," there is nothing about the act of prostitution that is necessarily dangerous.

An alternative view is that certain types of prostitution are dangerous partly because of the kinds of attitudes displayed in this sort of reasoning. Although prostitution is legal, the person who prostitutes is held responsible for the criminal offences perpetrated against them. Prostitution per se is not inherently dangerous. Rather, it is more or less dangerous depending on the circumstances in which it occurs. The law itself is partly responsible for making certain types of prostitution dangerous. One of the problems with the current configuration of prostitution law is that it is written in the negative it tells people what they cannot do, but not what they can do. Although prostitution is legal, the legislation gives no indication as to where the sellers and buyers of sexual services should meet, or where they should conduct their business. Prostitution is legal, as long as you do not prostitute.

### **Is Victimization of Prostitutes Taken Seriously By Police?**

In the late 1980s a prostitutes' rights advocate was quoted in the press as accusing British Columbia police of not giving the same amount of attention to the murders of prostitutes as they did to other homicides. The implication is that police do not treat prostitute victims the same way they treat other victims, and that crimes against prostitutes are not considered to be as "serious" as other crimes. Because we have not undertaken a study of different kinds of homicide investigation, nor studied the attitudes to prostitutes of a representative sample of police officers particularly uniform patrol officers we cannot directly speak to these issues, although we can report the comments of officers we interviewed. Also, we make some more general comments

about how the outlaw status of prostitution together with concerns about nuisance, public propriety and property values create an antagonistic relationship between street prostitutes and police. We conclude that street-involved women are more susceptible to violence because of this antagonism. This antagonism finds its roots in the contradictory structure of criminal law and the refusal of legislators to identify the circumstances in which the legal act of prostitution can take place.

When we interviewed Vice Unit, Homicide and Sexual Offence Squad officers, we heard much the same viewpoint. As one officer put it, "A prostitute is no different from the girl next door. How come the word 'prostitute' comes to mean everything about this woman? She's a daughter, a sister, and maybe a mother too." Asked whether police treat prostitute murder victims differently from other victims, our subjects were adamant that police do not classify a person's worth by what they do for a living. Nevertheless, there was a general consensus that, "The prostitute's is a high risk lifestyle if it wasn't, we wouldn't be sitting here talking about fifty homicides. But the fact that the lifestyle brings risks, that doesn't mean to say a prostitute deserves to be a victim."

As we have already noted, we do not know if these attitudes are representative of police attitudes more generally. We believe that, in Vancouver anyway, there is no single "police attitude to prostitutes" but many different attitudes. But no matter what the balance of those attitudes, interviews and questionnaires with street involved women leave little doubt that there is widespread and strongly felt distrust of police. We would attribute much of this to the adversarial relationship between police and prostitutes produced by the criminal prohibition of prostitution.

Having said this, we would also note that street-involved women do report that some police officers are helpful. Our records indicate that men are prosecuted for crimes against prostitutes, and including four police officers in British Columbia over the past six years (one RCMP, two VPD officers, and a reserve). In 1988 one VPD officer was found guilty of extorting sexual favours from a seventeen year old prostitute while he was on duty, and was sentenced to six months. In 1991 another Vancouver officer was sentenced to five years for charges of extortion, sexual assault (two counts) unlawful confinement (two counts), theft, and robbery. While interviews with street-involved women suggest that the majority of them do not trust most police officers, they rarely complain of the kinds of incidents brought to light in the trials of these two officers. Some women have, however, reported that, when invited, a police officer exposed himself, or allowed a woman to touch his genitals in the process of s.213 enforcement.<sup>(55)</sup> Police sources doubt that this happens very often.

### **The Clifford Olson Case**

One of the most graphic cases illustrating claims that prostitute victims sometimes do not get taken seriously comes from the Vancouver press in the summer of 1994 when a story broke about the claims of Kim Werbecky, one of Clifford Olson's victims. Werbecky claimed that in

April 1981 charges against Olson were dropped because the Crown considered Werbecky a "liar and a tramp" after learning that she had been a "child prostitute."<sup>(56)</sup> The reporting of the case was particularly emotive because, in the four month period following the Crown's dropping the charges, Olson murdered ten children.

A few days later the Province reported that the Solicitor General would investigate Werbecky's allegations.<sup>(57)</sup> The same article reported that the local Regional Crown Counsel very much doubted that charges against Olson would have been dropped solely on the basis that the alleged victim was a prostitute; there must have been some kind of extenuating circumstance. On 15 September a small article appeared saying that there was not enough evidence to proceed with sexual assault charges against Olson.<sup>(58)</sup> The Crown responsible for investigating the case said that inconsistencies in Werbecky's allegations led to the decision.

### **Pimping and Violence: The Outlaw Culture of the Player-Pimp**

The player-pimp's game is providing "his ho" with a distinct set of values, the adherence to which makes her feel that she belongs to a particular in-group. This in-group sometimes constitutes a surrogate "family" made up of the pimp, his "main" or "bottom" lady (i.e., the top woman) and, if he is successful, his other "wifeys." The state of mind that is most susceptible to the pimp's game is likely to be one which is already disenchanted with "square" values. Because the in-group has an outlaw identity, the pimp-prostitute relationship is experienced and celebrated as an alternate reality; she is further alienated from straight society. The criminal law creates a niche which the career pimp exploits in the process of "catching" women and youth, and exploiting them as prostitutes. Violence plays an instrumental and expressive role in this value system, as it does in most outlaw cultures.

The broader moral censure of prostitution consolidates the feeling of otherness experienced by women who prostitute. Such women often have a difficult time relating to square men (see, for example, Jean's comments in Appendix 6a). If she wants an attachment, she may feel that only certain types of men would wish to associate with a woman who prostitutes. Because of the outlaw status of the "prostitute" there is a convergence of prostitution with other illicit economies, such as the illicit drug trade.

There are different ways of managing and exploiting prostitution. In this report we have used the term "career pimp" to describe the kind of person living on the avails and procuring laws have been interpreted as targeting i.e., a person who has a "parasitic" relationship with a prostitute. The result is that law enforcement concentrates on one particular type of management-exploitation, the men who run the street trade. Other types of manager, such as escort service and body-rub operators, are sometimes prosecuted. But the tendency is for the police and Crown to ignore off-street prostitution for fear that closing it down would exacerbate the problems attributed to street prostitutes. Also, because the off-street trade is less likely to cause a nuisance, complaints about it are less likely. These various factors have the effect of consolidating the outlaw status of the "street prostitute."

## **Management Styles and the Vulnerability of Sex Trade Workers to Violence**

Women who work for escort services often complain that the owners are more interested in profit than they are in the escorts' safety, and there is no doubt that escort service prostitution can be very exploitative. Nevertheless, women who work as escorts do not turn up in the ranks of murder victims at the same rate as street-involved women. The structure of the escort trade is such that the clients often have to identify themselves in the course of conducting business, because they contact the escort agency from a hotel at which they are staying, and may use a credit card to pay for the date. Leaving evidence of their identity makes their committing offences against prostitutes much less likely.

At several points in this report we have noted that far fewer Richards-Seymour women report bad tricks than do their Downtown Eastside counterparts, and they do not appear among the ranks of murder victims. This is not to say that Richards-Seymour women do not experience violence; they most certainly do (as evidenced by ASP/POWER Bad Trick Sheets). The question is, do they experience fewer bad dates than women in the Downtown Eastside, or do they report them less? Virtually all of our respondents indicate that women involved in heavy substance use are likely to be more vulnerable to bad dates than women who are not. Every indication is that drug use varies among Vancouver prostitution strolls, and that relatively few Richards-Seymour women are as "wired" as their Downtown Eastside counterparts. A woman "hurting" for a fix is not likely to be as careful about the men she dates as a woman who is not.

Also the Richards-Seymour stroll is controlled by pimps. It is not in the interest of player-pimps, even if they are also involved in drug distribution (usually cocaine and marijuana) to let their women use large amounts of drugs these men would rather spend the money on themselves. But one woman suggested that there are other aspects of pimp-values that may make the women they control more concerned about safety. She suggested that he does street-proof his women by schooling them in certain values and attitudes (see Appendix 6a). In this value system, the "trick" is an object of derision, a man who does not deserve the company of women, hence his having to pay for the experience. But she also noted that some of the values of pimp culture may make women more vulnerable to violence. A pimped woman might have a quota to meet, and take chances because of this. When she does have a bad date, a pimp might well blame her for her own misfortunes. It is attitudes like these that may make women working the Richards-Seymour stroll less likely to report their bad dates to police. Given that pimps are virtually never around when their women are turning tricks, it is difficult to see how they offer much protection other than from themselves and other men like them.

## **Bawdy-House Prosecutions Increase Susceptibility of Street Prostitutes to Violence**

One of the most widely voiced criticisms of law enforcement initiatives in Vancouver is the prosecution for bawdy house offences of local hotel operators who rent rooms on a short stay basis to prostitutes for the purpose of turning tricks. The criminalization of such hotels forces more women to turn tricks in cars, the place in which they find themselves in the greatest danger.

Because it is likely to increase the turning of tricks in cars, this law enforcement also has the effect of increasing public nuisance as prostitutes and their customers seek places to park undisturbed while they go about their business.

### **Vigilante Solutions to Land Use Conflicts**

Figure 1 indicates that after 1975, prostitution has received more and more news coverage in the Vancouver Sun. From 1975 to 1978, the large increase in the number of articles over the previous ten year period was related mainly to the closure of the Penthouse Cabaret after the owners and several employees were charged with living on the avails of prostitution (Lowman, 1986) and the growing "street prostitution problem" that seemed to develop in its wake. In the early 1980s, various interest groups in Vancouver one of which was the Vancouver Police Department started to become more vocal about the problems attributed to street prostitution. But rather than locating the problem in the contradictory and self-defeating nature of prostitution law (in the 1970s the closing down of off-street prostitution venues played a key role in the expansion of the street trade) at a time when there was probably a large increase in the numbers of people involved in prostitution, local neighborhood groups and police attributed the expansion of street prostitution to a series of court decisions that are said to have emasculated the street prostitution law. It is thus hardly surprising that the enactment of the communicating law did not have the desired effect. Apart from an initial six month period when there was a noticeable decrease, the street trade quickly re-established (Lowman, 1989, p. 94-96, A-529).

In 1981 the Concerned Residents of the West End (CROWE) was the first organization formed in the post-war period for the purpose of ridding a neighborhood of street prostitution. In 1984 the "Shame the Johns" group began to picket prostitutes, and become involved in open confrontations on the street. Since prostitution was displaced from the West End in the summer of 1984, lobby groups have emerged in other neighborhoods (Mount Pleasant, Strathcona, Kensington-Cedar Cottage, Grandview-Woodlands) as police initiatives have sequentially displaced prostitution from one area to another. Various groups have started street patrols, with the obvious potential for conflicts between street-involved women and protesters, and with some neighborhood spokespersons advocating vigilante action in situations where police seem to have "lost control of the streets." Until recently, most of these organizations have simply wanted to see prostitution removed from their neighborhood without seeming to care where it might go. But as the Special Committee on Pornography and Prostitution (1985) pointed out ten years ago, if one of the goals of social policy is to remove prostitution from the street then, as long as it remains legal, we need to identify a place for it to go.

However, politicians fall short of determining where and under what circumstances prostitution can occur for fear, it seems, that they will be seen as condoning prostitution. While it is unlikely that street prostitution will disappear no matter what legislative regime is put in place, it is likely to be difficult to control if no attempt is made to address problems faced by street-involved women. In the absence of more effective policies, divisions in communities like Strathcona become more deeply felt, with high levels of fear on both sides. In 1991 a "Strathcona

Neighborhood Action Patrol" was established to discourage street prostitution and drug dealing, one of several street patrols to have been organized in different Vancouver neighborhoods since 1984. By using several different tactics, law enforcement authorities have driven prostitution from neighborhood to neighborhood. Through a series of patrol police task forces using a variety of techniques to harass prostitutes out of Mount Pleasant, the street trade has been moved into surrounding areas, and more and more into the Downtown Eastside and Strathcona, the lowest income area in the city. But where does it go now? Instead of driving it out of the neighborhood, attempts have been made to keep women off residential streets on the Downtown Eastside, restricting them to commercial areas. As a result, local businesses have started to complain. One recent incident is worth describing in some detail, because it highlights the sorts of problems that are occurring. The description is taken from an internal VPD report prepared by Staff Sergeant Bob Taylor (1993) entitled "Street Prostitution and Community Reaction."

In July 1993 photocopies of a hand-written poster were stapled to telegraph poles in the area of the 800 and 900 blocks Pender, Hastings and Cordova. The poster read as follows:

Warning: Street Prostitutes  
From: 700, 800, 900 Block East  
Pender, Hastings & Cordova Residents  
Move out or face the consequences  
by July 15/93 and thereafter

Subsequent information revealed that the flyers had been posted by employees of a local Cordova Street business, and that a second company had hired a local private security company to patrol the local lanes with an eye to doing something about the local street prostitution trade. Just after they began this assignment, one of the three security company employees flagged down a police car, and expressed his reservations about the private policing of a public place. After a short conversation with police, the supervisor decided to cease operations.

Police contacted the owner of the company that had made up the flyer, and asked him for an account of events leading up to its posting. It transpired that not only did this person own a local business, but also a local apartment building on Hastings Street, in which he claimed the units were becoming more and more difficult to rent. Police explained that the wording of the poster had caused considerable alarm, and the building owner said they would not be re-posted. A police examination of the building indicated that space for lease was being advertised, and that the top floor was not occupied. Behind the building they found garbage, including two used condoms, indicating that it was a place sometimes used to turn tricks.

When police contacted the owner of the business that hired the private security company, they again heard complaints about problems being caused by the local prostitution trade. The owner of the company was approached by the person who posted the flyers "wanting to get something going," but had not wanted to become involved in this incident. When police interviewed the owner of the third company (the person who had angrily confronted

a local politician when he took one of the flyers down), he said, "I've had lots of meetings with the police and nothing changes. I don't think there's any point in us talking." He added, if the prostitutes didn't leave, somebody "would end up shooting one of them" and suggested that the reason they remained was because they were "paying the police to allow them to stay."

This particular incident bespeaks the deeply felt divisions in different communities about the street sex trade. But rather than the "Not in my back yard" rhetoric of most Vancouver neighborhood groups, there has been more of an attempt in Strathcona to mediate the problems faced by street-connected women in the process of trying to deal with nuisance problems. One such example was in 1988 when maps were posted around the neighborhood requesting women, when they were prostituting, to stay away from certain residential streets (Lowman, 1989, p. 174-177). By all accounts, the strategy was fairly successful.

When the flyers threatening prostitutes appeared in 1993, concerns were raised by members of the local Police Community Liaison Committee. Two local politicians, including the one who had been verbally accosted when he took one of the posters down, also contacted police expressing concerns that the flyers might incite attacks on local women.

The Downtown Eastside Police Community Liaison Committee comprises roughly fifty people, including local service providers, residents (mostly from local care facilities), and business people. The Committee meets monthly in order to share information about community problems, and ensure that police initiatives are targeted appropriately. As the numbers of persons prostituting increased, in an ever larger area from the Downtown Eastside along and around Hastings to Victoria Drive and beyond, more and more of the Committee meetings focused on prostitution. In order to prevent prostitution monopolizing the meetings, a special sub-committee on prostitution was formed in 1992 with an eye to developing a policy position. In the process of doing this, two things have become clear. First, if prostitution is going to continue to be legal, policy makers have to decide where the business should be conducted:

... prostitution must be addressed through a coordinated approach involving a review of the criminal code, which at the current time forces the police to determine what types of prostitution will be permitted. It also places police in the difficult position of having to justify not taking any action when to do so would probably not be in the public interest. Current examples in Vancouver are escort services, body rub parlours, and street soliciting which does not generate public complaints. (Taylor, 1993, p. 10) The main reaction to problems associated with street prostitution, be it the flyer incident or any of the other now numerous campaigns to rid various Vancouver neighborhoods of street prostitution, is to move the street trade on. As Taylor notes, this is an "enforcement action which merely moves the problem to another location for another day. This action may be appropriate for the short term, but all too often that is the only action that is taken and so nothing changes" (p.10).

More and more in the discourse about prostitution in Vancouver, a zone of tolerance looks like an attractive short term solution to the immediate problems faced by persons in areas

of street prostitution, and this might help address some of the problems faced by street-connected women.

Second, there is more and more acknowledgment that criminal law and police initiatives can only play a small part in the much broader issues that are raised by street prostitution, and other "problem" populations. As another recent VPD report suggests:

The root causes of prostitution and drug abuse are obviously beyond the ability of one city or neighborhood to resolve. However, what appears to be occurring in the DES and Strathcona is that the number of people with problems has reached the critical mass where the mainstream residents are unable to support, guide, or have a positive effect on their less able neighbours. Examples of the numbers are: over 500 seriously mentally ill people (survey by the Heatley Street Clinic); 480 prostitutes (VPD survey); between 350 and 500 latino refugees (DEYAS survey); and the uncounted numbers of alcoholics and dysfunctional people living in poverty... The responses necessary to reasonably address these types of social issues require a major coordinated initiative involving the three levels of government. Decisions made in isolation tend to have unintended results: ghettos of ex-mental patients and refugees for example. Law enforcement actions can have only a limited amount of success under these circumstances." (Police Administrative Report to City Council on prostitution and drug abuse on the Downtown Eastside and Strathcona, 18 Feb. 1992, pp. 6-7) These arguments mark an important shift of emphasis in discourse on prostitution in Vancouver from the early 1980s, when concern about nuisance and "taking back the streets" overwhelmed all other issues. That is not to say that "nuisance" and the general effect of street prostitution on residential and commercial areas is no longer an issue it is (most recently in Mount Pleasant again). Indeed, one school of thought says that the communicating law has not dealt with the "street prostitution problem" because the sentences handed out are too "lax," an argument expounded by many police organizations, some municipal politicians and some neighborhood groups. But other schools of thought have gained ground in some of these same circles. Although there is still a concern about the effect of street prostitution on neighborhoods, more and more concern is being expressed about the conditions that lead to prostitution, exploitation of youths, exploitation of prostitutes, and violence in the sex trade. With the experience of nine years of communicating law enforcement to go by, it now appears that criminalization of the street trade not only fails to have the desired effect on levels of street prostitution, it might actually make other aspects of prostitution worse. At least, that would seem to be the case when it comes to violence.

### **Prostitution as a Social Problem: The "Nuisance" Rhetoric of the 1980s**

When residents see a young woman working the street, they do not see a child who is the victim of terrible conditions and abuse, only a person they fear and who will cause great damage to the neighborhood. (Vancouver Police Administrative Report to City Council on prostitution and drug abuse on the Downtown Eastside and Strathcona, 18 Feb. 1992, p. 6.) We have seen how the number of articles mentioning prostitution in the Vancouver Sun increased appreciably after 1975, again after 1980, and then again after 1984. Figure 2 shows that a large increase in the

number of articles mentioning violence occurred in 1985, and the number has generally increased since that time. This large increase reflects what appears to be a real increase in violence, and in particular, a large increase since 1984 in the number of murders of women identified as prostitutes (Figure 4).

Because one of the questions posed by Justice Canada in commissioning this report concerned the effect of the December 1985 enactment of the communicating law on levels of violence, a further comment about discourse on prostitution through the 1980s is in order here. When we examine news coverage of prostitution, we find important shifts in the kinds of themes that dominate the discourse.

Table 1 shows our classification of prostitution news themes in the Vancouver Sun for the period 1975-1973. Analysis of the ebb and flow of these news themes reveals that from 1981 to about 1985 most of the talk was about the nuisance being created by street prostitution, and how the soliciting law, paralyzed by jurisprudence, needed to be replaced with an enforceable law so that prostitution could be swept from the streets (Gordon and Lowman, 1993). A range of arguments were presented, including the recommendation of the Special Committee on Pornography and Prostitution that Canadian law be overhauled in such a way that it identifies where prostitutes can ply their trade. The legislature ignored this recommendation, favouring instead the arguments of various municipal politicians, police organizations and neighborhood interest groups that a reworded street prostitution law would clear the streets. As to where it might be displaced to, no consideration was given. In the meantime, the Attorney General of British Columbia cleared Vancouver's West End of prostitution using a civil nuisance injunction only to relocate the problem in other areas of the city, including Mount Pleasant, where the next vociferous campaigns against the street trade occurred.

The communicating law was enacted on 20 December 1985. Within a year, neighborhood groups in Mount Pleasant were already protesting the failure of the new law, which they attributed to lenient sentences. Various police authorities and neighborhood groups called for stronger penalties. In order to deal with street prostitution in Mount Pleasant, a series of police Task Forces were convened each summer, and prostitutes harassed out of the area, resulting in further displacement of prostitution strolls (Lowman, 1989, p. 88). Certain neighborhood group spokespersons characterized street-connected women and anyone associated with them as "scumbags" and "sleazeballs." In one instance, a Mount Pleasant activist wrote an open letter to movie star Clint Eastwood "on behalf of the community of Mount Pleasant which has been invaded by street prostitutes and other criminals." Eastwood is well known for his film roles depicting police officers with a no-nonsense attitude to crime fighting. The letter exhorted Eastwood, then Mayor of Carmel, California, to run for Mayor in Vancouver. "Talent such as yours" the letter continued, "is in great demand. Due to conditions here in Mount Pleasant, your election would be certain. Thank you for considering this offer." The letter concluded, "PS Bring your gun."

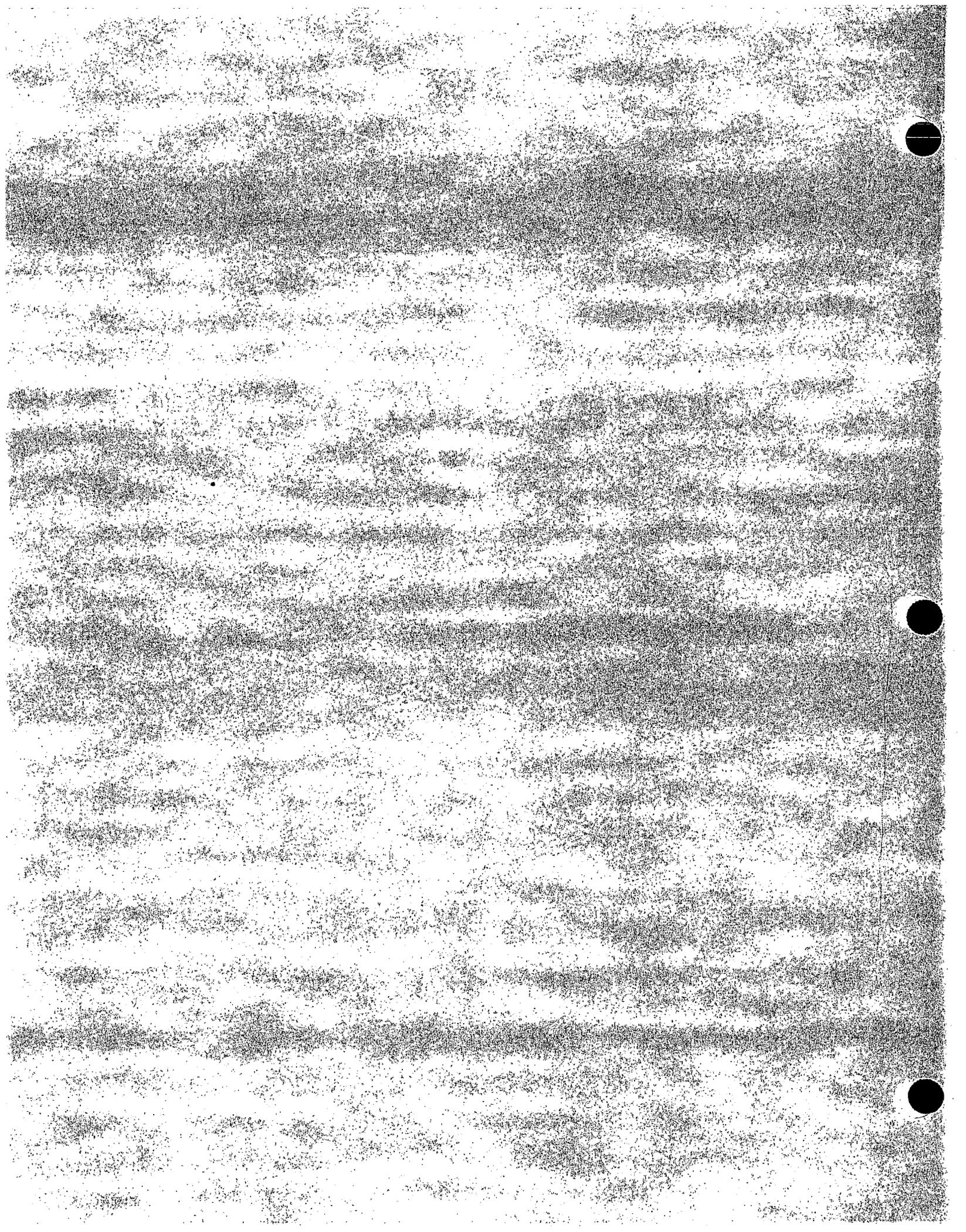
We can only speculate about how the discourse on prostitution of the early 1980s,

dominated as it was by demands to rid neighborhoods of the street trade by criminalizing its practitioners, created a social milieu in which violence against prostitutes could flourish. Perhaps men with certain attitudes to women found it easier to justify such violence to themselves. Whatever the case, the pattern of violence is reasonably clear: After 1985, the year in which the communicating law was enacted there is a large increase in British Columbia of murders of women known to prostitute. Also, there is a large increase in the number of offences reported to police by prostitutes, although whether this represents an increase in the rate of victimization is unclear.

Regardless of whether violence is increasing or not, bad date sheets indicate that offences against prostitutes are a common occurrence. Most of the available evidence suggests that the system of quasi-criminalization currently in effect contributes to the vulnerability of sex trade workers to criminal victimization.



Selected Articles on  
“Johns”



*Holding Men Accountable for Prostitution: The Unique Approach of the Sexual Exploitation Education Project*, by Dr. Martin Monto

*Why do Men Seek Out Prostitutes: Evaluating Contemporary Explanations*,  
by Dr. Martin Monto

*Predictors of Rape Myth Acceptance among the Male Client of Female Street Prostitutes*,  
by Dr. Martin Monto and Norma Hotaling

Dr. Monto's 'John School' Participant questionnaire

Data from Dr. Monto's study



*Discusses the philosophy of a similar program in Portland, OR. The program is now defunct.*

Research Note

*-MM*

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## *Holding Men Accountable for Prostitution*

*The Unique Approach of the Sexual  
Exploitation Education Project (SEEP)*

MARTIN A. MONTO

*University of Portland*

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*The Sexual Exploitation Education Project (SEEP) of Portland, Oregon, is committed to making men more accountable for the persistence of prostitution by focusing attention on the customers who solicit sex from prostituted women. Under a cooperative agreement with the district court, men who are convicted of soliciting prostitution are required to participate in a weekend workshop conducted by SEEP, in which they are educated about the realities of the sex industry and its exploitative nature. Both men and women have been involved in the creation of SEEP and the facilitation of the weekend workshop. This article describes the perspectives that guide the project, the processes through which its unique workshop came into being, and the important and welcome ways that men are contributing to this issue and to this organization.*

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*Although prostitution is an issue over which there has been much disagreement among feminists (Alexander, 1987; Miller, Romenesko, & Wondolkowski, 1993), there is general agreement that the working conditions of prostitutes, particularly street prostitutes, are intolerable. Prostitutes are frequent victims of violent crime, including beating, rape, and murder (Davis, 1993; Horgard & Finstad, 1992; Silbert, 1981), most of which is never reported to police. In addition, one-sided efforts to reduce prostitution – or more often to reduce its visibility – by arresting prostitutes are uniformly decried by feminists as unfair and discriminatory (Carmen &*

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AUTHOR'S NOTE: I wish to thank Peter Qualliotine and Lisa Vaughn for inviting me to evaluate their creative workshop and for openly sharing their perspectives with me. Jeff Gauthier provided comments on an earlier draft of this manuscript.

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Moody, 1985; Davis, 1993; Sullivan, 1992). Although legal statutes are phrased in gender-neutral language, the vast majority of those arrested are women (Alexander, 1987; Miller et al., 1993; Sullivan, 1992). Only about 10% of arrests for prostitution are of the clients (Alexander, 1987), virtually all of whom are men (Miller et al., 1993). It is an effective commentary on the double standard in the United States that the attempts to regulate prostitution have paid so little attention to the participation of male clients (Bullough & Bullough, 1987; Davis, 1993).

The Sexual Exploitation Education Project (SEEP) of Portland, Oregon, is committed to making men more accountable for the persistence of prostitution by focusing attention on the customers who solicit sex from prostituted women. Under a cooperative agreement with the district court, men who are convicted of soliciting prostitution are required to participate in an intensive, 17-hour weekend workshop conducted by SEEP, in which they are educated about the realities of the sex industry and its exploitative nature. Both men and women have been involved in the creation of SEEP and the facilitation of the weekend workshops. In fact, SEEP recognizes the unique capacity of men to contribute to this particular issue.

The objective of this article is to describe the perspectives that guide the project, the processes through which its unique workshop came into being, and the important and welcome ways that men are contributing to this issue and to this organization. To maintain the descriptive integrity of the article, I have avoided a theoretical discussion of the nature of prostitution, instead focusing on a description of SEEP's perspective. In addition, I have avoided a discussion of whether men can be feminists. The men involved in SEEP describe themselves as profeminist, expressing their commitment to feminist issues, while at the same time acknowledging the distinctive experiential quality of women's feminist consciousness (Johnson, 1987; Morgan, 1978).

My own role has been to provide SEEP with the benefits of empirical research. SEEP asked me to serve as evaluator of the workshop for the purposes of a grant application in the spring of 1995. Since that time, I have been gathering information about the convicted men who participate in the workshop and providing the coordinators with any insights available from existing sociological research. I cannot take credit for the implementation of the

workshop or the ideas that drive the organization. The descriptions I provide here are based on existing SEEP documents, the notes of other observers, and personal interviews with the program coordinator, Peter Qualliotine, and the project coordinator, Lisa Vaughn.

### REDEFINING PROSTITUTION: THE FEMINIST ARGUMENT FOR SEEP

The philosophy of SEEP reflects the ideas of feminist activist organizations that are in direct contact with prostitutes, such as Minneapolis's WHISPER (Women Hurt in Systems of Prostitution Engaged in Revolt) and Portland's Council for Prostitution Alternatives (CPA), as well as radical feminists Andrea Dworkin and Catherine McKinnon. SEEP's understanding of prostitution contradicts many of our dominant cultural assumptions. Although prostitution is sometimes described as a victimless crime, it is not (Milman, 1980). SEEP points out that initial interviews of women entering Portland's CPA reveal that 78% of survivors report being raped and 84% report being victims of assault. Rape victims report an average of 46 rapes per year (CPA, 1994).

Although prostitution is often described as the behavior of consenting adults, SEEP argues that prostituted women, many of whom are not adults, are often coerced by pimps or compelled by dire economic circumstances that make true consent impossible, an argument consistent with feminist scholars such as Davis (1993) and MacKinnon (1987, 1989). Others, SEEP argues, face abusive home environments, should they leave the streets. Many prostituted women also have histories of childhood physical and sexual abuse (78% and 85%, respectively, according to CPA), an issue that further erodes the idea that women choose prostitution because they enjoy it. Peter Qualliotine, program director, contends that SEEP follows the lead of the antirape and anti-domestic violence movements in rejecting popular understandings of gender issues that tend to blame the victims. Qualliotine asks,

Why is all of our attention as a society, as a community, focused on her rather than on the person who is actually making the choice and has the power of control and has the ability to stop? What we did with SEEP was apply the thinking that has come about over the

past 20 years of consciousness raising by the feminist movement and apply it to prostitution and pornography, and say, "This is not a victimless crime, it's not a victimless form of entertainment."

The coordinators of the workshop argue that evaluating the conditions under which the choice is made to become a prostitute may help to illustrate the nonconsensual nature of sex for money. This point is communicated from the very first group exercise, in which the men, who have been mandated by the courts to attend the workshop, are asked to evaluate their choice to attend. According to Lisa Vaughn, project coordinator,

We say to them, for example, "You all chose to come here tonight." And they're all like, "No, we didn't!" They're saying that because the courts made them come, the judge told them that they have to come, and someone said that if you don't come you're breaking probation. But we can still say to them that, "You know you didn't have to come here," and it kind of gets the wheels turning early for them. The focus of the whole program is to start them building empathy.

Considering the status of the "john" or customer in light of these issues is where SEEP's work is truly original. Efforts to reduce prostitution by arresting street prostitutes have proven largely ineffective (Carmen & Moody, 1985), attesting to the involuntary nature of prostitution. Instead, SEEP argues, enforcement efforts should focus on the social actor whose behavior is more clearly a choice, the john. Instead of seeing the client's behavior as harmless mischief, as reflected by the expression "boys will be boys," SEEP sees the client as instrumental in supporting a system of oppression. Instead of the sympathetic understanding of the john as a needy, perhaps shy or unattractive man who has no access to more legitimate sexual contacts, SEEP sees him as a participant in nonconsensual sex. Instead of seeing the john as an innocent man, led astray by a seductive woman, he is a person who takes advantage of a system of inequality for his own benefit.

Although these redefinitions make occupying the status of a john clearly unacceptable, SEEP's approach may also be seen as remarkably optimistic. The idea of a workshop to educate johns relies on the belief that many of the men who solicit prostitution are not primarily malicious but misinformed, buying into society's myths and fantasies rather than deliberately embracing oppression. According to Vaughn,

It's kind of like treating men like children to say, "Oh well, you're just bad and you're just going to be bad and no one should do anything about it." It feels to me like we're treating them with a lot more respect by saying "Hey, you're doing these things and they have to stop." [Many of these men] don't want to hurt other people, and when they hear that they are, they really do want to change.

In addition, the coordinators, while holding men fully accountable for their behavior, express a remarkable degree of understanding for the men. According to Qualliotine,

I identify with the men who go through the program. I've used pornography. I grew up with pornography. My sexual identity was almost entirely constructed through pornography and through my peers talking about pornography and prostitution. . . . I grew up as a man in this culture. I understand the places that men are coming from. . . . I try to model that I've done these things; I can be accountable for them; I can change my behavior, and so can you. And I try and treat them with the respect that I expect them to treat me with and the respect that I expect them to treat everyone with.

### THE SEEP INTERVENTION PROGRAM: THE WOMEN SPEAK OUT

The weekend workshop for men convicted of soliciting prostitution reflects years of experience that the coordinators and others have had in raising consciousness about feminist issues. Many exercises have been inspired by the work of other organizations, such as the Oakland Men's Project and the Portland Women's Crisis Line, one of the few feminist activist organizations that offers a training program for men. The SEEP intervention program is driven by three goals:

1. Reframing prostitution from a victimless crime to a system of violence against women
2. Deconstructing male sexual identity to identify how men's socialization leads to an increased propensity for committing acts of violence against women
3. Stressing the choice and responsibility that men have to create egalitarian relationships without coercion or violence. (Sexual Exploitation Education Project, 1995, n.p.)

Although a full description of the workshop is clearly beyond the scope of this article, one particularly powerful component demands description, a speak-out by formerly prostituted women from Portland's CPA. The women come at the beginning of the afternoon session on the second day of the 3-day workshop. The johns are seated against a wall and are instructed to remain silent throughout the speak-out while the four formerly prostituted women sit down at a table. The women have no preplanned script but simply talk about their own experiences as prostitutes, the reasons that they did it, the violence they endured, and how they felt about the men who paid them to use their bodies. Both the facilitators and the johns agree that it is the most meaningful and eye-opening aspect of the weekend. According to Qualliotine,

When men buy prostitutes they're paying them to shut up and not name their abuse as abuse. They don't get the real story, because the women need the money, and the women are going to tell the johns what they want to hear.

An observer describing the event suggested that it had an almost historic quality, that perhaps it was the first time in history that prostituted women had been given the chance to safely confront johns.

The workshop facilitators take careful precautions to assure the women who come to speak a safe environment. Women who are interested come first to observe, and counselors from CPA are on hand should the speak-out trigger painful memories. Women are paid for visiting, but they are not informed in advance that they will be paid. The experience is designed as much as an empowerment exercise for the women as it is as an education exercise for the men. According to Qualliotine,

We are really concerned with making this a safe place for women and making it an empowering place for women. We said from the get-go we don't want to be pimps, we don't want to be exploiting these women in yet another way. It's not for everybody, but there are some women that have some things that they want to say to johns, and in SEEP they can say it with safety.

The coordinators of SEEP are modest in their expectations of the program. Instead of attempting to change the men, they see

the workshop as education work, designed to convey information so that the men can change themselves. A significant barrier for some of the men is denial that they contribute to the harm of prostituted women and sometimes denial that they have ever used prostituted women at all. Among men who leave the workshop committed to change, another barrier arises, the lack of support they experience in their daily lives. According to Vaughn,

If they were really to believe everything we said and really take it in, it would require enormous changes in their lives and their whole worldview, all the ways that they behave, the way that they look at people, the way that they think about themselves, the way they treat other people. . . . It's hard knowing that you're suggesting all these things to them and that they really need and deserve support in order to make the changes, but they don't have it. So that's definitely an obstacle, lack of support.

Qualliotine agrees and sees the SEEP workshop as one small component of the large-scale changes that will be necessary for prostitution and the oppression of women in general to end. Both coordinators cite success stories and failures. At the very least, they hope that the johns will hesitate the next time they consider buying a prostitute. At best, some of the men will become committed to ending violence toward women, resisting aspects of masculinity that contribute to violence, and perhaps actively seeking social change. One positive sign is that at the end of each intensive and exhausting weekend, several participants have stayed behind to talk with facilitators about issues related to the workshop.

#### ACCOUNTABILITY: A CRITICAL ISSUE FOR MEN

The issue of accountability links both the profeminist men involved in SEEP and the johns who enter the program. The johns are asked to be accountable for their behavior and for their support of a system that oppresses women. Qualliotine argues that since "men are responsible for 95% of domestic and sexual violence, it really needs to be men that take the initiative to end men's violence." A number of the workshop exercises allow men to explore oppression and build empathy for prostituted women by exploring ways in which they themselves are oppressed or have

been abused. Facilitators then face the challenge of acknowledging the pain that men have experienced, without allowing them to use it to excuse their behavior. Schacht and Ewing (1995) warn that an overemphasis on the harm that patriarchy does to men may lead them to dismiss the categorical oppression of women. The coordinators are aware of this issue, but recognize that being hurt is no excuse for contributing to the oppression of others.

The profeminist men involved in SEEP also apply the standard of accountability to their own actions, recognizing the need to be accountable to women, more specifically to survivors of abuse and their advocates. Men have been encouraged to participate in the Portland feminist community in a number of ways, including the Portland Women's Crisis Line men's training mentioned earlier. But even as men's participation has increased, there has been a deliberate effort to continue listening to women. Stopping Violence Against Women (SVAW), an organization to which all of the male facilitators of SEEP belong, was once mostly female but is now largely male. Vaughn notes that the men in the group explicitly consult women in the group, seeking their approval before initiating any project.

Even if they were planning and organizing their own things [they made sure] that it was always something that the rest of us found comfortable. We [women] could go to them and say, "We don't like this idea," or just "This piece of it doesn't make sense," or "This is how I feel about it." And they would listen to us.

SEEP, although it comprises both men and women, maintains its accountability to women by staying in constant contact with the CPA. SEEP seeks to avoid the loss of accountability that would come with a narrow focus on johns week after week. According to Qualliotine,

We really see ourselves as accountable to the prostituted women and see them as the experts. And I think that that's really important. It's their wishes that we really need to be listening to. . . . As batterers' intervention programs have gotten older, men have stopped listening to battered women and their advocates and have started dealing with just men in group. And just dealing with men in group week after week, you kind of lose your perspective and lose your accountability for the folks that are being hurt. And

we've really tried hard with SEEP to make sure that we don't make those same mistakes.

Recognizing the limits that patriarchy places on men should not mean refocusing on the male experience and forgetting about systematic harm done to women. According to Schacht and Ewing (1995), "While some men do experience oppression in patriarchy, all women experience oppression in some form, and most—if not all—men derive benefits from women's oppression" (p. 10).

#### NECESSARY CONDITIONS FOR THE FORMATION OF A PROFEMINIST INTERVENTION PROGRAM FOR JOHNS

The formation of a workshop like the one conducted by SEEP should not be a first step in the feminist effort to reduce prostitution. A number of other conditions are necessary prerequisites for a program of this nature. They are described below.

1. *An escape route for women in the sex industry:* Providing women with a way out of the violence of prostitution is a higher priority than educating johns. It also provides an organization to which feminist women and profeminist men can be accountable.

2. *A city that arrests johns:* In most cities, enforcement and prosecution efforts aimed at reducing prostitution have neglected pimps and clients (Davis, 1993). However, feminist pressure has been promoting a change of focus (Miller et al., 1993). In fact, it was only at the behest of the CPA and other local feminist leaders that Portland began doing the sweeps in which johns are arrested. If johns are not being arrested, a program like the SEEP workshop cannot exist.

3. *Profeminist men:* The Portland feminist community has been doing consciousness raising among men for decades. Both Vaughn and Qualliotine agree that profeminist men are absolutely essential to the success of a program such as SEEP. Male facilitators may be taken more seriously by sexist men and may serve as role models for a nonsexist masculinity. The interaction

between male and female facilitators is also critical. According to Vaughn, "Another thing that's great is that as facilitators, having two men and two women, we can model the kind of egalitarian relationships we're talking about."

4. *An organizational basis of support:* SEEP has drawn support from several local feminist organizations that have already been mentioned including, the Portland Women's Crisis Line, the CPA, and SVAW. Organizations facilitate communication between interested individuals, provide a basis for mobilizing members, and nurture the development of individuals with leadership potential.

5. *The cooperation of local authorities:* In applying for a grant, SEEP gathered letters of support from the chief of police, the district attorney, a probation officer, and the Honorable U.S. Senator Mark O. Hatfield. Although each of these individuals had different interests and a different agenda, they shared some common agreements. According to Vaughn,

They understood our point, which is bottom line that arresting prostituted women is not going to end the problem. They can get arrested 200 times because they have a pimp who's forcing them out on the street, that they're not the ones who are choosing it.

The final institutional barrier in establishing the program was convincing the judges to send men convicted of soliciting prostitution to the program. I attended this meeting and was amazed at the level of cooperation SEEP received: The judges' first question was something on the order of "How do we refer people to your program?"

6. *A source of curriculum:* SEEP uses exercises that have been developed through feminist consciousness-raising efforts by a variety of organizations. There are probably many excellent exercises being conducted by organizations throughout the country that would be effective. Local feminist organizations and batterers' intervention programs may have suggestions. Universities are another potential source of ideas. SEEP would be glad to provide more information about the curriculum they use. If you are interested, please contact:

The Sexual Exploitation Education Project (SEEP), 1811 N.E. 39th Avenue, Portland, OR 97212, (503) 282-1082

### CONCLUSION: STRATEGIES AND PERSPECTIVES FOR PROFEMINIST MEN

This article describes an innovative strategy through which women and profeminist men hope to contribute to a society free of oppression. In addition, it describes a redefinition of prostitution, not merely a theoretical exercise, but a real-world redefinition that is a phenomenon in and of itself. Although prostitution has often been of only peripheral interest to the larger feminist movement, it serves as a reflection of the status of women in a given society and the cultural standards through which women are judged (Bullough & Bullough, 1987; Davis, 1993). Although scholars have argued for a gendered analysis of prostitution (Davis, 1993; Sullivan, 1992) and current understandings and definitions are in dispute (Butler, 1985), SEEP's redefinition of prostitution represents one of the first real-world applications of radical feminist definitions of prostitution to men. Some have questioned whether such an application would even be possible, given the lack of attention paid to the men who patronize prostitutes (Sapiro, 1994).

It is possible that the conditions necessary for the creation of a program like SEEP exist only in Portland at the present time. Even if this is the case, the experience and ideas of the men involved in SEEP may be instructive for other men interested in feminism as well. According to Schacht and Ewing (1995), "Men who aspire to gain a feminist worldview have no choice but to travel a different path than women have" (p. 15). The example of SEEP suggests that the path should begin by listening to women, in particular to victims and their advocates. In addition, it suggests that all men have a responsibility to reject aspects of masculinity that contribute to violence toward women. This may mean changes in their own understandings, but it also implies a responsibility to educate other men. According to Qualliotine,

Maybe five years ago, I would have said the best place for a man in the feminist movement would be doing child care and licking stamps, doing the supportive work for the women who are taking care of survivors. But it really became clear to me that within male supremacy, within sexism, that men get taken more seriously than women by other sexist men. And so it's really men's responsibility to start doing education work for other men and letting them know that it's not OK, and trying to get them to recognize the impact that their actions have on other human beings.

The issue of accountability also emerges as critical. SEEP argues that men must become accountable for their own behavior and recognize the ways it contributes to the oppression of women. Furthermore, men who commit to more active participation in the feminist movement must remain accountable to feminist women.

The example of SEEP shows that men have a vital and supportive role to play in the feminist movement. In fact, men's involvement is necessary if feminists are to realize their goals of a society free of oppression. As a conclusion, I submit Vaughn's call for profeminist men to take a more active role in educating other men about issues of oppression and gender inequality:

The important thing for men to do in the feminist movement or in the women's movement is to be the ones who are there talking to other men. You are the ones who listened to women talking over the last 20 years about what was going on. There were a whole hell of a lot of people who didn't listen. . . . And now it's your role and other men's roles to be talking to the men who didn't listen, because we didn't get through to them, and you can. And that's what I really see happening.

And that's why I think it's really valuable for men to mentor other men in certain circumstances and especially in a circumstance like this [SEEP].

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## Book Reviews

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*Sexual Coercion in Dating Relationships*, edited by E. Sandra Byers & Lucia F. O'Sullivan. Binghamton, NY: Haworth, 1996. 179 pp., \$29.95 (cloth), \$14.95 (paper).

*Sexual Coercion in Dating Relationships* is a collection of leading edge, challenging essays that urge sexual coercion researchers to progress to a deeper level of critical analysis in the field of sexuality research. E. Sandra Byers and Lucia F. O'Sullivan structure this text in a way that encourages the reader to expand the traditional theoretical and methodological frameworks that have become standard applications in this area of study. Instead of continuing to study safety issues, the editors insist that as sexuality researchers, we must focus our effort on the big issues that have yet to be investigated. As a reader, I believe the editors are successful in bringing these big issues to the forefront.

In the introduction, the editors provide a brief history of the study of sexual coercion, concluding that there is a broad range of research exploring victims, perpetrators, and the incidence of sexual coercion. They suggest that more in-depth, critical study is now required. The purpose of their collection is to "serve as a catalyst for future research and critical thinking in this area" (p. 2). To achieve this goal, the editors suggest that assumptions and the measurement techniques that have guided sexual coercion research in the past must be questioned.

The Byers chapter challenges the traditional sexual script (TSS) that has been theorized to promote and maintain sexual coercion. The findings indicate that the North American dating script is not necessarily the only TSS, but that people adhere to various aspects of it. Therefore, if researchers wish to continue to depend on the TSS in determining the "who, what, where, how, and why of sexual behavior" (pp. 8-9), they must be willing to modify, challenge, and improve the TSS. This chapter does not suggest the abandonment of the TSS but rather proposes that it be taken as a framework within which to develop interventions to prevent sexual coercion.

Similarly, the chapter by White, Donat, and Humphrey presents a measurement/scaling issue and asks: What do the scales measure? What conclusions can be drawn from them? It is often assumed in sexual coercion research that "rape-supportive attitudes influence a man's perceptions and facilitate sexually coercive behavior" (p. 28). The authors

DRAFT

Why Do Men Seek Out Prostitutes?:  
Evaluating Contemporary Explanations

by Martin Monto

October 1, 1998

This research was supported by a grant from the National Institute of Justice (U.S. D.O.J Grant #97-IJ-CX-0033). Students Steve Garcia and Holly Pierce provided excellent research assistance. I wish to thank Norma Hotaling, Director of San Francisco's First Offenders Prostitution Program for allowing me to collect data from the men attending her program. Direct all correspondence to Martin A. Monto, University of Portland, 5000 N. Willamette Blvd. Portland, OR 97203; Phone: (503) 283-7252; Email: MONTO@up.edu.

*Under Review in Empirical Studies of the Sex Industry  
Ron Weitzer, ed. Routledge. 1999.*

Why Do Men Seek Out Prostitutes?:  
Evaluating Contemporary Explanations

When addressing the issue of prostitution, both policy and research has focused on prostitutes rather than their clients. One-sided efforts to reduce prostitution by arresting prostitutes have been decried as unfair and discriminatory (Carmen and Moody, 1985; Sullivan, 1992; Davis, 1993). Though legal statutes are phrased in gender-neutral language (Miller, Romenesko, and Wondolkowski, 1992; Sullivan, 1992), the vast majority of those arrested are women (Alexander, 1987; Miller, Romenesko, and Wondolkowski, 1993). Only about 10% of arrests for prostitution are of the clients (Alexander, 1987), virtually all of whom are men (Miller, Romenesko, and Wondolkowski, 1993). Though there have been calls for research into the motivations of clients for several decades, very little research has focused on this population (Basel, 1970; Schrage, 1992). Davis (1992) argues that this neglect of male clients reflects a sexual double-standard in which women are seen as responsible for male deviance. Others have pointed to the difficulty of contacting clients, who usually make an effort to conceal their activities (McKeganey and Barnard, 1996; Special Committee on Prostitution and Pornography, 1985). This problem is compounded by the fact that both researchers and lay persons tend to assume they already know the reasons men seek out prostitutes.

Even in comparison with the limited knowledge we have of

prostitutes, our knowledge of their clients is meager. Current conceptions of the prostitution client are based primarily on cultural stereotypes (Armstrong, 1978; Holzman and Pines, 1981), anecdotal information (Stewart, 1972; Diana, 1985), second-hand accounts (Carmen and Moody, 1985; Boyle, 1995), and small qualitative studies (Holzman and Pines, 1981; Jordan, 1997).

Early estimates of the percentage of men who visit prostitutes were methodologically flawed, very likely resulting in overestimation (Michael, Gagnon, Laumann, and Kolata, 1994). Pioneering research by Kinsey (Kinsey, Pomeroy, and Martin, 1948), an evolutionary biologist with no training in the behavioral sciences, resulted in an extremely large sample of about 18,000 men and women and an estimate that 69% of men had visited prostitutes. However, because it was a convenience sample rather than a probability sample, it provided little basis for generalizing about the behavior of U.S. men in general. Nevertheless, it served as the basis for estimates by others, such as Benjamin and Masters (1964), who used Kinsey's data and their own impressions to estimate that closer to 80% of men had visited prostitutes.

Recent, methodologically sound research conducted as part of the National Health and Social Life Survey in 1992 provides a very different picture, finding that only about 16% of men in the U.S. have ever visited a prostitute, and that only about .6% of men in the U.S. visit prostitutes each year. Further, the study found that the percentage of men whose first sexual experience was with a prostitute declined among men who came of age in the 1990's (1.5%)

in comparison to men who came of age in the 1950's (7%).

Over the past three years several community-based organizations have developed educational workshops to hold men accountable for prostitution and to keep arrested clients from re-offending (Monto, 1998). The largest and oldest of these is San Francisco's First Offenders Prostitution Program (FOPP) first begun in 1995, which registers about 50 men per month. The existence of these programs allows unprecedented access to a population that has been long hidden from view. Relying on questionnaires administered to 700 men attending workshops in San Francisco (CA), Portland (OR), Las Vegas (NV), and Santa Rosa (CA), this article evaluates contemporary conceptions of the prostitution client. In addition to new analyses of 13 questions regarding men's motives for seeking prostitution, this article summarizes findings from two other recent analyses of this data set that begin to provide an empirically-based conception of the prostitution client.

#### **Background Characteristics and Participation in the Sex Industry**

Table 1 describes the background characteristics of the men arrested for trying to hire prostitutes. Sixty-one percent of the respondents were white, 18% Hispanic, Chicano, or Latino, 13% Asian, 4% Black and 4% some other ethnicity or a combination of ethnicities. Forty-two percent had completed a bachelor's or higher degree, while 35% reported attending some college, and 23% reported a high school education or below. Forty-one percent were currently married non-separated, 36% never married, 16% divorced,

5% separated, and 2% widowed. Their ages ranged from 18 to 84, with a mean of 38 and a median of 37. Most were working full-time (81%) and had some college education. A variety of other variables are reported as well. About 26% reported serving or having served in the military. Thirty-four percent reported having had their parents divorce when they were children, and a small proportion reported that they were physically hurt for no reason (14%) or touched sexually by an adult (14%) during childhood.

The clients responses to questions related to sexuality and the sex industry are provided in Table 2. In terms of sexual preference, 94% reported having exclusively female partners, about 1% reported having exclusively male partners, and 5% reported having had both male and female sexual partners during their lifetime. In terms of number of sexual partners the men have had in the past year, 10% reported having had no sexual partners, while 34%, the largest single proportion, reported having had one sexual partner. Thirty-three percent reported having had from two to four sexual partners in the past twelve months, and 23% reported having had five or more partners during this period.

Seventeen percent claimed never to have had sexual relations with a prostitute, indicating that their only experience had been propositioning the police decoy, while 19% reported that they had not had sexual relations with a prostitute during the past year. Sixty-four percent of the men who completed surveys reported that they had sexual relations with a prostitute at least once over the last 12 months. Twenty-one percent reported having had sexual

relations with a prostitute one time only during the past year, while 31% claimed to have had sexual relations with a prostitute more than one time but less than once per month. Nine percent reported having had sexual relations with a prostitute one to three times per month, and 3% reported having had sexual relations with a prostitute once or more per week. The average age of first experience with a prostitute was 23, although some had had their first experience as early as 9 or as late as age 60. Fellatio was the most common activity with prostitutes (47%), followed by vaginal sex (14%) and "half and half" (both fellatio and vaginal sex, 13%). Regarding condom usage, 75% reported that they "always" wore a condom when having sexual relations with a prostitute.

#### **The Qualities of Arrested Clients in Comparison to a National Sample**

A number of the items from the ACFSPS questionnaire are worded identically to items on the nationally representative General Social Survey, allowing for comparisons between clients and the general population of American men (Monto, in progress). Clients were significantly ( $p < .05$ ) less likely to be married and more likely never to have been married than were the national sample. Of those who reported being married, clients reported significantly less marital happiness than the national sample. In terms of sexual behavior, though an equal percentage reported that they had no sexual partners over the last year (10%), clients were much more likely to report that they had more than one partner (56%) in

comparison to the national sample (19%).

### **Rape Myth Acceptance Among the Clients**

Empirical research and narrative accounts consistently reveal that prostitutes are frequent victims of violent crime, including beating, rape, and murder (Silbert, 1981; Davis, 1993; Horgard and Finstad, 1992), most of which is never reported to police (Silbert, 1981; McKeganey and Bernard, 1996). Does it follow then that clients are more likely than other men to endorse the so-called "rape myths?" (Burt, 1980). Rape myths are "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980; p. 217) that serve to justify or support sexual violence against women and diminish support for rape victims.

Analysis (Monto and Hotaling, 1998) reveals that men arrested for trying to hire street prostitutes were not, in general, more likely to endorse rape myths than other samples of men. Findings do however, point to the existence of a small proportion of clients who endorse rape myths, are judgmental and moralistic about sexual behavior, and visit prostitutes regularly. It is likely that this particular sub-population is at an increased risk for perpetrating violence against prostitutes and perhaps other women as well (Monto and Hotaling, 1998).

### **Evaluating the Motives of Arrested Clients**

As I argued earlier, researchers and lay persons tend to

assume that the motives of prostitution clients are obvious, not worthy of serious exploration. Kinsey's historic research (Kinsey, et. al, 1948), which indicated that most men (69%) visit prostitutes, as well as later discussions of the issue (Benjamin and Masters, 1964) supported an assumption that most men, or at least most normal men, would take advantage of the services of a prostitute if they had the opportunity. However, more methodologically sound research (Michael, Gagnon, Laumann, and Kolata, 1992) reveals that most men have never had sexual relations with a prostitute, and an even smaller proportion have done so during the previous year. Even if these percentages are underestimates, they contradict the notion that prostitution seeking is conventional behavior among men and call into question the assumption that most men have the desire to engage in sex with a prostitute. Given this insight, it becomes clear that the motivations of prostitution clients are worthy of empirical attention rather than obvious and apparent. This section reports the responses of over 1000 arrested clients to fourteen questions designed to reflect possible motives for seeking prostitution.

There have been a number of qualitative interview studies conducted of the male clients of prostitutes including Jordan's (1997) study of 13 men from New Zealand, Holzman and Pines study of 30 clients in the U.S. and McKeganey and Barnard's impressive study of 168 clients in Scotland.

McKeganey and Barnard (1994) conducted 66 telephone interviews of men responding to an advertisement in a tabloid newspaper and 9

in person interviews of men contacted on the street. They also obtained information from 68 men attending a health clinic specializing in sexually transmitted diseases. They argue that men were attracted to paid sex because they were able to participate in sexual acts that they could not receive from their partners, they were able to have sex with a larger number of sexual partners, they were attracted to specific physical characteristics, they liked the limited emotional involvement, and they were excited by the illicit nature of the act. Another possible motivation that emerges in their analysis is that some of the men who seek prostitution do so because they have an attraction to violence against women.

Holzman and Pines (1982) interviewed 30 men contacted through social networks in an effort to capture the subjective experience of the prostitution encounter. This sample was one of regular users who had paid for sex an average of more than 50 times. They argue that men's primary motivations for having sexual relations with a prostitute are the desire for sex and/or the desire for companionship. More specifically, men are motivated by the mystery and excitement associated with the risky encounter, an interest in avoiding emotional involvement, the belief that prostitutes are women of "exceptional sexual powers," and an interest in avoiding rejection.

Jordan's (1997) in-depth interviews of 13 clients in New Zealand demonstrate that men's reasons for seeking prostitution vary depending on their personal circumstances and their ability to meet their perceived needs through conventional relationships.

Particularly among the older married men there was a sense that their wives were unwilling or unable to satisfy them sexually. Others sought prostitutes because they preferred prostitution encounters to committed relationships or because they felt unable to become involved in conventional relationships. Some were motivated by the desire to meet intense sexual urges or to have sex with a large number of different women, while others sought prostitutes for companionship, intimacy or love.

In 1970, the journal Medical Aspects of Human Sexuality invited comments from a variety of experts both within the medical and counseling professions and beyond on the question of "why do married men visit prostitutes?" Though these comments are nearly thirty years old and are not based on research, they provide an interesting reflection of cultural understandings of prostitution that persist today. Among the explanations for prostitution seeking are an interest in a variety of sexual partners, an interest in sexual acts that their wives may not provide, wives who are uninterested in sex, a desire to avoid the complications of an extramarital affair (Polatin, 1970; Liswood, 1970; Bullough, 1970). There may be differences between the casual users for whom prostitution may be a part of male bonding and the compulsive patron of prostitution whose efforts to engage in sex may be urgent and personally destructive (Basel, 1970; Cave, 1970).

Though not all of these issues are evaluated, questions reflecting many of these explanations were asked of the arrested men in this study. Respondents were asked to "agree strongly,"

"agree somewhat," "disagree somewhat," or "disagree strongly" to fourteen statements. No neutral category was provided to out of concern that respondents could choose that response to avoid answering. All of the items are "I" statements, such as "I have difficulty meeting women who are not nude dancers or prostitutes," and "I want a different kind of sex than my regular partner." Other issues included feeling that they are unattractive physically or awkward around women, preferring prostitution to conventional relationships, excitement about approaching prostitutes, not having time for conventional relationships, not wanting the responsibility of a conventional relationship, desire for a variety of sexual partners, wanting control during sex, wanting to be with a woman who likes to get nasty, the desire to have sex immediately, and a liking for rough sex.

The items are presented in their entirety on Table 3. For clarity, both levels of agreement were combined to yield a total percentage in agreement. In addition to evaluating the percentage agreeing with each statement, the responses of regular users were compared to first-time users, the responses of married men were compared to non-married men, and the responses of college graduates were compared to non-graduates.

The most frequently endorsed statements were "I like to be with a woman who likes to get nasty" (54%), "I am excited by the idea of approaching a prostitute" (47%), "I like to have a variety of sexual partners" (44%), "I want a different kind of sex than my regular partner" (43%), "I am shy and awkward when trying to meet

women" (42%), and "I like to be in control when I'm having sex" (42%). All of the remaining items were endorsed by at least 19% of respondents, indicating they also meaningfully contributed prostitution seeking behavior.

Though at first glance, the most frequently endorsed item would seem to best explain men's reasons for sex with prostitutes, the "woman who likes to get nasty" is not explicitly defined as a prostitute. Still, this item, in conjunction with the second most endorsed item "I am excited by the idea of approaching a prostitute" supports the idea that one of the attractions of sex with a prostitute is that it is illicit, risky, or raunchy. According to a client interviewed by Holzman and Pines (1982), part of the attraction was the "element of risk...the gambling element."

Several other items seem to point to a commoditized perspective toward sexuality in which sex is analogous to consumer behavior rather than associated with intimate relationships. The desire to "have a variety of sexual partners," "be in control during sex" and the need to "have sex immediately when I am aroused" all point to this kind of self-focused sexuality that Blanchard (1994) calls "McSex" in his popular expose on "young johns." According to one man he interviewed "it's like going to McDonalds; most people are looking for a good quick cheap meal. It's satisfying, it's greasy, and then you get the hell out of there." Paying for sex because of the desire to have sex with women with particular physical attributes, a motivation described by McKeganey (1994), also reflects a conception of sex as a

commodity.

Wanting a different kind of sex than one's regular partner (43%) and liking rough sex (20%) support the idea that some men seek out prostitutes because they can do things with them that other women might find unpleasant or unacceptable. According to one client "...you've got a bit more dominance, you've got the money in your pocket then you've got the dominance over them" (McKeganey and Barnard, 1994).

The data also suggest that some men pay for sex because they have difficulty becoming involved in conventional relationships. Forty-two percent agreed that they were "shy and awkward" when trying to meet women, 23% felt unattractive physically, and 23% had "difficulty meeting women who were not nude dancers or prostitutes." Among some of these men, seeking prostitution may be an attempt not only to have sex, but to establish intimate relationships with women. Jordan (1997) describes one particular client, excruciatingly shy, who felt desperately alone and eventually ended up falling in love with a prostitute. When she quit working, he was disappointed. Though he continued to visit prostitutes, he claimed "It's not sexual relief that I go for--it's to relieve some loneliness that I feel."

Finally, results indicated that some of the clients felt that they did not have the time, energy, or interest to engage in a conventional relationship with a sexual partner. Though only 19% agreed that they preferred sex with a prostitute to a conventional relationship, 34% wanted to avoid the responsibilities of a

conventional relationship, and 39% believed that they didn't have time for a conventional relationship.

Further support for these issues as predictors of prostitution seeking is found in the fact that each item was more likely to be endorsed by regular users than first time offenders. For all but two of these items a chi-squared test of independence indicated significance at the  $p < .05$  level. Some regular users appear to seek prostitution because of difficulty establishing conventional relationships. Regular users were more than twice as likely as first-timers to report that they had difficulty meeting women who were not prostitutes or nude dancers and were fifty-percent more likely to agree that they were shy and awkward when trying to meet women. A commoditized approach to sexuality is also more strongly evident among the regular users as is a disinterest in conventional relationships.

Motives for seeking prostitution differ according to education level, reported here primarily as an indicator of social class. College graduates were significantly more likely than non-graduates to report wanting different sex than their regular partners, a preference for a variety of sexual partners, and excitement at the idea of seeking a prostitute. Non-graduates were significantly more likely than non-graduates to report difficulty meeting women, awkwardness and feeling physically unattractive. Additionally, they were more likely to report wanting to be in control during sex.

Married clients were almost fifty-percent more likely than

non-married men to report wanting a different kind of sex than their regular partners. For married man who has a sense of entitlement to sex, prostitution may be seen as justifiable behavior should the wife not meet his perceived sexual needs. Non-married clients reported shyness, a liking for rough sex, and a desire to avoid the responsibilities of conventional relationships.

### **Discussion**

As in all human behavior, the act of approaching a prostitute is the product of many factors. These are likely to include the availability of prostitutes, knowledge of prostitution opportunities, access to sufficient funds, fear of being caught or of contracting disease, and ease of securing services. While acknowledging that these issues may be critically important in predicting whether men seek prostitution, they tell us little about the motivations behind clients' behavior. This article focuses on a set of questions concerning attitudes that may reflect motivations of prostitution clients.

If there is one primary reason men patronize prostitutes, we haven't found it. Even the simplistic explanation "they go for sex," falls short, as some men visit prostitutes in an effort to experience emotional intimacy, and many men who want sex do not patronize prostitutes. Rather, prostitution seeking appears to reflect a number of motivations, including an attraction to the illicit nature of the encounter, a desire for varieties of sex that may not be provided by regular partners, defining sex as a

commodity, a disinterest in conventional relationships, inability to join in conventional relationships, and probably a number of others. All of the explanations for prostitution seeking appear to better characterize the attitudes of repeat users than first-timers. Motivations appear to differ depending on the backgrounds of the men, with college graduates more likely to seek the excitement of the prostitution encounter and non-graduates more likely to report difficulty in engaging in conventional relationships. Additionally, married men were more likely to desire a different kind of sex than their regular partners, and non-married men were more likely to avoid conventional relationships or report difficulty in securing them.

Fortunately, some of the more sinister reasons for seeking out prostitution, because one likes rough hard sex or because one has a belief system that supports violence against women, appear to be less important for most men.

Though the findings of this research represent the first large-scale study of prostitution clients in the U.S., they are subject to a number of limitations. The respondents had all been seeking street prostitutes. Though clients of street prostitutes represent a legitimate topic of study in and of themselves, findings based on this group cannot be generalized to all prostitution clients. It is likely that meaningful differences exist between the clients of street prostitutes and the clients of escorts, brothels, and massage parlors.

Additionally, most of the respondents were arrested for

propositioning a police decoy. First, the fact that they were arrested, something that is avoidable given adequate knowledge, may mean that less experienced clients are over-represented in the sample. Though it would be impossible to gather, a representative sample of clients would probably report a greater frequency of prostitution visits and would probably differ in other ways as well. Second, respondents' sense of legal vulnerability may have had some effect on the responses, particularly on items that asked about illegal activities. Third, the arrest may have led some of the men to reconsider their perspectives toward prostitution.

Another limitation in the study is the fact that many of the items reported here were developed specifically for this survey and have never been administered to other populations of men. Thus, for most of the items, it is not possible to evaluate whether clients' responses differ significantly from the larger population of men. Many of the items are reported in this paper not only to provide a description of prostitution clients but also to allow researchers the opportunity to compare them to other populations.

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Table 1. Background Characteristics

Ethnicity:	(N= 676)
White	61%
Hispanic, Chicano, or Latino	18%
Asian	13%
Black	4%
Other or Combination	4%
Level of Education:	(N= 692)
Did not graduate from high school	8%
High school graduate	15%
Some college training	35%
Received bachelors degree	28%
Received graduate degree	14%
Marital Status:	(N= 689)
Married	41%
Never married	36%
Divorced	16%
Separated	5%
Widowed	2%
Work Status:	(N= 666)
Working full time	81%
Working part time	7%
Student	2%
Other	10%
Age:	(N= 648)
18-21	3%
22-25	10%
26-35	32%
36-45	34%
46-55	16%
56-65	4%
66 or older	1%
Parents divorced as a child:	(N= 659)
Yes	34%
Touched sexually by adult while a child:	(N= 660)
Yes	14%
Physically hurt for no reason as a child:	(N= 657)
Yes	14%
Served in Armed Forces:	(N= 659)
Yes	26%

Table 2. Responses to Sex Related Variables

Sexual orientation:	(N= 659)
Strictly heterosexual:	94%
Experience with both:	5%
Strictly homosexual:	1%
Numbers of sexual partners over past year:	(N= 683)
None:	10%
1	34%
2	15%
3 or 4	18%
5 to 10	15%
11 or more	8%
Frequency of sex over past year:	(N= 680)
Not at all:	9%
Once or twice:	9%
About once per month:	15%
2-3 times per month:	21%
About once per week:	18%
2-3 times per week:	17%
More than 3 times per week:	7%
Do not know:	4%
How often look at pornographic magazines:	(N= 668)
Never:	31%
Less than once a month:	40%
One to a few times a month:	20%
Once to a few times a week:	7%
Every day:	2%
Several times a day:	0%
How often watches pornographic videos:	(N= 668)
Never:	35%
Less than once a month:	35%
One to a few times a month:	21%
One to a few times a week:	6%
Every day:	3%
Several times a day:	0%

Age at first sexual encounter with a prostitute:	(N= 531)
9-17	18%
18-21	33%
22-25	20%
26-35	21%
36-45	7%
46 or over:	1%

Circumstances of first sexual encounter with prostitute: (N= 547)	
Buddies set it up:	22%
Prostitute approached:	31%
Approached prostitute without others knowing:	31%
Family member set him up:	5%
Visited a brothel:	3%
Other:	8%

Most common sexual activity with prostitute:	(N= 518)
Blow job:	47%
Vaginal sex:	14%
Half and half (oral and vaginal):	12%
Hand job:	6%
Other:	5%
Two or more are equally common:	16%

How often use condom with prostitute:	
Never:	3%
Seldom:	3%
Sometimes:	9%
Often:	10%
Always:	75%

Table 3. Motives for Seeking Prostitutes

(Percentage agreeing to the statements)

<u>Statement</u>	<u>Total</u>	<u>Repeat User</u>	<u>First- Timer</u>	<u>College Graduate</u>	<u>Not College Graduate</u>	<u>Married</u>	<u>Not Married</u>
I have difficulty meeting women who are not nude dancers or prostitutes.	23.4%	29.2%*	14.0%	17.1%*	28.5%	19.9%	26.1%
I think most women find me unattractive physically.	23.3%	24.7%	21.0%	16.0%*	29.1%	21.0%	25.1%
I want a different kind of sex than my regular partner.	42.6%	49.6%*	31.3%	49.1%*	37.4%	50.2%*	36.7%
I am shy and awkward when I am trying to meet a woman.	41.9%	47.4%*	32.9%	35.7%*	46.8%	36.2%	46.1%
I would rather have sex with a prostitute than have a conventional relationship with a woman.	19.3%	24.3%*	11.2%	19.6%	19.1%	20.5%	18.3%
I am excited by the idea of approaching a prostitute.	46.6%	55.9%*	31.4%	56.1%*	39.3%	48.7%	45.1%
I don't have the time for a conventional relationship.	33.3%	38.4%*	25.0%	31.1%	35.2%	25.7%	39.0%
I don't want the responsibilities of a conventional relationship.	29.5%	34.8%*	20.6%	26.4%	32.0%	23.9%*	33.7%
I like to have a variety of sexual partners.	44.1%	53.9%*	27.9%	54.1%*	36.3%	41.9%	45.9%
I like to be in control when I'm having sex.	41.8%	45.5%*	35.6%	37.2%*	45.3%	41.6%	41.9%
I like to be with a woman who likes to get nasty.	53.9%	60.4%*	43.2%	52.7%	54.8%	53.1%	54.3%
I need to have sex immediately when I am aroused.	36.1%	40.7%*	28.6%	33.5%	38.4%	37.8%	35.1%
I like rough hard sex.	20.2%	21.9%	17.4%	17.6%*	22.3%	15.7%	23.5%

\* Pearson Chi-squared test significant at P&lt;.05

Predictors of Rape Myth Acceptance  
Among the Male Clients of Female Street Prostitutes

by Martin Monto and Norma Hotaling

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Predictors of Rape Myth Acceptance  
Among Men Arrested for Soliciting Prostitutes

Although the number of prostitutes in the U.S. is difficult to estimate, Department of Justice arrest statistics for prostitution consistently hover around 100,000 per year (FBI, 1992; Barkan, 1997). These statistics tend to underestimate the number of prostitutes who are arrested each year. Prostitution-related activities may be processed under other statutes, such as nuisance laws (San Francisco Task Force on Prostitution, 1996), and arrests of juvenile prostitutes may be processed as status offenses (Alexander, 1987).

Empirical research and narrative accounts consistently reveal that prostitutes are frequent victims of violent crime, including beating, rape, and murder (Silbert, 1981; Davis, 1993; Horgard and Finstad, 1992), most of which is never reported to police (Silbert, 1981; McKeganey and Bernard, 1996). Silbert and Pines (1982) in a survey of 200 street prostitutes in San Francisco found that 65% reported being physically abused or beaten by a customer and 66% reported being physically abused or beaten by a pimp. Farley and Hotaling (1995) reported that among a sample of 130 working prostitutes, also in San Francisco, 82% reported having been physically assaulted and 68% reported having been raped since entering prostitution. And these percentages are consistent with other research (Silbert, 1981; Benson and Mathews, 1995; Miller, 1993; Miller, 1995; Council for Prostitution Alternatives, 1994).

Reports of violence are particularly compelling when we recognize that a substantial proportion of prostitutes begin working while still minors. Juvenile prostitution is a problem in many major U.S. cities (Weisberg, 1985; Bracey, 1979; Harlan, Rodgers, and Slattery, 1981). Although estimates vary, the average age of entry into prostitution is thought to be younger than age 18 (Council for Prostitution Alternatives, 1994; Silbert, 1981). This means that the issue of prostitution is not simply one of violence against women but of the sexual abuse of children. Reports indicate that the clients of juvenile prostitutes are not generally individuals

with a preference for sex with children, but simply men who prefer to have sex with younger prostitutes. The issue of child sexual abuse does not enter into their understanding of their behavior (ECPAT, 1996).

Miller (1995) argues that the lack of attention paid to this problem is testimony to the devaluation of street prostitutes and may reflect a devaluation of women in general. Very little research has addressed the male clients of female prostitutes, partly because of their inaccessibility (Faugier and Cranfield, 1995; Special Committee on Prostitution and Pornography, 1985). Consistent with legal efforts to reduce prostitution that focus on arresting the prostitute, the lack of attention paid to these men may also reflect a double-standard, in which women are seen as responsible for male deviance (Davis, 1993).

In an effort to better understand the men who patronize prostitutes and their contribution to a system that often involves violence against women, this article looks specifically at the predictors of rape myths among men arrested for trying to hire a street prostitute. The term rape myths was conceived by Burt (1980) to refer to a set of attitudes believed to support sexual violence against women. Underlying this idea is the proposition that violence against women is not the psychopathological behavior of a small number of sick men (Marolla and Scully, 1986), but a sociocultural phenomenon in which persons may rely on a series of culturally available attitudes to justify and support their violent behavior. These attitudes may also serve to "deny or reduce perceived injury or to blame the victims for their own victimization" (Burt, 1980; p. 217). This should not be construed to mean that most prostitution clients participate in violence against prostitutes--a small number of regular users may be largely responsible for client violence against prostitutes. Instead, the premise of this study is that prostitution clients may endorse attitudes that contribute to a system of violence and make them insensitive to victimization of prostitutes. Of course, the fact that clients may have contact with prostitutes in private, often anonymous settings that would allow them to perpetrate violence with few

repercussions also means that their attitudes deserve careful scrutiny.

Rape myths are "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (Burt, 1980; p. 217) that serve to justify or support sexual violence against women and diminish support for rape victims. They include the idea that women who are raped are in some way responsible for the violence against them, the idea that women often lie about being raped for selfish reasons, and the idea that only sexually promiscuous women are raped. Miller and Schwartz (1995) argue that rape myths uniquely converge around prostitutes, bad girls who are somehow seen as responsible for the violence directed against them. Support of rape myths is consistent with the idea that the rape of a prostitute is unproblematic or that prostitutes are unrapeable (Marolla and Scully, 1986; Miller and Schwartz, 1995).

Previous research indicates that acceptance of rape myths or rape supportive attitudes is associated with placing greater blame on the victims of sexual assault (Kopper, 1996; Abbey and Harnish, 1995), reported participation in sexual assault, willingness to commit rape if one would not be caught, and aggression against females in a laboratory setting (Malamuth, 1981; 1983; Malamuth Sockloskie, Koss, and Tanaka, 1991). Perhaps most powerfully, Marolla and Scully, (1986) in their comparison of the attitudes of convicted rapists with the attitudes of other felons, found an association between status as a rapist and the support of rape myths.

Most of the small number of studies of the clients of prostitutes focus primarily on sexual behavior or AIDS (Freund, Lee, and Leonard, 1991; Freund, Leonard, and Lee, 1989; Barnard, McKeganey, and Leyland, 1993; Day, Ward, and Perotta, 1993), providing us with little information that would be useful for understanding violence or attitudes that may perpetuate violence against prostitutes. Two studies, one American and one Scottish, explored motivations for seeking prostitutes in more detail. Both indicate that one motivation for clients is that prostitutes will allow them to do things that they would not be ordinarily be allowed to do with other women (Holzman and Pines, 1982; McKeganey and Bernard, 1996). Though violence was

not mentioned, the idea that a prostitute is someone who can be treated differently than other women may be consistent with violent behavior. Reports from prostitutes who have been beaten by clients indicate that 40% of the perpetrators "got off on it, enjoyed it, and saw it as part of sex" (Silbert and Pines, 1982). The American study also indicated the presence of negative attitudes toward prostitutes among over half of the 30 clients interviewed, as indicated by the following statement by one client:

I guess I have sort of a negative feeling toward a women who's a prostitute because I think she's cheap, I guess. While I do believe in prostitution-that I think it should exist, I don't have high regard for the woman who is the prostitute. (Holzman and Pines, 1982; p. 103.)

Not surprisingly, male clients in both studies did not report an interest in violence as a motivation for seeking prostitution. Both did find, however, that clients were excited by the deviant nature of the encounter. For some of these men, additional deviance in the form of violence may also be exciting.

Since there have been no coordinated attempts to develop theoretical perspectives toward clients of prostitutes, any attempt to derive formal hypotheses about the relationships between variables must be seen as preliminary. With the understanding that this research is a beginning, the authors pose five hypotheses for the purposes of analysis. 1) Consistent with feminist perspectives that see prostitution as an expression of male supremacy and an attempt to keep women in their place (Dworkin, 1993; Pateman, 1988), we hypothesize that men who are regular patrons of prostitutes will score higher on the Rape Myth Acceptance Scale than men who have never been to a prostitute, or men who have been very rarely. 2) Because rape myths are attitudes that see women as deserving of violence, we hypothesize that men who find rough

or violent sexuality appealing will be more likely to endorse rape myths. 3) Because rape myths reflect a traditional and conservative attitude toward women's place in society (Burt, 1980) we hypothesize that men who are sexually conservative, in other words, more judgmental about sexual morality, will be more likely to endorse rape myths. 4) Although the relationship between pornography and violence against women is still unclear, the use of pornography may promote the idea that women like or deserve sexual abuse (McKinnon, 1987). Therefore we hypothesize that men who use pornography more frequently will be more likely to endorse rape myths. 5) Because research consistently links adult sexual offense with childhood physical and sexual abuse (Fagan and Wexler, 1988; Graham, 1996), we hypothesize that men who have been physically or sexually abused will be more likely to endorse rape myths.

## Methods

### Subjects

Subjects were men attending two pathbreaking programs designed to educate men arrested for trying to hire a street prostitute about the problematic nature of the sex industry and its exploitation of women. Questionnaires were passed out prior to each workshop and collected anonymously. Eighty-two of the men attended a weekend workshop in Portland, Oregon administered by the now defunct Sexual Exploitation Education Project (SEEP), and 379 men attended a weekend workshop in San Francisco, California called the First Offenders Prostitution Program (FOPP), which continues to operate successfully. These programs provide an unprecedented opportunity to gather information on this heretofore inaccessible population.

In terms of their background characteristics, sixty-one percent of the respondents were white, 19% Hispanic, Chicano, or Latino, 13% Asian, 4% Black and 3% some other ethnicity or a combination of ethnicities. Forty-three percent had completed a bachelor's or higher degree, while 35% reported attending some college, and 22% reported a high school education or below. Thirty-nine percent were currently married non-separated, 38% never married, 16%

divorced, 6% separated, and 1% widowed. Their ages ranged from 18 to 70, with a mean of 37 and a median of 36. Sixteen percent claimed never to have had sexual relations with a prostitute, indicating that their only experience had been propositioning the police decoy, while 19% reported that they had not had sexual relations with a prostitute during the past year. Twenty-three percent reported having had sexual relations with a prostitute one time only during the past year, while 31% claimed to have had sexual relations with a prostitute more than one time but less than once per month. Eight percent reported having had sexual relations with a prostitute one to three times per month, and 3% reported having had sexual relations once or more per week.

### Measures

The dependent variable in this study, Rape Myth Acceptance, was an abbreviated eight-item version of Burt's (1980) nineteen-item measure. Table 1 presents these items, as well as the percentage of subjects choosing each response. The original measure included eleven statements, such as "when women go around braless or wearing short skirts and tight tops, they are just asking for trouble," that respondents responded to on a seven-point scale ranging from "strongly agree" to "strongly disagree." We utilized six of these items, but due to the need for questionnaire consistency, we asked for responses on a four-point scale including "strongly agree," "somewhat agree," "somewhat disagree," and "strongly disagree." Burt also included two items asking "what percentage of women who report a rape would you say are lying because they are angry and want to get back at the man they accuse" and "what percentage of reported rapes would you say were invented by women who discovered they were pregnant and wanted to protect their reputation." We included these two items along with their original five-point response scale ranging from "almost all" to "almost none." The original measure also included six items asking how likely subjects would be to believe various individuals, such as their best

friend, an Indian woman, a white woman, and several others, if they reported to the subject that they were raped. Because of the need to be very discriminating in question selection and methodological reservations about these items, they were not included.

Because items differed in their number of responses and their distributions, we converted responses to z-scores before creating our final rape myth acceptance scale. The alpha reliability coefficient for the scale was .847, indicating good reliability.

Additional multi-item measures included two items measuring participation in sexual assault from Koss (1988), two items evaluating pornography use, two items measuring sexual and physical abuse as a child, a four-item measure of whether they found violent sexuality appealing, and a four-item measure of sexual conservatism.

The measure of sexual conservatism used four General Social Survey items, including questions regarding sex before marriage, sex among teenagers, sex among couples of the same sex, and extramarital sex. Responses included "always wrong," "almost always wrong," "wrong only sometimes," "not wrong at all," and "don't know." Responses were converted to z-scores before being combined. The alpha reliability coefficient for the measure was .679. The measure of attraction to violent sexuality included four statements "I like rough hard sex," "sex is more fun if the woman fights a little," "some women like to be smacked around a little during sex," and "being angry makes me more likely to want sex," to which respondents were asked to "agree strongly," "agree somewhat," "disagree somewhat," or "disagree strongly." Responses were converted to z-scores before being combined. The alpha reliability coefficient for the measure was .634.

Variables measured by individual questions included, marital status, age, service in the armed forces, number of sexual partners in the past year, frequency of sexual relations over the past year, how often they think about sex, and frequency of visiting prostitutes over the past year.

## Results

Table 1 depicts the responses of the arrested men to the items that comprised our rape myth acceptance measure. The item most likely to be endorsed stated that women who wear short skirts or tight tops are asking for trouble, with 30% agreeing somewhat or strongly. Twenty-two percent agreed that a girl who engages in necking or petting is at fault if her partner forces sex on her, and 19% agreed that a woman who goes to the home or apartment of a man implies that she is interested in sex. Fifteen percent agreed that in the majority of cases, victims of rape are promiscuous or have bad reputations. Far fewer agreed that women who get raped while hitchhiking get what they deserve (7%) or that a woman who is stuck up and refuses to talk to men deserves to be taught a lesson (4%). In terms of the questions about dishonesty in rape reporting, 23% agreed that half or more of the women who report a rape are lying because they want to punish the man they accuse, and 21% believed that half or more reported rapes are invented by women who want to protect their reputation.

Comparing these responses to the responses of other samples is difficult because virtually all published reports fail to describe respondents' answers to individual items. The different number of likert-scale responses on our questions and the fact that we used an abbreviated version of Burt's measure complicates such comparisons. However, some basic contrasts can be attempted. Burt's (1980) original article mentions briefly in the discussion section that over half of her random sample of Minnesota adults agreed that a woman who goes to the home or apartment of a man implies that she is interested in sex, that in the majority of cases, victims of rape are promiscuous or have bad reputations, and that 50% or more of the women who report a rape are lying because they want to protect their reputation or punish the man they accuse. In comparison to Burt's sample, the men in our sample were less likely to endorse rape myths. This is true despite the fact that our questions lacked a neutral category, which should theoretically push at least a few people into agreement.

Other studies provide even fewer details that would allow for comparison with our sample but still deserve inspection. Abbey and Harnish (1995) report a median cutoff of 2.5 among the male undergraduates in their sample for the original 19-items, each scored on a seven-point likert scale, for a proportion of .36 ( $2.5/7=.36$ ). The median for the eight items (before standardization) asked of the men in this study is 1.38 but six of eight items are scored on a four-point scale and two on a five-point scale for a proportion of .32 ( $1.38/4.25=.32$ ). Kopper (1996) reports, among her sample of undergraduates, a mean of 42.63 for the total scale of 19 items, all re-scored to be on a seven-point scale. Her mean item score for the 19-items is 2.24, for a proportion of .32 ( $2.24/7=.32$ ). In comparison, the mean item-score of respondents in our sample is 1.58 for a proportion of .37 ( $1.58/4.25=.37$ ). Though caution is warranted in interpreting these comparisons, it seems evident that this sample of men arrested for soliciting prostitution was not substantially more likely to endorse rape myths than selected samples of nonoffenders.

Table 2 reports the correlation and regression coefficients of selected variables with rape myth acceptance. Five variables were significantly correlated with acceptance of rape myths, including reported participation in sexual violence, use of pornography, attraction to violent sexuality, thinking about sex less frequently, and sexual conservatism.

For the regression analyses, two of these variables were not included, participation in sexual violence and number of sexual partners in the past year. The former was excluded because there was very little variability in response, with just over 2% reporting any previous participation in sexual violence, and its inclusion would not have been meaningful. The latter was not included because of number of sexual partners in the past year was highly correlated with number of prostitution contacts during the past year, another included variable, causing problems with multicollinearity. In exploratory analyses, number of sexual partners did not emerge as a significant predictor of rape myths in regression equations unless number of

prostitution contacts was also included.

In the first regression analysis, the predictor variables were included simultaneously in the equation revealing four significant predictors of rape myth acceptance, attraction to violent sexuality, sexual conservatism, frequency of visiting prostitutes over the past year, and thinking about sex less frequently.

The third column on Table 2 provides the results of a second regression equation in which variables were eliminated through a stepwise selection process. The same four variables emerged as significant predictors of rape myth acceptance. Though stepwise selection of the best predictors has its critics, the selected equation was identical when forwards or backwards selection procedures were used.

### Discussion

One-sided efforts to reduce prostitution (or more often to reduce its visibility) by arresting prostitutes have been uniformly decried by feminists as unfair and discriminatory (Carmen & Moody, 1985; Davis, 1993; Sullivan, 1992). Though legal statutes are phrased in gender-neutral language (Miller, Romenesko, & Wondolkowski, 1992; Sullivan, 1992), the vast majority of those arrested are women (Alexander, 1987; Miller, Romenesko, & Wondolkowski, 1993). Only about 10% of arrests for prostitution are of the clients (Alexander, 1987), virtually all of whom are men (Miller, Romenesko, & Wondolkowski, 1993).

Recently, greater attention has been paid to the role of the male clients of female prostitutes in contributing to a system that often involves violence against women. Schewe and O'Donahue (1993) argue that prevention programs to reduce males potential to sexually abuse should become a national imperative. The two programs that provided subjects for this study, the now defunct Sexual Exploitation Education Project (SEEP) of Portland, Oregon and the First Offenders Prostitution Program (FOPP) of San Francisco are at the forefront of a new movement

to hold men responsible for problems to which they contribute. These programs were developed to provide weekend workshops to men been arrested for trying to hire street prostitutes. Both programs have identified the need for greater information on these men in order to improve their programs. Additionally, the lack of empirical attention paid to these men makes information about their attitudes particularly valuable.

This study is the beginning of an effort to characterize the clients of street prostitutes. The picture that emerges is not one of an unusual set of disturbed or perverted men but of men who may be very similar to men in general. Other researchers have noted the lack of distinctiveness of this population of men (Holzman and Pines, 1982; Boyle, 1995; Diana, 1985). In particular, the clients of prostitutes do not seem to be more likely to endorse rape myths than other samples of men.

Consistent with our hypotheses, we found that rape myth acceptance was associated with an attraction to violent sexuality. This is disturbing though not surprising. It means that men who found violent sexuality appealing endorsed beliefs that would tend to see women as deserving violence or as responsible for the violence directed against them. Other scholars have identified an association between belief in rape myths and a narrow definition of what constitutes rape (Miller and Schwartz, 1995), meaning men who are attracted to violent sexuality and endorse rape myths may also be less likely to view violent sexual behavior as rape. In the extreme, these beliefs may be combined to support the idea that raping a prostitute is not really rape (Miller and Schwartz, 1995). Though few men in our sample reported participation in sexual violence, those that did were much higher in rape myth acceptance.

Controlling for the other variables, men who were regular clients of prostitutes were also more likely to endorse rape myths. This is true especially for those men who reported visiting prostitutes once per week or more. This may point to the existence to a small population of men who are at a high risk of perpetrating violence among the larger population of clients of

prostitutes.

Interesting and consistent with our hypothesis was a strong relationship between sexual conservatism and rape myth acceptance. Such a relationship was hypothesized by Burt (1980) and supported empirically by Marolla and Scully (1986). Though being judgmental about sexuality may seem strange coming from men who have been arrested for trying to hire a prostitute, it may reflect a sexual double standard (Marolla and Scully, 1986) that sees women's sexuality as immoral, or it may reflect a moral consistency in which the prostitution client finds both his own and the prostitute's behavior as immoral. In either circumstance, signs of sexual conservatism should be reason for concern among men who might have the opportunity to act out violently toward those they view as immoral.

Though frequency of pornography use was correlated with rape myth acceptance, it did not emerge as a significant predictor in the regression equations. This may point to a more complex relationship in which pornography use by particular individuals, such as those who are sexually conservative or attracted to violent sexuality may be associated with rape myth acceptance, while pornography use by other individuals may not be associated with rape myth acceptance. Additionally, pornography that normalizes coercion or violent sexuality might have a different relationship to rape myth acceptance than pornography that appears to depict more consensual forms of sexuality.

We failed to find a relationship between rape myth acceptance and the experience of sexual and physical abuse as a child. This is interesting because research has consistently found a relationship between abuse and sexual offenses (Fagan and Wexler, 1988; Graham, 1996; Kendall-tackett, Williams, and Finkelhor, 1993), and prostitutes themselves often report histories of sexual abuse and physical abuse (Briere, 1989; Bagley and King, 1990; Simons and Whitbeck, 1991).

Other variables we included for exploratory purposes--age, marital status, participation

in the military, frequency of sex over the past year and number of sexual partners over the past year--were not significantly associated with rape myth acceptance. However, how often the respondent reported thinking about sex was consistently negatively associated with acceptance of rape myths. Perhaps there is some comfort in the fact that men who are most frequently occupied by thoughts of sex are not supportive of attitudes that would tend to support sexual violence. This finding is counterintuitive, as cultural imagery would promote an image of the person who is most interested in sex as someone antisocial who might also hold other negative attitudes such as rape myths.

Rape myths, as conceived by Burt (1980), Miller and Shwartz (1995) and other scholars are not an unusual set of ideas held by unusual individuals, but culturally prevalent ideas that people can draw upon to justify violent behavior or to deny injury to victims of violence. Brinson (1992) in a study of prime time television dramas, demonstrates that rape myths are a pervasive in that medium, though ideas inconsistent with rape myths are also communicated. Contradictory messages such as these are consistent with the cultural oppositions prevalent in a modern society such as ours (Monto, 1997).

The relatively moderate level of rape myth acceptance among the men sampled bodes well for programs that aim to discourage men from soliciting prostitution, as a high level of rape myth acceptance might diminish men's openness to learning about the harm associated with prostitution. Additionally, Schewe and O'Donahue (1993) point out that individuals with extreme attitudes toward rape and sexual assault may respond to interventions very differently and less positively than individuals with more moderate attitudes. Fortunately, research has demonstrated the potential for interventions, even relatively brief interventions to reduce rape myths, (Schewe, and O'Donahue, 1993; 1996). This also bodes well for programs such as San Francisco's First Offenders Prostitution Program (FOPP).

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**Table 1- Responses to Selected Rape Myth Items**

<u>Item</u>	<u>Responses</u>	<u>Percentage Selections Each Response</u>
A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.	Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree	4.7% 14.6% 26.6% 54.1%
When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.	Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree	5.9% 24.3% 22.5% 47.3%
In the majority of rapes, the victim is promiscuous or has a bad reputation.	Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree	4.1% 10.9% 20.3% 64.7%
If a girl engages in necking or petting and she lets things get out of hand, it is her own fault if her partner forces sex on her.	Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree	4.1% 18.1% 10.4% 77.4%
Women who get raped while hitchhiking get what they deserve.	Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree	3.1% 3.6% 9.7% 83.6%
A women who is stuck-up and thinks she is too good to talk to guys on the street deserves to be taught a lesson.	Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree	1.8% 2.1% 7.2% 89.0%
What percentage of women who report a rape would you say are lying because they are angry and want to get back at the man they accuse?	Almost All About Three Fourths About Half About One Fourth Almost none	4.8% 5.0% 13.1% 27.1% 50.0%
What percentage of reported rapes would you guess are merely invented by women who discovered they were pregnant and wanted to protect their own reputation?	Almost All About Three Fourths About Half About One Fourth Almost none	4.4% 3.9% 12.2% 24.0% 55.5%

**Table 2- Correlation and Regression Coefficients of Selected Variables with Rape Myth Acceptance**

	Pearson Correlation Coefficient	Standardized Regression Coefficients	
	<u>r</u>	<u>All Variables Beta</u>	<u>Selected Equation Beta</u>
Married currently	.033	.027	
Age	-.070	.099	
Served in armed forces	.042	-.060	
Experienced abuse as a child	.078	.030	
Participation in sexual violence	.264***	NA	
Number of sexual partners in past year	-.077	NA	
Frequency of sex in past year	-.086	.044	
How often think about sex	-.314***	-.329***	-.319***
Use of Pornography	.139**	.008	
Sexual Conservatism	.226**	.203***	.202***
Perceived Sexual Attractiveness	.507***	.501***	.475***
Frequency of prostitution in past year	.069	.135*	.149**

\*P<.05      \*\*P<.01      \*\*\*P<.001

Summary statistics for equation including all variables  
 $r=.638$        $r^2=.407$       std.error=4.146      df=204

Summary Statistics for selected equation  
 $r=.629$        $r^2=.395$       std.error=4.125      df=204



Dear Participant:

This questionnaire is designed to provide information that will be used to improve this program. During this questionnaire, when we refer to "sex" we mean any sexual interaction including hand jobs, blow jobs, anal sex, vaginal sex, etc., even if you didn't have an orgasm. When we refer to prostitutes we are referring to hookers, paid dates, call girls, or any person who is paid or compensated for sex.

—Thank you,

=====

We want to begin by gathering a little information about your background. PLEASE PLACE AN X NEXT TO THE ANSWER THAT BEST APPLIES TO YOU UNLESS GIVEN OTHER INSTRUCTIONS.

1. Which of the following best describes you?

- White
- Black or African American
- Hispanic, Chicano, or Latino
- Asian
- Native American, Indian, or Inuit
- none of the above. Please describe \_\_\_\_\_

2. What is the highest level of education you have completed?

- did not graduate from high school
- graduated from high school
- some college or training after high school
- received a bachelor's degree from a college or university
- received a masters degree or a higher degree

3. How would you describe your sexual orientation?

- straight (heterosexual)
- straight but have had some sexual experience with men
- bisexual
- gay but have had some sexual experience with women
- gay (homosexual)

4. Which of the following best describes your marital status? Are you currently

- Married
- Widowed
- Divorced
- Separated
- Never married

If you are not married, skip the next question and go to number 6.

5. Taking things all together, how would you describe your marriage? Would you say that your marriage is

- Very happy
- Not too happy
- Pretty happy
- Don't know

6. Which of the following best describes your work status during the last week. Were you

- Working full time
- Working part time
- Holding a job, but not at work because of temporary illness, vacation, or strike
- Unemployed, laid off, or looking for work
- Retired
- In school
- Keeping house
- Other (Please explain) \_\_\_\_\_

FOR THE NEXT TWO QUESTIONS, WRITE YOUR ANSWER IN THE SPACE PROVIDED.

7. If you work, what do you do for a living?

8. How old are you? (Write a number) \_\_\_\_\_

The following questions ask about your sexual opinions and practices. PLACE AN X NEXT TO THE ANSWER THAT BEST APPLIES TO YOU.

9. How many sex partners have you had in the last 12 months?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> No Partners | <input type="checkbox"/> 5-10 partners          |
| <input type="checkbox"/> 1 partner   | <input type="checkbox"/> 11-20 partners         |
| <input type="checkbox"/> 2 partners  | <input type="checkbox"/> 21-100 partners        |
| <input type="checkbox"/> 3 partners  | <input type="checkbox"/> More than 100 partners |
| <input type="checkbox"/> 4 partners  |   |

10. About how often did you have sex during the last 12 months?

- Not at all
- Once or twice
- About once a month
- 2 or 3 times a month
- About once a week
- 2 or 3 times a week
- More than 3 times a week
- Don't know

11. Was one of the partners your husband or wife or regular sexual partner? (CIRCLE YES OR NO)

Yes No

If you are married or have a regular sexual partner, answer questions 12 and 13, if not go the question 14.

12. Now, thinking about the sexual relationship you have with your wife or partner...How similar are your sexual interests?  
 very similar  
 somewhat similar  
 somewhat different  
 very different

13. How similar are your levels of sexual desire (wanting to have sex)

partner is much more interested  
 partner is somewhat more interested  
 we are about equally interested  
 I am somewhat more interested than my partner  
 I am much more interested than my partner

14. On the average, how often do you think about sex?

Never think about sex  
 Less than once a month  
 One to a few times a month  
 One to a few times a week  
 Every day  
 Several times a day

15. On the average, how often do you look at pornographic magazines?

Never  
 Less than once a month  
 One to a few times a month  
 One to a few times a week  
 Every day  
 Several times a day

16. On the average, how often do watch pornographic movies or videos?

Never  
 Less than once a month  
 One to a few times a month  
 One to a few times a week  
 Every day  
 Several times a day

17. How often does thinking about sex make you feel guilty?

Never  
 Rarely  
 Occasionally  
 Often  
 Nearly always

18. There's been a lot of discussion about the way morals and attitudes about sex are changing in this country. If a man and woman have sex relations before marriage, do you think it is

Always wrong  
 Almost always wrong  
 Wrong only sometimes  
 Not wrong at all  
 Don't know

19. What if they are in their early teens, say 14 to 16 years old? In that case, do you think sex relations before marriage are

Always wrong  
 Almost always wrong  
 Wrong only sometimes  
 Not wrong at all  
 Don't know

20. What about sexual relations between two adults of the same sex--do you think it is

Always wrong  
 Almost always wrong  
 Wrong only sometimes  
 Not wrong at all  
 Don't know

21. What is your opinion about a married person having sexual relations with someone other than the marriage partner--is it

Always wrong  
 Almost always wrong  
 Wrong only sometimes  
 Not wrong at all  
 Don't know

22. What about sexual relations between adults and children, say a 30 year old and a 10 year-old--do you think it is

Always wrong  
 Almost always wrong  
 Wrong only sometimes  
 Not wrong at all  
 Don't know

23. What percentage of women who report a rape would you say are lying because they are angry and want to get back at the man they accuse?

almost all  
 about 3/4  
 about half  
 about 1/4  
 almost none

24. What percentage of reported rapes would you guess are merely invented by women who discovered they were pregnant and wanted to protect their own reputation?

almost all  
 about 3/4  
 about half  
 about 1/4  
 almost none

Many men visit prostitutes at some time during their lives. The next several questions ask about your actual experiences with a prostitute. Please be honest. Remember your answers are totally confidential and cannot affect your life in any way. If you have never been with a prostitute, you may skip to question 31.

25. How old were you when you first had sex with a prostitute? \_\_\_\_\_

26. What were the circumstances in which you first had sex with a prostitute?

- A group of buddies set me up.
- I approached a prostitute on my own without anyone else knowing.
- A family member or relative set me up.
- A prostitute approached me and asked if I was interested.
- Other (please specify) \_\_\_\_\_

27. About how often during the last year have you had sexual relations with a prostitute.

- never
- only one time
- more than one time but less than once per month
- one to three times per month
- once or twice per week
- three or four times per week
- five or more times per week

28. What kind of sexual activities have you ever participated in with a prostitute at least one time? (PLACE AN X NEXT TO ALL THAT APPLY).

- |   |  |
|---|--|
| <input type="checkbox"/> blow job                     | <input type="checkbox"/> vaginal sex           |
| <input type="checkbox"/> anal sex                     | <input type="checkbox"/> hand job              |
| <input type="checkbox"/> half and half                | <input type="checkbox"/> gang bangs            |
| <input type="checkbox"/> tying her up                 | <input type="checkbox"/> having her tie you up |
| <input type="checkbox"/> cunnilingus                  | <input type="checkbox"/> watching her with     |
| <input type="checkbox"/> taking photos or videos      | <input type="checkbox"/> someone else          |
| <input type="checkbox"/> other: Please describe _____ |  |

29. What kind of sexual activity do you engage in most often with a prostitute. (PLACE AN X NEXT TO ONE).

- |   |  |
|---|--|
| <input type="checkbox"/> blow job                     | <input type="checkbox"/> vaginal sex           |
| <input type="checkbox"/> anal sex                     | <input type="checkbox"/> hand job              |
| <input type="checkbox"/> half and half                | <input type="checkbox"/> gang bangs            |
| <input type="checkbox"/> tying her up                 | <input type="checkbox"/> having her tie you up |
| <input type="checkbox"/> cunnilingus                  | <input type="checkbox"/> watching her with     |
| <input type="checkbox"/> taking photos or videos      | <input type="checkbox"/> someone else          |
| <input type="checkbox"/> other: Please describe _____ |  |

30. How often do you wear a condom when participating in sexual activity with a prostitute?

- never
- seldom
- sometimes
- often
- always

Next we have a set of yes or no questions about your experiences and behavior. (PLEASE CIRCLE YES OR NO.)

- |     |    |  |
|-----|----|--|
| Yes | No | 31. Have either of your parents ever been divorced?  |
| Yes | No | 32. When you were a child, were you ever touched or grabbed by an adult in a sexual way?   |
| Yes | No | 33. When you were a child, were you ever physically hurt by an adult for no reason?  |
| Yes | No | 34. Have you ever served your country in the Armed Forces?   |
| Yes | No | 35. Do you always try to help others?  |
| Yes | No | 36. Do you sometimes get mad when you don't get your way?  |
| Yes | No | 37. Have you ever tried to hurt someone else's feelings?   |
| Yes | No | 38. Are you always a good listener?  |
| Yes | No | 39. During the last year did you have serious trouble with your wife or partner?   |
| Yes | No | 40. During the last year did you separate from your wife or partner?   |
| Yes | No | 41. During the last year did you break up with a steady girlfriend or fiance?  |
| Yes | No | 42. Have you ever had sexual intercourse with a woman when she didn't want to because you threatened to use physical force (twisting her arm, holding her down, etc.) if she didn't cooperate? |
| Yes | No | 43. Have you ever had sexual intercourse with a woman when she didn't want to because you used some degree of physical force (twisting your her arm, holding her down, etc.)?                  |

CONTINUE ONTO THE NEXT PAGE

Now, we want to know your opinions about several different issues. PLEASE RESPOND TO THE FOLLOWING STATEMENTS BY PUTTING A NUMBER IN THE BLANK TO INDICATE WHETHER YOU

- 1=Agree Strongly
- 2=Agree Somewhat
- 3=Disagree Somewhat
- 4=Disagree Strongly

- \_\_\_ 44. I have difficulty meeting women who are not nude dancers or prostitutes.
- \_\_\_ 45. I think most women find me unattractive physically.
- \_\_\_ 46. I want a different kind of sex than my regular partner.
- \_\_\_ 47. I am shy and awkward when I am trying to meet a woman.
- \_\_\_ 48. I would rather have sex with a prostitute than have a conventional relationship with a woman.
- \_\_\_ 49. I am excited by the idea of approaching a prostitute.
- \_\_\_ 50. I don't have the time for a conventional relationship.
- \_\_\_ 51. I don't want the responsibilities of a conventional relationship.
- \_\_\_ 52. I like to have a variety of sexual partners.
- \_\_\_ 53. I like to be in control when I'm having sex.
- \_\_\_ 54. I like to be with a woman who really likes to have sex.
- \_\_\_ 55. I like to be with a woman who likes to get nasty.
- \_\_\_ 56. I need to have sex immediately when I am aroused.
- \_\_\_ 57. I like rough hard sex.
- \_\_\_ 58. Men have a greater need for sex than women
- \_\_\_ 59. I think prostitutes like sex more than other women.
- \_\_\_ 60. Prostitutes usually like sex a little rougher than other women.
- \_\_\_ 61. Prostitution creates a lot of problems for the world.
- \_\_\_ 62. I think that the cops should crack down on prostitution.
- \_\_\_ 63. Prostitution doesn't really harm anybody.
- \_\_\_ 64. A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.
- \_\_\_ 65. When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.

CONTINUE TO ANSWER BY PUTTING NUMBERS IN THE BLANK TO INDICATE WHETHER YOU

- 1=Agree Strongly
- 2=Agree somewhat
- 3=Disagree Somewhat
- 4=Disagree Strongly

- \_\_\_ 66. In the majority of rapes, the victim is promiscuous or has a bad reputation.
- \_\_\_ 67. If a girl engages in necking or petting and she lets things get out of hand, it is her own fault if her partner forces sex on her.
- \_\_\_ 68. Women who get raped while hitchhiking get what they deserve.
- \_\_\_ 69. A woman who is stuck-up and thinks she is too good to talk to guys on the street deserves to be taught a lesson.
- \_\_\_ 70. Sex is more fun if the woman fights a little.
- \_\_\_ 71. Some women like to be smacked around a little during sex.
- \_\_\_ 72. Being angry makes me more likely to want sex.
- \_\_\_ 73. There is nothing wrong with prostitution.
- \_\_\_ 74. If I were thinking about getting married, I wouldn't mind marrying a prostitute.
- \_\_\_ 75. Prostitution should be legalized.
- \_\_\_ 76. Prostitutes are victims of pimps.
- \_\_\_ 77. Most prostitutes make a lot of money.
- \_\_\_ 78. Prostitution should be de-criminalized.
- \_\_\_ 79. It would be OK if my daughter grew up to be a prostitute.
- \_\_\_ 80. Women are prostitutes because they want to be. It's their choice.
- \_\_\_ 81. As long as a man's wife doesn't know about it, there is no harm done to the marriage if the man goes to prostitutes.
- \_\_\_ 82. Most men prefer young prostitutes.
- \_\_\_ 83. Prostitutes enjoy their work.
- \_\_\_ 84. It would be OK if my son went to prostitutes.
- \_\_\_ 85. Men who go to prostitutes have broken their marriage vows.
- \_\_\_ 86. Prostitutes genuinely like men.
- \_\_\_ 87. Most men go to prostitutes once in a while.

Thank you very much for completing this questionn

**Table 1. Responses of Arrested Clients in Comparison to National Sample**

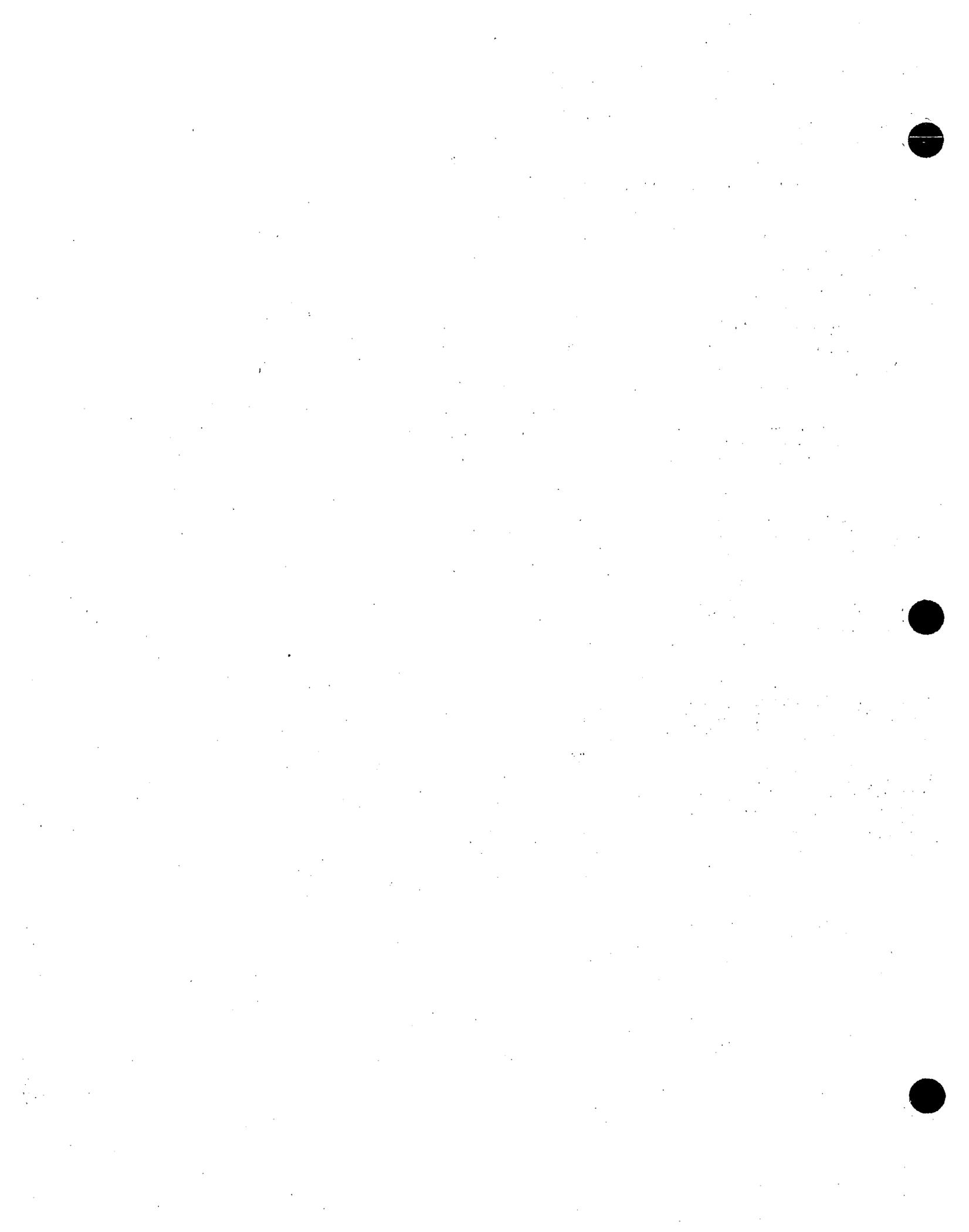
	<u>Arrested Clients</u>	<u>National Sample</u>	<u>X (DF)</u>	<u>First- Timers</u>	<u>Repeat Users</u>	<u>X (DF)</u>
<b>Sex of Respondent</b>	<b>N=400</b>	<b>N=1463</b>		<b>N=139</b>	<b>N=261</b>	<b>2</b>
White	79%	84%	78***	76%	81%	(2)
Black	4%	11%	(2)	4%	4%	
Other	17%	5%		20%	15%	
<b>Age of Respondent</b>	<b>N=409</b>	<b>N=1463</b>		<b>N=144</b>	<b>N=265</b>	<b>1</b>
18-21	4%	6%	12**	5%	4%	(3)
22-30	27%	22%	(3)	28%	27%	
31-40	39%	35%		39%	38%	
41-55	30%	37%		28%	31%	
<b>Highest Degree</b>	<b>N=408</b>	<b>N=1460</b>		<b>N=143</b>	<b>N=265</b>	<b>2</b>
Less Than High School	7%	12%	327***	6%	8%	(4)
High School	15%	52%	(4)	16%	15%	
Some College	36%	7%		34%	37%	
Bachelors Degree	29%	19%		33%	26%	
Graduate Study	13%	10%		11%	14%	
<b>Labor Force Status</b>	<b>N=390</b>	<b>N=1463</b>		<b>N=134</b>	<b>N=256</b>	<b>1</b>
Working Full Time	82%	77%	8	82%	82%	(4)
Working Part Time	7%	8%	(7)	6%	7%	
In School	3%	3%		3%	3%	
Unemployed/Laid Off	3%	5%		5%	3%	
Other	5%	7%		5%	6%	
<b>Marital Status</b>	<b>N=409</b>	<b>N=1463</b>		<b>N=144</b>	<b>N=265</b>	<b>1</b>
Married	39%	56%	39***	40%	40%	(4)
Widowed	1%	1%	(4)	1%	1%	
Divorced	16%	12%		13%	17%	
Separated	6%	2%		6%	6%	
Never Married	38%	29%		41%	37%	
<b>Happiness of Marriage</b>	<b>N=153</b>	<b>N=809</b>		<b>N=55</b>	<b>N=98</b>	<b>1</b>
Very Happy	35%	60%	129***	40%	32%	(2)
Pretty Happy	40%	38%	(4)	38%	41%	
Not too Happy	25%	2%		22%	28%	
<b>Numbers of Sex Partners in Last Year</b>	<b>N=403</b>	<b>N=1351</b>		<b>N=142</b>	<b>N=261</b>	<b>77***</b>
0	10%	10%	296***	14%	7%	(5)
1	32%	71%	(6)	54%	20%	
2	18%	8%		18%	18%	
3-4	17%	7%		11%	20%	
5-10	14%	3%		2%	22%	
11 or More	9%	1%		1%	13%	
<b>Gender of sex partners during past year.</b>	<b>N=382</b>	<b>N=1184</b>		<b>N=129</b>	<b>N=253</b>	<b>7*</b>
Exclusively male	1%	3%	41***	1%	1%	(2)
Both male and female	5%	1%	(2)	1%	7%	
Exclusively female	95%	96%		98%	92%	

**Table 1. (continued)**

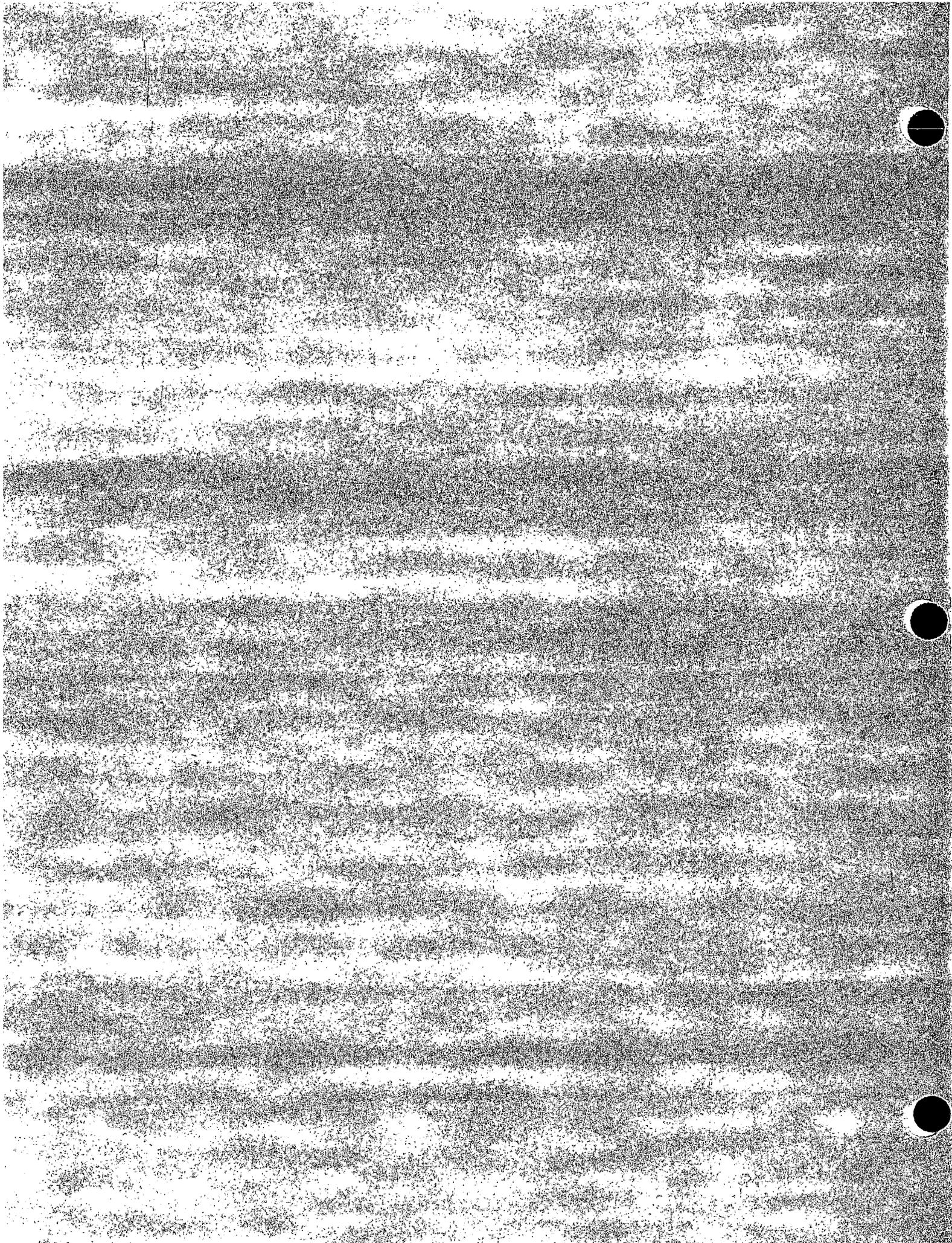
	<u>Arrested Clients</u>	<u>National Sample</u>	<u>X (DF)</u>	<u>First- Timers</u>	<u>Repeat- Users</u>	<u>X (DF)</u>
<b>Frequency of sex during last year.</b>	<b>N=383</b>	<b>N=1317</b>		<b>N=135</b>	<b>N=248</b>	<b>1</b>
Not at all	9%	9%	29***	14%	7%	
Once or twice	8%	6%	(6)	10%	7%	
Once a month	18%	11%		17%	19%	
2-3 times a month	23%	19%		20%	25%	
Weekly	17%	22%		16%	18%	
2-3 times per week	17%	25%		11%	20%	
4 or more time per week	8%	8%		12%	5%	
<b>Seen X-rated movies in last year.</b>	<b>N=386</b>	<b>N=817</b>		<b>N=134</b>	<b>N=252</b>	<b>17***</b>
yes	67%	33%	120***	53%	74%	(1)
no	33%	67%	(1)	47%	26%	
<b>Served in Armed Forces.</b>	<b>N=387</b>	<b>N=476</b>		<b>N=130</b>	<b>N=257</b>	<b>0</b>
No	74%	75%	0	74%	74%	(1)
Yes	26%	25%	(1)	26%	26%	
<b>Acceptability of sex before marriage.</b>	<b>N=353</b>	<b>N=923</b>		<b>N=120</b>	<b>N=233</b>	<b>3</b>
Always Wrong	9%	17%	34***	6%	10%	(3)
Almost always wrong	5%	8%	(3)	4%	6%	
Sometimes wrong	14%	21%	18%	12%		
Not wrong at all	72%	54%		73%	72%	
<b>Acceptability of sex between teens 14-16.</b>	<b>N=358</b>	<b>N=932</b>		<b>N=125</b>	<b>N=233</b>	<b>3</b>
Always wrong	44%	59%	34***	45%	43%	(3)
Almost always wrong	23%	21%	(3)	26%	22%	
Sometimes wrong	20%	14%	20%	21%		
Not wrong at all	13%	6%		10%	15%	
<b>Acceptability of homosexual sex.</b>	<b>N=325</b>	<b>N=958</b>		<b>N=108</b>	<b>N=217</b>	<b>5</b>
Always wrong	45%	65%	45***	44%	45%	(3)
Almost always wrong	5%	5%	(3)	2%	7%	
Sometimes wrong	11%	7%	12%	10%		
Not wrong at all	39%	23%		42%	38%	
<b>Acceptability of extramarital sex.</b>	<b>N=373</b>	<b>N=986</b>		<b>N=129</b>	<b>N=244</b>	<b>1</b>
Always wrong	49%	75%	91***	47%	49%	(3)
Almost always wrong	28%	16%	(3)	31%	27%	
Sometimes wrong	18%	6%	18%	18%		
Not wrong at all	5%	3%		4%	6%	

**Table 1. (continued)**

	<u>Arrested Clients</u>	<u>National Sample</u>	<u>X (DF)</u>
<b>much better for everyone involved if the man is achiever outside the home and the woman s care of the home and family.</b>	<b>N=50</b>	<b>N=923</b>	
Agree	20%	28%	1.6
Disagree	80%	72%	(1)
<b>It is more important for a wife to help he husband's career than to have one herself.</b>	<b>N=51</b>	<b>N=928</b>	
Agree	24%	16%	1.8
Disagree	76%	84%	(1)
<b>Woman should take care of running their homes and leave running the country up to men.</b>	<b>N=49</b>	<b>N=908</b>	
Agree	18%	10%	3
Disagree	82%	90%	(1)
<b>Most men are better suited emotionally for politics than are most women.</b>	<b>N=50</b>	<b>N=893</b>	
Agree	20%	19%	0.1
Disagree	80%	81%	(1)
<b>Sexual materials (like pornography) provide information about sex.</b>	<b>N=49</b>	<b>N=663</b>	
yes	41%	64%	10
no	59%	36%	(1)
<b>ual Materials (like pornography) to breakdown of morals.</b>	<b>N=49</b>	<b>N=645</b>	
yes	59%	49%	1.8
no	41%	51%	(1)
<b>Sexual Materials (like pornography) provide on outlet for bottled-up impulses.</b>	<b>N=47</b>	<b>N=614</b>	
yes	53%	67%	4.0
no	47%	33%	(1)
<b>Sexual Materials (like pornography) lead people to commit rape.</b>	<b>N=48</b>	<b>N=630</b>	
yes	29%	43%	3.4
no	71%	57%	(1)



# Miscellaneous



*A Career and Life Planning Guide for Women Survivors: Making the Connections  
Workbook, by Patricia Murphy*

Sample Personalized Safety Plan for Domestic Violence Survivors

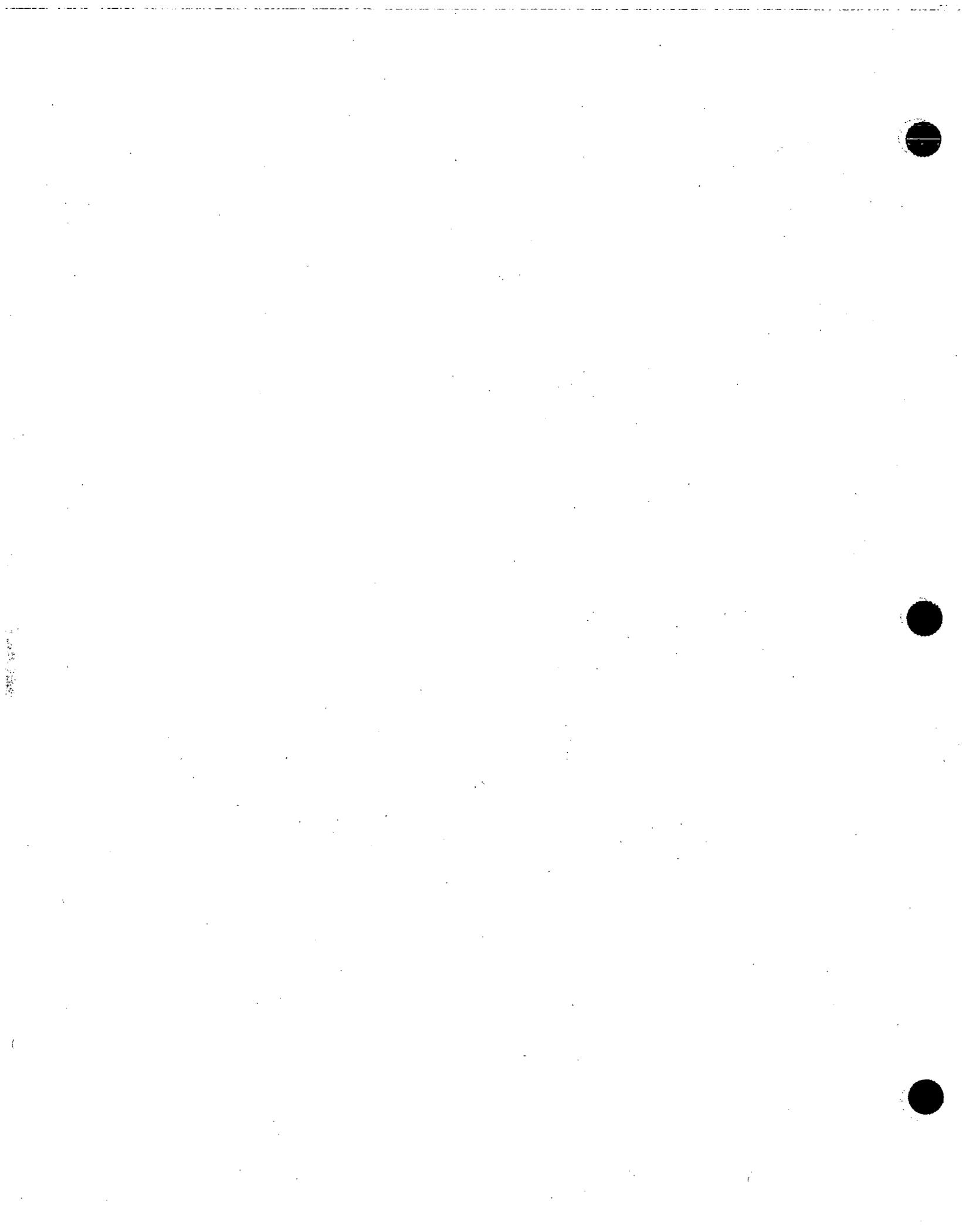
Excerpts from:

*Drug Addiction Research and the Health of Women*

*Executive Summary*

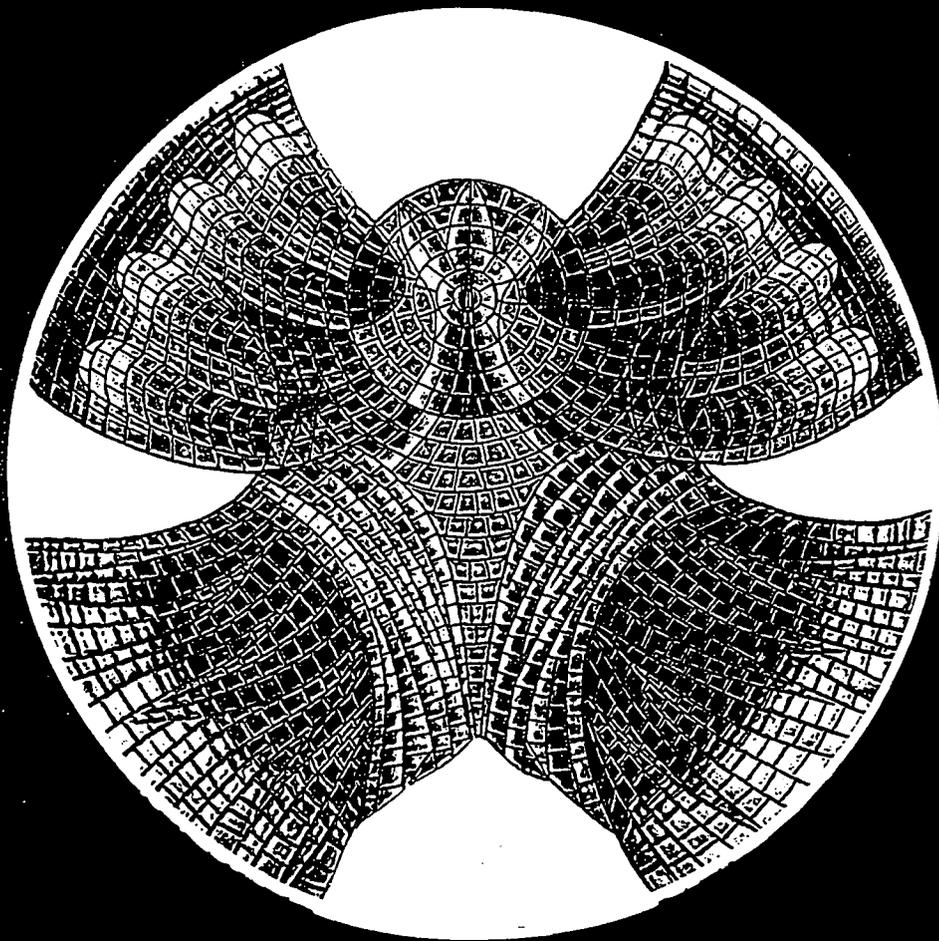
National Institute on Drug Abuse  
5600 Fishers Lane  
Rockville, MD 20857

Full text available from NCADI at 1-800-622-3464  
(ask for publication number 98-4289)



# A Career And Life Planning Guide For Women Survivors

MAKING THE CONNECTIONS WORKBOOK



Patricia A. Murphy

**COMPLEX POST-TRAUMATIC STRESS DISORDER**

(The complex post-traumatic stress disorder diagnostic criteria is quoted from Judith Lewis Herman [1992] in *Trauma and Recovery*, p. 121)

*1. A history of subjection to totalitarian control over a prolonged period (months to years). Examples include hostages, prisoners of war, concentration camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation.*

*My experience of totalitarian control over a prolonged period is:*

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Possible Vocational Impairment: Long absences from the waged labor market, underemployment, inability to complete or continue educational and vocational preparation, criminal record (for being used in prostitution, welfare fraud), economic deprivation (homelessness, signing over all assets), lack of external support systems, loss of social skills, physical injuries (e.g., orthopedic injuries, closed head injury, dental trauma), chronic illnesses (malnutrition, pelvic diseases, substance abuse), chronic pain syndrome, chronic fatigue.

*The ways this experience of totalitarian control has damaged my education, my work life, my economic life are:*

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*2. Alterations in affect regulation, including persistent dysphoria, chronic suicidal preoccupation, self-injury, explosive or extremely inhibited anger (may alternate), compulsive or extremely inhibited sexuality (may alternate).*

*My experience of persistent dysphoria (unhappiness), suicidal thoughts, explosive or sometimes inhibited anger and sexuality has been/is:*

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Possible Vocational Impairment: Damage to social skills, (e.g., difficulty with supervision and feedback in the workplace or at school) chronic health problems including substance abuse leading to absenteeism and poor performance in school and on the job, vulnerability to inducement and/or extortion into prostitution, vulnerability to sexual harassment on the job/in education.)

*My inability to handle my angry impulses, my sexual impulses, my moods has damaged my work life, my education, my economic life in the following ways:*

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*3. Alterations in consciousness, including amnesia or hypermnesia for traumatic events, transient dissociative episodes, depersonalization/derealization, reliving experiences, either in the form of intrusive post-traumatic stress disorder symptoms or in the form of ruminative preoccupation.*

*My experience of either thinking all the time about my prolonged traumatic experiences or blocking it out (sometimes leaving my body or becoming another person) can be described as follows:*

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**Possible Vocational Impairment:** Difficulty concentrating on tasks, new learning in the workplace and at school, delay and/or damage to developmental skills such as reading, language development, mathematics, possible lack of work identity, stunting of the creative process.

*The damage to my ability to do well in school or college, or on the job can be described as follows:*

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4. *Alterations in self-perception, including sense of helplessness or paralysis of initiative, shame, guilt, and self-blame, sense of defilement or stigma, sense of complete difference from others (may include sense of specialness, utter aloneness, belief no person can understand, or nonhuman identity)*

*My experience of prolonged traumatic abuse means the way I think about myself is:*

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Possible Vocational Impairment: Inability to develop a work identity, possible loss of one's name, inability to take risks (e.g., launch a new career, get a college degree, borrow money), inability to make friends or enter the "old girl network" in school or at work, unable to understand or appreciate mentoring (distrusts authority or people with education or professional status), holds belief of inability to learn because of verbal-emotional abuse (e.g., being called *stupid* or *crazy*), no belief in her own transferable skills and knowledge base, may be phobic about going to school or have the idea she has no *right* to learn, experiences words as weapons and not as tools, may hold belief that she is only fit to be used in prostitution, not fit to be in the company of others.)

*My perceptions of myself have prevented me from fulfilling the following educational, economic, and work goals (including the unwaged work of having children):*

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5. Alterations in perception of perpetrator, including preoccupation with relationship with perpetrator (includes preoccupation with revenge), unrealistic attribution of total power to perpetrator (caution: victim's assessment of power realities may be more realistic than clinician's), idealization or paradoxical gratitude, sense of special or supernatural relationship, acceptance of belief system or rationalizations of perpetrator.

*My relationship to the perpetrator(s) can be described as follows:*

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Possible Vocational Impairment: May move with or follow perpetrator from city to city (e.g., in a marriage or in a pimp/prostitute relationship) which disrupts education and career development, escaping from perpetrator by going underground which also disrupts education and career, allow unwaged work skills (parenting/caretaking) to be degraded, (e.g., children are abused in the name of discipline or perpetrator's special needs) accepts perpetrator's evaluation of the value of education, work, and money including the idea that having a higher level of skills, knowledge, education, work, and money than the perpetrator is a betrayal of the perpetrator, accepts perpetrator's control of money and the right to communicate with others, and holds these beliefs even if the perpetrator is dead.

*Because of my relationship with the perpetrator(s) I have experienced the following losses in my work life, my education, my parenting responsibilities:*

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*6. Alterations in relations with others, including isolation and withdrawal, disruption in intimate relationships, repeated search for rescuer (may alternate with isolation and withdrawal), persistent distrust, repeated failures of self-protection.*

*My prolonged experience of traumatic abuse has meant that my relationships with others can be described as:*

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Possible Vocational Impairment: Loss of support systems which would allow risk taking in career development, inappropriate relationships with teachers/mentors/bosses including sexual relationships and vulnerability to sexual harassment in the workplace and in the educational process, vulnerability to inducement into prostitution (average age of entry in the U.S. is between 13 and 16 years leading to further trauma and possible life-long vocational impairment), inability to utilize mentoring or networking support in career development, underemployment by working in jobs which will insure isolation (e.g., working alone as a maid when the victim is a college graduate).

*The quality of my relationships with others has effected my work life and my educational endeavors in the following ways:*

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*7. Alterations in systems of meaning including loss of sustaining faith, sense of hopelessness and despair.*

*My experience of hopelessness has meant that I:* \_\_\_\_\_

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Possible Vocational Impairment: No planning for the future, difficulty completing education and long range projects, no pleasure in work, lack of passion in all endeavors, suppression of the creative impulse, no sense of the value of contribution to be made to others, expectation that work will be oppressive, routine, and without joy, expectation that others in the workplace will either be oppressive or isolating, neglects parenting/caretaking duties because of no belief in the worth of life for oneself and one's children.

*The sense of hopelessness I experience has meant that my waged and unwaged work life and my educational efforts could be best described as follows:*

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Congratulations again! If you have worked all or a portion of *Naming the Trauma* exercises you have gathered some of the words of power you need for your recovery. A formerly battered woman described this process to me as "comforting, in a kind of sideways way, if you know what I mean." I do, because naming is challenging, exciting, creative, and sobering, all at the same time. Welcome to the experience of power.

**TIP**

The pages at the end of this chapter are summaries of *Vocational Impairment Commentary on the PTSD Diagnostic Criteria* and *Vocational Impairment Commentary on the CPTSD Diagnostic Criteria*. These summaries may be used as handouts when you do not wish to share the workbook pages you have completed, and which contain your private commentary regarding your experience of trauma with others.

Abuse is both a psychological and a physical experience. The purpose of next chapter, *Reclaiming My Innocent Body*, is to continue the process of naming the trauma, and to honor the body/mind connection, the whole person. The concluding chapter in *Part I, Overcoming Verbal-Emotional Abuse*, is designed to help you to take back the power of words, of naming, of definition. This power is your birth-right, your heritage.

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Appendix D

Sample Personalized Safety Plan  
For Domestic Violence  
Survivors

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Review dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personalized Safety Plan

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The following steps represent my plan for increasing my safety and preparing in advance for the possibility for further violence. Although I do not have control over my partner's violence, I do have a choice about how to respond to him/her and how to best get myself and my children to safety.

**Step 1: Safety during a violent incident.** Women cannot always avoid violent incidents. In order to increase safety, battered women may use a variety of strategies.

I can use some or all of the following strategies:

- A. If I decide to leave, I will \_\_\_\_\_. (Practice how to get out safely. What doors, windows, elevators, stairwells, or fire escapes would you use?)
- B. I can keep my purse and car keys ready and put them (place) \_\_\_\_\_ in order to leave quickly.
- C. I can tell \_\_\_\_\_ about the violence and request they call the police if they hear suspicious noises coming from my house.  
  
I can also tell \_\_\_\_\_ about the violence and request they call the police if they hear suspicious noises coming from my house.
- D. I can teach my children how to use the telephone to contact the police and the fire department.
- E. I will use \_\_\_\_\_ as my code word with my children or my friends so they can call for help.
- F. If I have to leave my home, I will go \_\_\_\_\_. (Decide this even if you don't think there will be a next time.)

If I cannot go to the location above, then I can go to \_\_\_\_\_ or \_\_\_\_\_.

- G. I can also teach some of these strategies to some/all of my children.
- H. When I expect we are going to have an argument, I will try to move to a space that is lowest risk, such as \_\_\_\_\_. (Try to avoid arguments in the bathroom, garage, kitchens, near weapons or in rooms without access to an outside door.)
- I. I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

**Step 2: Safety when preparing to leave.** Battered women frequently leave the residence they share with the battering partner. Leaving must be done with a careful plan in order to increase safety. Batterers often strike back when they believe that a battered woman is leaving a relationship.

I can use some or all of the following safety strategies:

- A. I will leave money and an extra set of keys with \_\_\_\_\_ so I can leave quickly.
- B. I will keep copies of important documents or keys at \_\_\_\_\_.
- C. I will open a savings account by \_\_\_\_\_ (date), to increase my independence.
- D. Other things I can do to increase my independence include:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. The domestic violence program's hotline number is \_\_\_\_\_.  
I can seek shelter by calling this hotline.
- F. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the telephone bill will tell my batterer those numbers that I called after I left. To keep my telephone communications confidential, I must either use coins or I might get a friend to permit me to use their telephone credit card for a limited time when I first leave.
- G. I will check with \_\_\_\_\_ and \_\_\_\_\_ to see who would be able to let me stay with them or lend me some money.
- H. I can leave extra clothes with \_\_\_\_\_.
- I. I will sit down and review my safety plan every \_\_\_\_\_ in order to plan the safest way to leave the residence. \_\_\_\_\_ (domestic violence advocate or friend) has agreed to help me review this plan.
- J. I will rehearse my escape plan and, as appropriate, practice it with my children.

**Step 3: Safety in my own residence.** There are many things that a woman can do to increase her safety in her own residence. It may be impossible to do everything at once, but safety measures can be added step by step.

Safety measures I can use include:

- A. I can change the locks on my doors and windows as soon as possible.
- B. I can replace wooden doors with steel/metal doors.
- C. I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic system, etc.
- D. I can purchase rope ladders to be used for escape from second floor windows.
- E. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.

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- F. I can install an outside lighting system that lights up when a person is coming close to my house.
- G. I will teach my children how to use the telephone to make a collect call to me and to (friend/minister/other) in the event that my partner takes the children.
- H. I will tell people who take care of my children which people have permission to pick up my children and that my partner is not permitted to do so. The people I will inform about pick-up permission include
  - \_\_\_\_\_ (school),
  - \_\_\_\_\_ (day care staff),
  - \_\_\_\_\_ (babysitter),
  - \_\_\_\_\_ (Sunday school teacher),
  - \_\_\_\_\_ (teacher),
  - \_\_\_\_\_ and (others).
- I. I can inform \_\_\_\_\_ (neighbor), \_\_\_\_\_ (pastor), and \_\_\_\_\_ (friend) that my partner no longer resides with me and they should call the police if he is observed near my residence.

**Step 4: Safety with a protection order.** Many batterers obey protection orders, but one can never be sure which violent partner will obey and which will violate protection orders. I recognize that I may need to ask the police and the courts to enforce my protection order.

The following are some steps that I can take to help the enforcement of my protection order:

- A. I will keep my protection order \_\_\_\_\_ (location). (Always keep it on or near your person. If you change purses, that's the first thing that should go in.)
- B. I will give my protection order to police departments in the community where I work, in those communities where I usually visit family or friends, and in the community where I live.
- C. There should be a county registry of protection orders that all police departments can call to confirm a protection order. I can check to make sure that my order is in the registry. The telephone number for the county registry of protection orders is \_\_\_\_\_.
- D. For further safety, if I often visit other counties in my state, I might file my protection order with the court in those counties. I will register my protection order in the following counties: \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
- E. I can call the local domestic violence program if I am not sure about B, C, or D above or if I have some problem with my protection order.
- F. I will inform my employer, my minister, my closest friend and \_\_\_\_\_ and \_\_\_\_\_ that I have a protection order in effect.
- G. If my partner destroys my protection order, I can get another copy from the courthouse by going to [the office] located at \_\_\_\_\_.

*Personalized Safety Plan*

- H. If my partner violates the protection order, I can call the police and report a violation, contact my attorney, call my advocate, and/or advise the court of the violation.
- I. If the police do not help, I can contact my advocate or attorney and will file a complaint with the chief of the police department.
- J. I can also file a private criminal complaint with the district justice in the jurisdiction where the violation occurred or with the district attorney. I can charge my battering partner with a violation of the protection order and all the crimes that he commits in violating the order. I can call the domestic violence advocate to help me with this.

**Step 5: Safety on the job and in public.** Each battered woman must decide if and when she will tell others that her partner has battered her and that she may be at continued risk. Friends, family and coworkers can help to protect women. Each woman should consider carefully which people to invite to help secure her safety.

I might do any or all of the following:

- A. I can inform my boss, the security supervisor and \_\_\_\_\_ at work of my situation.
- B. I can ask \_\_\_\_\_ to help screen my telephone calls at work.
- C. When leaving work, I can \_\_\_\_\_.
- D. When driving home if problems occur, I can \_\_\_\_\_.
- E. If I use public transit, I can \_\_\_\_\_.
- F. I can use different grocery stores and shopping malls to conduct my business and shop at hours that are different than those when residing with my battering partner.
- G. I can use a different bank and take care of my banking at hours different from those I used when residing with my battering partner.
- H. I can also \_\_\_\_\_.

**Step 6: Safety and drug or alcohol use.** Most people in this culture use alcohol. Many use mood-altering drugs. Much of this use is legal and some is not. The legal outcomes of using illegal drugs can be very hard on a battered woman, may hurt her relationship with her children and put her at a disadvantage in other legal actions with her battering partner. Therefore, women should carefully consider the potential cost of the use of illegal drugs. But beyond this, the use of any alcohol or other drugs can reduce a woman's awareness and ability to act quickly to protect herself from her battering partner. Furthermore, the use of alcohol or other drugs by the batterer may give him/her an excuse to use violence. Therefore, in the context of drug or alcohol use, a woman needs to make specific safety plans.

If drug or alcohol use has occurred in my relationship with the battering partner, I can enhance my safety by some or all of the following:

- A. If I am going to use, I can do so in a safe place and with people who understand the risk of violence

Appendix D

- C. If my partner is using, I can \_\_\_\_\_.
- D. I might also \_\_\_\_\_.
- E. To safeguard my children, I might \_\_\_\_\_ and \_\_\_\_\_.

**Step 7: Safety and my emotional health.** The experience of being battered and verbally degraded by partners is usually exhausting and emotionally draining. The process of building a new life for myself takes much courage and incredible energy.

To conserve my emotional energy and resources and to avoid hard emotional times, I can do some of the following:

- A. If I feel down and ready to return to a potentially abusive situation, I can \_\_\_\_\_.
- B. When I have to communicate with my partner in person or by telephone, I can \_\_\_\_\_.
- C. I can try to use "I can ..." statements with myself and to be assertive with others.
- D. I can tell myself, " \_\_\_\_\_ " whenever I feel others are trying to control or abuse me.
- E. I can read \_\_\_\_\_ to help me feel stronger.
- F. I can call \_\_\_\_\_ and \_\_\_\_\_ as other resources to be of support to me.
- G. Other things I can do to help me feel stronger are \_\_\_\_\_ and \_\_\_\_\_.
- H. I can attend workshops and support groups at the domestic violence program or \_\_\_\_\_, or \_\_\_\_\_ to gain support and strengthen my relationships with other people.

**Step 8: Items to take when leaving.** When women leave partners, it is important to take certain items with them. Beyond this, women sometimes give an extra copy of papers and an extra set of clothing to a friend just in case they have to leave quickly.

Items with asterisks on the following list are the most important to take. If there is time, the other items might be taken, or stored outside the home.

These items might best be placed in one location, so that if we have to leave in a hurry, I can grab them quickly.

When I leave, I should take:

- \* Identification for myself
- \* Children's birth certificates
- \* My birth certificate
- \* Social Security cards
- \* School and vaccination records
- \* Money
- \* Checkbook, ATM (Automatic Teller Machine) card
- \* Credit cards
- \* Keys—house/car/office
- \* Driver's license and registration
- \* Medications
- \* Welfare identification
- Work permits
- Green card
- Passport(s)
- Divorce papers
- Medical records—for all family members
- Lease/rental agreement, house deed, mortgage payment book
- Bank books
- Insurance papers
- Small saleable objects
- Address book
- Pictures
- Jewelry
- Children's favorite toys and/or blankets
- Items of special sentimental value

## Telephone Numbers I Need to Know:

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- Police department—home
- Police department—school
- Police department—work
- Battered women's program
- County registry of protection orders
- Work number
- Supervisor's home number
- Minister
- Other

Reproduced with permission from Barbara Hart and Jane Stuehling, Pennsylvania Coalition Against Domestic Violence, Harrisburg, Pennsylvania, 1992.

Adapted from "Personalized Safety Plan," Office of the City Attorney, City of San Diego, California, April 1990.

# Appendix E

## Hotlines and Other Resources For Domestic Violence and Related Issues

This appendix provides addresses, phone numbers, and information on three types of domestic violence organizations and groups in related fields such as rape, child abuse and neglect, and victimization.

*Hotlines* provide crisis counseling and referrals to victims and those in crisis and usually supply general information either by mail or over the phone. *General resources* send bulletins, pamphlets, manuals, and other publications by mail (sometimes at cost); sometimes they give information over the phone. They also may provide additional services, such as referrals. Most of them serve the general public, although some target professionals in specific fields. The *other services* category includes research and policy groups and those that provide technical assistance, training, and advocacy. Unlike those in the previous category, *other services* tend to target professionals in specific fields, as indicated, and *are not resources for the general public*. Many of the programs and organizations listed below provide more than one type of service, so they are categorized by their primary purpose.

### Hotlines

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#### National Domestic Violence Hotline

(800) 799-SAFE  
(800) 787-3224 (TDD)

Suite 101-297  
3616 Far West Boulevard  
Austin, TX 78731-3074

The National Domestic Violence Hotline links individuals and services using a nationwide database of domestic violence and other emergency shelters, legal advocacy and assistance programs, and social

# Drug Addiction Research and the Health of Women

## Executive Summary

### Editors:

Cora Lee Wetherington, Ph.D., Women's Health Coordinator

Adele B. Roman, M.S.N., R.N., Deputy Women's Health Coordinator

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**National Institutes of Health**

National Institute on Drug Abuse  
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<sup>1</sup> Dr. Finnegan is now Director, Women's Health Initiative, Office of the Director, National Institutes of Health.

Two publications have been produced based on the scientific research conference "Drug Addiction Research and the Health of Women," which was held on September 12-14, 1994, in Tysons Corner, VA, and was sponsored by the National Institute on Drug Abuse. This volume, *Drug Addiction Research and the Health of Women: Executive Summary*, contains condensed versions of the conference presentations as well as the ensuing discussion sessions. A companion volume, *Drug Addiction Research and the Health of Women*, builds on the conference presentations and provides greatly expanded reviews of research in this field.

To obtain copies of either publication contact the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345, 1-800-NCADI-64 (622-3464) or see its World Wide Web site: <http://www.health.org>.

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# Foreword

Alan I. Leshner, Ph.D.

Drug abuse and addiction are among the most pressing health and social issues facing our Nation, posing serious health risks and often tragic consequences for those who are afflicted and for their families and communities. Although extraordinary progress has been made in understanding these disorders and in finding the best ways to prevent and treat them, unfortunately, research on drug abuse and addiction related to women has, until relatively recently, been sorely neglected. Most drug abuse interventions developed to date, including prevention and treatment programs, have largely been shaped by men's characteristics and needs. Because women traditionally have been underrepresented in research studies and drug abuse treatment groups, the effects of drug abuse are far less understood for women than for men. But the scientific evidence generated thus far suggests that drug abuse and addiction present different challenges to women's health, progress differently in females than in males, and may require different treatment approaches and strategies. Moreover, the rapid increase in AIDS cases among women in recent years makes it all the more critical to address gender differences as they relate to drug problems.

In an effort to assess and begin to fill the gaps that exist in knowledge about drug abuse and women's health, the National Institute on Drug Abuse (NIDA), the Federal agency leading the Nation's research efforts on drug abuse and addiction, sponsored a national conference in September 1994 titled "Drug Addiction Research and the Health of Women." This 2-day meeting brought together leading researchers to present state-of-the-science findings, discuss research issues and challenges confronting the field, and lay the framework for NIDA's research agenda in this important area.

This volume contains condensed versions of the conference presentations as well as the ensuing discussion sessions. These summaries and discussions emphasize the gaps in knowledge regarding women and drug abuse that existed then and that, unfortunately, continue to exist today.

A companion volume, *Drug Addiction Research and the Health of Women*, contains greatly expanded reviews of research in this field.

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States, alcohol abuse and other drug abuse are the responsibility of a single agency, but the Federal Government has a long history of keeping them separate. In the past few years, NIDA has looked at expanding its research on nicotine addiction, and we have started to bring together other Institutes and Government agencies to address this addiction. We want all conference participants to tell us what areas NIDA should be researching. This is vital information for NIDA to receive.

I also want to respond to an earlier comment about the common view of drug abuse as a problem affecting a small number of people rather than the larger population. When we speak to members of Congress about drug abuse, we find that they have this view of drug abuse. The points that have been discussed today about drug abuse as a disease and the changes that occur in the brain because of drug abuse may be useful in changing these views. Congress is concerned about the cost-effectiveness of drug treatment, and we have to convince them that a long-term perspective is needed. We need to show Congress something tangible and demonstrate that progress can be made.

## Treatment

### PSYCHOSOCIAL AND BEHAVIORAL TREATMENTS FOR WOMEN

*Karla Moras, Ph.D.*

#### Abstract

*Few studies have examined the efficacy of different approaches to drug abuse treatment for women. Dr. Moras presented research findings about the efficacy of psychosocial and behavioral treatment strategies for drug abuse in general and for women in particular. Evidence suggests that women respond differently to the types of drug treatment used for men and that women may be more responsive than men to psychosocial and behavioral treatment. Interventions that emphasize increasing women's self-esteem and encourage choosing positive life options may be effective in treating drug abuse, particularly with adolescent females. Comprehensive treatment programs have been recommended widely, but their efficacy is still under evaluation. Dr. Moras cautioned that the term "female drug abusers" suggests that such women constitute a homogeneous group; however, in terms of treatment strategies,*

*several subgroups must be studied: pregnant women (both adolescent and adult), injection drug users, adolescent polydrug abusers, older women, single professionals, and housewives.*

### **Sex Differences in Drug Abuse Treatment Research**

- There is little information about effective drug treatment strategies for women because women have been underrepresented in studies to date. The most widely quoted study of psychosocial treatments for opiate addiction, published in 1983, was conducted entirely with men at a Veterans' Administration hospital.
- Women are less likely than men to seek treatment for drug abuse, but women are more likely to seek treatment for psychiatric disorders and other medical problems.
- Some subtypes of female drug abusers may be more responsive than men to certain types of treatment. Psychosocial and behavioral treatments might be more effective with women than with men because of important differences in self-esteem and environmental and socialization factors, all of which influence maintenance of drug abuse behaviors.
- There is evidence that female drug abusers tend to have higher rates of comorbid mood and anxiety disorders than men who abuse drugs, and several studies have found that they also have lower self-esteem than men. Similar differences in levels of depression, anxiety, and low self-esteem also are found between women and men who are not drug users.
- Child-care responsibilities often interfere with women's ability to attend treatment programs.
- There are sex differences in employment options; women in drug abuse programs often lack marketable skills.
- The growing awareness of sex differences in treatment needs has led to a national focus on comprehensive treatment programs for female drug abusers. Comprehensive treatment programs currently are being implemented in many NIDA-funded demonstration grants, but data on their effectiveness are incomplete. These programs are aimed primarily at women who are chronic abusers of drugs such as heroin and cocaine, adolescents, pregnant women, and women who are poor or undereducated. Cognitive

behavioral treatments for depression and anxiety may be useful to include in comprehensive treatment programs.

### **Conclusions From Literature Reviews**

Dr. Moras presented conclusions based on literature reviews initiated by the NIDA Treatment Research Branch to determine the status of research on psychosocial and behavioral treatments for drug abuse.

- In most treatment studies, 50 percent or more of the eligible participants drop out early. Better strategies are needed to motivate people who abuse drugs to change their behavior patterns.
- Many people in drug treatment who achieve abstinence or significantly reduce their level of drug use often return to drug-abusing behaviors. This is true for treatment programs for all drugs, including nicotine.
- Psychosocial and behavioral treatments using contingency management techniques (such as a rewards system) are promising, but the behavioral change sometimes does not endure after the rewards cease. Research is needed on how to maintain behavior changes after the rewards stop.
- Many studies of psychosocial and behavioral treatments of drug abuse are flawed. For example, therapists may not be trained adequately to conduct the treatments being studied. However, methodological advances in psychotherapy research are being transmitted to the drug abuse field.
- Women, housewives, single female professionals, and older adults often suffer from overprescription of drugs. Education of practitioners about the appropriate approach to prescribing psychoactive medications for women is needed.
- Individuals who abuse hard drugs, such as heroin or cocaine, generally abuse more than one drug. For example, heroin addicts typically also abuse cocaine, and cocaine addicts also often abuse alcohol.

### **Issues for Future Research**

- More research is needed on sex differences in the efficacy of psychosocial and behavioral drug treatment approaches and on

treatments for women, including pregnant women. What psychosocial interventions are particularly effective in reducing some women's urge to take drugs?

- Self-esteem, life options, and environmental and socialization factors should be considered in the design of psychosocial treatments for women.
- More research is needed on ways to reduce drug-using behaviors and on methods to ensure that the behavior changes endure. Although contingency techniques have been found to reduce use of alternative drugs in methadone treatment programs (e.g., heroin-addicted people on methadone treatment who use cocaine as an alternative), individuals sometimes revert to drug-using behaviors when rewards are stopped.
- An important focus for future research is high-risk populations, such as adolescent females. Because studies of women who are chronic drug abusers show that identifiable behavior patterns appear during adolescence, targeting research on adolescents would be important to preventing drug abuse. Prevention interventions with adolescents should focus on improving life options and self-esteem.
- Research is needed on the overprescription of psychoactive drugs to women. Practitioners need to be educated about appropriate approaches to prescribing psychoactive medications for women.
- Comprehensive treatment programs are widely recommended; however, thorough trials, data analysis, and followup are needed to determine their effectiveness. The effectiveness of cognitive behavioral treatments for depression and anxiety should be examined more closely in such settings.

#### PHARMACOLOGY: SEX-SPECIFIC CONSIDERATIONS IN THE USE OF PSYCHOACTIVE MEDICATIONS

*Sidney Schnoll, M.D., Ph.D.*

##### Abstract

*Studies of psychoactive drugs in nonhuman animals have found pharmacologic and pharmacodynamic differences between females and males, but the*

*few studies conducted with humans have included only male subjects. High rates of anxiety and depression have been found among women who seek treatment for drug abuse problems, and studies show that women tend to seek medical help for emotional problems, whereas men tend to "medicate" themselves with alcohol and other drugs. Women are prescribed psychoactive medications nearly twice as often as men, but researchers have little information on the effects of these drugs on women, particularly when they are pregnant or of childbearing age. More research is needed on the effects of these drugs on women and the most appropriate treatment of psychiatric conditions.*

#### **Current Research on Psychoactive Drugs and Sex Differences**

- Despite popular concern about overprescribing, most women are not being treated for the conditions diagnosed, although data indicate that psychiatric diagnoses are between 1.5 and 3.6 times more prevalent among women than among men. Furthermore, when women are treated for psychiatric diagnoses, they frequently are not treated appropriately. About 69 percent of patients diagnosed with major depression do not receive medication, even though antidepressant medication is effective. Women with anxiety syndromes are seldom treated with medication or given any other treatment.
- Most studies of psychoactive drugs are performed with laboratory animals, and there is evidence of pharmacologic and pharmacodynamic differences between male and female animals. Few human studies of psychoactive drugs are done, and most of those use young male medical students. Nonhuman animal studies do not indicate behavioral teratogenesis.
- Most drug companies do not study the effects of psychoactive drugs on women because of potential legal liabilities if there is danger of teratogenesis in subjects who become pregnant. Companies also avoid studies with women because menstrual cycles and hormonal changes may alter drug results. The menstrual cycle has dramatic effects on a woman's body, but research is rarely done on how psychoactive drugs affect the menstrual cycle. Studies of new drugs usually involve postmenopausal women.

- All psychoactive drugs are lipophilic (fat-soluble), and the differences in muscle mass and fat tissue distribution between men and women require that the drugs be administered differently. Also, the amount of time drugs are in the gastrointestinal tract is critical in drug absorption, and the transit time changes during the menstrual cycle.
- Many psychoactive drugs are not adequately studied among women of childbearing age, although these women have high rates of depression and anxiety and often are prescribed such drugs for treatment. The side effects of antipsychotic drugs occur more frequently in women than in men, so more care should be taken in prescribing these drugs to women.
- The placenta continually changes during pregnancy, and any drug that crosses the blood-brain barrier can pass through the placenta. The fetus is most at risk of adverse drug effects at days 18 to 55 of development. Most drugs have prolonged half-lives in the fetus, and therefore possible dysmorphic and behavioral teratogenicity are concerns. Most psychoactive drugs used during pregnancy, including antidepressants such as Prozac, produce a kind of neonatal withdrawal syndrome after delivery. Infants exposed to these drugs are often delivered prematurely and are undersized.
- There also are risks in not treating a pregnant woman for psychiatric conditions, including suicide, violence, and a decreased ability to function. If left untreated, the woman's physical and mental health may suffer, and she may refuse to accept prenatal care or abuse the fetus.
- Women are less responsive than men to imipramine in the treatment of depression, but the difference is not discussed in the literature. Older women metabolize benzodiazepines faster than men, and undesirable side effects from benzodiazepines occur more frequently in women.

#### Issues for Future Research

- Few studies examine sex differences in the effects of psychoactive drugs on humans. More research is needed on how drugs affect women of childbearing age, particularly pregnant women, and

how women's hormones and menstrual cycles may influence the effects of psychoactive drugs.

- What is the appropriate method for treating depression and other psychiatric conditions in women, particularly pregnant women? Risks exist in both prescribing and not prescribing drugs to treat depression in pregnant women.
- Hard-core, long-term opiate addicts need a combination of psychotherapy, behavior modification, and pharmacotherapy. What combinations of behavioral therapies and pharmacotherapies provide the most effective treatment of anxiety, depression, and other psychiatric conditions for women in general and for drug-addicted women in particular? Practitioners typically give inadequate therapy, which can be worse than providing no treatment at all.
- Practitioners must be taught that cognitive behavioral treatments and antidepressants are highly effective and that proper prescribing of tranquilizers and pain medications reduces adverse effects.

## RESEARCHER/SEX ISSUES

Jacqueline Wallen, Ph.D., M.S.W.

### Abstract

*Dr. Wallen addressed the issues and problems that researchers must consider when conducting studies of women who are in drug abuse treatment. Most drug abuse research has focused on men, and much of the recent research on women has been evaluation research focused on pregnancy-related areas. Research, including analysis of existing databases, is needed to determine (1) the characteristics of women in treatment for drug use, (2) the methods women use to finance treatment, (3) the pathways through which women enter treatment, (4) the kinds of services offered to and used by women, (5) the treatment outcomes for women in different kinds of programs, and (6) the costs and benefits of different treatment programs, particularly those that offer comprehensive services to women and their families.*

### **Special Considerations for Research on Drug Abuse Treatment Among Women**

- Not enough data on women in drug abuse treatment have been collected and analyzed. NIDA and the Center for Substance Abuse Prevention have funded numerous demonstration programs for pregnant and postpartum women and their children. Some research findings have resulted, but there has been less research on women in drug treatment at other stages in the female life cycle. Characteristics such as low self-esteem, lack of child care, experiences of sexual abuse, and insufficient insurance may affect women's ability to enter drug treatment.
- The first step in collecting information about women is to find women with drug problems; their settings often are different from those of men.
- The Perinatal-20 study found that women who chose to enter treatment were less willing to accept random assignments in experimental studies. Such reluctance may present barriers to conducting research.
- Women are more likely than men to complete drug treatment, but a comparison of men and women in treatment who were at the same socioeconomic level found that women expressed more emotional distress. The assumption often has been that women experience more emotional distress than men, but Dr. Wallen suggested that men in drug treatment trials may not be expressing the emotional distress they actually feel.

### **Issues for Future Research**

- There is commitment at the Federal, State, and local levels to make women's drug treatment programs comprehensive, but there is little research to support any particular drug treatment approach for women. More research is needed to determine the types of services offered to or received by women when they enter drug treatment. What are the costs and benefits, particularly of comprehensive programs? For which women are comprehensive programs most cost-effective? What are the treatment outcomes in different types of programs?

- It is important to determine the characteristics of women who do not enter treatment. What are the barriers for different groups? What factors facilitate the entry of women into drug treatment? Researchers should examine the large, national databases to identify the characteristics of women in drug treatment. Data are needed on income, health insurance coverage, age, marital status, sexual orientation, number and ages of children, race and ethnicity, housing situation, and primary language spoken. Type and severity of drug problems, psychiatric problems, history of sexual and other physical abuse, and HIV status are other factors that should be analyzed.
- It is important to conduct longitudinal research on infants and children regarding their resiliency and protective factors to help demonstrate the effectiveness of drug treatment in overcoming early risk factors.
- What are the characteristics of women who receive drug treatment from their personal physicians rather than from a treatment program? Do the treatment programs offer child care, medical care counseling, family planning services, HIV screening, parenting education, housing assistance, and transportation?
- How do women typically pay for drug abuse treatment? Which groups of women, and what proportion, pay for their own treatment, have private health insurance, or use community-sponsored drug treatment services? What are the costs of not treating women who need treatment—physical and mental health costs, protective services, income maintenance programs, and effects on families?
- What are the pathways through which women enter drug treatment? It is assumed that women are less likely than men to enter treatment via the correctional system, but there are conflicting research findings.

## SERVICE PROVIDER/TREATMENT ACCESS ISSUES

Shirley D. Coletti, D.H.L.

### Abstract

Dr. Coletti described Operation PAR, the largest nonprofit drug abuse program in Florida, whose programs feature innovative strategies to reduce barriers to drug treatment for women. Those innovations are important because few treatment programs focus on the special needs of women, the barriers they must overcome to obtain treatment, or ways to help women complete drug treatment. These barriers include (1) fear of separation from their children and lack of day care; (2) lack of safe, drug-free housing; (3) financial and legal difficulties; (4) health problems requiring services beyond drug treatment; (5) lack of knowledge about women and drug abuse; (6) lack of transportation; (7) long waiting lists for treatment; and (8) lack of youth-specific services. Because comprehensive drug treatment programs are expensive, collaboration among agencies is critical if such services are to be provided to women.

### Barriers to Drug Treatment

- **Fear of separation from their children and lack of day care.** Many women leave treatment because they fear losing their children or being separated for an extended time. Some treatment programs ban communication between a woman and her family for 6 months. Operation PAR provides developmental day care for the children of mothers in drug treatment. Mothers can even participate in planning day care activities.
- **Lack of safe, drug-free housing.** Operation PAR overcame the housing problem in part by purchasing houses slated for demolition and moving them to its property.
- **Financial and legal difficulties.** Many female drug abusers are single parents with several children. Some women have a history of child abuse and neglect.
- **Serious health problems.** Women who abuse drugs often have other serious health problems. The trend toward HMOs or capitation plans may lead to a reduction in the number of health

care services provided to these women because such programs profit by providing fewer services.

- **Lack of knowledge about women and drug abuse.** Many health care professionals lack awareness and knowledge of some of the unique needs of drug-abusing women, particularly pregnant women. When physicians take medical histories, they often do not ask important questions that would enable them to diagnose drug addiction.
- **Lack of transportation.** Many women who abuse drugs have financial problems and rely on public transportation to see physicians or obtain treatment. Operation PAR provides transportation to clients with a fleet of about 30 vehicles funded in part by the U.S. Department of Transportation.
- **Long waiting lists.** Long waiting lists often discourage women who agree to enter treatment. Outpatient counseling encourages women to endure the wait for residential treatment.
- **Lack of youth-specific services.** Adolescents also need the full range of drug treatment services, but to be effective, services must be designed to meet the specific concerns of adolescents. Operation PAR has a 50-bed residential treatment program for female and male adolescents ages 13 to 17. It is a joint venture among the State of Florida, the county, private funders, and a bank.

## DISCUSSION OF TREATMENT ISSUES

The discussion presented below dealt with treatment issues and followed the presentations of Drs. Moras, Schnoll, Wallen, and Coletti.

**Dr. Christine Hartel:** Are you aware of any governmental efforts to address problems you raised in testing drugs in pregnant women?

**Dr. Schnoll:** There has been a lot of effort in this area. Various government agencies now require the inclusion of women in testing programs. However, drug companies are concerned about liability issues and have not progressed very far.

**Dr. Moras:** What kind of incentives could be given to drug companies to study the effects of their agents on women?

**Dr. Schnoll:** The major issue is potential liability. Drug companies would be willing to do more tests on women if they did not have the risk of legal liability.

**Dr. Mary Jeanne Kreek:** The lack of studies among pregnant women is a critical issue. We did two studies on the pharmacokinetics of methadone given in steady doses to pregnant women who were not abusing other drugs. These studies were possible because one vendor was involved and provided pro bono services, and no pharmaceutical company was involved. Both my institutional review board (IRB) and the FDA agreed the studies were critical because they would lead to recommendations for the treatment of pregnant women. Only methadone and phenytoin have been rigorously studied. Do you know whether any additional drugs have been studied during human pregnancy with respect to pharmacokinetics?

**Dr. Schnoll:** Probably none have been studied. It is an appalling situation. My IRB demands that a drug prove efficacy in a nonpregnant population before it will consider a study in pregnant women.

**Dr. Kreek:** A prestigious university has insisted that pregnant women be included in a medications development study, but the medication has not been evaluated for teratogenicity. Investigators and IRBs need help in interpreting the guidelines for including women in studies and facilitating the development of needed studies that follow a step-by-step progression.

**Dr. Schnoll:** I agree. How do we start to develop studies on the interactions of behavioral therapies and pharmacotherapies? Such combinations may allow the use of fewer drugs and smaller doses.

**Dr. Moras:** Studies on depression show no evidence to support superior efficacy of combined drug and psychotherapy treatments. However, combined treatment would likely affect a higher proportion of people. Some will respond to the drug; some to psychotherapy. A colleague and I have requested a grant to study combined treatment for patients with drug-resistant depression. With comprehensive treatment programs for women, there is an underlying hypothesis that women more than men might benefit from combined psychosocial and drug treatment strategies.

**Dr. Lisa Onken:** NIDA is interested in encouraging research on the integration of behavioral and pharmacological treatments. A monograph on that topic will be coming out soon.

**Dr. Karen Allen:** As noted earlier by Dr. Moras, most treatments are not directed at housewives, single professionals, and older women. Do you have any recommendations for drug treatment for these groups?

**Dr. Moras:** One recommendation is educating health practitioners who serve those groups. A higher proportion of women than men present for treatment for panic disorder, and benzodiazapines are often prescribed, although there is evidence of a rebound effect when a patient withdraws. There is clear evidence that cognitive behavioral treatments are highly effective, as are some antidepressants. Perhaps educating health practitioners to stop overusing tranquilizers and overprescribing pain medications for women would be helpful.

**Dr. Allen:** What about treatment for alcohol, cocaine, and other drugs that housewives, single professionals, and older women sometimes use?

**Dr. Schnoll:** Part of the problem is that most practitioners are not trained to recognize drug problems in this population, and they do not take appropriate histories. With changes in health care delivery, primary care practitioners are going to be the gatekeepers. They must be trained to recognize the problems of addiction and how to treat it, mostly in their own clinical setting. Data indicate that 8 to 16 percent of a primary care physician's practice is composed of patients suffering from addiction, and most are not being treated for the addiction. Education is critical.

**Dr. Dean Kilpatrick:** Primary practitioners spend 8 to 10 minutes per patient. Training to screen and refer patients for drug treatment makes sense. Primary care practitioners who spend little time with each patient are not likely to be effective in treating such a complex problem as addiction.

**Dr. Schnoll:** We find that insurance companies are reluctant to pay for referrals to drug treatment programs; this is part of the move toward managed care.

**Dr. Ruth Gordon:** Some time ago there was an experiment to link mental health with primary care. Primary care physicians were trained, but there was no permanence because they did not do that kind of work continually. What can be done to support trained primary care physicians so that they continue to assess and treat people? What peer support can be provided?

**Dr. Schnoll:** There have been financial disincentives in the past associated with the kind of treatment and screening that primary care physicians should provide. With managed care, the financial incentives are there because the primary care physicians are responsible for the total health care costs and will seek to reduce their costs. Those working in drug abuse treatment need to offer more continuing education to primary care physicians.

**Dr. Loretta Finnegan:** I would like to see NIDA in a partnership with groups such as the American Society of Addiction Medicine to provide training to primary care practitioners, internists, and psychiatrists. Questions concerning addiction recognition and treatment should be included on medical boards. We must make the American Association of Medical Colleges aware that the prevalence of addiction is so high that it affects every other specialty. Medical students used to think they would not be dealing with addiction, but now they find that pediatricians have to care for babies undergoing drug withdrawal.

**Dr. Joyce Roland:** We are starting to address that issue. The North Carolina Governor's Institute sponsors a summer institute for health professionals at the University of North Carolina, and information about drug treatment is included. Is it possible to do animal studies in the lab that give an idea of how pregnant monkeys or rats might respond to certain medications? When we talk about how to approach pregnant women, what kind of work at the laboratory level is transferable?

**Dr. Schnoll:** If a drug company wants to use a drug with pregnant women, it has to do studies on several different species of animals to determine whether the drug is teratogenic. We have learned that a lot of information is not transferable—a drug may be teratogenic in certain animal species but not among humans and vice versa. It is difficult to do animal studies on behavioral teratogenesis.

**Dr. Finnegan:** Dr. Kreek, how much should a methadone dose be lowered when a woman wants to breastfeed?

**Dr. Kreek:** We conducted two studies on a small number of methadone-maintained patients who were not polydrug users and who had no serious medical or behavioral illnesses. Larger studies are needed. Earlier studies showed that less than 3 percent of orally administered methadone circulates in systemic blood, and less than 10 percent of methadone is free in plasma that can pass into breast milk. To be accurate, we need information on the volume of breast milk an average

infant consumes after the first 2 to 4 weeks of life. With the information we had, we calculated that the amount of methadone that could pass from mother to baby was smaller than the dose of methadone a neonatologist would give a child for pain relief. Therefore, the amount of methadone delivered in breast milk is less than what an infant would have been exposed to in utero.

Although we do not hesitate to recommend breastfeeding to women on methadone maintenance<sup>2</sup> who have no other drug abuse problems, we do hesitate to recommend breastfeeding to women who have HIV. Of children born to HIV-positive mothers, 50 percent are HIV positive at birth. Of these, 20 to 35 percent are truly infected, but this cannot be determined until the child is at least 6 months old. If the child is not infected, an infected mother could expose the child to the virus through her breast milk. On the other hand, breastfeeding is good for babies from a psychological and immunological viewpoint. This is a difficult problem involving medical and ethical issues. We, in New York, hesitate to recommend breastfeeding for women who are infected with HIV.

**Dr. Stephen Kandall:** Based on Dr. Kreek's research, a local panel I chaired recommended that breastfeeding was acceptable and should be supported for methadone-maintained women who were not polydrug users and were not infected with HIV. However, the New York State Department of Health issued a document recommending that *all drug-using women* be discouraged from breastfeeding.<sup>3</sup> I do not know how that happened given the science that supports the safety of breastfeeding.

**Dr. Kreek:** I think we have to ask why scientific research information about drug abuse often is communicated inaccurately. Education is needed for physicians, nurses, social workers, and others to get rid of preconceived notions and bigotry about our patients. We know that hard-core, long-term opiate addicts need a combination of psychotherapy, behavior modification, and pharmacotherapy, but this knowledge still is not accepted.

**Unidentified Audience Member:** The FDA consent-to-treatment form for methadone maintenance also advises that these women should not breastfeed.

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<sup>2</sup> Data are not available on the long-term effects of methadone in infancy.

<sup>3</sup> See footnote 2.

**Dr. Marsha Rosenbaum:** What effect does the combination of marijuana and methadone have in breastfeeding?

**Dr. Kreek:** I wish this question would be researched. I know of no study measuring levels of marijuana in breast milk. Another question is how much effect marijuana has on a person's behavior if it has been weeks since the drug was taken.

**Dr. Schnoll:** To answer that question would mean giving measured doses of marijuana to a woman who is breastfeeding and then getting samples of blood and breast milk. Such a study is not likely to be approved by an IRB.

**Dr. Finnegan:** Dr. Moras, you indicated that comprehensive care components include prenatal and neonatal care, family involvement, parenting skills, vocational training, employment counseling, medical services, and HIV risk prevention, and you said there are no data concerning these issues. Did you mean there are no data looking at all these components together? Do we have data on them separately?

**Dr. Moras:** Right, we do not have efficacy data on comprehensive multimodular programs.

**Dr. Kandall:** Given the effects of early influences on these women's lives, how likely is it that treatment will overcome those influences? How do we assess the effectiveness of treatment programs in terms of outcome variables?

**Dr. Wallen:** More longitudinal studies are needed on infants and children regarding their resiliency and protective factors, even though following a cohort of children for any period of time is expensive. This is extremely important research that should be done.

**Unidentified Audience Member:** Another issue being studied involves women who do not receive treatment services and those who are referred for drug treatment but refuse it. In addition, it is important to know the level of addiction a person has reached when she/he enters treatment because different levels produce different consequences and problems.

**Dr. Rosenbaum:** It is necessary to establish that there is common ground between researchers and research participants. In our experience, women can establish rapport with other women through one-on-one discussions. A major issue is how to help women access drug

treatment if they cannot afford to pay for it. Lack of money to pay for treatment is a major barrier for some women.

**Dr. Moras:** One study reported that female drug abusers did not care whether those treating them were of the same ethnic or racial group; they were more concerned that those providing treatment services knew what they were doing and were helpful.

**Dr. Peggy Stotts :** Have researchers investigated how the attitudes of health care providers act as barriers to people in drug treatment? Bias on the part of providers has been recognized as a barrier because it discourages those seeking treatment.

**Dr. Wallen:** I agree. Some national databases collect data on facilities, their services, and whether staff members have had special training on women's issues. However, the data are collected at an aggregate level so there is no way to know how many women actually received services from providers who received the special training. We need more specific data about how services are delivered to those women who need them most. If you were making a recommendation for collecting national data, how would you suggest this question be asked?

**Dr. Stotts:** Health care providers should examine their own biases or attitudes toward women who use drugs during pregnancy and work through these issues so that they can provide nonjudgmental care to these clients. We need research to document the problem and address it through continuing education and medical schools.

**Dr. Finnegan:** We know that providers' attitudes toward men, women, and pregnant women can be very different. Addressing the problem requires more than a questionnaire. Nonverbal communication and interaction with clients can be observed by using videotape.

**Dr. Kathleen Jordan:** I have good news on this issue. At Research Triangle Institute, we are conducting two large, longitudinal, national studies of treatment clients. Your concerns about information gaps in research results are being addressed in some manner in these studies. One is DATOS, the Drug Abuse Treatment Outcome Study, which is funded by NIDA. The other is the National Treatment Improvement Evaluation Study (NTIES). Unfortunately, much of the funding for NTIES was used to support mainstream rather than enhanced services. I hope the studies that follow ours will learn from our experience.

**Unidentified Audience Member:** Early identification of women who are willing to enter treatment is important. Another important issue is the early development of children. A NIDA-funded grant that I am working on found that almost 50 percent of women in treatment neglected their children during the first 18 months and relied on the other family members for support. Are there studies of how to support the family while the mother is in treatment and incapable of caring for a child?

**Dr. Wallen:** I do not know of any such study. Very few of the large-scale databases collect information on whether women are ever offered financial or benefits counseling. It is important to know what support or benefits a treatment program can offer women so that barriers can be overcome.

**Dr. Moras:** I know of one model program that focuses on ways to involve the extended family of the pregnant or postpartum woman to provide help with parenting, as well as supporting her efforts to get off drugs.

**Unidentified Audience Member:** To get women into treatment, it is necessary to work with members of the extended family.

## Etiology

### THE ETIOLOGY AND GENETIC EPIDEMIOLOGY OF PSYCHIATRIC AND DRUG DISORDERS AMONG WOMEN

*Kathleen R. Merikangas, Ph.D.*

#### Abstract

*Dr. Merikangas presented information about genetic epidemiology as a method of studying the gene-environment interactions that may be involved in the etiology of drug abuse. She described the appropriateness of applying the methods of genetic epidemiology to disorders such as drug abuse. She presented research data suggesting that drug abuse and drug dependence are transmitted in families and that sex is not a significant factor in the family transmission of drug dependence. Researchers found no distinct genetic factors underlying drug abuse in women and men.*

## Genetic Epidemiology Methods

Genetic epidemiology is the study of the etiology, distribution, and control of disease in families rather than in the general population. Unlike behavioral genetics, it focuses on diseases or disorders rather than traits and behavior patterns. Inheritance factors in genetic epidemiology refer to any factors that are transmitted in families, including cultural and biologic factors. Genetic epidemiology methods can be used to investigate whether sex differences in the prevalence of a particular drug abuse disorder are attributable to genetic or other transmissible factors.

In general, epidemiology ignores the family history of a disease or disorder even though it is one of the strongest risk factors for the etiology of chronic human disorders; instead, it provides information about the environment and the patterns of diseases in populations. Genetics focuses almost exclusively on host factors and fails to take into account the role of environmental influences. Therefore, researchers need to address gene-environment interactions when studying the genetic contributors to the etiology of drug abuse.

- One way to examine gene-environment interactions is to use study designs that control for the genetic background while letting the environment vary or vice versa. For example, the study of monozygotic twins (same genes) who are discordant for a particular disease is a powerful way to identify environmental factors that either potentiate or protect against the expression of the underlying genetic vulnerability.
- Twin offspring studies offer another approach. By controlling for family and genetic background (because the offspring of monozygotic twins are half-siblings rather than cousins), researchers can examine the role of factors such as exposure to peer networks, parents who abuse drugs, and parents with serious medical or psychiatric illnesses. Differences noted in these environmental factors help researchers identify factors that may lead to differential expressions in genetically similar individuals.
- The study of half-siblings who grow up in families in which the parents have divorced and remarried may help identify the role of drug exposure, environment, and family disruption.
- Studies of migrant populations may be the ideal way to identify the role of cultural influences on the development of a particular

disease. Researchers can analyze changes in the disease rates of genetically similar groups who are from different areas of the world.

#### **Research on Families and Risk Factors for Drug Abuse**

- The National Comorbidity Survey showed that the rates of drug abuse and dependence are higher among males in the general population compared with females, a finding consistent with other epidemiologic studies across the United States. Therefore, the threshold for females to develop drug abuse is assumed to be higher than that for males. If females have a higher threshold for developing drug abuse, it is assumed that they would need to accumulate more risk factors, which then should cause greater rates of illness in both the male and female relatives of female probands. If genetic factors are responsible for the major sex differences in drug abuse and if women have more risk factors than men, then women's families should have greater familial transmission than men's.
- Data suggest that a family history of drug abuse is one of the most powerful risk factors for the development of drug abuse in individuals. Dr. Merikangas and colleagues recently completed a large, longitudinal family study (cosponsored by NIDA and NIAAA) of comorbidity of drug abuse, alcoholism, and anxiety disorders. Researchers from many disciplines, including psychologists, neurologists, sociologists, and anthropologists, interviewed children and other family members to determine what risk factors may be involved in the etiology of drug abuse.
- The study involved selecting a female proband and collecting family history information from parents, children, teachers, and other informants. Subjects were selected from both treatment settings and the community at large and were classified according to whether they had a major anxiety disorder, including panic disorder, social phobia, or agoraphobia. All probands met strict criteria for dependence rather than abuse of marijuana and anxiolytic drugs. A control group ("normals") selected from the community had none of the anxiety disorders and no history of drug abuse. Approximately 1,200 first-degree relatives and

250 spouses were interviewed. The researchers sought to understand the relationship among anxiety disorders, affective disorders, antisocial personalities, and drug abuse.

- The rate of drug dependence was 2 percent among relatives of the control group but was 12 percent among relatives of proband drug abusers. This suggested that there was a familial transmission or aggregation of drug dependence, and this transmission seemed to be specific to particular drugs rather than drugs in general.
- The nearly twofold increase in rates of drug dependence among male relatives confirmed the finding of population studies that men have higher rates of drug dependence than women. However, the sex of the proband made no significant difference in the drug dependence rates of relatives. When this hypothesis was tested in models that controlled for age, comorbidity, and other covariates, no sex difference was found in the transmission of drug dependence.
- After controlling for sex differences in base rates of psychopathology, no differences were found in the comorbidity patterns of male and female relatives, suggesting that comorbidity with affective and anxiety disorders in alcoholism does not lead to greater risk of drug dependence among relatives. After controlling for comorbid alcoholism in the probands, anxiety and affective disorders were not associated with an increased risk to the relative, suggesting some specificity in the transmission of drug abuse and the underlying etiologic factors.
- The data suggested that familial patterns of drug dependence were similar in families with relatives in drug treatment as well as in families from the community at large.
- Reports about drug dependence did not appear to be significantly influenced by whether the report was made by relatives or the individual proband. However, the information source was an important factor in reports about most psychiatric disorders.

#### Study Conclusions

- The data suggested that drug abuse and drug dependence were transmitted in families, but drug dependence appeared to have

greater familial aggregation than abuse, particularly with respect to alcohol.

- There was specificity of transmission of drug abuse; that is, relatives of alcoholics who had no other drug abuse issues did not have elevated rates of drug abuse themselves, suggesting a difference in the etiologic factors for alcohol dependence and dependence on marijuana and anxiolytic drugs.
- After population base rates were controlled for, patterns of comorbidity did not differ between male and female drug abusers.
- Sex was not a significant factor in the transmission of drug dependence through the family. There were no distinct genetic factors underlying drug abuse in either men or women.

#### Issues for Future Research

- The key question over the next decade concerns the family characteristics that increase the risk of drug dependence and have a greater effect on dependence than sex differences. Research should be done on families with half-siblings to help identify the role of family disruption and environment in the etiology of drug abuse. Attempting to identify genes that increase the risk of drug dependence is too complex.
- The data suggested that drug abuse and drug dependence were transmitted within the family, but drug dependence appeared to have greater familial aggregation than abuse, particularly with respect to alcohol. To replicate and confirm these findings, a similar study of familial transmission of drug dependence is needed using individuals dependent on cocaine and opioids.
- What factors cause men to be at higher risk of drug abuse than women? Cultural and metabolic factors need further investigation.
- Research involving migrant populations is needed to identify the role of cultural influences on the development of drug disorders.

#### Questions From the Audience

The question-and-answer session below followed Dr. Merikangas' presentation.

**Dr. Mary Jeanne Kreek :** Did you use actual exclusion criteria for abuse or dependence of opiates and stimulants, including cocaine?

**Dr. Merikangas:** Many people were dependent on multiple substances so we looked at the relationship between alcohol and anxiety to see whether that extended to anxiolytic-type drug abuse. A person who had predominant cocaine dependence, opioid dependence, or any kind of injection drug dependence was not included in this study.

**Dr. Kreek:** Even the best instruments, such as the widely used Addiction Severity Index, do not measure magnitude of use and require only yes or no responses. Was the use of any of these drugs an exclusion criterion, or was it a question of what drugs were used predominantly?

**Dr. Merikangas:** Armed with the individuals' treatment records and detailed diagnostic interviews, we asked about drug preference, craving, and what the person would do if he or she had all the money in the world. We also looked at drug preference, duration of dependence on each substance, and age period when the individual used the substance. Based on this information, we tried to determine the major drug of abuse. For instance, if individuals had used cannabis, as most cocaine and opioid abusers do, from ages 13 to 14 and then never used it again, they would not be classified as cannabis users.

**Dr. Kreek:** This is important as we move toward more sophisticated molecular genetic studies, more sophisticated environmental risk factor impact studies, and their intersection. These data seem to show the dominance of other drugs over alcohol or, as you stated, a selectivity. Does that selectivity go even further within a drug group? It is difficult to judge how to label the phenotype in these kinds of studies. It will become critically important to include details about the instruments used and the cutoff criteria for those who used cannabis, anxiolytic drugs, or other substances. As far as outcome studies for the relatives, was the drug primarily one of the three that you named?

**Dr. Merikangas:** No. It could have been dependence on any drug. One of the major goals was examining specificity. We wanted to study not only the drug preference but also the specificity of actual drugs used among people who have been exposed to virtually every drug in their lifetimes. Many cannabis abusers have been exposed to a large number of different drugs, use cannabis daily, and have been doing so for 20 years.

**Dr. Kreek:** This is our finding, too, in the opiate-dependent group and more recently in the cocaine-dependent group. It is important in all the instruments to tease this information out and explain how it was done. Most studies still lump all drug abuse together, yet there are profound differences.

**Dr. Brenda Miller:** Please give more background on the characteristics of the proband group, particularly with regard to ethnicity, age, and social class.

**Dr. Merikangas:** With regard to socioeconomic class, all classes were represented. We also want to examine ethnic patterns to see whether there are differences in risk and drug use. Data presented today are for Caucasians only because the original study followed up on Dr. Myrna Weisman's family study of depression, which had an all-Caucasian sample. We extended the sample to include blacks and Hispanics. At present, we are analyzing some early data on blacks and Hispanics separately. The substance abusers tend to be in a somewhat lower social class than the control subjects. This is always a problem, but one that is controlled for in our analyses.

**Dr. Miller:** Many people assume the word "inherited" means genetic factors. I would encourage you to come up with a word other than inherited because the assumption is to equate that with genetics.

**Dr. Merikangas:** I agree with and appreciate your comment. Our work is designed to identify the noninherited factors and that is why I tend to use the term "transmissible."

**Unidentified Audience Member:** Were quality assurance procedures used by your interviewers? Was there a model that could be used by other programs?

**Dr. Merikangas:** Our priority was to have as interviewers clinicians who had clinical experience in asking questions about drug use and anxiety disorders. We used a diagnostic interview that is semistructured, so quality assurance was difficult. We have traded some reliability to gain clinical validity. Interviewers were trained carefully, using videotapes and group evaluations. Another clinician reviewed each interview that was done to ensure that the correct format was used. Periodically, someone observed each interviewer as she or he conducted interviews and performed a review of the interviewer's work.

**Dr. Karen Allen:** Is transmission of drug abuse through families more true for women than men?

**Dr. Merikangas:** No, the sex proband effect was not significant. Neither women nor men have a genetic vulnerability to drug dependence. Having relatives who abuse drugs increases a person's risk of having drug abuse by a factor of about 2.5. Knowing this helps to predict who may abuse drugs, but it tells us nothing about etiology. We need to understand what it is about the family that leads to drug dependence. We want to examine family background and explain why there is an increased risk of drug dependence and why some children in a family become dependent but their siblings do not. But this is just one study and requires replication.

**Unidentified Audience Member:** Why did you use semistructured interviews and focus on clinicians skilled in the disorders rather than use clinicians skilled in using the structured diagnostic interviews?

**Dr. Merikangas:** We were interested in psychopathology and its association with drug use. The structured interviews work well in obtaining information on drug and alcohol dependence. However, this is not true with regard to anxiety and affective disorders. The validity of some of the structured interviews was inadequate for examining the subtypes of anxiety and affective disorders. The so-called unstructured interviews actually were structured and coded, but the clinician made a "best-estimate diagnosis" based on more than the actual responses to the interview. Psychopathology—bipolar disorder, for instance—is usually missed by people who do not have some clinical experience or training in how to probe for relevant information.

**Dr. Karla Moras:** You can use clinically skilled diagnostic interviewers with structured interviews to reach the same goal. It is difficult for people who have no clinical experience to use a structured interview and obtain accurate diagnoses, but unstructured interviews are not a necessity. You have to hire skilled people.

**Dr. Merikangas:** Yes, particularly with children. The semi-structured interview seems to be far superior in working with children.

# Etiology Panel

## CHILDHOOD AND ADOLESCENT PRECURSORS TO DRUG USE

*Judith S. Brook, Ed.D.*

### Abstract

*Dr. Brook presented data from a 20-year longitudinal study of precursors to drug use in children who were first assessed at 1 to 10 years of age and followed to young adulthood. Two main types of childhood personality attributes appeared to be important predictors of drug use during adulthood: (1) reckless and predelinquent behaviors, including aggression, and (2) poor emotional control. Specific predictors for drug use during childhood were associated with the development of personality attributes during early and late adolescence that, in turn, were related to higher stages of drug use in adulthood.*

### Longitudinal Study of Childhood and Adolescent Precursors to Drug Use

- A sample of 1,000 children, ages 1 to 10, was assessed in 1975. Investigators met with the mothers and the children, and both groups were reassessed during early and late adolescence. The last followup assessment occurred during young adulthood, when the subjects were 18 to 27 years old.
- During early adolescence, characteristics related to unconventionality were reported by young women who later had high stages of drug use: lower achievement, lower church attendance, greater rebelliousness, less responsibility, and greater tolerance of deviance. Those at higher stages of drug use reported difficulty in terms of emotional control (i.e., frequent expression of anger and impulsiveness). In the interpsychic area, only low ego integration was related to higher stages of drug use. Depression and anxiety were not related to higher stages of drug use.
- The behavior patterns of early adolescence persisted during late adolescence, although correlations were higher then; a result to be expected for predictions made closer in time to the present.

- The study findings supported using a mediational model to examine the relationship of childhood personality attributes to higher stages of drug use. That is, childhood personality risk traits were associated with the development of personality risk traits during early adolescence that related, in turn, to the development of personality risk traits in late adolescence. In turn, the risk traits of late adolescence were associated with higher stages of drug use in adulthood.
- Two main types of childhood personality attributes appeared to be important predictors of drug use during adulthood: reckless and predelinquent behaviors, including aggression, and poor emotional control, attributes similar to adolescent characteristics implicated in drug use. Early prevention efforts that focus on crucial personality attributes may not only inhibit initial drug use but also prevent drug use later in adulthood.
- Researchers identified several protective traits in childhood that can offset the effects of adolescent drug use on adult drug involvement over time, including achievement orientation during adolescence and a close mutual attachment between parent and child.

### Followup Study Results

A followup study analyzed information on three generations over the 20-year study period: grandmothers, parents, and 2-year-old children. The analyses revealed the following:

- Drug use during adolescence and young adulthood appeared to interfere with the bonding relationship between these young women and their children. Personality attributes such as unconventional behavior, intrapsychic distress, or difficulty in relating to people also appeared to interfere with parent-child bonding. After controlling for personality traits, illicit drug use by parents directly affected the parent-child bonding relationship and reduced the expression of parental affection.
- There was evidence that illicit drug use by parents was related to poor social adjustment in the child. A history of unconventional behavior and intrapsychic distress in the parent strongly affected the 2-year-old's behavior; parents who were rebellious during

adolescence and young adulthood had children who were not well adjusted socially and who expressed greater negativity and aggression.

- The risk factors for drug use in females at all developmental stages studied were found to be similar to those of males, but females exhibited lower levels of all the major risk factors. For example, females demonstrated lower levels of aggression, anger, predelinquent behavior, and hyperactivity and were better able to control their emotions and had friends who were not deviant and who were achievement oriented.
- One area in which females rated higher than males was intrapsychic distress, such as depression, anxiety, and obsessiveness. Intrapsychic factors are important in predicting drug dependence or abuse but not experimental or moderate drug use. Early and appropriate interventions can reduce risk factors for drug use among women and enhance protective factors.

### Conclusion

Dr. Brook suggested that drug abuse prevention programs (1) focus on strengthening certain crucial personality traits that not only inhibit initial drug use but also may help prevent drug use during adulthood and (2) be initiated during childhood, because certain traits are precursors to adolescent drug use risk traits that later affect adult drug use.

### Issues for Future Research

- A study similar to the research of Dr. Brook and colleagues is needed to examine childhood and adolescent precursors to drug abuse. A larger sample (more than 1,000 children) is needed to confirm whether illicit drug use by parents is related to increased negativity, aggression, and poor social adjustment in their children.
- Future research on sex differences should be based on a developmental perspective and include models that emphasize the interactive and reciprocal influences of the child, family, culture, and community. This broader approach will facilitate examining how different adaptive and maladaptive developmental pathways in females and males lead to drug use.

## VICTIMIZATION AND POSTTRAUMATIC STRESS DISORDER

Dean G. Kilpatrick, Ph.D.

### Abstract

*Dr. Kilpatrick reported information from a retrospective and longitudinal survey of adult women in the United States that showed a clear relationship among assault, family history of drug use, posttraumatic stress disorder (PTSD), and sensation-seeking behaviors. Women subjected to violence had a higher risk of alcohol dependence and other drug abuse problems. Women who had alcohol or other drug problems, particularly with hard drugs, were at high risk of repeated assaults. PTSD is an important factor in alcohol and other drug abuse, and women often developed PTSD after experiencing a violent assault.*

### National Women's Study

Drug abuse disorders are more prevalent among women who have been crime victims. Several studies of drug abusers seeking treatment reveal that they have higher than average rates of past victimization. However, these studies seldom addressed the question of whether drug abuse occurred prior to violent assault or crime or whether the violent assault increased the risk of drug abuse. Is the relationship between violent assault and drug abuse a vicious cycle in which both events foster the development of the other?

Dr. Kilpatrick presented data from the NIDA-funded National Women's Study, a retrospective, longitudinal, national probability household survey of adult women in the United States. A random sample of women was interviewed by telephone. After the initial assessment, followup interviews were conducted at years 1 and 2. Complete followup information was obtained for 72 percent of the sample, and partial followup was accomplished for 83 percent of the sample. Aggravated assault was defined as an attack with or without a weapon but with the intent to kill or seriously injure the victim. New victimizations were defined as those that occurred during the followup interval. Current PTSD was measured by the National Women's Study PTSD module.

### Initial Assessment—Wave 1

- It was found that 12.7 percent of the women surveyed had been victims of one or more completed rapes during their lifetimes, and about 10 percent had been victims of aggravated assault. Only about one in five cases of rape and aggravated assault had been perpetrated by strangers. Among women who had been assault or rape victims, more than half had experienced more than one type of criminal incident. Only 16 percent of rape cases and 46 percent of aggravated assault cases had been reported to police.
- The lifetime prevalence of PTSD was 12.3 percent; prevalence for the past 6 months was 4.6 percent.
- There appeared to be a linear relationship between the number of prior assaults experienced and the likelihood of lifetime alcohol dependence. Some women had experienced as many as three rapes or aggravated assaults prior to the initial assessment.
- The assessment also revealed other risk factors for the development of alcohol dependence: family history of drug abuse problems, high level of sensation-seeking, and lifetime history of PTSD.
- There was a clear relationship among assault, family history of drug abuse, PTSD, and sensation-seeking, even when the analysis controlled for other variables. Those who were alcohol dependent in the past were 25 times more likely than other subjects to be dependent on alcohol.

### Followup Assessments at Years 1 and 2

Followup data at years 1 and 2 indicated a clear relationship between category of drug use at baseline assessment and an increase in the likelihood of suffering a new assault.

- About 28 percent of the sample used drugs, and a mutually exclusive grouping was used for analysis. A subgroup of polydrug or heavy drug abusers included those using heroin, cocaine, and any hard drugs or other substances. Another subgroup included those who used marijuana and alcohol but not "hard" drugs. Another subgroup included those who had met the *DSM-III-R*

criteria for alcohol dependence and did not use other types of drugs.

- Of those women who did not use drugs at baseline assessment or may have used alcohol alone, 3.9 percent reported having experienced aggravated assaults during this period. Of those who met the diagnostic criteria for alcohol dependence, 6.1 percent reported having experienced new assaults. Even after controlling for past-year alcohol dependence, subjects who suffered a new assault were three times as likely to be alcohol dependent as other subjects. Of women who did not report any experiences of assault or rape at the initial assessment but experienced a rape or assault subsequent to that assessment, 16 percent developed an alcohol problem. After controlling for other variables, subjects with PTSD were found to be 5.5 times more likely to be alcohol dependent. Essentially, 100 percent of those women who experienced a prior assault or a prior alcohol problem and who developed PTSD also had an alcohol problem at followup.
- Of those who had used marijuana but not other drugs at baseline assessment, 9.6 percent had experienced new assaults. Of those who reported use of hard drugs at baseline assessment, 28 percent had experienced a rape or aggravated assault during the followup intervals.
- Among women who had ever received treatment for drug abuse problems (alcohol or other drugs), only 16 percent had no history of rape or aggravated assault and no PTSD. Eighty-four percent had experienced either an aggravated assault or rape or had developed PTSD. Forty percent had been assaulted but did not develop PTSD, and more than 30 percent of the group had experienced both assaults and PTSD. These figures are similar to data collected in other studies of women seeking drug treatment. Of particular concern is the young age at which most women who received treatment had been raped; 62 percent of the women reported being raped before age 18, and 30 percent before age 11. Other types of sexual assault were not included in these data.

## Conclusions

- Women who have been subjected to violence have a higher risk of alcohol and other drug abuse problems.
- Women who have alcohol or other drug abuse problems, particularly with hard drugs, are at high risk of repeated assaults.
- Women who develop PTSD after experiencing an aggravated assault or rape are at greater risk of developing drug abuse problems. PTSD is an important factor in alcohol and drug abuse, and it is important to identify and address this disorder as soon as possible. Therefore, women in drug treatment programs should be screened to determine (1) whether they have been subjected to violent assaults in the past and (2) whether they have developed PTSD.

## Issues for Future Research

- Future research should examine the presence of similar risk factors (e.g., alcohol dependence, PTSD, having been the victim of assault) in adolescents and young children; researchers found that most assaults were committed against adolescent girls before age 18.
- Clinical interventions designed specifically to prevent future assaults may increase clients' safety.

## HARM REDUCTION

*Marsha Rosenbaum, Ph.D.*

### Abstract

*Dr. Rosenbaum stated that pragmatic treatment strategies are needed to help drug-abusing women who want treatment, particularly pregnant women. There is insufficient support for treatment programs, and most are not sensitive to the needs of women. Harm reduction is a viable strategy for minimizing the harm of drug abuse even if abstinence from drugs is not possible. She presented information from an ethnographic study that indicated that drug-abusing women who were pregnant used some form of harm reduction to achieve the best possible pregnancy outcomes given their drug abuse. More research is needed on these harm-reduction strategies and how to assist women with their efforts to*

*minimize the harmful effects of drug abuse. Researchers and treatment specialists may have to accept strategies that minimize drug abuse and reduce its consequences rather than insisting on abstinence.*

### **Findings on Harm-Reduction Strategies**

Harm reduction is a pragmatic strategy that has been used in relation to methadone treatment for about 30 years and with AIDS patients who are drug abusers. Harm reduction emphasizes minimizing the harm brought about by drug abuse, even if drug abuse cannot be stopped completely.

Dr. Rosenbaum found that many women who abused drugs practiced personal harm-reduction strategies. The following findings are from a NIDA-funded ethnographic study of 120 women who were either pregnant or postpartum. The women used crack, heroin, or methamphetamine, and most were not in drug treatment.

- All women interviewed believed that their drug abuse would damage their fetuses and cause deformities, behavioral problems, or mental retardation. Reducing drug-related harm during pregnancy was imperative. The women varied greatly in terms of the harm they perceived and the strategies they used to reduce harm to their fetuses. Strategies included reducing or quitting drugs, attempting to counteract drug effects, improving diet, taking vitamins, getting more sleep, moving, changing lifestyles, and seeking prenatal care. Abortion was another method, but it was not a popular choice.
- Attempts to reduce drug-related harm seemed linked to the intensity of women's perceptions of possible harm. Crack users seemed to perceive their drug abuse as very harmful, which may be related to the large amount of media attention given to crack use. On the other hand, heroin users expressed less concern about drugs harming the fetus, which also may be related to the fact that stories about heroin and methamphetamine use appear in the news media less often than those about crack.
- Although all forms of drug treatment were considered by the women to be good methods for reducing drug abuse, drug treatment overall was not considered a sure solution. Many women combined drug treatment programs with their own methods of

avoiding drugs. They were often not successful at permanently abstaining from drugs; temporary periods of drug abstinence were the norm. However, the women attempted to balance what they referred to as drug "cleanup times" with "mess-up times" and tried to maximize the cleanup periods.

- Another harm-reduction strategy was to combine or substitute the drug of choice with drugs that were perceived to be less harmful, such as replacing crack with marijuana.
- Health care services, particularly prenatal care, were perceived as the best way to improve health during pregnancy, but most women did not get as much health care as they wanted. They were more likely to disclose their drug abuse to health care providers during pregnancy so that they would obtain the best medical care possible, but they were likely to stop seeking health care during or immediately after pregnancy if they felt caregivers were judging them or ridiculing them for being pregnant and abusing drugs.
- In conclusion, data indicated that pregnant drug abusers often practiced harm reduction in some way.

#### Issues for Future Research

- More research is needed on how to assist women with harm reduction and the use of new strategies for harm reduction. How can treatment services be modified to complement the efforts of women to reduce the harm of drug abuse? Women who abuse drugs need more information about how drugs affect their health so that their efforts at harm reduction can be more successful. Dr. Rosenbaum asserted that women should have access to treatment even if they are not successful in being totally abstinent.
- Female drug abusers, particularly those who are pregnant, want and need health care services, but they will end contact with health care providers who appear to judge, blame, or humiliate them for their drug abuse. Drug treatment services should be designed to ease the problem of women avoiding or dropping out of drug treatment programs.

## STRESS AND COPING AMONG WOMEN

R. Lorraine Collins, Ph.D.

### Abstract

Dr. Collins presented the results of a survey on stress, coping, and drug use in a sample of nearly 2,000 female nurses in New York State. Prevalence of drug use among the nurses was compared with its prevalence among a subsample of women who participated in the 1991 National Household Survey on Drug Abuse (NHSDA). The key study question was whether stress and coping contributed to drug use or whether neuroticism influenced drug use. The definition of neuroticism included (1) anxiety and depression, (2) hostility, (3) self-consciousness, (4) impulsiveness, and (5) vulnerability. The nurses reported higher rates of prescription drug use than the women in the NHSDA. Cross-sectional analysis suggested that neuroticism was related directly to drinking alcohol as a way to cope with work stress and becoming acutely intoxicated but that it was not related to typical drinking. Future research should focus on longitudinal studies, studies of other populations, and examinations of sex differences.

### Current Information From the Literature

Dr. Collins prefaced her findings with brief comments on what is known from the research literature on work stress and drug use, adaptive versus maladaptive coping, and the role of neuroticism.

- The existing literature is inconsistent as to whether stress and coping techniques are connected to drug use. There is little literature support for drug use as a direct response to work stress, but there is some support for the idea that job stress combined with ineffective coping strategies increases the potential for drug abuse.
- Drug abuse often is viewed as a short-term maladaptive coping strategy that provides temporary release from stress. Some literature suggests that women more often than men use maladaptive, or emotion-focused, coping strategies; therefore, it may be that women turn to drugs to alleviate anxiety, depression, and stress temporarily.

- Neuroticism has been linked independently to stress as well as to coping; therefore, it was hypothesized that it also may be linked to drug use. Highly neurotic people report more exposure to stress and appear to react more strongly to stress and to use maladaptive and ineffective coping strategies.

### **Findings of the Study on Stress and Drug Use Among Female Nurses**

Dr. Collins presented information from a survey on drug use that was completed by 1,951 female nurses in the State of New York. Nurses were selected because their profession is highly stressful and allows easy access to medications, factors that are believed to place them at risk of drug abuse as a way of coping. The study examined the nurses' past and present use of alcohol, tobacco, caffeine, prescription drugs, and illicit drugs. The prevalence data from this survey were compared with data from the 1991 NHSDA on women in the northeastern United States.

- A high percentage of nurses reported using licit drugs at some time in their lives. Alcohol had been used by almost everyone, and there was a relatively high rate of caffeine and tobacco use. When these data were compared with NHSDA data, it was found that the nurses had higher rates of past-month and lifetime alcohol use. The rates of past-month tobacco use were approximately equal. (Caffeine use was not included in the NHSDA, and therefore data were not available for comparison.)
- The rate of prescription drug use, both past-month and lifetime, was higher among nurses than among women in the NHSDA, particularly for tranquilizers and barbiturates. This higher rate is a concern because health care professionals have easy access to drugs and are knowledgeable about their effects.
- The data on illicit drug use showed that the nurses used marijuana and opiates at higher rates but used cocaine at lower rates than the women in the NHSDA sample. The rate of hallucinogen use was about equal.

### **Subsample of Current Alcohol Drinkers**

Data on a subsample of 637 nurses who were current alcohol drinkers were analyzed by causal modeling, and three alcohol-related

outcomes were examined: (1) drinking to cope with stress at work, (2) typical drinking, and (3) drinking for the acute effects of intoxication.

- Data suggested that neuroticism led directly to alcohol-related outcomes; that is, drinking was used to cope with work stress. Data also suggested that neuroticism was related to the perception of stress, which, in turn, was related to alcohol-related outcomes. The data did not indicate any link between coping strategies and alcohol-related outcomes.
- Neuroticism was not related to typical drinking even though it was related to drinking to cope with work stress. This finding suggested that typical drinking was a response to social and cultural issues rather than a response to stress.

#### Future Research

Longitudinal studies are needed to determine whether there are causal relationships between neuroticism and drug use. Studies similar to those described by Dr. Collins are needed on drugs other than alcohol, and future study populations should be more heterogeneous and examine sex differences.

#### ETIOLOGY PANEL DISCUSSION

The discussion presented below followed presentations by members of the Etiology Panel: Drs. Brook, Kilpatrick, Rosenbaum, and Collins.

**Unidentified Audience Member :** We published an article in the *American Journal of Psychiatry* several years ago that analyzed data on the causal association and onset of drug abuse and PTSD. We did not collect data on incestuous rape, which usually occurs at young ages, so these events were not included in the analysis. However, our data from a sample of 3,000 people indicated that drug abuse preceded PTSD. We hypothesized that involvement in the drug culture put these people at risk for violent attacks and similar crimes. This is another area for future research.

**Unidentified Audience Member :** It is critical that we know more about childhood victimization before we assume which originates first: PTSD or other drug and alcohol problems. Data from a NIDA study of drug-abusing women indicate that childhood victimization occurs first, followed by signs of PTSD, and then by drug and alcohol problems.

**Dr. Coryl Jones:** Dr. Kilpatrick's study indicated that victimization often occurred before the age of 11, in children who were 6, 7, and 8 years of age.

**Dr. Nan Vandenberg:** First, what would be an ideal prevention program based on the strengths of these women that mediate the effect of drug abuse? Second, you noted that the young girls less likely to develop drug abuse disorders tended to conform to sexual stereotypes. Some research suggests that adherence to sexual stereotypes in adults can predict a greater potential for drug abuse. Can you explain this seemingly inverse finding?

**Dr. Brook:** For prevention programs, I would first focus on individual personality traits and include solid achievement-oriented activities. Second, some of our research showed that the atmosphere in the school is an important protective factor. Youngsters in a school where there was harmony among the administration, teachers, and students were more insulated from drug use. Youngsters in nondeviant peer groups benefited from that powerful protective factor, and finally, some aspects of the neighborhood and culture might be important. Researchers are just beginning to identify the protective and risk factors.

## Consequences

### MEDICAL AND HEALTH CONSEQUENCES OF HIV/AIDS AND DRUG ABUSE

Peter A. Selwyn, M.D., M.P.H.

#### Abstract

*Dr. Selwyn gave an overview of the key issues of the HIV epidemic among women, with special reference to disease manifestations and clinical care. He pointed out areas of research relevant to the dynamics of this epidemic and presented epidemiologic information that suggested there were few sex differences in the progression of AIDS. Injection drug use is currently the most important risk factor for HIV infection among women. Recent studies indicate that HIV-infected women who use drugs are at higher risk of developing cervical abnormalities, gynecologic infections, and sexually transmitted diseases than HIV-infected women who do not use drugs. More research is*

*needed on HIV infection among women and the medical and health consequences of drug abuse.*

#### **Overview of the Epidemiologic Features of the AIDS Epidemic**

- The rate of heterosexual transmission of AIDS has increased in the United States. In 1994 AIDS became the leading cause of death among young adult males and the fourth leading cause of death among young adult females. Among African-American women, it is the second leading cause of death, and in parts of the Northeast where AIDS is most concentrated among people of color, it has been the leading cause of death among both young men and women for several years.
- Injection drug use is the most important risk factor for HIV infection among women and accounts for half of all AIDS cases among women. One-third of AIDS cases among women have been attributed to heterosexual contact, and most involved contact with injection drug users.

#### **Recent Research on HIV and Implications for Improving Women's Health**

- Drug abuse, particularly of cocaine, is one of several factors that seems to increase the risk for HIV infection. A 1991 study in New York found that crack use, prostitution, and sex in exchange for drugs predicted HIV infection among women, but a history of syphilis was not a significant predictor. Among men, syphilis was found to be a predictor, along with crack use and contact with prostitutes.
- A 4-year study in Louisiana found that HIV-positive women who injected drugs were at greater risk of developing sexually transmitted diseases than HIV-positive women who did not inject drugs.
- Studies have shown a strong relationship between cervical dysplasia and HIV infection. An Italian study of female drug abusers found that those infected with HIV were more likely than those who were not infected with HIV to experience cervical abnormalities, ulceration, and infection with common organisms.

- Dr. Selwyn suggested that, in addition to gynecologic disease, many differences in the manifestations of HIV/AIDS between men and women were primarily due to differences in screening, access to care, utilization of care, and stage of disease at presentation. An anonymous seroprevalence study found that, in an emergency room, male patients were more likely than female patients to be screened for HIV.
- Dr. Selwyn reported the results of several studies conducted at the Montefiore Medical Center with female and male drug abusers:
  1. There was high compliance among subjects when clinical care, including specific medical services for women, and methadone treatment were linked with AIDS research.
  2. No differences were found in the rate of progression to AIDS between the sexes or among racial and ethnic groups. There were no differences in AIDS progression because all subjects had equal access to care at the center.
- The overall manifestations of AIDS among women and men were similar after controlling for certain sociodemographic variables and gynecologic manifestations.
- No differences were observed between drug abusers and those who did not use drugs in terms of HIV progression. Dr. Selwyn believes the key to differences in disease progression was the lack of AZT therapy; drug use may be a barrier to AZT therapy.
- A study of a multicity, representative sample of HIV-infected people needing drug treatment services showed that up to half needed many other things such as mental health services, housing, home care, transportation, or entitlements. Dr. Selwyn noted that because many of these needs and circumstances affected outcomes, innovative approaches were needed to meet needs and improve outcomes.
- In a recent study of HIV transmission to infants in utero (ACTG 076), only 8.3 percent of the infants born to mothers who were treated with AZT during pregnancy were born infected with HIV, compared with 25.5 percent of those born to women who received a placebo. ACTG 076 is the first study to show a measurable effect of intervention in preventing HIV transmission from mothers to infants, and it raises significant issues that need

scrutiny, such as how to identify women who may need AZT treatment and how best to counsel women and implement treatment.

- Several studies have found that among HIV-infected patients, women, drug abusers, and people of color are less likely than white men to be offered AZT treatment. Women who were injection drug users or had been incarcerated were much less likely to seek HIV care than women who had not used drugs or been in jail.
- Women who were drug dependent were found to be at high risk of violence and other abuse, but those who also were infected with HIV were at even greater risk.

#### **Issues for Future Research**

- Women with HIV infection are at risk of developing sexually transmitted diseases and other gynecologic problems. Research is needed on what diseases are specific to women with HIV and how they are manifested. Clinical manifestations specific to women need to be investigated thoroughly, including the efficacy of new HIV therapies.
- Much more research is needed on the etiology of HIV infection and finding methods to help women prevent infection at both the individual and community levels.
- More research is needed on eliminating barriers to health care for HIV-infected women and developing new models of care that integrate approaches from the biologic and social sciences. What are the most effective strategies for HIV screening and long-term followup? Are these strategies effective for women of color and poor women?
- Further research and more conclusive studies are needed on how to help women, particularly drug-abusing women, avoid common pathways to HIV infection. How can the rights of women be safeguarded in community programs designed to prevent HIV transmission?
- Research is needed on how best to identify women who are at high risk of HIV infection, particularly female drug abusers; how

to make services available to them; how to consult with them before and during pregnancy about AZT intervention; and how to implement treatment that is effective and likely to have the desired outcomes.

#### Questions From the Audience

The questions and answers presented below followed Dr. Selwyn's presentation.

**Unidentified Audience Member:** Were patients in the clinical research setting offered any antiviral agents besides AZT?

**Dr. Selwyn:** At the time of the data collection, ddI (dideoxyinosine) was just becoming available through expanded access and compassionate-use programs. Since then, all the other antiviral agents have been offered through research, but women have shown little interest in most clinical trials. There is more acceptance of antiviral agents when they are prescribed by open label.

**Unidentified Audience Member:** What were the differences between women and men and active drug users and nondrug users regarding their willingness to comply with ongoing care that could detect the progression to AIDS?

**Dr. Selwyn:** In general, active drug use predicted nonadherence or worse outcomes in terms of followup for both men and women. However, other studies suggest that even active drug users outside a drug treatment program can be followed clinically in some areas and achieve relatively good treatment outcomes. It is unrealistic to conclude that a person using drugs cannot be treated effectively.

#### SOCIAL AND BEHAVIORAL CONSEQUENCES

*Rafaela R. Robles, Ed.D.*

#### Abstract

*Dr. Robles gave an overview of research on drug abuse in Puerto Rico and compared data from a NIDA-funded study of AIDS among Puerto Rican and white women, conducted in both Puerto Rico and the United States. She noted a substantial increase in drug abuse among Puerto Rican women in recent years. Despite this trend, drug treatment programs in Puerto Rico and the United States*

*have continued to plan and deliver services without considering the special needs of Puerto Rican women. Dr. Robles asserted that there is an urgent need to integrate social support services with nonpunitive drug treatment services for women. Drug treatment programs must be based on an understanding of the ideology, sociocultural perspective, and needs of Puerto Rican women and their families. Puerto Rico is one of the epicenters of the AIDS epidemic, and drug addiction is the primary risk factor for both men and women.*

### **Trends in Drug Abuse in Puerto Rico**

- Dr. Robles and her colleagues assessed the drug abuse education needs of health care personnel in Puerto Rico and found that nursing and medical education curriculums had little instruction on drug abuse except for pharmacology-related information. The clinicians surveyed wanted more information on drug addiction and legal and policy issues, especially those related to women.
- There has been a substantial increase in drug abuse among Puerto Rican women. More women than men seem to be abusing barbiturates, sedatives, tranquilizers, and amphetamines. A survey of high school adolescents found that more girls than boys were smoking. More women than men are becoming HIV-infected through drug abuse or having sex with drug abusers. Female sex workers who abuse drugs are more likely to be HIV-positive than their peers who do not abuse drugs.
- Despite these trends, many health and drug treatment centers in the United States and Puerto Rico continue to deliver services without considering the special needs of women, and in Puerto Rico, most do not recognize and address drug abuse among women unless it is related to motherhood.
- In Puerto Rico, women are seldom offered HIV testing in settings other than family planning clinics. Late recognition of HIV infection and poor access to services may contribute to the different patterns of disease progression and survival in women and men.
- Sociocultural biases are reflected in legal actions against drug-abusing mothers. Such actions include the removal of newborns from their mothers and court-ordered detentions of pregnant

women who abuse drugs. Women of color and low-income women are disproportionately affected by punitive legal measures, and fear of such actions discourages women from obtaining drug treatment and social services.

#### **Early Findings of an AIDS Demonstration Research Study**

- Dr. Robles presented the early findings of the NIDA AIDS Demonstration Research Project among Puerto Ricans. The data were drawn from 996 female subjects who abused drugs: 351 islanders (those residing in Puerto Rico) and 287 Puerto Ricans and 358 non-Hispanic whites living in the United States.
- Both groups of Puerto Rican women were more likely than whites to live on welfare. Puerto Rican women living in the United States were most likely to use illicit methods to obtain money. Most Puerto Ricans in the United States (77.4 percent) were unemployed, followed by whites (65.9 percent), and islanders (49.9 percent).
- Drug-abusing women in Puerto Rico had a high HIV seroprevalence rate (41.6 percent), similar to that of drug-abusing men. Logistic regression analysis showed that a history of incarceration, injection drug use for more than 6 years, lack of condom use, and syphilis were significantly associated with HIV infection. Women ages 25 to 34 were at highest risk.
- People who were HIV-positive tended to use more safe sex measures than those who were not HIV-positive. The reasons behind this finding are unknown.

#### **Research on Sex Differences Among Drug Abusers in Puerto Rico**

- A comparison of drug-abusing men and women in Puerto Rico found that more women than men had completed high school, lived with their children, and received support from the government. Women were more likely to engage in oral and anal sex, have multiple sex partners, and trade sex for money. They were more likely to use health services.
- Puerto Rican drug abusers who had social support reported fewer psychiatric symptoms and physical illnesses and were more likely

to live longer than those who had little or no social support. Women were more likely than men to live with their children in their own homes and to have conflict with family members. Men were more likely than women to rely on family members for support, especially with regard to completing drug treatment. However, drug-abusing women, those both in and not in treatment, were more likely than men to report feeling depressed and attempting suicide, a finding that is consistent with previous studies in the United States.

- There were large differences between women and men in experiences of physical abuse. Nearly one-third of the women reported having been physically abused during childhood, and 21 percent said that they had been abused in the previous year.

#### Issues for Future Research

- Research is needed on which drug treatment programs and services are most effective in meeting the needs of Puerto Rican women who abuse drugs. What are the differences between women who receive treatment and those who do not?
- More research is needed on the effect of social policies and laws on people who abuse drugs, particularly women. Are low-income women or women of color disproportionately affected by legal actions, such as the removal of newborns or court-ordered detention of those who are pregnant? How do such policies affect their willingness to enter drug treatment?

## Consequences Panel

### THE CONSEQUENCES OF DRUG DEPENDENCE ON SOCIAL SUPPORTS, HIGH-RISK SEXUAL BEHAVIORS, AND HOMELESSNESS

*Adeline Nyamathi, R.N., Ph.D.*

#### Abstract

*There has been insufficient research on the psychosocial predictors of risk behaviors and coping behaviors of women, in terms of both AIDS and drug*

addiction. Knowledge of these risk factors and their influence may suggest effective new strategies for intervention programs. Dr. Nyamathi presented information from a 5-year study of factors that predicted risk behavior in African-American and Latino women who resided in homeless shelters and in residences provided by drug recovery programs. A Comprehensive Health-Seeking and Coping Model was used to examine situational, personal, and sociodemographic factors; community resources; cognitive appraisal; threat appraisal or perception; coping skills for managing threats; and outcome variables. Self-esteem was found to be an important predictor that affected all other variables, including social support, emotional distress, threat appraisal or perception, barriers to condom use, active coping and avoidant coping skills, drug abuse, and AIDS and sexual risk behaviors. It is important to implement culturally sensitive intervention strategies that will enhance women's coping skills, self-esteem, and social support. More research is needed on the psychosocial predictors of both risk behaviors and coping behaviors related to drug abuse among women.

#### **Five-Year Intervention Study of Risk Factors Among Women in Poverty or Drug Treatment**

Previous research has shown that women with high self-esteem or social support are less likely to perceive threats in their environment, more likely to cope adaptively with problems, and less likely to experience emotional distress. Dr. Nyamathi's study hypothesized that women with greater self-esteem and social support were likely to experience little emotional distress, perceive fewer threats in their environment, and experience fewer barriers to condom use. Therefore, they also would be likely to use more active coping techniques, engage in fewer AIDS risk behaviors, and use drugs less often.

The researchers further speculated that individuals with greater emotional distress were likely to perceive more threats, experience more barriers to condom use, use more avoidant coping techniques, engage in more AIDS risk behaviors, and abuse drugs more often. They hypothesized that coping was associated with risk behaviors and that ethnicity and acculturation were related to all of the other psychosocial variables.

The subjects included 714 African-American women and 691 Latino women who were recruited from drug recovery programs and homeless shelters. Nurses and outreach workers of African-American and Latino backgrounds administered the survey

questionnaires, and the content and semantics were examined to ensure that they were valid and culturally appropriate.

Self-esteem, social resources, and emotional distress were defined as predictor variables; threat perception, barriers to condom use, and coping were considered mediating variables. AIDS, sexual risk behaviors, and drug abuse behaviors were defined as outcome variables. Drug abuse behavior was measured in terms of noninjection drug use, injection drug use, and sharing needles.

The women in the study were separated into three groups for data analysis: African-Americans, highly acculturated (HA) Latinas, and less acculturated (LA) Latinas. Many of the hypothesized relationships were supported by the models.

- Fifty-nine percent of African-American women used non-injection drugs, compared with 25 percent of HA Latinas and 4 percent of LA Latinas. Injection drug use was highest among HA Latinas (23 percent), compared with African-American women (10 percent) and LA Latinas (1 percent).
- Self-esteem was an important variable and affected all the others. Among African-American women, self-esteem was positively related to a high level of social resources and negatively related to emotional distress. The higher the social supports, the higher the self-esteem and the lower the emotional distress. The relationships among the variables were similar among African-American and Latino women, except that for Latino women, self-esteem was not related directly to barriers to condom use.
- Emotional distress was the main predictor of threat perception. Individuals with more distress tended to use avoidant coping and were more likely to use drugs. Dr. Nyamathi speculated that interventions that reduce emotional distress may influence women's perceptions of threats. A high level of threat perception predicted barriers to condom use for both African-American and Latino women. In addition, a high level of threat perception combined with avoidant coping predicted drug abuse. Active coping indicated less AIDS risk and drug abuse behaviors; therefore, enhanced coping skills are critical to drug abuse intervention strategies.

- Among Latinos, social support predicted barriers to condom use, and AIDS and sexual risk behaviors among Latino women were predicted by barriers to condom use, threat perception, and avoidant coping techniques. The higher the acculturation level, the greater the barriers to condom use and the greater the level of AIDS, sexual risk behaviors, and drug abuse behaviors. Interventions with Latino women need to incorporate elements of the traditional Latino family and community to strengthen support for condom use.

### Conclusion

The cross-sectional design of the study limited the conclusions that could be made about causal relationships, but it is clearly important to implement culturally sensitive intervention strategies for women that will enhance coping skills, self-esteem, and social support. This research begins to pinpoint the ways in which personal resources influence healthy behaviors.

### Issues for Future Research

- More research is needed to assess the psychosocial predictors of drug abuse and AIDS risk or sexual risk behaviors among women who live in poverty. Research also is needed to test models for assessing the psychosocial predictors of health-seeking and coping behaviors among poor women.
- The differences in psychosocial predictors among racial and ethnic minority groups need to be identified so that culturally appropriate interventions can be designed, developed, and evaluated.

## PSYCHIATRIC SEQUELAE OF DRUG ABUSE

*Linda B. Cottler, Ph.D.*

### Abstract

*Dr. Cottler's presentation focused on the psychiatric sequelae of drug abuse in women, such as antisocial behavior and depression. She stressed the importance of researching psychiatric issues related to drug abuse because these*

topics often receive little attention. There are differences between women and men in the psychiatric sequelae of drug abuse, but such differences also can be found among subgroups of drug-abusing women in terms of age, socioeconomic status, and other factors. Data were examined on early drug abusers (those who started drug use by 15.7 years of age) and later drug abusers (those who started drug use by 18.8 years of age). Early drug use was associated with greater drug abuse and phobic, depressive, and antisocial disorders. These findings point to the need for more studies to develop effective strategies for treating psychiatric disorders in women who abuse drugs.

### Results From Two Studies

Dr. Cottler merged data on drug abusers from two studies conducted in St. Louis. The two samples included people who had received drug treatment and those who had not been treated but had consented to be in the study. The data on women were stratified to identify patterns, such as age of initial use and the use of cannabinoids, amphetamines, sedatives, cocaine, heroin, opioids, PCP, hallucinogens, and inhalants. The results were as follows:

- Early drug abusers (those who started drug use by 15.7 years of age) were more likely to be alcoholics than later drug abusers (those who started drug use by 18.8 years of age).
- When data from the St. Louis studies on antisocial personality (ASP) disorder and subtypes were examined, some women met the criteria for ASP disorder but had not been formally diagnosed. Later drug problems seemed to be associated with later antisocial adult behavior. Early drug abuse by women was characterized by more irritable and aggressive behaviors, such as repeated physical fighting and physical attacks on partners. Early drug abusers also showed less remorse for hurting people or stealing than did later drug abusers.
- Almost all early drug abusers had used cannabis, and 60 percent had used amphetamines, compared with 27 percent of later abusers. Early abusers tended to use multiple drugs, including cannabis, amphetamines, sedatives, and cocaine, and 68 percent used injection drugs. Later drug abusers used primarily cannabis and cocaine. However, the two groups did not differ significantly in terms of being diagnosed with drug abuse or dependence.

except that early abusers were more likely to be alcoholics.

The earliest symptom of drug abuse or dependence was hazardous drug use or use with increased risk of injury, and this symptom appeared when the women were about 20.2 years of age.

- Other research has found that externalizing disorders, such as ASP disorder and other personality disorders, are more common among men than among women, whereas internalizing disorders are more common among women. Data show that women may be subtyped in terms of psychiatric sequelae and that psychiatric diagnoses are much more prevalent among drug-abusing women than they are among women in general.
- Drug abuse begins at about the same time as antisocial behaviors, but depression starts after the onset of drug abuse and may be a consequence of drug abuse. About 30 percent of the St. Louis research participants had attempted suicide, and 54 percent had thought about dying or committing suicide.

#### Issues for Future Research

- Research is needed on the psychiatric conditions found in different subgroups of women who abuse drugs, such as those of different ages and those who use different types of drugs. It is important that comorbid psychiatric conditions be assessed and that levels of drug addiction be analyzed.
- Research is also needed on antisocial and depressive behaviors among drug-abusing women, both singly and in combination, because women are more likely to seek treatment for depression than for antisocial behaviors. Studies are needed to develop effective treatment strategies for women.

#### Questions From the Audience

The question-and-answer session presented below followed Dr. Cottler's presentation, which was part of the Consequences Panel.

**Unidentified Audience Member:** There is controversy about whether certain people who are diagnosed with ASP disorder really should receive that diagnosis on the basis of drug abuse-related behaviors. With regard to ASP rates among the women in the study, particularly those who had only adult symptoms, have you looked at

the issue of how many of the behaviors labeled as antisocial are a direct result of the drug abuse as opposed to being a distinct antisocial type?

**Dr. Cottler:** The old criteria for an ASP diagnosis eliminated anything caused by other drugs and alcohol, and this restricted the prevalence rate of drug abuse somewhat. But we found that some researchers mark the responses they get in the drug section. For example, if someone is an injection drug user, that is automatically counted toward both drug use and the antisocial behavior criteria. We did not do that in our study.

**Unidentified Audience Member:** What about other behaviors that are directly the result of drug abuse but are not actual drug abuse? For example, the only time someone steals is to get money for drugs. Have you tried to look at that factor when you separate the actual effects of the drug abuse from other types of antisocial behaviors?

**Dr. Cottler:** That is a good point, but it is extremely difficult to ask respondents to tell you why they stole money—whether it was because of drugs or something else. But this is an important issue for people who do this kind of research to figure out when they are asking questions and doing the algorithms for antisocial behavior.

## **PARTNER VIOLENCE**

**Brenda A. Miller, Ph.D.**

### **Abstract**

*Dr. Miller discussed recent research on partner violence and its relationship to drug abuse. Research shows that women who abuse drugs regularly and are in drug treatment programs are significantly more likely to report partner violence than women in the same treatment settings who do not abuse drugs regularly. Preliminary data from a NIDA study showed that 90 percent of women in drug treatment had experienced severe violence from a partner during their lifetimes. Women from the general population in the same geographic area who were not in drug treatment had a significantly lower rate of violent experiences. The data indicate that drug treatment interventions are important in addressing partner violence and its effect on women's treatment outcomes. More research is needed to determine whether there is a causal relationship between drug abuse and partner violence.*

### **Earlier Studies on Family and Partner Violence**

Data have indicated a connection between partner violence and drinking among both women and men. However, most violent situations occurred when neither partner had been drinking; therefore, drinking is not a necessary correlate of partner violence.

The analysis of national data has revealed that the combination of blue-collar occupational status, drinking, and the approval of violence is closely associated with high levels of violence.

### **NIAAA Study of Women in New York State**

Dr. Miller reported the results of a study sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) of 472 women in western New York. The women were from outpatient alcoholism clinics, classes for alcohol-impaired driving, battered women shelters, outpatient mental health clinics, and the general population.

There was a significant difference in the amount of severe partner-to-woman violence among women in alcoholism treatment compared with women in the general population. Women who regularly abused drugs and were in treatment (treatment for alcoholism, mental health outpatient services, or battered women's shelter) were significantly more likely to report partner violence than women in the same treatment settings who did not regularly abuse drugs. Although women in the sample may have had several partners during the course of the study, these findings endured regardless of which partners were involved.

### **Preliminary Data From NIDA Study of Women in Drug Treatment**

Dr. Miller presented preliminary data from a NIDA study examining drug issues and drug problems among two groups of women in the same geographic area; one group was in drug treatment, and the other was not. A third group of women was recruited from battered women shelters and matched with a group of women who were not in shelters but who lived in the same geographic area.

- Preliminary data for the women in drug treatment and the matching general population sample showed that 90 percent of women in drug treatment had experienced severe violence from

a partner during their lifetimes. The rate of severe partner violence in the general population sample was high, but it was significantly lower than that experienced by women in drug treatment, even after the women had been in drug treatment for 6 months.

- There were no significant differences in rates of violence between the women in the two groups selected from the general population, but there were significant differences in the rates of partner violence when the women in drug treatment and in shelters were compared with the women in the general population groups.
- It is not known whether partner violence is a consequence of drug abuse or vice versa. Dr. Miller noted that the NIAAA study found a slightly stronger connection for victimization experiences predicting alcohol problems than the reverse; therefore, the possibility of a connection exists. She speculated that acute intoxication or chronic abuse of alcohol or other drugs may make a person vulnerable to victimization; however, she cautioned against blaming drug abusers for being the victims of violence.

#### **Implications for Drug Treatment and Prevention**

- It is important that drug treatment strategies for women address partner violence and its implications for treatment outcomes. Support systems for women need to be designed to respond to the problems of partner violence and alcohol and other drug problems. Most shelters and drug treatment settings address only one of the two problems.
- Dr. Miller asserted that there is an acceptance of violence in our society that is an environmental and social barrier to drug treatment and needs to be addressed. Treatment or intervention strategies that focus solely on individual change are ineffective if the drug abuser must return to the same environment and stresses encountered before entering drug treatment.

#### **Issues for Future Research**

- Is partner violence a consequence of drug use or vice versa? Does victimization make women more vulnerable to alcohol and other drug problems? What is the relationship between partner

violence and drug abuse? How does partner violence affect a woman's treatment outcome? Treatment programs for drug abuse must take into account the significance of violence and the woman's history of victimization.

- Researchers who seek to develop more effective drug abuse interventions for women must recognize and examine the intergenerational patterns of family violence and alcohol and other drug problems. Individual and cultural differences need to be recognized.
- Researchers need more time to analyze data and write and disseminate their research findings so that myths about drug abuse are not perpetuated. Better methods are needed to disseminate research findings and ensure their application in the health care system.

#### Questions From the Audience

The discussion points presented below followed Dr. Miller's presentation, which was part of the Consequences Panel.

**Dr. Judith Brook:** There is a possibility that drugs and victimization may eventually demonstrate a reciprocal model. Assuming that drug use has a later impact on victimization, two important mechanisms to explore are the family and types of friendships or social networks. It also might be useful to control for some personality traits because it is known that they are related to alcohol and other drug use and may be related to victimization as well.

**Dr. Miller:** I think you have two good points.

## Prevention

### LINKS BETWEEN PREVENTION AND TREATMENT

*Karol L. Kumpfer, Ph.D.*

#### Abstract

*Dr. Kumpfer presented information from the research literature on the links between drug abuse prevention and treatment among drug-abusing*

women and their families. She noted the need to design drug abuse prevention programs that focus on specific research-based risk factors, such as poor maternal-child relationships, child abuse and neglect, sexual abuse, partner violence, posttraumatic stress disorder, poverty, and the excessive stress and social isolation often experienced by single parents. Drug treatment programs that strengthen the family and include parent training, family therapy, and children's skills training successfully reduce children's interest in drugs. Little research has been done on drug abuse prevention for women and adolescents who do not have children, and programs for high-risk female adolescents are rare.

#### **Current Information on Drug Abuse Prevention and Children**

There is little research on drug abuse prevention for women and adolescents, although there is mounting research on drug abuse risk factors. Most current information is based on research conducted with the children of alcohol-abusing parents, but recently research has been conducted with the children of parents who abuse drugs other than alcohol to identify similarities.

- Research has shown that children of drug abusers are at high risk of future drug abuse. They use drugs at higher rates than children in the general population, but drug treatment programs for women rarely address preventing their children's drug abuse. Early research findings suggest that the children of drug-abusing parents can develop resilience that makes them less vulnerable to stress.
- Five years of research on drug treatment and prevention have indicated that the behavioral and emotional problems of children are reduced in a relatively short time when mothers are trained in parenting and family skills, including therapeutic child play. These changes also reduce the mother's level of drug use and stress.
- Researchers have found that a variety of environmental and biological factors may increase a child's risk of becoming a drug abuser. Environmental factors that contribute to drug abuse include poor family relationships and communication; increased conflict; poor discipline style characterized by inconsistency,

repressiveness, or violence; lack of adult supervision and unrealistically high expectations of children; sexual or other physical abuse of children; parental and sibling modeling of drug use; mental or physical illness; criminal involvement; and poor school environment.

- Child neglect and abuse are significant factors predicting drug abuse; studies have shown that about 19 percent of opiate-abusing families and 27 percent of alcohol-abusing families had children who were neglected to some degree.

### **Results of the Strengthening Families Program**

Dr. Kumpfer described the results of the Strengthening Families Program (SFP), a family skills training and drug treatment demonstration program funded by NIDA that includes 14 weeks of parent training, family therapy, and children's skills training.

- Drug-abusing parents and their children benefited from participation in an intensive program in which a counselor role-modeled desired parent-child interactions with parent and child, observed the parent-child interaction, and then reinforced improved behaviors. Skills training and family therapy were an important part of the drug treatment process for mothers. Randomized clinical trials funded by NIDA suggest that SFP helped the mothers become better parents, increased their self-esteem, and reduced their depression.
- Children in the program had less interest in starting to use drugs, and those who already used drugs began to reduce their level of use. There were significant decreases in the children's level of aggression, depression, conduct disorders, and social withdrawal.

These results have been replicated in other studies, and the results have been robust in programs that were modified for different racial and ethnic groups and in those conducted in both urban and rural communities.

### **Recommendations for Drug Abuse Prevention Among Women and Children**

- Women at high risk need to be recruited into prevention programs, and drug-abusing women need to be recruited into

treatment programs. Recruitment is difficult, but the most successful programs are those that develop a trusting environment and provide child care, transportation, and social services.

- Prevention programs need to educate mothers about birth control and about the consequences of their drug abuse on their children. Programs should be based on specific, research-based risk factors in mothers: poor maternal-child relationships, child abuse and neglect, sexual abuse, partner violence, posttraumatic stress disorder, poverty, and the excessive stress and social isolation experienced by single parents.
- Drug abuse prevention efforts with adolescent girls should focus on preventing school dropout and increasing academic success; preventing pregnancy, sexual abuse, and eating disorders; enhancing mother-daughter relationships; teaching social skills, particularly in choosing friends and boyfriends; and conducting parent-peer support groups in the school.
- Treating the total family unit is critical to any lasting improvement in the family system. Unfortunately, most women's drug treatment programs do not do this, despite research on the psychology of women that suggests women's relationships to children and significant others are critical to mental health. It is necessary to intervene in the multigenerational process of dysfunctional families and drug addiction. Children should be taught life skills to help them develop resilience and cope with drug-addicted parents.

#### Issues for Future Research

- Research is needed on sex-specific drug abuse prevention efforts. Drug abuse treatment professionals and researchers need to work together to ensure that etiological research results are translated into effective drug abuse prevention programs for women and their children. Research is needed on prevention and treatment efforts with women and adolescent girls who do not have children; most previous research has focused on those who have children.
- More research is needed on the parent-child relationship and why the children of drug-abusing parents are more vulnerable to

drug abuse. Is it due to in utero exposure, parental drug abuse, or poor parenting? What are the differences between children of alcohol-abusing parents and those whose parents abuse other drugs? Are there differences in terms of genetics, environment, in utero exposure, or direct versus passive exposure? Prevention programs that focus on children from birth to age 6 need to be developed.

- Early research suggests that children who live with drug-abusing parents may have increased competencies and resilience to stress because of the challenges and stresses they are inadvertently exposed to. More study is needed on what can be done to strengthen the resilience of these children.
- Programs for adolescent girls should focus on school dropout prevention, academic encouragement, sexual abuse prevention, mother-daughter relationship enhancement, eating disorder prevention, and assistance with social skills such as choosing friends and boyfriends. What are the factors that cause some adolescent girls to lose interest in academic success as they mature physically? Parent-peer support groups also are needed.

#### Questions From the Audience

The question-and-answer session presented below followed Dr. Kumpfer's presentation.

**Dr. Risa Goldstein:** Have you or anyone else applied the "Strengthening the Families" interventions in residential treatment settings?

**Dr. Kumpfer:** These interventions have been used in methadone maintenance programs and mental health outpatient clinics. Although they are appropriate for residential programs, they require additional staff training. A residential program that already involves children presents an ideal opportunity for a demonstration program.

**Dr. Judith Brook:** Your program seemed to be developmentally appropriate, taking into consideration the age, stage of development, and sex of the child.

**Dr. Kumpfer:** Our program is for 6- to 12-year-olds. We desperately need a program for children from birth to age 6 because these are the ages of most children who are in residential programs.

**Dr. Brenda Miller:** We tend to overlook teenagers when we develop drug abuse prevention programs, but the teenage years are when drug use patterns are established. Could you comment about where we might go in prevention programs for teenagers?

**Dr. Kumpfer:** We have not seen the prevention field move toward programs for adolescent females. We need to work with these adolescents on the importance of academic success and how to choose good friends. Peer influence is a most important factor in their risk for becoming drug abusers. It is important to help parents understand and communicate with their teenage children.

**Dr. Miller:** The teenagers who most often have problems with drugs and early pregnancy are those who are estranged from their parents. Some families do not believe they need to protect their teenage children. When you hear about a teenage girl's sexual activity, it is always assumed that the activity was her choice. Our models for prevention do not address the complexities of that age group.

**Dr. Kumpfer:** You have raised an issue that could be addressed, for example, through harm-reduction programs to help girls avoid date rape or sexual abuse. Such programs would be useful for younger girls as well as for girls in junior high and high school. It is also a good idea to reach parents, perhaps through public service announcements, and remind them that they need to protect their children.

## Intervention

### INTERVENTION, OUTREACH, AND SPECIAL NEEDS

*Kathy Sanders-Phillips, Ph.D.*

#### Abstract

*Dr. Sanders-Phillips addressed the correlates of health behavior among low-income women from racial and ethnic minority groups and the implications for drug abuse prevention and intervention. Drug abuse is a health or risk behavior that represents the endpoint of a series of health decisions. Dr. Sanders-Phillips' research indicated that there were highly significant ethnic differences, not only in the health behaviors of black and Latino women but*

also in other related factors. In almost every category, Latino women were more likely than black women to engage in healthy lifestyles and behaviors. Dr. Sanders-Phillips suggested examining the roles of internalized racism and exposure to violence to determine what effect they have on drug abuse among women from racial and ethnic minority groups. The study findings reaffirmed the conclusion that the social and cultural environment has a substantial effect on the health behaviors of these populations.

#### Information From the Research Literature

- Research at the University of Pittsburgh indicates that life events, physical health problems, and internalized racism have an important effect on alcohol abuse by black women. Religious orientation has an inverse relationship with alcohol consumption and is correlated positively with internalized racism in black women.
- Physical health problems and internalized racism are significant predictors of depression among black women. Dr. Sanders-Phillips asserted that the data raise the possibility that factors such as internalized racism may mediate the relationship between depression and drug abuse.
- There is evidence that exposure to daily violence creates feelings of powerlessness, hopelessness, and alienation that influence women's health behaviors, decisions about family planning and prenatal care, and relationships with their children.

#### Study of Health Promotion Behaviors and Barriers

Dr. Sanders-Phillips asserted that by examining drug abuse in the larger context of women's health decisions and behaviors, it is possible to identify the correlates of drug abuse and health behaviors and identify factors that increase the risk of drug abuse. She recruited 243 black and Latino women from Head Start programs in south-central Los Angeles for a study that examined how frequently women engaged in four health behaviors: eating breakfast, sleeping 7 or 8 hours per night, exercising at least three times per week, and using alcohol or tobacco. This research confirmed the importance of social and cultural factors in women's health behaviors and decisionmaking.

- Race and ethnicity were significant factors that predicted health promotion behaviors. In almost every category, Latino women were much more likely than black women to engage in healthy lifestyles and behaviors. Only 21 percent of black women ranked health as a first priority in their lives, compared with almost 51 percent of Latino women. More black women than Latino women ranked religion as their first life priority. The data suggest that social and ecological factors are significant correlates of health behaviors.
- Health behaviors, with the exception of exercise, were correlated highly with low consumption of alcohol and other drugs. Women who reported eating breakfast and sleeping 7 to 8 hours per night tended to report lower levels of alcohol and tobacco abuse.
- A woman's perception of the health care worker and whether the person truly cared about her health was another important factor in whether she engaged in health promotion behaviors.
- Black women were more likely than Latino women to report good or excellent health status, and they were much more likely than Latino women to be employed and to have health insurance. Latino women were more likely than black women to perceive their health status as fair or poor.
- Black women were more likely than Latino women to report experiences of violence. Exposure to violence was negatively related to engaging in healthy behaviors. The findings suggest that exposure to violence, perhaps in addition to direct victimization, may influence health behaviors, including alcohol and other drug abuse.

#### **Issues for Future Research**

- More studies are needed to examine the racial and ethnic differences in the factors associated with the health behaviors and correlates of drug abuse among women. Is there a relationship between internalized racism and health behaviors? Research on internalized racism may provide information about sources of stress for women from different racial and ethnic minority groups and will help develop more effective intervention programs.

- It should be determined whether exposure to violence increases the abuse of illicit drugs or serves as a precursor to individual victimization. Are there racial and ethnic differences in the relationship of exposure to violence and victimization to health behaviors and drug abuse?

### Questions From the Audience

The questions and answers presented below followed the presentation by Dr. Sanders-Phillips.

**Dr. Rafaela Robles:** Are there studies that have used acculturation as a mediator variable? Migrants who are not integrated into mainstream society often do not know how to use the health care system.

**Dr. Sanders-Phillips:** We looked at acculturation, but we were dealing with a sample that was not highly acculturated. Some literature suggests that as Latino women become more acculturated, their health behaviors become poorer. These findings have tremendous implications for our understanding of drug abuse in that population.

**Dr. Robles:** With regard to the finding that Latino women's health behaviors worsen as they become acculturated, it has been said that Americans do not like to acknowledge being sick because they do not want to miss work. Another important variable is migration status. Recent migrants often are not integrated into the health care system because they have not become acculturated.

**Dr. Sanders-Phillips:** The main message is that for researchers to understand the health behavior patterns of different groups, they have to examine the social experiences of those groups.

**Dr. Robles:** When I compare data on drug abuse among women in Puerto Rico and Puerto Ricans living in the United States, I find large differences because of the differences in the social experiences between those groups. For example, in Puerto Rico, we are not a minority as we are in the continental United States.

**Dr. Sanders-Phillips:** I believe that minority status and social experiences are tied to Taylor's finding of relationships between internalized racism and health behavior.

**Dr. Nan Vandenberg:** Taylor's study has suggested that within the gay and lesbian population, the use of drugs is 20 to 30 percent.

However, most researchers ask subjects about marital status rather than sexual orientation, and therefore, homosexuality often is not identified. If 20 to 30 percent of the gay and lesbian population are drug addicted, it may be explained by internalized homophobia in confluence with sexism and racism. I think we need more studies that examine sociocultural contexts.

If Latino women were more likely to engage in healthy behaviors, why did they feel less healthy?

**Dr. Sanders-Phillips:** That question has intrigued me, and we are still investigating it. Rates of depression tend to be high among Latino women, and the literature suggests that they may somaticize this depression. My data also suggest that many of Latino women's health habits are culturally determined so they may not be making conscious decisions about their health behaviors.

**Unidentified Audience Member:** Black women in the study said they were slightly more likely to exercise than Latino women. Why was this not reflected in their overall health behaviors and lifestyles?

**Dr. Sanders-Phillips:** That is another intriguing question. Exercise was correlated less highly with other health behaviors, and evidence in the literature suggests that other health behaviors are influenced more by psychological factors such as stress and depression. But exercise patterns are also affected by stress and depression, so psychological factors are one potential answer. The ethnic difference is related in part to the perceptions of danger in the community, which were higher among black women.

**Dr. Joyce Roland:** Do you have a method or an instrument that measures internalized racism?

**Dr. Sanders-Phillips:** Jerome Taylor at the University of Pittsburgh has a scale to measure internalized racism.

**Dr. Roland:** A factor contributing to the finding that black women feel more healthy than indicated by their health behaviors might be their belief that God will take care of them.

**Dr. Sanders-Phillips:** I believe the discrepancy between perceptions of health status and health behavior is explained in part by possible ethnic differences in how women define health status and related factors. I believe there is a historical precedent, particularly for black women in this country, to define oneself as healthy because health is

related to the ability to take care of one's family, but this ability may be unrelated to how a person feels.

**Unidentified Audience Member:** Did you control for the fact that Mexican-Americans, in the Southwest in particular, are so eager to please that they often give positive answers, which can bias the questionnaire results? Also, did immigration status affect whether they had insurance coverage? A third question is whether you identified their religious affiliation, because the Catholic church has a significant influence on the Latino population. Were the concepts of alternative medicine and the use of shamans and healers that are popular among Mexican-Americans considered in the findings?

**Dr. Sanders-Phillips:** We did not look at alternative therapies, but we are aware of their use. We avoided direct questions about immigration status because they tend to create fear that mitigates against the trust we need. We recruited, to the extent possible, through the Head Start program and had the support of teachers in the classroom. This increased the probability that we would get more truthful answers from the Latino women. Also, the questionnaires were in Spanish and were administered by Spanish-speaking interviewers. It was easier to recruit Latino women possibly because they are eager to integrate into the mainstream system. Black women, for the most part, have given up on that hope.

**Unidentified Audience Member:** Latinos tend to be predominantly Catholic. How does internalized racism relate to the religious message?

**Dr. Sanders-Phillips:** We did not look at that, but I would say that there are implications in the broader system. However, an investigator who has examined power differentials between physicians and patients from racial and ethnic minority groups found that the greater the power differential, or the perception of it, the less likely women were to engage in healthy behaviors.

**Dr. Judith Brook:** Our research shows that there are a number of risk factors that are similar in different racial and ethnic groups. A study in East Harlem found some major differences between African-Americans and Puerto Ricans in terms of protective factors. For example, among African-Americans, modeling was important in terms of family, mentors, and the general environment. Among Puerto Ricans, behavioral modeling had more to do with the dynamics of the family interaction.

Dr. Sanders-Phillips: We need to examine the racial and ethnic similarities as well as the differences. But we should not confuse the fact that there may be similarities in risk factors with the possibility that there may be differences in the situations and environments that cause those risk factors. Similar risk factors may be associated with different experiences in different groups of women.

## Legal and Criminal Justice Issues

### PUNISHING WOMEN FOR THEIR BEHAVIOR DURING PREGNANCY: AN APPROACH THAT UNDERMINES THE HEALTH OF WOMEN AND CHILDREN

*Lynn M. Paltrow, J.D.*

#### Abstract

*Ms. Paltrow provided an overview of the issue of civil and criminal punishment as applied to drug-abusing pregnant women, with special emphasis on its negative effects. She also presented some suggestions, as formulated by the Coalition on Alcohol and Drug Dependent Women and their Children, for avoiding the adverse affects caused by such legal actions.*

#### Background

For more than a decade, Government officials have sought to punish women for drug-using behavior during pregnancy. Some advocates of "fetal rights" argue that children should be able to sue their mothers for "prenatal injuries."

Women's and children's advocates agree that women should engage in behaviors that promote the birth of healthy children, but they recognize that a woman's drug abuse involves complex factors that must be addressed in a constructive manner. Punitive approaches fail to resolve addiction problems and can undermine the health and well-being of women and their children. For this reason, public health groups and medical organizations uniformly oppose measures that treat pregnant women who abuse drugs as criminals.

Many types of prenatal conduct can harm a fetus or cause physical or mental abnormalities in a newborn, including smoking, drinking alcohol, failure to obtain prenatal care or proper nutrition, environmental hazards, and the contraction of or treatment for certain diseases, such as diabetes and cancer. Charging mothers with the crime of child abuse according to the health or condition of the newborn child would subject many mothers to criminal liability for engaging in all sorts of legal or illegal activities during pregnancy.

### Criminal Prosecution

Although no State has enacted a law that specifically criminalizes prenatal conduct, prosecutors have used child abuse and neglect statutes to charge women for actions that potentially harm the fetus. At least 200 women in more than 30 States have been arrested and criminally charged for their alleged drug use or other actions during pregnancy.

All appellate courts reviewing criminal charges and guilty verdicts based on a woman's prenatal conduct have ruled that criminal statutes must be strictly construed in favor of defendants, and words such as "child" may not include the fetus. Courts have unanimously held that drug delivery laws apply solely to circumstances in which drugs are transferred between two persons already born. Courts also have refused to apply murder or feticide statutes in such cases, concluding that those laws were never intended to punish a woman for prenatal conduct affecting her fetus or to hold her criminally liable for the outcome of her pregnancy.<sup>4</sup>

### Negative Effects of Punitive Laws

Punitive measures can be counterproductive by causing pregnant women who are drug abusers to avoid prenatal or medical care for fear of being detected and severing them from the health care system, thereby

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<sup>4</sup>In July 1996 the Supreme Court of South Carolina became the first appellate court in the United States to uphold a prosecution of a woman for child abuse based on her use of a drug during pregnancy. In a divided 3-to-2 opinion, the court ruled that a viable fetus is a person for the purposes of South Carolina's child neglect law and that a woman could be prosecuted for any behavior that poses a risk of harm to the viable fetus and be subjected to up to 10 years in prison. A petition for rehearing is pending in this case.

increasing the potential harm to both mother and fetus. Although only a minority of States have laws that mandate reporting to civil child welfare authorities in cases where a newborn is dependent on or tests positive for an illicit drug, hundreds, if not thousands, of women across the country have had their children taken away because of a single positive drug test.

In numerous States, legislators have introduced measures that would provide prosecutors and courts with explicit authorization to penalize pregnant and parenting women with drug abuse problems. To date, no State has expanded its criminal code to punish women who are pregnant and use drugs, although approximately 10 States have revised their civil child protection laws to require the reporting of a newborn's positive drug test.

#### **Legislative Efforts**

The failure to pass any criminal statutes and the limited adoption of the mother's prenatal drug use as evidence of civil child neglect reflects, in part, the overwhelming opposition by the medical community and its recognition of the extreme shortage of drug treatment programs for pregnant women.

#### **Recommendations**

The Coalition on Alcohol and Drug Dependent Women and Their Children recommends the following legislative action to improve maternal and child health:

- Provide that pregnant women may not be subjected to arrest, commitment, confinement, incarceration, or other detention solely for the protection, benefit, or welfare of her fetus or because of her prenatal behavior. Any person aggrieved by a violation of such a provision should be allowed to maintain an action for damages.
- Provide that positive toxicology tests performed at birth may be used only for medical intervention and not for the child's removal without additional information being obtained on parental unfitness, which assesses the entire home environment.

- Provide that child abuse reporting laws may not be triggered solely on the basis of alcohol or other drug use or addiction without reason to believe that the child is at risk of harm because of parental unfitness.
- Provide that alcohol and other drug treatment programs may not exclude pregnant women and increase appropriations for comprehensive alcohol and other drug treatment programs.
- Utilize existing funds for the prevention and treatment of alcoholism and other drug dependence among women and their families.
- Review agency services and propose the coordination of related programs among alcohol and other drug treatment programs, social services, education, and the maternal health and child care field to improve maternal and child health.

#### Questions From the Audience

The discussion presented below followed Ms. Paltrow's presentation.

**Dr. Kathleen Jordan:** The majority of women in North Carolina prisons have high rates of drug abuse and other psychiatric disorders. Most have been victimized from early childhood, abused by family members, thrown out of their homes, and involved with male partners who abused drugs and were abusive. Prisons present an opportunity to provide drug abuse treatment to many women who have demonstrated motivation to change their lives.

**Ms. Paltrow:** The female prison population has tripled since the war on drugs began. Women in prison are denied many things; neither pregnant women who give birth while in prison nor other mothers can see their children. On the one hand, we need treatment in prison. On the other hand, if better services are available in prison than in the community, it could send the message that a woman has to be convicted of a crime to get help.

**Dr. Loretta Finnegan:** Thank you for suggesting communication among Government agencies. NIDA's divisions communicate with other agencies; for example, NIDA has an interagency agreement with the Center for Substance Abuse Treatment and the Administration for Children, Youth, and Families.

**Ms. Paltrow:** When you are a public figure, it is hard to have any cause of action for libel. Sometimes it is possible to get a correction from the media, which can be more effective than the original report. Perhaps the solution is more speech and more correction rather than silencing or punishing the media.

**Dr. Coryl Jones:** NIDA is active with the Federal Interagency Panel on Child Abuse and Neglect, which brings together the Departments of Defense, Justice, Health and Human Services, and Agriculture—all the programs that work with children and families in the United States and in the military abroad.

**Unidentified Audience Member:** Please address how the probation system affects women, particularly women who abuse drugs.

**Ms. Paltrow:** In many legal cases, woman are poorly advised and plead guilty to nonexistent crimes. Some feel that probation is a way to avoid having to deal with the courts. However, if they relapse to drug use, and without treatment they are likely to relapse, they will end up in jail.

## Crosscutting Issues Panel

### AFRICAN-AMERICAN WOMEN AND TRAUMA: DEPRESSION, DRUGS, AND FAMILIES

*Sheryl Brissett-Chapman, Ed.D., A.C.S.W., L.I.C.S.W.*

#### Abstract

*Dr. Brissett-Chapman asserted that the analytical approach to understanding African-American women and drug abuse poses serious cultural constraints. For African-American women, trauma is represented more by the chronic and unmitigated life circumstances they face than by a series of assaults or events. Research efforts and methodology that take a more comprehensive and synthesizing approach are needed. Applying scientific observations to the qualitative experiences of African-American women who abuse drugs will help produce more effective treatment programs. African-American women who abuse drugs need structured settings in which building self-esteem, self-responsibility, and parenting education is combined with drug treatment. In addition, the development of extended family support systems is critical to helping these women after they leave drug treatment.*

## Depression

- Depression among African-American women is an adaptive, coping response to their traumatic life circumstances and the perception that they have few options in life. For African-American women, trauma is caused more by chronic and unmitigated life problems than by assault. The stigma associated with being homeless, abusing drugs, or failing to care adequately for one's children has a powerful effect on African-American women and contributes to their depression.
- African-American women who abuse drugs, are homeless, or are in prison have to develop survival skills to cope with the trauma in their lives. Reliance on these skills has become normalized for many women in shelters and prisons. Dr. Brissett-Chapman asserted that this normalization of survival skills has serious implications because it leads to social alienation, family violence and victimization, abandonment, unmet personal needs, and, most important, unresolved grief and loss issues.

## Drug Abuse and Families

- Eighty percent of the residents of the Baptist Home for Children and Families are African-American women. Although they do not come to the shelter for drug treatment, 40 to 50 percent have drug abuse problems. Other factors that compel women to enter the shelter include unresolved childhood sexual abuse, evictions, overcrowding, job loss, and lack of job skills.
- Women often must leave their homes to escape violence by their partners, which also may involve sexual abuse of children; 30 to 40 percent of the women at the shelter have problems with domestic violence. In 95 percent of domestic violence cases, the male perpetrator abuses drugs.
- Drug abuse by family and friends is a problem for many of the women because they may not be able to limit these relationships and their effects and because they do not have alternatives for housing and support.

## Recommendations

- Structured, supportive programs are needed to help African-American women confront drug abuse, depression, and family problems. Successful treatment programs include components such as self-esteem, support groups and interagency planning. At the Baptist Home for Children and Families, women work with the staff to develop a plan for their families' futures. An extended family system is important to help them deal with depression and avoid drug abuse. Such support should include help for depression, treatment incentives, recognition of needs, and a redefined sense of community and family. Parenting education is critical because it increases mothers' self-esteem and their hopes for their children. They need to experience incremental successes in various aspects of their lives to support their efforts to stop drug abuse.
- Women in drug treatment need to be supported until they are ready to go to permanent housing or other arrangements. Most treatment programs are too short and unforgiving of drug relapse, and traditional 12-step programs usually are not sufficient for these women. At the Baptist Home for Children and Families, the average stay is 5 months. During this time the women must take care of their children, follow curfews, assume responsibilities, comply with drug treatment (although relapses are seen as part of the path to recovery), and try to meet self-determined case management goals.

## Issues for Future Research

- The analytical model cannot be applied to African-American women because it poses serious cultural constraints. Research is needed to identify the qualitative experiences of African-American women and to combine this information with analytical research so that more effective drug abuse treatment programs can be developed.
- More research is needed on the identity and psychological development of young African-American females and their vulnerability to developing depression and abusing drugs to cope.

with traumatic life circumstances. How can the needs of African-American women be recognized, and what incentives will help them confront depression and avoid drugs?

- Research is needed on how to address the need of many drug-abusing African-American women for external support and extended family systems. How can a new sense of family and community involvement be encouraged?

## DRUG ABUSE AND HIV AMONG LESBIANS

Marjorie J. Plumb, M.N.A.

### Abstract

*Ms. Plumb identified shortcomings in research conducted on drug abuse and HIV among lesbians, including a lack of data on sexual orientation among general population surveys. The stigma that society associates with lesbians has hindered progress on research in this community. Some studies have found that some subpopulations of women who have sex with women, such as IV drug users, are at higher risk of HIV infection than comparable subpopulations of heterosexual females. Ms. Plumb suggested that lesbian researchers be consulted on how to design and conduct research studies on drug abuse in this population.*

### Current Knowledge

Ms. Plumb asserted that there are three major problems with the drug abuse research that has been conducted in the lesbian and gay communities:

1. Research on HIV, AIDS, and drug abuse often does not include gathering information on lesbians because researchers assume that all their female subjects are heterosexual. It is difficult to adequately conduct research on drug abuse behaviors among lesbians because many women believe that identifying themselves as lesbians may put them at risk of losing their children, jobs, or housing.
2. Many lesbians accept only specific terms to identify their sexual orientation, and different terms can confound researchers. For example, some women who have sex with women do not identify

themselves as lesbian or bisexual. In addition, an individual's sexual identity and behavior can change over time.

3. The lesbian community is reluctant to deal openly with drug abuse and HIV issues because society already stigmatizes these women for their sexual orientation. Some treatment providers reportedly advise lesbians not to discuss their sexual orientation while in treatment to avoid homophobic situations and treatment personnel who inappropriately pathologize lesbianism.

Ms. Plumb presented the following observations from research that has been conducted with lesbians:

- One study suggested that more lesbians than heterosexual women smoke cigarettes and that lesbians consume more alcohol for longer periods. Other studies found that lesbians use alcohol in combination with other drugs more often than women who responded to the 1990 National Household Survey on Drug Abuse. The National AIDS Demonstration Research Projects found that women who had sex with women were more likely than heterosexual women to use drugs and be homeless. Research in 1994 indicated that 23.5 percent of lesbians ages 26 to 34 had used marijuana in the preceding month, in contrast to 9.1 percent of women of the same ages in the 1990 National Household Survey on Drug Abuse.
- Lesbians are at higher risk for HIV infection than heterosexual women, who are otherwise demographically similar. A Seattle study of women entering a drug treatment program found lesbians to be five times more likely to be HIV-positive than other women. In a 1993 seroprevalence study in San Francisco, 1.2 percent of lesbians were infected with HIV, a rate three times higher than the estimated rate of HIV infection among all women and adolescent girls. From this random sample of lesbians and bisexual women, 10.4 percent reported using injection drugs since 1978, with 3.8 percent reporting injection drug use during the preceding 3 years. Seventy-one percent reported sharing needles, and 31 percent reported sharing needles with gay and bisexual men.
- The Centers for Disease Control and Prevention (CDC) reports that about 1 percent of women with AIDS are lesbians (CDC defines lesbians as women who have had sex only with women

since 1978). But Ms. Plumb observed that this definition may exclude a large number of women, and the data are incomplete, possibly because of the heterosexist bias of providers who complete the CDC reports. A California study found that 21 percent of women entering a drug treatment program reported having had sex with both men and women or with women exclusively. In this study, of women who had one or more female sexual partners since 1980, 76 percent were injection drug users (IDUs). A Kinsey Institute study of 400 lesbians found that 46 percent reported having sex with men, 88 percent reported having had vaginal sex with men, and 30 percent reported having had anal sex. Only 5 to 8 percent of individuals in these two groups reported regular use of condoms.

### **Recommendation**

To avoid heterosexual bias in research, it is necessary to stress the confidentiality of participants and request information on sexual orientation. Language implying a heterosexual bias needs to be removed. Lesbian and gay researchers can help design studies, develop research questions, and make recommendations.

### **Issues for Future Research**

- Research is needed to determine the rates of smoking, alcohol consumption, and other drug abuse behaviors among lesbians. The rates of HIV infection among lesbian IDUs compared with heterosexual women who are IDUs need to be investigated.
- Information is needed to determine if there are differences in treatment outcomes among lesbian, bisexual, and heterosexual women as well as treatment differences in terms of race and ethnicity. The characteristics of successful drug abuse programs in the lesbian community need to be identified.
- According to some research, lesbians are at higher risk of HIV infection than are heterosexual women. More research is needed on this risk factor and the epidemiology of HIV/AIDS among lesbians.
- Beliefs held by the lesbian community may indicate important areas of research. For example, one belief is that societal ho-

mophobia leads to increased drug abuse among lesbians; another is that alcohol use is high because, until recently, bars were the only social venue available to lesbians. A third belief is that the lack of treatment services sensitive to lesbians and gays has led to an increase in drug abuse.

## HISPANIC WOMEN

*Margarita Alegría, Ph.D.*

### Abstract

*Dr. Alegría pointed out that there is a lack of research on Hispanic women who abuse drugs, but the information that does exist indicates that patterns of drug use and correlates of drug abuse vary among ethnic subgroups. She asserted that the current conceptual models were not adequate for understanding drug-related behaviors among Hispanic women. Multicausal models need to be investigated and should examine institutional, individual, and interpersonal factors, with an emphasis on institutional factors. Longitudinal studies are needed to understand the development of drug abuse in Hispanic women, its consequences, barriers for Hispanic women in obtaining drug treatment, treatment outcomes, and the effectiveness of treatment methods. More information is needed on the influence of acculturation level, social class, rural versus urban settings, and stressful life experiences on Hispanic women's abuse of drugs.*

### Current Knowledge

Many researchers agree that there is little understanding of the factors associated with drug abuse by Hispanic women. Most studies have included only a small proportion of Hispanics and omitted collecting data on sex differences. Recent national data on drug abuse have begun to reveal some sex differences and have provided descriptive information on drug abuse by Hispanic women.

- Hispanic women are as likely as white women to have used cocaine and as likely as blacks to have used crack or alcohol, but they are less likely than either group to have used cigarettes or marijuana.

- The use of drugs appears to vary among the three major Hispanic groups—Mexican-Americans, Puerto Ricans, and Cuban-Americans—and the correlates of drug abuse appear to vary significantly. It is not known whether the variations are because of cultural differences or other variables such as level of acculturation, social class, rural or urban setting, or stressful life experiences.
- There are methodological problems in studies that have been conducted on drug abuse by Hispanic women. For example, sex workers and incarcerated women have been excluded from studies. The underreporting of drug abuse is a potential problem because women fear losing their children. Self-administered questionnaires have presented problems for women of low literacy, and instruments have been used that were not designed or validated for use by Hispanic women. Cross-sectional study designs have been used that do not provide information about the development of drug abuse in Hispanic women.
- Current conceptual models are not adequate for understanding the drug abuse behaviors of Hispanic women because these models typically neglect unique variables such as family orientation, migration, loss of status within the community, and strong interpersonal networks. Models that focus on interpersonal, institutional, and community variables are needed so that social norms and constraints are examined and better understood; the institutional component is particularly important.
- Some correlates of drug abuse by Hispanic women have been identified, including hopelessness, depression, attitudes toward deviance, conduct problems, early sexual activity, low educational achievement, degree of religiosity, and boredom. Interpersonal factors identified as correlates include nontraditional family values, friends and relatives who use drugs, family discord, and social isolation. At the social and community levels, the correlates of drug abuse are acculturation, urban-rural differences, social class, and drug availability.
- Little attention has been given to the nature of and access to drug treatment for Hispanic women. Some studies report underuse of treatment services by Hispanics, whereas others find

Hispanics are overrepresented. Most treatment interventions and strategies used with Hispanic women have been based on models developed for Hispanic men. There is a dearth of knowledge about the effectiveness of drug treatment services delivered to Hispanic women.

- Researchers have found important differences among racial and ethnic minority groups regarding their denial of the need for drug treatment or their perception of benefits from treatment. Hispanic drug abusers who had been arrested were significantly less likely than whites to have received drug abuse treatment or to recognize that they needed such treatment.

### Recent Findings

Dr. Alegria observed that little is known about what drug treatment programs are most appropriate for Hispanic women. She described the findings of research with inner-city Puerto Rican women who abused drugs, which was conducted to determine to what extent social service variables affected their willingness to seek treatment.

- The women reported that their most urgent needs were for jobs, housing, social services, help for their children, and drug rehabilitation. Health services usually responded only to women's physical health needs, without attention to coexisting problems such as depression, physical and sexual abuse, or domestic violence.
- There was a lack of coordination among Government service agencies that allowed women to fall through the cracks and miss intervention opportunities. In addition, eligibility requirements for entering drug treatment or rehabilitation programs excluded many women. Requirements such as a stable home environment, a medicaid card, or absence of a criminal record marginalize women and keep them out of institutional programs.
- Barriers to drug treatment were related more to the agencies that were to provide treatment than to women's personal factors. These barriers included rejection by providers, lack of available services or poor quality services, programs too short in duration to be effective, and lack of transitional programs.

### Issues for Future Research

- A multicausal model of drug abuse in Hispanic women needs to be investigated and should include individual, interpersonal, institutional, and community factors. More research is needed on the influence of acculturation level, social class, rural and urban settings, and stressful life experience on drug abuse in ethnic subgroups of Hispanic women.
- The correlates to drug abuse among Hispanic women need to be examined; they include hopelessness, depression, attitudes toward deviance, conduct problems, early sexual activity, low educational achievement, degree of religiosity, and boredom. Other factors requiring attention include nontraditional family values, friends and family who use drugs, family discord, social isolation, and drug availability.
- Longitudinal studies of Hispanic women are needed to help explain the developmental course and consequences of drug abuse in this population.
- Research is needed on the problems, needs, and access barriers experienced by Hispanic women who seek drug treatment. What is their rate of participation, and what factors motivate Hispanic women to seek treatment? How effective is drug treatment for them? Another hypothesis to test is whether sustained drug problems and the lack of effective interventions cause an inordinate number of Hispanic women to be imprisoned.
- There seems to be a dearth of knowledge about the effectiveness of drug treatment services delivered to Hispanic women, and more emphasis is needed on understanding what services enhance clinical and functional outcomes. Studies should seek to identify successful treatments in community-based settings with parameters for what would be considered successful outcomes.
- The quality of programs needs to be assessed to identify the service elements that can improve clinical and functional outcomes for Hispanic women. Conceptual models cannot remain focused on the individual and personal variables associated with a woman's prolonged use of drugs.



