A Public Health Response to Street-Based Prostitution

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Abstract

Street sex workers face a number of closely interrelated and mutually exacerbating challenges that jeopardize their physical, mental and emotional health. A review of the literature shows that women engaged in street-based prostitution are at significant risk for STI and HIV infection, substance abuse, post-traumatic stress disorder, physical and sexual assault, and homelessness. Addressing any of these issues in isolation is not sufficient to improve the health and safety of these women. The purpose of this paper is to examine the concurrent issues that street sex workers experience, explore why this is an issue that the public health field needs to be involved in, and discuss what would be necessary to create effective interventions to meet these closely intertwined needs.

Introduction

"Sex work" is a broad term that can encompass a number of different activities, environments, and circumstances. Each classification of sex work and sex worker has unique characteristics, and the conditions under which individuals work can vary greatly in different parts of the world. In the United States, women, men and transgender sex workers may work in strip clubs or legal brothels, they may work as escorts or call girls, or they may engage in street-based prostitution. Each of these types of sex work is different than the others, and the health risks and challenges posed to the sex worker and associated individuals vary between them as well.

The focus of this paper is specifically on women engaged in street-based prostitution in the United States. As its name suggests, street-based prostitution takes place on the streets, and is often seen by those both inside and outside of the sex industry as the lowest form of sex work.[1] Women work outside, soliciting customers to exchange sex for money. In some cases, sex is exchanged for other goods, such as drugs, food, or even shelter; this is sometimes termed "survival sex." These women are vulnerable to a wide range of dangers to their physical, mental and emotional health. Addressing these health risks can be particularly challenging due to the interconnectedness of the issues.

Different opinions exist as to whether or not prostitution should be considered a crime, or abuse. It is important to note that it is not the purpose of this paper to determine whether prostitution should be seen as a crime against women, but to look at the complex web of factors that make street-based prostitution a

public health concern for those involved, and which make addressing those health concerns a difficult, multi-faceted issue.

The Street-Based Prostitution Syndemic

In the 1990s, Merrill Singer studied the relationship between substance abuse, violence and AIDS among the urban poor. The three were so closely intertwined that each could not be considered as wholly separate phenomena, and he began referring to them as SAVA (substance abuse, violence, AIDS) to emphasize their interrelatedness.[2] He also began using the term "syndemic," which he described as "a set of closely intertwined and mutual enhancing health problems that significantly affect the overall health status of a population within the context of a perpetuating configuration of noxious social conditions."[2]

"Syndemic" would be an accurate descriptor for the combination of interconnected factors contributing to the overall health risks facing women in street-based prostitution. Along with substance abuse, violence and sexually transmitted infections, however, mental illness, childhood sexual abuse, adult sexual trauma, and many other factors "mutually enhance" one another to threaten the health and well-being of street sex workers. In addition to the health risks that they pose independently and synergistically, they also create a web of dependence and victimization that can make it very difficult for women to get the help that they need and to get off the streets.

HIV and Other Sexually Transmitted Infections

The risk of HIV transmission among street sex workers has been widely studied. For most people, this is probably the health risk that comes to mind first in relation to sex workers. However, the risk is significantly elevated for women in street-based prostitution compared to women in other segments of the sex trade industry. A study conducted by the Centers for Disease Control and Prevention found that 12.3% of 1,396 female sex workers tested positive for HIV. Within that subgroup, 0.0% of sex workers in legal brothels in Nevada tested positive, while the prevalence among street sex workers was 47.5%.[3]

In addition to HIV, sex workers are at risk for other sexually transmitted infections such as hepatitis, gonorrhea, chlamydia, syphilis, herpes, and the human papillomavirus (HPV). Street-based prostitution lends itself to the transmission of HIV and other STIs in a number of ways. Having multiple sex partners, the frequency of unprotected sex, high-risk sex acts such as anal sex, tears caused by repeated trauma to the vagina, smoking crack and/or injection drug use – all of these increase the risk of infection for street sex workers.

Correct and consistent condom use is essential in protecting women from HIV and many other STIs. However, it can be a challenge for street sex workers to ensure that their clients use condoms during every encounter. Among self-identifying sex workers seeking services at family-planning clinics in northern California, 40.8% reported being offered more money for unprotected sex, and 30.1% reported a history of client condom refusal.[4] Street sex workers have reduced bargaining power when it comes to negotiating condom use, in part because of

economic necessity; if they turn down a client because he refuses to use a condom, they lose payment from that client. Their bargaining power is also limited by the illegality of street-based prostitution.[5] As Blankenship and Koester point out, when police presence and enforcement increases, the number of men seeking sexual exchanges tends to decrease, forcing women to "decide how likely it is that they will have another opportunity for an exchange when they turn down a potential client."[5] Violence and rape from clients also put women at increased risk for infection. In one study, all of the women involved reported that they are "completely unable to protect themselves against possible infection when they are the victims of sexual violence."[1]

The Centers for Disease Control and Prevention identifies anal sex as the highest-risk sexual behavior for the transmission of HIV.[6] Receptive anal sex ("bottoming") is especially risky as the lining of the rectum is thin, allowing the virus to pass through more easily. Since a female sex worker engaged in anal sex with a male will always be the "bottom," the risk of transmission is greatest for her. The CDC lists vaginal sex as the second highest-risk sexual behavior; HIV can be absorbed through the mucous membranes that line the vagina and cervix. Frequent or "rough" sex, in addition to inadequate lubrication, can cause genital trauma or tears in the vaginal lining, which can also provide a way for HIV to enter the body.

An association has been documented between sex workers who smoke crack and perform frequent fellatio, and HIV seroconversion.[3] Due to the cuts and burns in and around the mouth caused by smoking crack, HIV can be more easily transmitted during oral sex than for non-crack-smokers. Injection drug use not only increases

the risk of HIV transmission through the use of contaminated needles and other equipment, it also increases the risk for contracting hepatitis B and C, and syphilis.[7] The risk of HIV and STI transmission also increases with the use of drugs and alcohol, as these substances cause impaired judgment leading to high-risk behaviors such as unprotected sex.

While condom use has been shown to be effective in preventing HIV, there is some question as to the effectiveness of condoms in protecting against other STIs, particularly the human papillomavirus and HPV-related infections.[8] Manhart and Koutsky state that "complete protection from genital HPV infection may be impossible because infections may occur at epithelial sites not covered by the condom."[8] Even if a street sex worker could ensure that clients used a condom every time, and used it correctly, she would still be at risk for HPV, which has been linked to the development of invasive cervical cancer, as well as other invasive cancers of the vagina, vulva, penis and anus.[8] Sexually transmitted infections can cause a number of other health concerns ranging from pelvic inflammatory diseases to ectopic pregnancy, adverse pregnancy outcomes and infertility.[9] The World Health Organization also reports that some STI's can increase the risk of HIV acquisition three-fold or more.[10]

Substance Abuse and Addiction

When it comes to the relationship between substance abuse and street-based prostitution, the research is clear that there is a high prevalence of drug and alcohol use among street sex workers, though there is debate as to the direction of

causality.[1] In a study conducted among street prostitutes in five cities across the globe, 75% of the respondents in the US reported currently having a drug problem.[11] In a survey of men in Chicago who purchase sex on the street, 54% had paid for sex with drugs rather than money.

Drug addiction is often cited as a main reason for women entering into prostitution, as it can be a means of financing a drug habit for uneducated women who lack marketable job skills. However it can also be a means of coping with the stressors associated with street-based prostitution, such as violence from clients or pimps, or sexual trauma (either childhood or adult, or both), as well as coping with the very nature of their work. "The need for drugs, both physical and emotional, often overpowers prostitutes' aversion toward the degrading aspects of their occupation. While previous research suggests that women enter into prostitution as a means to support their drug use, it is often overlooked that prostitutes may cope with the negative aspects of their job by using drugs, further perpetuating the downward cycle of prostitution and drug addiction."[12] The high experienced through drug use helps women cope with their work by allowing them to feel detached from what they are doing, desensitizing them to the traumatic effects of prostitution and increasing their sense of self control.[1]

As a woman's dependence on drugs increases, she becomes more vulnerable to other risks, such as violence, sexual assault, and STI transmission. In a study of street sex workers in Miami, a large percentage of the women surveyed reported beginning their evenings sober, then immediately purchasing drugs and getting high once they were paid for sex. "As this initial high wore off, they would go back to the

streets to find more dates and more drugs. As they did so, they became more intoxicated, their thinking became more impaired, and they 'quit thinking and caring,' which put them at additional risk not only for HIV and hepatitis infections but also for sexual and physical violence."[13] In a survey of Chicago men who purchase sex, 13% of the interviewees "specifically sought out" intoxicated women who they saw as "more vulnerable."[14] Some men in the study reported that, while they may not seek it out, they might treat a woman who is intoxicated differently. "I don't look for it (intoxication), but if she is I might drive on her a little harder," one participant shared.[14]

The need for drugs can also lead women in street-based prostitution to make poor decisions that expose them to a number of dangers. Crack seems to have particularly dangerous consequences for women who are prostituting. It is highly addictive and the intense, short-lived highs leave users craving more as soon as the effects of the drug wears off. It is also cheap and easily available on the street. As women spend all of their money to obtain more crack and renew their high, they become willing to do almost anything to get more. As a result, the cost of prostitution drops since addicts are often looking just to make enough money to get their next fix.[12] This generally means that they charge clients significantly less than sex workers who are not on crack. One study among sex workers in New York City reported that non-crack-using sex workers charge $20-50 per encounter, whereas those who smoke crack may only charge a client $2-3.[3] This puts women in a position where they are less likely to resist offers of additional money to forego condom use. Since condom use is an essential tool for sex workers to protect

themselves from HIV and STI transmission, this puts them at greater risk for infection. In addition, charging such low prices – and then spending it all on drugs – ensures that a woman will never reach a place of financial stability that will allow her to get off the streets.

The health risks associated with substance abuse extend beyond vulnerability to violence and STI transmission. In 2004, 4.6% of the global burden of disease and injury was attributable to alcohol; diseases associated with alcohol abuse include cardiovascular diseases, cirrhosis of the liver, and neuropsychiatric disorders, in addition to both intentional and unintentional injuries associated with drunkenness.[15]

Injecting drug users are at high risk for the transmission of blood-borne infections when using unsafe practices, such as sharing needles. HIV, hepatitis B and hepatitis C can all be contracted through the use of contaminated needles. For street sex workers who are living on the street, in crack houses, or in abandoned buildings, and who are dealing with a drug addiction, using clean needles is not likely to be a top priority. Health risks associated with substance use and abuse can range from impaired judgment leading to poor or unsafe decisions, to cardiovascular effects and damage to major organs. Nasal damage and difficulty swallowing is associated with snorting cocaine, as is erratic and violent behavior. Smoking crack can cause cuts and burns in and around the mouth, and long-term effects include increased risk of heart attack, stroke, respiratory failure, and brain seizures.[16] Methamphetamine can result in hallucinations, liver, kidney and lung damage, cardiac arrest, and severe dental problems. Heroin users can suffer from collapsed veins and infection of the

heart lining and valves, and, when combined with alcohol, can experience dangerously low heart rate and respiration, coma, or death.[17] Many substances also cause anxiety, paranoia, and panic.

In its 2014 World Drug Report,[18] the United Nations Office on Drugs and Crime reported that the primary contributor to drug-related deaths globally is drug overdose, with opioids (such as heroin) being the main drug type implicated in those deaths.[18] Some of the risk factors for overdose included in this report are "reduced tolerance due to a period of abstinence such as due to treatment, incarceration or self-imposed abstinence; lack of treatment for opioid dependence; and polydrug use, especially involving benzodiazepines and the use of alcohol."[18] Lack of treatment and polydrug use are especially pertinent to women in street-based prostitution, though susceptibility to overdose from reduced tolerance due to periods of abstinence will have implications in the design of public health interventions for street sex workers. Non-fatal overdoses also pose serious health risks to opioid users, as they can "significantly contribute to morbidity, including cerebral hypoxia, pulmonary oedema, pneumonia and cardiac arrhythmia…brain damage and disabilities."[18]

Mental Health

Women in street-based prostitution deal with a number of risks associated with their work that can lead to high levels of stress, anxiety, depression, and even suicide ideation. The threat of violence from clients or pimps, the risk of contracting a sexually transmitted infection, lack of control over the kinds of sexual activities

that they engage in and with whom they engage in them, lack of financial stability, the risk of arrest, societal stigma – a street sex worker must develop ways to cope with all of these. Many women also deal with grief over the loss of children, or loss of custody due to their social and economic circumstances. In a study conducted among 35 street sex workers in Hartford, CT, only three of the women lived with minor children; the rest had either lost custody or had placed their children with relatives."[1]

In addition, many of these women have experienced some type of trauma, often sexual, at some point in their lives. Braitstein, et al reference a number of studies when concluding that the literature suggests a strong relationship between sexual violence and post-traumatic stress disorder.[19] While the exact rate of prevalence varies from study to study, women engaged in street-based prostitution consistently show alarming rates of post-traumatic stress disorder (PTSD). In a study conducted across five countries, 68% of the respondents in the United States met the criteria for a diagnosis of PTSD.[11] In another study conducted among street sex workers in Washington DC, 42% of the participants met the DSM-IV criteria for PTSD.[20] Both figures are drastically higher than the reported prevalence of PTSD in the general population; the National Center for PTSD reports that 7-8% of the general population will have PTSD at some point in their lives.[21]

Trauma and external stressors may not be the only sources of PTSD among women in street-based prostitution. "Although women may start working as prostitutes in order to finance their drug habits, there are a number of aspects of prostitution that often cause psychological distress and trauma… Beyond the risks

of disease, violence and rape, there may be something about the very act of prostitution that causes psychological distress among prostitutes."[12] This idea of inherent psychological trauma is echoed by other researchers as well. Farley, et al found that significantly more physical violence existed among street-based prostitution than in brothels, but that there was no difference in the rates of PTSD between the two types of sex work. This suggests to them that psychological trauma is intrinsic to the act of prostitution.[11]

Farley's study also discussed the psychological defenses that are often seen as a result of the experience of prostitution. These defenses include: splitting off certain kinds of awareness and memories, disembodiment, dissociation, amnesia, depersonalization, and denial. The authors also note that an individual will often hide one's real self "until the non-prostituted self begins to blur" and that, over time, she will begin to experience personality changes as a result of "the constant violence of prostitution, the constant humiliation, and the social indignity and misogyny."[11] These changes, which have been coined "complex PTSD," may manifest themselves as long-term changes in emotional regulation, changes in consciousness, changes in self-perception, changes in perception of the perpetrator(s), changes in relations with others, and changes in systems of meaning.[11]

Street sex workers can endure much trauma and suffering at the hands of pimps, which can have a profound impact on their mental health. "The violence of pimps is aimed not only at punishment and control of women in prostitution, but at establishing their worthlessness and invisibility. The hatred and contempt aimed at those in prostitution is ultimately internalized. The resulting self-hatred and lack of

self-respect are extremely long-lasting."[11] Within this context of emotional abuse is a stark example of how a woman's perception of her perpetrator can change in response to the stresses and trauma of prostitution. Stockholm syndrome has been used by some researchers to explain the bond between women in prostitution and their pimps. Graham identifies some of the behaviors typical of Stockholm syndrome that can also be seen in a prostitute's response to her pimp, such as difficulty leaving one's captor and a long-term fear of retaliation.[22] Farley identifies this as a survival technique for street sex workers. "In order to survive on a day-to-day basis, it is necessary to deny the extent of harm which pimps and customers are capable of inflicting. Survival of the person in prostitution depends on her ability to predict others' behavior. So she develops a vigilant attention to the pimp's needs and may ultimately identify with his view of the world."[11] In developing an emotional attachment to her pimp, she has found a way to cope with her situation, convincing herself that her pimp is the "good guy" who cares for her, protects her, and provides for her. It can also lead to the belief that her involvement in prostitution is her own choice,[23] which can allow her to feel as though she has regained some control over her life.

Adult Sexual Trauma and Childhood Sexual Abuse

Sexual assault and abuse is, unfortunately, all too common among women in street-based prostitution. Due to the illegal nature of their work, many street sex workers do not report rape or sexual assault to the authorities. This makes it difficult to determine prevalence rates, however studies indicate that as many as

68% of women in street-based prostitution have experienced rape and sexual violence as an adult.[1] As in the case of PTSD prevalence, the rate of lifetime rape among street sex workers is significantly higher than it is for the general population (9.2% for females).[20]

Childhood sexual abuse is also prevalent among street sex workers at staggering rates. Studies indicate that 55-90% of prostitutes report a history of childhood sexual abuse and, in one study, 70% reported that their sexual abuse influenced their entry into prostitution.[11] The Young Woman Survey determined that women who were raped as children had almost three times greater odds of later becoming involved in sex trade.[24] In addition to increased likelihood of entering sex work, Bratistein, et al found that sexual violence in childhood is strongly associated with a number of adverse outcomes, including mental illness, misuse of alcohol and heroin, and behaviors that increase the risk of HIV transmission.[19]

In a study conducted in Vancouver, British Columbia, 67% of the female victims reported being the victim of sexual violence. None of these women reported that the perpetrator of their *first* occurrence of sexual violence was a male date or male client, but for the majority of these women, the perpetrator was a male relative or known male.[19] This indicates not only childhood sexual abuse, but also that these women are not victims of a single incident of abuse. Instead, they are often experiencing ongoing sexual trauma through repeated rapes and assaults. This is reinforced by Farley's findings, where 48% of the women who reported rape in prostitution also reported that they had been raped more than five times.[11] Just as

concerning as the high incidence of sexual assault, is the low reporting of counseling received in response to this trauma. In the study in Vancouver, only 16% of the women had ever received counseling for the sexual violence they had experienced.[19] In a study of street sex workers in Miami, the overwhelming majority reported that they had been assaulted and/or raped by a client.[13] Only one woman, however, mentioned ever seeking help or counseling. Some women attributed this to a lack of awareness that rape counseling services were available, while others feared that they would be blamed "because of what we do."[13]

Those fears may not be unfounded. Priscilla Alexander found in her experience working with women in street-based prostitution that violence, particularly sexual violence, is commonly assumed to be a 'risk of the trade.' "[This] has led some, particularly police, themselves at increased risk of violence, to think that violence is just something prostitutes should expect and the police can ignore."[3] In the study among men in Chicago who buy sex on the street, 21% of the men surveyed believe that it is not possible for women in prostitution to be raped, as evidenced through some of their responses:[14]

> *"She has no rights because you are paying for a sex act – she gives up her right to say no."*

> *"She should let you know before what she will and won't do. And if she doesn't, she is not being truthful, so she is putting herself in a position for things to be done because she wasn't clear."*

"If we agree on something, halfway through she can't change her mind."

Violence

In addition to sexual violence, street sex workers are at heightened risk for physical violence. In a cohort of 100 street prostitutes, 66% reported being physically assaulted since entering prostitution (75% of which were perpetrated by clients), and 80% reported being threatened with a weapon.[20] The figures are similar to those found by Farley, in which 100% of participants reported being physically threatened, 82% reported being physically assaulted, and 78% reported being threatened with a weapon.[11] As with rates of PTSD and rape, these rates are well above those reported among the general public, as described in the National Comorbidity Survey.[20]

The violence that street sex workers face comes primarily from clients, but they can also face violence from pimps, domestic partners, the police, drug dealers, or other drug users motivated by the need for money or drugs. Some women even report experiencing violence from the partners or wives of clients.[1] In one study, 25% of the women surveyed recounted incidents in which they were almost killed by clients; the same percentage of women in that study reported that they had friends who had been murdered while selling sex.[1]

Violence can be a way for a pimp or client to assert control or create a feeling of power, and some studies have compared prostitution to other forms of domestic violence. The methods of coercive control that they describe pimps and customers

exerting over women in prostitution include isolation, verbal abuse, economic control, threats and physical intimidation, denial of harm and sexual assault used as a means of control. These methods are identical to those used by battering men against a partner or spouse.[11] Some men admitted to purchasing sex from street prostitutes in order to act out violent urges and to feel powerful.[14] One respondent said, "Something at your job makes you mad, you can't beat your wife, you can't beat your kids, and so you go out and have sex to take your frustration out." While 13% of men reported seeing an act of violence perpetrated against a woman in prostitution, one man admitted to committing an act of violence himself. "I almost killed a hooker because she tried to run off with my money and I wasn't going to let her. I used the blunt side of the knife. She tried to leave the car. We struggled for awhile, I wanted to scare her, so I put the blunt side of the knife to her throat. Somehow there was blood, and she gave the money back. I left her lying down in the street, I didn't even want the money no more."[14]

Street sex workers also face the threat of violence from clients who are under the influence of drugs and/or alcohol. Romero-Daza found that 60% of participants who had experienced physical abuse from a client reported that he appeared to be intoxicated at the time of the attack.[1] Among men who purchase sex, 40% of the interviewees in one study identified as being drunk or intoxicated "the majority of the time they bought sex." 19% indicated that they were "drunk or high during every encounter with a woman in prostitution."[14] Given that some drugs, and particularly alcohol, can cause violent behavior in the user, the potential for physical abuse increases with use.

Every state, with the exception of Nevada, prohibits prostitution and associated behaviors through a number of state laws and city ordinances. Among others, individuals can be arrested for soliciting, engaging in, or agreeing to engage in prostitution; loitering for the purposes of or intent to commit prostitution; living off the earnings of a prostitute; and operating or managing a prostitution business. Other than those working in the few legal brothels operating in Nevada, all other prostitutes working in the Unites States do so illegally.[3] The illegal circumstances in which street prostitutes work put them at increased risk for violence in a number of ways.

In an effort to avoid arrest, street sex workers will try to reduce their visibility. This often takes the form of reducing the amount of time they negotiate before getting into a client's car. As a result, they may agree to more high-risk sexual acts for more money so that the negotiation can be done quickly. The need to negotiate quickly also makes it more difficult for sex workers to screen out potentially violent clients, putting them at greater risk of assault.[3] Unlike in the legally operating brothels in Nevada, a street sex worker cannot call on law enforcement for help with a violent client without risking arrest herself.[24]

Los Angeles-based advocacy group, COYOTE, alleges that police officers routinely use excessive force when arresting suspected prostitutes, while also dealing with reports of violence *against* prostitutes less rigorously than with other types of violence. They also allege sexual abuse by some officers, reporting demands for sexual favors before they arrest women for prostitution.[25] In addition, crackdowns or sweeps by law enforcement can actually increase the risk of assault

and violence against street sex workers. As prostitutes migrate to new areas in response to a crackdown, they lose regular, known clients with whom they have established routine and safer work practices. Alexander explains, "The process of identifying and training new clients always carries some risk of violence because of interpersonal struggles over who, ultimately, controls the prostitute transaction."[3] Another source of violence comes from neighborhood vigilantes who can take police crackdowns "as a license to be brutal" toward prostitutes in an attempt to push them out of the neighborhood.[3]

Surratt, et al recognize that the risk of violence faced by these women comes not only from the nature of their work, but also from the environment in which their trade takes place. "…street sex workers are embedded in the same violent social spaces where street violence and other subcultures of violence exist. As such, it would appear that to a considerable extent, street sex workers ply their trade in a subculture of violence."[13] Because street-based prostitution occurs most often in poor, urban areas,[26] typically where gang and drug activity is also located, street sex workers are at risk for experiencing incidental violence that is not directly related to their work. This can include drive-by shootings or gang violence in which women get caught in the crossfire.

Social and Economic Disadvantages

There are a number of social and economic disadvantages that factor into a woman's entrance into street sex work, and they often work together to keep her

there. Homelessness, lack of education and joblessness, and race are some of those factors that disproportionately affect women in street-based prostitution.

In studies conducted among street prostitutes in Washington DC and San Francisco, 66-84% of participants reported past or current homelessness. In a cohort of 19-25 year old homeless individuals, it was found that each additional year of age was associated with a 37% increase in the likelihood that a young woman has traded or is currently trading sex.[27] Tyler suggests that this increase may be due to the fact that older women in this group may have been on the streets for longer periods of time, exposing them to the elements of street culture that put them more at risk for trading sex.[27]

Some individuals who would be considered homeless are constantly moving between temporary living situations – staying with friends, family members, boyfriends, or acquaintances. The uncertainty of how long each living situation will last and where she will go next, coupled with a lack of personal space, can cause stress and anxiety. These temporary living situations may be unsafe or unhealthy, and a woman may have little or no control over what types of activities take place there. In some cases, demands for sex may be made in exchange for the ability to stay. One woman reported being pressured into a sexual relationship with her husband's stepfather while staying in his house after she and her husband became unemployed and lost their home.[1] For others, homelessness means staying on the street, in shelters, vehicles, or abandoned buildings with no source of electricity, heat or running water. These women are particularly vulnerable to violence and sexual assault, as they are exposed and unprotected. They are also susceptible to the

dangers of the elements, particularly during winter months, when frostbite, hypothermia and death are very real threats.

The National Coalition for the Homeless states that there is an inextricable link between homelessness and poverty. Their claim that, "if you are poor, you are essentially an illness, an accident, or a paycheck away from living on the streets" is a frightening reality for the 46.2 million people who were living in poverty in 2011.[28] Additional factors contributing to homelessness, as identified by the NCH, include lack of affordable health care, domestic violence, mental illness, and addiction to drugs and alcohol. Without health care, which women in street-based prostitution often lack, a serious illness or injury can drain one's finances, making it impossible to afford rent or mortgage payments for their home.

Those in street-based prostitution who have husbands or boyfriends often find themselves experiencing violence at the hands of those partners. 75% of the sex workers in one study reported physical abuse from a husband or boyfriend.[1] When battered women make the choice to leave an abusive relationship, or if a street sex worker attempts to leave her pimp, they often have nowhere to go. Shelters for domestic violence survivors are often filled to capacity; in 2005, an estimated 32% of requests by homeless families were denied due to lack of resources.[29] In effect, a woman trying to escape domestic violence may be making a choice between abuse and homelessness.[29]

Studies estimate that as many as 2/3 of the homeless population may have alcohol disorders, almost ½ have drug disorders, and as many as ½ of homeless adults may suffer from mental disorders. It is also noted that substantial numbers of

homeless persons exhibit these problems concurrently.[30] Addiction can lead to homelessness when the user spends all of his or her money on the drug, or where the addiction leads to unemployment. As with prostitution, however, while addiction can result in homelessness for some, for others it may occur after homelessness as a coping mechanism. Existing drug and alcohol habits may develop into abuse and addiction in response to the stresses of living on the streets.

Unemployment or underemployment is also a significant contributing factor to homelessness. Many men and women who grow up in impoverished areas find themselves unemployed or underemployed due to a lack of qualifications and marketable job skills. The Urban Institute reports that students attending school in urban districts with high levels of poverty and racial segregation are significantly less likely than other students to graduate from high school.[31] The types of jobs available to those without a high-school education are likely to earn little more than the federal minimum wage rate of $7.25/hour. Working 40 hours a week, 52 weeks a year, without missing a single day or hour, an individual will gross $15,080 annually at that rate. That is less than the federal poverty level for a family of 2. "Prostitution is seen as one of the very few alternatives that are available to low-income women with limited education and a pressing drug habit who find themselves in an environment with few options for economic survival."[1]

Regardless of the cause, once a woman in street-based prostitution finds herself homeless, finding housing again can be very difficult. Few landlords are willing to rent to someone who doesn't have proof of sustained income. It is nearly impossible to find a bank willing to give a loan to a woman with no reportable

income and a poor credit history. Those willing to give her a loan will generally charge exorbitant interest rates. Her living options, if she can find any, will likely be limited to squalid apartments run by unscrupulous slumlords. A lack of education or marketable job skills and a criminal record full of prostitution and drug charges will generally confine her to menial jobs that pay little more than minimum wage. Without reliable transportation, she will be late or miss work often, possibly losing her job as a result. Once she loses her job, what little income she was making stops. She gets behind on her rent and other bills until she is eventually evicted. And the cycle of homelessness, joblessness and poverty starts all over again.

Race is also significantly linked to disadvantages and disparities that put a woman at increased risk for entering street-based prostitution. According to Surratt, "a great majority of street sex workers are indigent minority women, many of whom lack the social and work skills that offer alternative options."[13] The Urban Institute reports that minority students have little more than a 50/50 chance of graduating high school[31] and, when compared with other ethnic groups, African Americans have a higher risk of homelessness.[32] Tyler found that, among homeless young adults, non-whites were more likely to trade sex for money, food, shelter, drugs or some other need than were their white counterparts. This could result from the unique stressors that black youth in general face, including perceived barriers to receiving services and limited access to resources.[27] For black women who do engage in survival sex or street-based prostitution, they will experience significant health disparities, such as being twice as likely to test positive for HIV than women of other ethnicities.[33]

Objectification of Women

The interviews conducted among Chicago men who purchase sex clearly show how street sex workers are viewed as objects rather than as human beings. In many of their responses, participants spoke of sex workers in terms of goods to be purchased, wanting to get the "best bargain," and expressing anger if they felt like they didn't get their "money's worth" out of a particular encounter. The authors pointed out that comparing women to food reinforces their notion of prostitutes as commodities and suggests that these men feel entitled to women and sex, like they would to food, water, and shelter.[14]

> *"Prostitutes are like a product, like cereal. You go to the grocery store, pick the brand you want, and pay for it. It's business."*

> *"I usually call for a girl, you know, like a pizza."*

> *"…it's on every corner. Good stores have good produce. Bad stores have bad produce, but the prices are cheap."*

> *"Prostitution is like going to Circuit City or Best Buy, what's the bigger and better deal?"*

Many of the responses also indicate that street sex workers have less value and worth than other women. This view of street prostitutes as sub-human leads men to ask things of them that they would not ask of their spouse or partner. Because they have purchased her services with money (or drugs, food, etc.), it is expected that she should endure degrading and humiliating acts. This may also put women at greater risk for violence, if men don't consider them to be as valuable or as important as other women or see them simply as objects that they have purchased.

> *"I want to pay someone to do something a normal person wouldn't do. To piss on someone or pay someone to do something degrading who is not my girlfriend."*

> *"Anything you can't get from your girlfriend or wife, you can get from a prostitute."*

> *"It was in Las Vegas – it was a threesome of me and my play bro…we came on her face at the same time, like in the porn movies."*

> *"They will do anything you ask them for with no complaints and nothing said back. 'Your wish is my command,' like a genie jumping out of a bottle."*

One man implied that the disrespect street prostitutes experience from men is their own fault when he stated, *"It takes a certain type of woman to put her dignity on the line. They disrespect themselves."*

These interviews illustrate vividly how the sex trade, and street-based prostitution in particular, has contributed to the ways that men view women. One could argue that this view is limited to those women who sell their bodies and, therefore, have turned themselves into commodities. The responses by two interviewees show that, at least for some men, this objectification does not stop with women in the sex trade industry. These men indicate that all women are for sale; the only difference is that you pay a woman who is not a prostitute with dinner and gifts in order to obtain sex from her.[14]

> *"Regardless if you have sex with a woman who is a prostitute; women are all the same, they all make you pay. I see no difference in women as a whole."*

> *"When you take a woman to dinner or the movies, it's basically the same thing. There's the cost of flowers, dinner, a show, dancing – it's $150-$200. By that point you might as well call a prostitute when the girl finally gives in."*

While this may not be the perception of all men, or even the majority of men, it can lead to subtle changes – that can become very noticeable changes – in the way that our society as a whole views and values (or devalues), and therefore treats, women.

And for women engaged in, rescued, or retired from street-based prostitution, this is the perception of themselves that they've come to know. This can be an additional cause of depression or emotional distress.

Health and Access to Healthcare

Women in street-based prostitution have significant reproductive and general health needs that can often be overlooked by public health workers and medical providers who have traditionally focused primarily on protecting against STI transmission.[4]

Among women seeking services at family-planning clinics in northern California, those reporting a lifetime history of sex trade were more likely to exhibit a number of risk behaviors associated with poor health outcomes.[4] Those behaviors included multiple current sex partners, multiple recent partners, and recent anal sex, as well as recent incidents of unwanted vaginal or anal sex. Sex workers were more likely to have made multiple visits to the clinic in the past three months for STI and pregnancy testing, and showed a higher prevalence of STI diagnosis, unintended pregnancy, multiple unintended pregnancies, and multiple abortions than clients not involved in sex trade.[4] Researchers concluded that prostitution fosters significant threats to a woman's ability to "protect and prioritize their sexual and reproductive health," reducing their ability to "assert their preferences concerning how and when sex occurs, and with what protection."[4]

In addition to HIV, street sex workers face a variety of health concerns ranging from infection to musculoskeletal to dental. Contrary to many researchers'

belief that sex workers would view their primary health needs as HIV prevention and contraception, Baker et al found that STIs were not the main concern for most street workers.[34] During Baker's observation of conversations with 75 street sex workers, the women identified a number of health problems, such as pneumonia, tuberculosis, bleeding ulcers, frost bite, herpes, facial rashes and sores, fractured bones, lip burns from hot crack pipes, cellulitis, and osteomyelitis. One woman had found a lump in her breast but had not seen a doctor or gone for a mammogram. None of the women, however, mentioned HIV or AIDS.

Alexander also found that, on a day-to-day basis, HIV was not perceived as the most serious health risk by women in street-based prostitution. In her interviews with sex workers, they identified musculoskeletal injuries "as a significant occupational hazard."[3] They spoke of repeated stress injuries as a result of the motions associated with their work. This included injuries to the wrist, arm and shoulder, jaw pain, knee pain, as well as foot and back problems from standing and walking in high heels. Bladder and kidney infections were common among sex workers, due to not urinating between clients and improper positioning resulting in trauma to the bladder.[3]

A number of barriers to accessing health care exist for women in street-based prostitution. Lack of health insurance is one of the biggest obstacles; tied to that is a lack of information regarding how to obtain health insurance. Baker reported that most of the women she observed did not have health insurance or Medicaid, and many indicated that they did not know how to enroll. Some women also reported that they did not know where they could get health care, while others

simply did not make seeking medical care a priority.[34] One study found that women who self-identified as being HIV-positive were more linked to other medical services through programs and public health efforts to care for HIV-positive patients. Those who had a diagnosis of mental illness were also more linked to medical services, and were more likely to have visited a health care provider in the past year, "supporting the idea that any contact with a health-related institution may facilitate a link to care."[33]

The comfort level of both the patient and the physician has also proven to be a barrier to treating the health care needs of women in street-based prostitution. Physicians report feeling inadequate to meet the needs of this population. Street sex workers report reluctance to initiate disclosure for fear of judgment, but would welcome a sensitive acknowledgment and discussion of sex trade from a medical provider.[4] A sensitive discussion with women about what they do and their specific health needs may result in increased patient adherence and improved health outcomes.[4]

What They Need

While some women in the commercial sex industry express satisfaction in their work, the majority of women engaged in street-based prostitution reported a desire to leave prostitution.[11, 20] When street sex workers across the country were asked what they needed to be able to meet their perceived needs, their responses included: job training; health care; counseling; peer and social support from others

who had experienced life as a street prostitute; a safe place or home; self-defense training; drug and alcohol treatment; legal assistance; and childcare.[11, 20]

Regarding drug and alcohol treatment, women in one study identified a need for programs designed specifically for couples and families.[1] Among these women, the most frequently cited reason for inability to enter or complete a treatment program was that most residential programs do not allow women to bring their children. They also mentioned long waiting lists, as well as use of drugs by a partner or spouse. "As some of the women stated, unless both the women and their partners could enter treatment at the same time and support each other's efforts to remain drug free, any attempts to abstain from drugs were doomed to fail."[1] Three women who pushed the need for couple-oriented treatment recounted how they had completed drug treatment in the past, but relapsed as soon as they finished and returned to their partner who was still using drugs.

The Street Prostitution Syndemic

In exploring any one of these risks that women in street-based prostitution face, it is clear that none of the issues stand alone. Not only is the occurrence of one strongly linked to the occurrence of another, they also exacerbate the effects of one another. Drug and alcohol use may increase as a method of coping with depression or anxiety. Symptoms of PTSD are more prevalent among those who have experienced sexual abuse. The risk of physical and sexual violence is heightened by the use of drugs and alcohol. Sexual assault makes a woman more vulnerable to HIV or STI infection. Substance abuse also makes a woman more susceptible to HIV

transmission. Street-based prostitution exists in tandem with all of these issues. As previously discussed, street sex workers are more likely to experience rape, childhood sexual abuse, physical assault, PTSD, HIV, and homelessness than the general population.

Many of the public health programs that may offer help to women in street-based prostitution tend to only focus on one of area of concern; most often those areas are HIV or substance abuse. In identifying the "syndemic" phenomenon, however, Singer makes it very clear that these concurrent issues cannot be treated in isolation. Harm reduction models that offer condoms and clean needles while promoting HIV testing and education are valuable, but they are not sufficient to address the broad range of detrimental effects that street-based prostitution and its concurrent issues have on the women involved. Given all of the health risks associated with this very complex web, we cannot hand a woman condoms and clean needles to decrease the risk of HIV and believe that we have made her any "safer." Not only have we not addressed the concurrent issues, we also have not addressed the role that they play in contributing to HIV transmission. If a street sex worker is not using condoms because she is addicted to crack and has been offered significantly more money to forego condom use, education on the risk of contracting HIV through unprotected sex is not likely to make her turn down that money and insist that her client use a condom. If she is injecting heroin to cope with the trauma of childhood sexual abuse or the stresses of street-based prostitution, having a clean needle available might protect her from HIV and hepatitis, but it does not address

the other dangers associated with injection drug use or the trauma that led her to start shooting up in the first place.

The following scenarios look at the complicated nature of how these issues can interact with each other in the life of a woman in street-based prostitution:

Scenario 1: A girl who used drugs recreationally with her friends in high school begins to use those drugs more regularly until an addiction develops. As her need to achieve that high grows, she begins sleeping with the guy who supplies her habit in exchange for the drugs that she craves. Soon he starts requiring her to sleep with his friends in order to get the drugs. In time, she finds herself performing sex acts with men she has never met, turning over the payment to the man who has become her pimp, so she can get the high that her body has become dependent on. If she doesn't earn enough money in a day, she is beaten and the drugs are withheld. She doesn't think about protecting herself from sexually transmitted infections, and she isn't deterred by the frequent violence that she experiences from both the clients and her pimp; all she thinks about is getting more drugs.

Scenario 2: A woman who has experienced sexual abuse or assault turns to alcohol and drugs in an effort to block out or numb the pain. In turn, this develops into an addiction that results in her losing her job as a cashier in a local store when she begins missing work. Without a paycheck and with an expensive drug habit, she ends up getting evicted from her apartment when she can't pay the rent. The stress

of being homeless causes her to turn even more to drugs and alcohol, and she begins to engage in street sex work to pay for her addiction, as well as to meet her other physical needs such as food and shelter. After multiple pregnancies that end in abortion and a diagnosis of HIV that she contracted from a client who refused to wear a condom, she begins to experience depression and suicidal thoughts.

Scenario 3: A young woman becomes pregnant in high school and drops out before graduating. Without a high school diploma, she has difficulty finding a job to support herself and her baby, so she enters into street-based prostitution to pay the bills. While trading sex, she is introduced to heroin and crack, which help her avoid the feelings of guilt and shame that she experiences from selling her body to strangers, something her family strongly disapproves of. They have shown their disapproval by cutting her off from the family and not allowing her to see her daughter. She begins to get high more often, leading her to be less vigilant about insisting on condom use and exposing herself to HIV and STIs through unprotected sex. The drugs also impair her judgment when accepting clients, and she finds herself being beaten and raped after refusing to perform a requested sex act.

As seen in these scenarios, substance abuse is tightly intertwined with violence, HIV/STI transmission, sexual assault, mental illness, and homelessness. It would be easy to determine that treating the addiction is the key to protecting street sex workers from the dangers and health risks of their trade. However, substance abuse may *cause* one or more of these concurrent issues, or it may *develop* in

response to any one of them. Substance abuse may not be the root issue that needs to be addressed for some women. Even if that root issue can be identified and addressed, she has been affected physically, mentally and emotionally by any combination of the other issues discussed since engaging in street sex work. Without addressing those areas as well, we have simply put a band-aid on the woman before sending her back out to the streets to relapse. When she leaves rehab, she still does not have a home, she still has HIV, and she is still dealing with the physical scars from the client who tried to kill her and the emotional scars from the uncle who raped her as a child.

The Implications for Public Health

The complex issue of street-based prostitution requires a complex interdisciplinary and interagency response. Public health workers, social workers, medical providers, mental health professionals and counselors, government agencies, law enforcement, the court systems, educators, and non-profit organizations must all be involved to create a network of resources that not only co-exist, but actually work together to address all of the needs of street sex workers.

This can take the form of many different models. For example, it could look like in-patient drug treatment centers that graduate to live-in transitional programs that include counseling, job training, financial planning, and links to medical, psychological and dental care. These transitional programs can work with the court system to have jail time reduced or forgiven, as well as collaborate with child protective services to prepare women to care for their children again and restore

custody at the appropriate time. In addition, these programs would have an extensive network of partners that can help women secure stable jobs and housing upon completion of the program. Follow-up counseling would be necessary to help women re-enter "normal" life and deal with challenges in healthy, safe ways that don't end up with her back on the street.

In 2004, the Home Office in England undertook a multi-agency pilot project, funded by the Crime Reduction Programme, to address the issue of street-based prostitution in several cities.[35] The project included three categories: policing and law enforcement; prevention; and "exit" support. Under the umbrella of this pilot project, there were a number of interventions in each category that required the services of multiple agencies in order to approach the issue in a holistic manner. The project planners recognized the multiplicity of factors that led to and sustained women's involvement in street prostitution, and designed the pilot program in response to that reality by including law enforcement, social services, youth workers, health workers, outreach agencies, housing specialists, and others to carry out the interventions.

While a number of the interventions in this pilot project seemed to be disjointed from one another, with each intervention working to address a specific need such as violence, substance abuse, or emergency housing, others functioned in a multidisciplinary manner, where one intervention addressed multiple needs. An example of a successful interagency intervention through this project was "Manchester Real Choices," in which the outreach services provided information on alternative choices, as well as advice and referrals on sexual health, benefits, debt,

housing, training, education, and safety issues. In addition, one-on-one support was offered by two full-time project workers, and a drug specialist nurse provided a low threshold supervised methadone program. Because the women were given not just information, but also referrals to individuals and groups who could help with things such as housing and employment, women were able to take the steps necessary to leave street prostitution. The project acknowledged that Manchester's history of interagency working prior to the implementation of Real Choices "provided the project with strong foundations and emerged as key to its success."

It may seem like a tall order to get so many different agencies and organizations to work together, or it may seem too extensive to be realistic. However, the "mutually enhancing" consequences of the concurrent issues involved require that they also be treated concurrently. Without the collaboration of agencies to simultaneously address all of these challenges, a woman is likely to be pulled back into selling sex on the streets at some point in her life. Such an effort will likely require one organization or office to oversee this collaboration: to implement training, to identify further areas of need, and to solicit the collaboration of the organizations required to meet those needs. The Prostitution Project is an example of how one group took the lead in seeing the holistic needs of women in street-based prostitution met through organizing the multi-disciplinary efforts of different agencies and community partners in north Minneapolis.[36] After extensive research and interviews with community stakeholders and the men and women involved in street sex work in their city, the Prostitution Project worked with a local church to develop a drop-in center that provides a place of respite and safety and serves as "a

point of connection to resources and support." The Project also began working with the city's correctional facilities and probation officers to "reduce recidivism among women on probation for prostitution-related offenses by improving their life circumstances." In addition, they worked with law enforcement officials to see an increase in the number of arrests and convictions for violence perpetrated against prostitutes, which in turn led to a collaborative effort among stakeholders to develop safety strategies and reporting protocols for women in street prostitution.

What is not clear from the literature examined for either of these models is how, or if, women who are engaged with one intervention are connected with other efforts to meet the holistic needs of street sex workers. For example, are women who utilize the drop-in center in Minneapolis made aware of the "bad date lists" that were developed out of the Safety on the Streets program? Are the women who are arrested through some of the interventions in England connected to programs like "Real Choices" that can provide the services they need to get drug treatment and secure stable housing? Are either of these projects initiating collaboration between drug treatment facilities, primary care physicians and mental health providers? In short, are the different interventions that are being implemented by projects like the Prostitution Project or the Home Office pilot project simply serving the women who utilize the services of that specific intervention, or is there an intentional effort to connect those women with other project-related interventions and community resources that are available to meet their complex and interrelated needs?

Because the issues discussed in this paper mutually enhance and exacerbate one another, it is imperative that there not simply be interventions by different

agencies and disciplines that exist in isolation. These interventions need to be as interwoven as the needs of these women are. The Prostitution Project research "showed that most women who trade sex do so because of a combination of poverty, homelessness, lack of job skills, drug and alcohol abuse, mental health issues, and other challenging life circumstances. Study participants said that, to be effective, services must meet these needs in a coordinated way. However, most women who trade sex that we talked to indicated that coordinated services were not available to them."[36] It is not enough for multidisciplinary interventions to exist; they must be coordinated. And it is not enough for these interventions to be coordinated; women must know that they exist and how to access them.

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