

Sex Work and Drug Use in a Subculture of Violence

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Hilary L. Surratt and her colleagues use the "subculture of violence" perspective to examine childhood trauma and adult victimization among females engaged in sex work and who also consume drugs. They draw on data collected from 325 women who participated in focus groups. Most of the women had consumed crack cocaine in the 30 days prior to the interview. The authors found that the women had high rates of victimization during childhood and adulthood and that violence was perceived as normative.

The concept of a *culture of violence*, with origins in the fields of both sociology and anthropology, has been used to explain high rates of homicide and other violent behaviors in certain cultures and segments of society. The concept expresses the notion that cultural values and social conditions rather than simply individual biological or psychological factors are significant causes of violent behavior. For example, the culture of violence thesis has been used to explain the higher rates of violent crime in urban inner-city areas (Gottesman and Brown 1999) as well as the propensity among males in the American South to use violence to settle disputes (Lundsgaarde 1977; Montell 1986; Nisbett and Cohen 1996). In anthropological writings, the culture of violence concept has been considered when comparing the values, attitudes, and behaviors characteristic of generally peaceful cultures, such as the Limbu of Nepal, with those of violent societies like the Yanomano of Brazil or the Bena Bena of New Guinea (Langness 1974; Northrup 1985).

In the criminology and delinquency literature, a *subculture of violence thesis* has been introduced

for the purpose of explaining social-structural causes of violence in urban areas. The general model of such a subculture is one characterized by "dense concentrations of socioeconomically disadvantaged persons with few legitimate avenues of social mobility, lucrative illegal markets for forbidden goods and services, a value system that rewards only survival and material success, and private enforcement of the informal rules of the game" (Gottesman and Brown 1999, 297). In this context, the subculture of violence thesis emphasizes Durkheim's (1893) idea of *anomie* rather than normative socialization. According to Merton (1968), furthermore, inner-city minority nihilism is sourced in the disparity between the cultural ideal of equal opportunity and real structural inequalities. Cloward and Ohlin (1960) emphasized that the form that deviant or criminal behavior takes in response to these anomic conditions—criminal, violent, or retreatist (drug addiction)—depends on the opportunity structures for illegitimate activity. Also, socialization remains an aspect of concern here because the exposure of

generations of children to violent life experiences refashions inner-city norms to favor violence over nonviolence (Clark 1992; Shaw and McKay 1931). This rendering of the subculture of violence concept has been used to analyze juvenile gang violence (Clark 1992; Kennedy and Baron 1993; Thompson and Lozes 1976; Walker, Schmidt, and Lunghofer 1993), adolescent delinquency (Bernburg and Thorlindsson 1999), violence committed by black women against black men (Ray and Smith 1991), as well as generalized violence in urban inner-city neighborhoods (Baron and Hartnagel 1998; Clarke 1998).

Perhaps the best known elucidation of the subculture of violence thesis appeared in the work of Wolfgang and Ferracuti (1967), which concluded that young, lower socioeconomic class African Americans possessed a value system in which violence was an acceptable and "normal" part of everyday life in the inner city. In recent years, however, Wolfgang and Ferracuti's point of view has been widely criticized because of its stereotyping of young African American males and its failure to address the social-structural sources of the values in question, including the differential treatment of blacks and whites by criminal justice agencies and the media (Madriz 1999). Despite these limitations, the subculture of violence thesis can be a useful approach for understanding the extent to which certain types of violence are socially situated rather than for focusing exclusively on individual factors.

Within this context, it has been well documented that women sex workers who walk the boulevards and back streets of urban centers are typically at high risk for assault, rape, and other forms of physical violence—including murder—from a variety of individuals, including muggers, serial predators, drug dealers, pimps, police, "dates" ("johns" or customers), and even passersby (Carmen and Moody 1985; Dalla 2002; Inciardi 1993; Inciardi and Surratt 2001; Maher 1997; Miller 1986; Teets 1997). Furthermore, 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.

The violence experienced by sex workers has been attributed to a number of enduring social problems, including gender inequality and discrimination against women as well as the attempts by many men to exercise sexual control over women (Weitzer 2000). Class and racial discrimination are also issues, because a great majority of street sex workers are indigent minority women, many of whom lack the social and work skills that offer alternative options. In addition, many street-based sex workers are also embedded in a complex of social situations that are independently associated with violent victimization, including homelessness (Davis 2000; Wenzel, Leake, and Gelberg 2001) and drug abuse (Baseman, Ross, and Williams 1999; Davis 2000; Falck et al. 2001; Gilbert et al. 2001). As such, the sex worker milieu can be an extremely violent one. Furthermore, numerous studies have documented that although sex workers are victimized by a variety of different types of perpetrators, most of the violence they experience comes from their own customers, or dates (Church et al. 2001; Coston and Ross 1998; Davis 2000; Farley and Barkan 1998; Hoigard and Finstad 1986; Inciardi, Lockwood, and Pottieger 1993; Maher 1997; Silbert and Pines 1983; Sterk and Elifson 1990).

The impetus for this analysis of sex work and violent encounters was initially an outgrowth of field work in Miami, Florida, undertaken for the purpose of developing a culturally appropriate HIV and hepatitis prevention-intervention strategy that met the specific needs of street-based, drug-involved, women sex workers. In 1999 and 2000, a number of pilot interviews were conducted with police and public health officials, HIV/AIDS prevention groups, and commercial sex workers in an effort to obtain preliminary data and materials that would inform both logistical and substantive issues related to the implementation of such an intervention program. In addition, focus groups were conducted during the same period with 53 active and former sex workers. These women ranged in age from 21 to 46 years; 60% were African American, 30% were White, and 10% were Latina; and they had a mean of 6 years of sex work and 11-year careers in illicit drug use.

Importantly, most of the women consistently reported in the focus groups that they began their dates in the evening when they were "straight" (i.e., not "high"), and after they were paid for sex, they would immediately buy drugs and get high. 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. In fact, the overwhelming majority of the women recalled occasions when they had been assaulted and/or raped by their dates. Only one woman mentioned ever seeking help or counseling, primarily because most were unaware that rape crisis counseling services were available. Others feared that they would be "blamed because of what we do."

Because the sex worker focus group participants regularly encountered physical and sexual violence and considered it to be a "hazard of doing business on the street," the prevention-intervention program that was developed as a result of the field research included strategies for assessing a potential "bad date" and ways of averting potentially dangerous situations. As such, it is not only an HIV/hepatitis prevention program but also a violence prevention initiative for women on the street. The research grant to test the efficacy and effectiveness of the model was funded by the National Institute on Drug Abuse (NIDA) at the close of 2000. The target population includes active, drug-using, female sex workers who are randomly assigned to either a standard public health intervention or the sex worker focused intervention noted above (see Inciardi and Surratt 2002). This article uses interview and focus group data drawn from a sample of the first 325 women recruited in Miami, Florida, during 2001 and 2002 to examine women's experiences of violent victimization, and it discusses sex work as constituting a subculture of violence.

Methods

The target population of *active, drug-using, female sex workers* is defined in this article as women ages 16 to 49 who have (a) traded sex for money or drugs at

least 3 times a week in the past 30 days, and (b) used heroin and/or cocaine 3 or more times a week in the past 30 days. Although it has been argued in the literature that "sex work" and "sex exchange" are behaviorally different phenomena (Cohen and Alexander 1995), prior research in Miami combined with information from key informants suggests that these distinctions are less clear in the neighborhoods and "strolls" (locations where sex workers walk the streets soliciting customers) where study participants are recruited. It would appear that among drug-involved sex workers in Miami, virtually all drift back and forth between commercial solicitation on the streets and sex-for-drugs exchanges in automobiles, empty lots and backyards, crack houses, shooting galleries, and stroll motels, as well as behind fences, along the sidewalks of darkened streets, and in the many back alleys that are a characteristic part of the downtown Miami geography. Although most sex workers prefer commercial solicitation along the stroll, they also resort to sex-for-drugs exchanges when they have an immediate need for drugs, money is scarce, and paying dates are few in number.

Participants in the study were located and recruited through traditional targeted sampling strategies (Watters and Biernacki 1989), which are especially useful for studying drug-involved women in the sex industry. Because it is impossible to achieve a random sample of active sex workers, a purposive, targeted sampling plan was constructed that would best reflect what is typical of the larger population. Such a strategy has been used successfully in recent years in studies of injection and other out-of-treatment drug users (Braunstein 1993; Carlson, Wang, Siegal, Falck, and Guo 1994; Coyle, Boruch, and Turner 1991). Targeted sampling has been referred to as a purposeful, systematic method by which specified populations within geographical districts are identified, and detailed plans are designed to recruit adequate numbers of cases within each of the target areas (Watters and Biernacki 1989). Several elements are necessary for this approach, including the systematic mapping of the geographical areas in which the target population is clustered, the examination of official *indicator data* (such as police arrest reports), information from professional and indigenous informants, and

direct observations of various neighborhoods for signs of sexual solicitation. Periodic updates of these are necessary should the locations of the strolls temporarily shift as the result of urban renewal or police activity.

Because the authors of this article have been conducting street studies in Miami for a number of years, numerous contacts have been built up with drug users and dealers, sex workers, police officers, HIV prevention specialists, and treatment professionals. A number of these informants were contacted prior to the onset of the research to elicit information about where the highest concentrations of active sex workers might be found. In addition, through focus groups with current and former sex workers, the downtown Miami strolls most heavily traveled in the sex industry were specifically described, identified, and subsequently located.

The field office for this study is located just east of Miami's well-known Biscayne Boulevard, a more than 15-mile-long major thoroughfare extending from the Broward County line into downtown Miami. An 80-block stretch at the lower end of "the Boulevard" is a major sex worker stroll. To the east are several gated, barricaded, and somewhat gentrified neighborhoods fronting Miami's Biscayne Bay, and to the west are mainly African American and Haitian residential areas long steeped in poverty. Numerous services for the homeless are found along the southern end of the Boulevard strip as it enters downtown Miami. Despite more than a decade of gradual revitalization, the Boulevard stroll continues its long-held reputation for prostitution, sex trading, drug dealing, fencing operations, and the widespread availability of cheap motels that cater not only to locals but also to those who participate in Miami's sexual tourism industry. Some 90% of the women in the sample who specified a particular neighborhood for their sex work indicated areas within the boundaries of eight zip codes hugging the main stroll. Almost half concentrated their work within three zip codes centered directly along Biscayne Boulevard.

A distinctive feature of this project is the use of active sex workers as client recruiters for sampling purposes. The effectiveness of indigenous client recruiters in drug abuse and HIV prevention research

has been well documented (Inciardi, Surratt, and McCoy 1997; Latkin 1998; Levy and Fox 1998; Wiebel 1990, 1993). Because active sex workers do the recruiting of study participants, and because of their membership in the target population, they know of many locations on and off the Boulevard stroll—such as motels, bars, convenience stores, crack houses and shooting galleries, laundromats, and secluded empty lots—where potential participants can be found. In addition, sex worker recruiters have familiarity with drug user networks, "copping areas," and drug markets; they typically approach potential clients with culturally appropriate language, dress, and methods; and their "insider status" helps to build the trust and confidence necessary for successful outreach and recruitment.

All contacts in the street represent prescreening interviews. Those meeting project eligibility requirements are scheduled for appointments at the project intervention center, where they are prescreened by project staff members. After eligibility is confirmed, informed consent is obtained and urine testing is conducted for cocaine and opiates. Interviews are conducted using a standardized data collection instrument based primarily on the NIDA Risk Behavior Assessment, the Childhood Trauma Questionnaire (short form), and the Georgia State University Prostitution Inventory (Bernstein et al. 1994; Dowling-Guyer et al. 1994; Elifson 1990; Needle et al. 1995; Weatherby et al. 1994). This interview process takes approximately one hour to complete. After the baseline interview is completed, the client is randomly assigned to one of two alternative HIV and hepatitis prevention interventions, either the sex-worker-focused intervention noted earlier or the NIDA Standard Intervention (Wechsberg et al. 1997). The NIDA Standard Intervention is delivered in two sessions and includes individual pretest counseling covering such topics as HIV disease, transmission routes, risky behaviors, risks associated with crack or cocaine use, unsafe sexual practices, rehearsal of condom use, disinfection of injection equipment, and rehearsal of needle/syringe cleaning. Testing for HIV and hepatitis A, B, and C is provided on a voluntary basis in both interventions, and the clients receive relevant risk reduction literature and

service referrals as well as a hygiene kit containing a variety of risk reduction materials. Participants receive their HIV and hepatitis test results three weeks hence, and follow-up assessments and HIV prevention booster sessions are conducted at 3, 6, and 12 months post-Baseline.

Focus group participants were drawn from the larger sample of women enrolled in the study and therefore met all of the eligibility requirements for participation in the project, including active drug use and sex work in the month prior to interview. Six focus groups were conducted in total with an average of four participants per group. All groups were facilitated by a senior researcher experienced in the conduct of qualitative fieldwork. To protect confidentiality, participants were not personally acquainted with one another and names were not used during the groups. Focus groups lasted between 60 and 90 minutes and were audio recorded with the participants' permission for the purposes of transcription.

Results

Recruitment began in March 2001, and through mid-2002, 325 eligible clients had been enrolled into the study. Table 32.1 presents information on the demographic characteristics of the study participants. Their mean age is 38.1 years (*SD* 8.1), and some 24.6% are age 45 or older. In terms of race/ethnicity, the majority (60.3%) is African American, followed by White (23.4%) and Latina (12.9%). The living situation of the clients is typically unstable, with 44.7% reporting that they consider themselves to be homeless. Although most women reporting homelessness were staying in shelters or on the streets, some staying in the homes of other individuals on a nightly or weekly basis also considered themselves to be homeless because of the often precarious nature of the arrangement. Not surprisingly, less than half of the sample completed their high school education, and few had legal employment or income. The majority received less than \$1,000 per month, primarily from sex work, a spouse or family members, and public assistance programs.

The drug-use histories of the clients (see Table 32.2) are substantial, with most beginning

Table 32.1 Demographic Characteristics of 325 Drug-Involved, Female Sex Workers in Miami, Florida.

Age	
18–24	
25–34	7.4%
35–44	23.7%
45+	44.3%
	24.6%
Mean age (<i>SD</i>)	38.1 (8.1)
Race/ethnicity	
African American	60.3%
White/Anglo	23.4%
Latina	12.9%
Other	23.4%
Level of education	
Less than high school	51.7%
High school graduate	30.1%
At least some college	18.1%
Percent homeless	44.7%
Sources of income	
Prostitution	100.0%
Spouse, family, friends	22.8%
Public assistance	16.9%
Other illegal activity	8.6%
Paid job	4.3%

alcohol and marijuana use at a mean age of 15.0 (*SD* 4.7) and 15.5 (*SD* 4.3), respectively, followed by powder cocaine at 20.3 (*SD* 6.1), heroin at 23.4 (*SD* 7.5), and crack cocaine at 25.7 (*SD* 8.0) years of age. On average, the clients' illegal drug-using careers span some 22.3 (*SD* 8.6) years. Reports of past-month drug use indicate that alcohol and crack cocaine are the most widely used substances (75.4% and 74.4%, respectively) by this sample, followed by marijuana (57.8%), powder cocaine (38.4%), and heroin (19.4%). The current use of drugs by injection was reported by 13.8% of the women. The sex work careers of the clients are similarly lengthy, spanning an average of 15.8 years (*SD* 9.2) and a mean of 792.2 (*SD* 1,997.3) sexual partners. Past-month sexual activity included a mean of 35.9 (*SD* 62.1) vaginal sexual contacts and

Table 32.2 Drug-Use Characteristics of 325 Female Sex Workers in Miami, Florida.

% Ever used	
Alcohol	95.7%
Marijuana	92.9%
Cocaine	77.5%
Crack cocaine	81.5%
Heroin	34.5%
Mean age at first use (SD)	
Alcohol	15.0 (4.7)
Marijuana	15.5 (4.3)
Cocaine	20.3 (6.1)
Crack cocaine	25.7 (8.0)
Heroin	23.4 (7.5)
% Currently using (last 30 days)	
Alcohol	75.4%
Marijuana	57.8%
Cocaine	38.4%
Crack cocaine	74.4%
Heroin	19.4%
% Currently injecting drugs	13.8%

24.4 (*SD* 56.1) oral sexual contacts. A substantial proportion (26.8%) also engaged in less traditional forms of sex trading in the past month, including anal sex, bondage, sadism, "threesomes," and "golden showers" (sexual acts involving urination).

The substantial level of drug use and sex work engaged in by these women is often associated with violent encounters in their daily lives. In fact, the subculture of violence thesis might suggest that interpersonal conflict and violence have permeated the lives and experiences of these women from an early age. Interesting in this regard are the historical self-reports of trauma experienced by the women as children and adolescents. As indicated by Table 32.3, the prevalence of childhood abuse and neglect in this sample is extremely elevated. 44.9% reported a history of childhood physical abuse, 50.5% reported sexual abuse, and 61.8% reported emotional abuse. Neglect was also common, with 58.5% and 45.2%, respectively, indicating some

Table 32.3 Childhood Trauma Histories of 325 Drug-Involved, Female Sex Workers in Miami, Florida.

% Physically abused	
None	55.1%
Low	13.8%
Moderate	7.1%
Severe	24.0%
% Sexually abused	
None	49.5%
Low	4.3%
Moderate	12.6%
Severe	33.5%
% Emotionally abused	
None	38.2%
Low	18.2%
Moderate	13.5%
Severe	30.2%
% Physically neglected	
None	54.8%
Low	18.5%
Moderate	11.4%
Severe	15.4%
% Emotionally neglected	
None	41.5%
Low	27.1%
Moderate	10.8%
Severe	20.6%

level of emotional or physical neglect in childhood. Because the data on childhood trauma experiences were collected on a 5-point Likert-type scale ranging from *never* to *very often*, this allowed the women's experiences to be rated and classified by severity. The severity scores on each of the items within the individual subscales (*physical abuse, sexual abuse, emotional abuse, emotional neglect, and physical neglect*) were then summed and recoded into four severity ratings based on criteria from the authors of the childhood trauma scale. Table 32.3 presents the prevalence of each of these categories, ranging from no history to severe

Table 32.4 Recent Violent Victimizations of 325 Drug-Involved, Female Sex Workers in Miami, Florida.

	Past Month	Past Year
Encountered violent date	20.9%	41.5%
Ripped off	16.6%	28.9%
Beaten	10.8%	24.9%
Threatened with weapon	5.5%	13.8%
Raped	4.0%	12.9%

Table 32.5 Childhood Trauma and Past Year Violent Victimizations among 325 Drug-Involved, Female Sex Workers in Miami, Florida.

	Physical Abuse	Level of Childhood Sexual Abuse	Emotional Abuse
Times encountered violent date	.118*	.124*	.128*
Times ripped off	.152**	.112*	.155**
Times beaten	.138*	.078	.126*
Times threatened with weapon	.121*	.122*	.132*
Times raped	.122*	.176**	.146*

*Spearman correlation coefficients significant at $p < .05$. **Spearman correlation coefficients significant at $p < .01$.

history. Among those reporting some history of abuse, *severe* trauma is the most frequent classification, regardless of the type of abuse considered.

Of interest in regard to the subculture of violence thesis, reports of childhood abuse are consistently related to current violent encounters. Tables 32.4 and 32.5 present data on the clients' recent violent victimizations and the associations among childhood and adult victimizations. Of the clients, 41.5% had some violent encounter while engaging in sex work in the past year. Most frequently, clients reported that these incidents involved being "ripped off" (forcibly taking back money paid for sex) by a customer or date (28.9%), being beaten by a date (24.9%), being threatened with a weapon by a date (13.8%), and being raped by a date (12.9%). The women themselves often took extreme measures to escape from violent dates, with 15.4% indicating that they had jumped from cars and 23.7% running away from dates.

Importantly for the subculture of violence thesis, current violent victimization is modestly but consistently correlated with childhood victimization. Table 32.5 presents these relationships in detail. Spearman correlation coefficients were

computed because they are most appropriate for the analysis of the ordinal-level abuse history data in this study. Interestingly, the severity of abuse history, be it sexual, physical, or emotional, is consistently associated with more incidents of violence of all types in the past year, with a single exception. On the other hand, the severity of neglect history demonstrates a less consistent pattern of association with current violence (data not shown). These data lend support to the thesis that violence and victimization may be considered as normative occurrences by developing individuals situated in subcultures of violence.

To contextualize the findings from the interview data, a series of six focus groups was conducted with 24 female sex workers during mid- and late 2002. One of the many areas addressed in these sessions concerned sex workers' expectations of violence. A major theme expressed by the women participating in these groups was that the violent victimizations they experience are inevitable. One woman indicated:

Prostitution, drugs, and violence go hand in hand; it's all in one palm, OK? And because the prostitute is out there to get drugs and because she has an addiction and—whether it be violence from the

date or violence from the dope boy, either way we're looking at it, there's still violence involved.

Or, as another woman reported:

I think people who have been abused, like from childhood, sexual, or physical . . . I think they become codependent [on it]. Like my first boyfriend . . . I was like codependent on him, even though he was violent, a drug dealer, a drug addict, and you know, I was used to that kind of lifestyle anyway cause that's what I had in my parents home. Violence and drugs.

And still another stated:

It's like there are two worlds, there's a good world and then there's a violent world and it's like alls we know is violence, alls we know is violent men.

These comments, along with many others, suggest that violence is a routine occurrence permeating many aspects of these women's lives and is normative to such a degree that many consider it to be an unavoidable cost of doing business on the street.

Discussion

The interview data collected on this cohort of drug-involved, female sex workers have documented that these women's historical and current life experiences are replete with episodes of victimization and violence. The prevalence of both physical and sexual victimization in childhood and adulthood is extremely elevated in comparison with national estimates. In fact, a recent National Violence Against Women survey sponsored by the National Institute of Justice and the Centers for Disease Control and Prevention placed the percentage of women experiencing rape or physical assault in the past 12 months at 0.3% and 1.9%, respectively (Tjaden and Thoennes 1998). In this analysis of drug-involved sex workers, the rates of date violence alone are some 43 and 13 times higher, supporting the contention that female sex workers are enmeshed in a social milieu wherein violence is commonplace and victimization is expected.

Numerous remarks and insights from focus group participants also lend plausibility to the idea put forth in this article that street-level sex work operates as a subculture of violence. Although the analysis is

limited by the absence of systematic measures of subcultural attitudes about violence (Messner 1983), behavioral data demonstrate that violent victimization is concentrated among drug-using female sex workers, is perpetrated primarily by men who solicit their sexual services, and is both expected and inevitable. These encounters also serve to extend and deepen the patterns of violence and abuse that were experienced by many women in childhood.

The marginalization of the women sex workers is further extended by the fact that nearly 45% of those in the sample are homeless, the majority have limited education, and very few possess any sort of social or professional ties with the larger community. As such, negotiating the system and network of existing community resources in search of help can be extremely difficult. This fact is evidenced by the women's scant reports of accessing any type of community health or counseling service in the past three months. In spite of the elevated incidence of rape reported by this sample of women, only one (0.3%) indicated that she contacted a rape crisis center for assistance.

The policy and research implications of these findings are several. First, because drug-involved, women sex workers are so marginalized, some type of advocacy is warranted—advocacy in terms of promoting a safer work environment, providing access to mental and physical health care, and extending unbiased treatment by the police and other criminal justice organizations. Organizations such as COYOTE, PONY, and the National Task Force on Prostitution have been established for these very purposes, but their resources are minimal and their presence is limited to but a few places in the United States.

Second, mechanisms need to be established that serve to provide sex workers with alternatives to the street. Virtually all of the women encountered in this project indicated that prostitution is not a chosen career. Rather, for most it is *survival sex*, and for almost all it is the result of a drug habit combined with the lack of other skills or resources. Or as one sex worker indicated:

When you need *the cracks* [crack cocaine] and you need money for other things 'cause your rent money *went on the boards* [was used to buy crack], you got to survive, and you know, to do that, the pussy works!

The creation of alternatives to the street for this population, however, is not an easy task. Long-term substance abuse treatment that includes strategies for empowerment and the development of positive self-images is only the beginning. In addition, there is the need for vocational education and the introduction to networks that will enable women to use their newly developed skills rather than their sexuality to support themselves.

Third, because these data clearly document that the risk for violent victimization may exacerbate the potential for acquisition of HIV or some other sexually transmitted infection, existing HIV/AIDS prevention programs for sex workers need to immediately incorporate strategies for violence prevention as well.

In addition, studies designed to better understand the precursors and determinants of the violence aimed at women sex workers are needed at multiple sites to better identify mechanisms of violence avoidance.

Fourth, and finally, one of the more daunting and perhaps most difficult of tasks is outreach to the dates of female sex workers. This is a population also in need of empowerment to provide them with alternatives to battering and other violence in their interactions with women. Working with male dates may serve to reduce not only street violence but also other violence against women. Yet members of this population are unwilling to be identified. As such, perhaps the most immediate need is the development of effective strategies for outreach, earning trust, and designing and implementing appropriate interventions for this hard-to-reach population.

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