"I Fell Off [the Mothering] Track": Barriers to "Effective Mothering" Among Prostituted Women

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Ecological theory and basic assumptions for the promotion of effective mothering among low-income and working-poor women are applied in relation to a particularly vulnerable population: street-level prostitution-involved women. Qualitative data from 38 street-level prostituted women shows barriers to effective mothering at the individual, community, and societal levels. Suggestions for enhancing the lives and long-term well-being of prostituted women with children are included.

National scholars with a diverse array of expertise on issues central to low-income families, one of which includes "effective mothering," have recently convened to debate, inform, and advance the scholarly literature. Results of this effort were summarized in the NCFR Policy Brief (2002) and include: (a) a theoretical model (ecological theory) for framing the context of discussion, (b) basic assumptions for understanding the complexity of issues inherent in the examination of mothering among at-risk populations, and (c) policy recommendations for promoting effective mothering among low-income and working-poor women. The purpose of this manuscript is to further the scholarly literature by applying the theoretical model, basic assumptions, and policy recommendations to one group of women frequently overlooked as "mothers": street-level prostituted women.

Literature Review

According to Arendell (2000), mothering involves the social practices of nurturing and caring for dependent children in dynamic, ever-evolving relationships. Intensive mothering, the prevailing North American ideology (Arendell), declares that mothering is an all-encompassing female activity that necessitates a child-centered frame of reference involving maternal devotion and self-sacrifice (Hays, 1996). Moreover, "Motherhood ideology is entwined with idealized notions of the family, presuming the institution and image of the White, middle-class, heterosexual couple with its children in a self-contained family unit" (Arendell, p. 1194).

Fortunately, recent scholarship, largely based in feminist traditions, provides a new context within which to view mothering: that of particularism (Arendell, 2000). Simply stated, cultural, racial, economic, and historical contexts directly and indirectly shape mothering activities (e.g., Baca Zinn, 1990; Collins, 1994; Dill, 1994a, 1994b; Glenn, 1994; Stack & Burton, 1993) and the extent to which women are able to engage in child-centered activities (Woollett & Phoenix, 1991). However, some popular psychological theories (e.g., psychoanalytic theory) continue to underplay the variety of women's experiences; feelings of anger and hostility, depression, helplessness, and potential coping strategies such as substance use are viewed as indicators of individual pathology, not as consequences of environmental contexts (Boulton, 1983; Woollett & Phoenix).

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Recognition of unique environmental contexts and the particularistic nature by which individuals respond to those formed the foundation for the NCFR Effective Mothering family policy recommendations (NCFR Policy Brief, 2002). Application of the resultant principles and policies to populations of low-income or at-risk maternal populations, such as prostituted women, is the necessary next step in achieving visible outcomes from this intellectual work.

An Ecological Approach for Examining Effective Mothering

Beginning with birth, individuals are embedded within multifaceted and multilayered contextual systems that guide, mold, and largely dictate personal life experiences, setting developmental processes in motion. Looking beyond an individual's present circumstances to understand the processes that resulted in particular developmental trajectories is important. Bronfenbrenner (1989) argued that development results from the interaction between person (including all of her personal characteristics) and environment through time; the theory is synergistic. Development cannot be understood without careful observation of the entire ecological context in which each individual is embedded, including historical events and situations (e.g., childhood), social relationships, and environmental factors (e.g., culture and subculture).

Ecological theory applied to effective mothering. Application of ecological theory to the exploration of effective mothering resulted in a conceptual model comprising three levels: the individual, the community, and society. Briefly, the individual level comprises mothers and other family members (e.g., children, partners), in addition to extended family (e.g., grandparents). Two basic assumptions inform policy recommendations for effective mothering at the individual level, including maternal self-care (i.e., emotional, psychological, and physical well-being) and provision of social support from significant others. The community level refers to interactions between families and community resources (e.g., employment, education), and families and institutions (e.g., law enforcement). A basic assumption at this level is recognition that economic stability, a critical component of optimal child development, promotes effective mothering. Finally, the societal level includes interactions between communities and social service systems, and communities and government bodies. Equal rights and access to goods and services, institutional integrity, and equal dispersement of resources to support local institutions of health and safety (e.g., medical clinics, libraries) are basic assumptions guiding policy recommendations at the societal level.

Prostitution: A Context-Specific Venue for Examining "Effective Mothering"

Prostitution-involved women rarely are recognized as mothers by society generally or academicians more specifically. Cursory attention only has been afforded prostituted women as mothers (e.g., percentage of prostitution-involved women with children); few studies have sought to examine prostituted women as mothers, in any degree of detail (see as exceptions Dalla, 2001, 2003).

Comparatively speaking, a much larger body of information has been published regarding the familial contexts of origin (rather than of procreation) of street-level prostituted women. A brief review of this literature is paramount for understanding adult prostitutes' relationships with their own children because relationship patterns adopted in the family of origin often are repeated in future generations (Whitchurch & Constantine, 1993). The literature is rich with programmatic suggestions for enhancing effective mothering among this unique population.

Early developmental experiences

A majority of individuals working in the sex industry have experienced childhood sexual abuse (McClanahan, McClelland, Abram, & Teplin, 1999), although the percentages reporting such experience vary considerably, from 10% to 70% (Bagley & Young, 1987; Russell, 1988; Silbert & Pines, 1983). The causal paths linking early sexual abuse with prostitution are a matter of debate. Some believe that a direct connection exists between early sexual abuse and prostitution. James and Meyerding (1977) reported that childhood sexual abuse results in separating emotions from sexual activity. The victim begins to view herself as debased, a process referred to as "mortification of self" (Dunlap, Golub, Johnson, & Wesley, 2002), thus facilitating her identification with prostitution. Miller (1986) similarly argued that emotional distancing as a result of childhood sexual abuse is reenacted during sexual activities with clients, thus allowing one to more easily engage in sex work. Others (Potter, Martin, & Roman, 1999; Seng, 1989; Simons & Whitbeck, 1991) argued that the link between childhood sexual abuse and later prostitution is indirect and mediated by runaway behavior. For example, Nandon, Koverola, and Schludermann (1998) compared prostitution-involved adolescents with sexually abused youth who had not worked in the sex industry. The two groups reported similar experiences with childhood sexual abuse, although those involved in prostitution were more likely to be or to have been runaways. Simons and Whitbeck examined the causal processes linking early sexual abuse with prostitution among adolescent runaways and adult homeless women. They report that early sexual abuse and destructive parenting generally was associated with running away behavior and increased participation in deviant activities, including prostitution.

Other familial precursors to adult prostitution have been identified. In a recent investigation, Dalla (2003) found that abandonment, both literal and symbolic, dominated street-level prostituted women's early familial experiences. Literal abandonment resulted from parental death, formal or informal removal from the family of origin, or being left by parents in the care of unqualified others. Symbolic abandonment derived from situations in which adult caregivers were physically present but emotionally stagnant and rejecting of their children, resulting in parental unwillingness or inability to provide for their children's basic physical and emotional needs. Situations resulting in symbolic abandonment included parental failure to protect (e.g., from sexual molestation) and parental drug addiction and/or mental illness.

Potterat, Phillips, Rothenberg, and Darrow (1985) examined the concepts of susceptibility and exposure for explaining women's reasons for entering the sex industry. The susceptibility model contends that psychological characteristics (e.g., alienation, feelings of worthlessness), in conjunction with traumatic events (e.g., incest), predispose some women to the lure of prostitution. The exposure model predicts that interpersonal contact with and inducement from significant others involved in the sex industry (e.g., friends, family members) lead to personal involvement. Aside from these early developmental antecedents, much research also has focused on economic need and drug addiction as precursors to sex-industry involvement.

Economic necessity and drug addiction. Some scholars argue that economic vulnerability forces women into the streets. Hardman (1997) reported, "Because of their restricted access to financial and material resources, some women may resort to prostitution as a resistance or response to poverty" (p. 20). In other words, prostitution may be viewed as an active coping strategy in the face of privation. Likewise, Delacoste and Alexander (1998) maintained that, lacking viable alternatives, female sex work remains consistently available, and the demand for female sex work is unquestionable. However, economic depravity in and of itself fails to distinguish those in poverty who choose prostitution from those who do not. Simply stated, indigence touches the lives of countless women, the majority of whom never engage in sex work.

Drug addiction has been widely examined in relation to female prostitution. Specifically, crack cocaine and its use by street-level prostitutes has garnered much recent attention. Potterat and colleagues (1998) examined the sequence and timing of prostitution entry and drug use among prostitution-involved women. Among regular drug users, 66% reported using drugs prior to entering prostitution, 18% reported drug use and prostitution occurring concurrently, and only 17% reported drug use following their entry into prostitution. In contrast, Dalla (2000) found an equal number of participants reporting drug addiction following as preceding prostitution entry. Her work is supported by earlier findings (Graham & Wish, 1994) that drug use did not always precede prostitution work, suggesting that drug use evolves as a coping strategy among street-level sex workers.

Prostituted women as mothers. Dalla (2003) described intergenerational familial dynamics among prostituted women and their adult caregivers and among prostituted women and their children. This is the only such study to date in which street-level prostitution-involved women were acknowledged as mothers. Of particular interest, she outlines the intergenerational themes of familial dysfunction. These data, in addition to the principles and policies resulting from the effective mothering work group, are used here to address the following central question: How and to what extent can effective mothering be promoted among street-level prostitution-involved women?

Methods

Participants

Forty-three women participated; sampling ceased when saturation was achieved (i.e., when no new information emerged

during data collection [Marshall & Rossman, 1989]). Criteria for inclusion were that participants be female, involved (or formerly involved) in streetwalking prostitution, and at least 18 years of age. All data were collected by the principal investigator (PI).

Three recruitment strategies were used. The majority of participants ($n = 26$) were located through an intervention program designed to assist prostituted women in leaving the sex industry. The program offers weekly group meetings and one-on-one counseling. Ninety percent of clientele are voluntary participants. Program participants typically learned about the program through word of mouth (e.g., on the streets, in jail). With support from the program director and approval of program members, the PI attended weekly group meetings for 17 months. Each week during introductions, the PI explained her presence in the group, including the purpose and goals of the investigation. Following group sessions, interviews were scheduled with potential participants.

To obtain a diversified sample, including those not involved in a formal intervention program, two other recruitment strategies were employed. Fourteen participants were recruited while incarcerated in a women's prison in an adjacent state. After receiving all necessary documents (e.g., IRB approval, research goals, procedures), the warden allowed the PI to interview potential participants housed in the prison. Potential participants (i.e., those who had a known history of prostitution) were individually escorted to a private room where the PI was waiting. The study goals and procedures were explained to each, who then made a decision whether to participate. Only one chose not to participate. Finally, three participants were located through word of mouth. None had ever been involved in counseling, therapy, or any type of intervention.

Although data were collected from 43 women, only 38 were mothers. Thus, the findings reported here pertain to those women specifically. When interviewed, participants ranged in age from 21 to 56 ($M = 34.1$, $SD = 6.9$). Most identified themselves as Black ($n = 17$) or Caucasian ($n = 16$), and the majority lived in shelters ($n = 14$) or prison ($n = 13$). The average age of entry into prostitution was 19.8 years ($SD = 5.3$). The length of time that the women had been "off the streets" varied considerably, from less than 6 months ($n = 14$) to more than 5 years ($n = 3$), as did total time spent working in the sex industry, which ranged from 6 months to 44 years. Most ($n = 36$) reported having been substance addicted, although the majority ($n = 32$) also reported no longer using drugs. (See Table 1 for complete demographic information.)

Procedure

Each participant engaged in an in-depth interview with the PI, averaging 90 minutes (range = 50 to 180 minutes). Interviews were semistructured; questions were predetermined, although length of time spent discussing each and the ordering of questions varied depending on participant verbosity and responses to previously asked questions. This technique allowed for discussion in an informal, nonthreatening manner. Interviews were conducted in private (e.g., residences, shelters, parks, private rooms in correctional facility), tape-recorded, and later transcribed verbatim. Nonincarcerated participants were compensated $20; because of prison regulations, inmates were not allowed to receive compensation of any kind.

Data Analysis

Thematic analysis (Aronson, 1994; Taylor & Bogdan, 1984) was used for analyzing all text-based data. Starting with a thorough reading of all transcribed data, listing of patterns of experiences occurred. Next, all data that related to already classified patterns were identified. The classified data were then expounded upon by adding all information from the transcribed interview that related to already classified patterns (Aronson). Combining and cataloguing related patterns resulted in subthemes to provide "...a comprehensive picture of participants' collective experiences" (p. 2). All data were coded by the PI and a graduate-level research assistant. When coding discrepancies arose, original transcripts were reexamined and discussed until coding agreement was reached.

Results

Children at Risk: Prostituted Women Describe Their Families of Procreation

A total of 105 children had been born to the participants; the number of children of each participant varied from 1 to 7 ($M = 2.8$; $SD = 1.5$). Thirteen participants (34%) reported having their first child at or before age 17. Most participants ($n = 22$; 58%) were involved in prostitution prior to having children; for example, 5 reported becoming pregnant from clients ("johns"/"tricks") and 5 from men described as "pimps." For these women, pregnancy itself presented minimal disruption to their sex work; they continued working the streets, picking up dates, and feeding their addictions to drugs and alcohol during their pregnancies. The effects of prenatal alcohol and drug use were difficult to document because many participants had not seen their children in years. Six respondents reported having a child with obvious symptoms of fetal alcohol syndrome or who had been born addicted to crack cocaine or other controlled substances.

Sixteen participants (42%) entered the sex industry after their children were born. Several ($n = 7$) reported that their children were aware of their prostitution activities because some women had entertained clients in their residences while their children were present. Five participants reported that their oldest daughters had followed in their footsteps and become involved in sex work. For example, Sam and her 18-year-old daughter picked up clients together at truck stops. About her daughter, Sam stated, "I know there's a lot of resentment in her, she's just not letting it out." Betina reported similar feelings regarding her 16-year-old son; she stated, "He's a good kid, but he has problems...his mother hasn't been there for him. I'm sure he has a lot of anger." When asked if she considered herself a "mother" Betina replied:

> I'm not a mother, no. It takes a hell of a person to be a mother. You know, I'm not a mother, no...I think a mother is somebody who's been there for them through thick and thin, day and night—a mother, she tries hard. I fell off the track.

Children's victimization. Seven participants reported knowledge that their children had been the victims of sexual molestation. One daughter was sexually abused by her grandfather. The daughter of another was raped when she was 7 by a family friend, and another participant's daughter had been sexually molested by a client who had been entertained in the home while the children were present.

Domestic violence further threatened optimal development for the participants' children. The children of six women had

Table 1
Demographic Information (N = 38)

Variables	M	SD	Range
Age	34.1	6.9	21–56
Age at prostitution entry	19.8	5.3	11–31
Time in sex industry[a]	11.6 yrs.	9.1 yrs.	6 mos.–44 yrs.
Number of children (N = 105[b])	2.8	1.5	1–7

	N	%	
Race/ethnicity			
Black	7	45	
White	16	42	
Native American	5	13	
Marital status			
Never married	18	47	
Married	9	23	
Divorced/separated	9/2	23/5	
Residence			
Shelter	14	37	
Prison	13	34	
Partner or husband	5	13	
Alone or with children	4	10	
Friends/parents	2/1	5/2	
Education			
Eight years or less	3	8	
Some high school	17	45	
High school graduate or GED	15	39	
Some college	7	18	
Time since off streets			
< 6 months	14	37	
6–12 months	13	34	
1–< 2 years	4	11	
2–4 years	2	5	
> 5 years	3	8	
Substance abuse:[c]	36	95	
Preprostitution	11	29	
Concurrent w/prostitution	8	21	
Postprostitution	17	45	
Time since last used (drugs):			
< 6 months	16	42	
6 months < 12 months	11	29	
1–< 2 years	3	8	
2–4 years	3	8	
> 5 years	3	8	
Child(ren)'s residence:			
Mother	10	9	
Father	19	18	
Grandparent/aunt	21	20	
On own	14	13	
Foster care	22	21	
Adopted	8	8	
Other[d]	11	10	

[a]Includes streetwalking, nightclub dancing, and involvement with sugar daddies.
[b]Does not include total number of pregnancies; numerous participants reported abortions.
[c]Drugs of choice included crack, amphetamines, alcohol, and heroin.
[d]Includes extended kin, mental health facilities, and incarceration.

been removed from their homes because of domestic violence. One participant, Sharia, related a particularly horrific incident in which her 4-year-old daughter was shot by the girl's father, who was attempting to shoot Sharia. Another participant described her relationship with her second son, described as a "trick baby": "He wasn't [conceived from] no love. I whooped him the same way that my mama [would] whoop us. And that's wrong. I didn't know how to love him."

As is evident in Table 1, of 105 total children, only 10 remained in residence with their biological mothers at the time of data collection. It was unknown whether those mothers would retain custody of their children; for instance, four of them reported continued involvement in prostitution and drug abuse. Children's removal from the home, whether voluntary (placed with a relative [n = 50]) or involuntary (because of legal intervention [n = 30]), was typically the result of

maternal alcoholism, drug addiction, imprisonment, or domestic violence. Several of the women were actively trying to regain custody, and still others had relinquished all parental rights. Some of the children lived with their fathers, and others resided with extended family members, including aunts or grandparents.

Prostitution's Impact on Childrearing: Participants' Concerns

Participants were asked to describe how their lives had impacted their children and to talk about their greatest concerns for the next generation. Two prevalent themes emerged. First, most participants ($n = 29$) verbalized a conscious awareness that their lifestyles, while in the sex industry, were incompatible with providing adequate emotional and physical care for their children. To illustrate, Sam recalled a particular incident between herself and her 14-year-old son. She explained:

> When I first started prostituting, working the streets and getting into drugs, he completely disowned me. One Christmas day he came to me and he was crying and telling me "You're my mom. You're not supposed to do those things....Moms don't do stuff like this. Why are you doing this?"...I just can't believe that I did all this...that I allowed all this...I wanted my kids raised so perfectly and then, I just turned. Turned everything around and I didn't care what my kids thought. It's like I gave up.

About her daughter, Cassie reported, "I wish I could do right by her. I never physically hurt her or anything. It is just [that] I have never really been there." Cynthia explained feeling similarly, stating, "I've missed a lot of years out of my kids' [lives], a lot of years. I just never been the mom that I should have been and I have a lot of guilt and regret about that." When asked about the impacts of prostitution and crack use on her family, Terenza stated, "...I hurt my family, I hurt my kids. I tore them apart again and again...it's a big hurt, it's a hurt with them."

With regard to their children's futures, participants overwhelmingly reported feeling that their children most likely were being better cared for by others. Thus, realization of their inability to care for their kids eased, at least to some extent, the emotional pain of their children's removal from the home, regardless of whether removal was voluntary or involuntary. To illustrate, Sharia described her feelings when her children left to live with extended kin:

> I was getting frustrated with my life and I was like "okay, time out." I love my kids and I never stopped thinking about my kids and I never stopped loving them, but I didn't know how to love me, so I couldn't show them the love they needed—that they needed as children. And that wasn't fair to them. So, I left my daughter with my mother and my two sons with my sisters.

Finally, when asked what had been the most painful experience of her life, Brandi remarked, "Losing my babies." However, she continued: "...but they are okay, and that is the main thing. That the kids are okay."

A select few ($n = 6$) were determined to put their own lives back together for their children and themselves. Amy, whose children remained in temporary foster care, had struggled the previous 12 months to complete the requirements necessary to regain full custody of her children. They were to be returned within 2 weeks. About her unique situation, Amy explained:

> My boys love me today, they've always loved me, I don't think they quit loving me—they didn't trust me for shit. They trust me more than they have ever trusted me—but they have never had a sober mom...Today I have trust—today [my kids] know a change in me, and it's a good change. They know they can talk to me. I believe that there's hope for us and I let them know that I have to go to support groups and have a sponsor and all these other things. My program has to come first—even before them because if not, then there won't be them and there won't be me.

Finally, one woman stood out significantly from the others with regard to her feelings of parenting and concern for her children. Jenny reported having seven abortions and two live births. During infancy, both children had been adopted, and Jenny's parental rights terminated. When asked her feelings of giving her 2-week-old daughter up for adoption, Jenny reported, "I would rather be running the streets and running around than taking care of her...my daughter cried too much and got on my nerves." About her son she said, "I didn't hold him, I didn't want to touch him." She continued, "I don't like kids." Thus, although not representative of the majority view, Jenny's perspective is worthy of note because it does provide a different frame of reference.

Contextual Influences: No One Is Immune

Clearly, children of prostituted women constitute an at-risk population. Removing them from maternal care is a superficial solution. Even if appropriate placements (e.g., extended family or state-supported placements) are located, geographical maneuvers do not guarantee freedom from victimization or exposure to substance abuse, domestic violence, or illegal activity. I believe that a more productive approach is the promotion of effective mothering among prostituted women with children. There are no quick cures or panaceas; the problems that plague prostituted women are multiple and interdependent. However, until these issues are directly addressed, effective solutions to intergenerational familial breakdown will continually be eluded. In reviewing their stories, feelings of disdain for the participants' mothering could easily surface; more difficult is examining the interplay between personal development, community privation, and societal neglect that resulted in present familial circumstances. Following, I present detailed information on the lives of the 38 prostituted women with children, organized following ecological theory as adopted by the effective mothering work group.

The Individual Level: Informal Support Networks

Families of origin. The majority of participants described their family systems while growing up as chaotic, diffused, and lacking affection. One participant explained, "My childhood was chaos, I raised myself, there was a lot of abuse." Most ($n = 25$; 66%) reported being sexually molested during their formative years. Fathers, stepfathers, brothers, uncles, and family friends were most often mentioned as perpetrators. Several women were molested by more than one person, and four were impregnated by their abusers. When asked if they reported the abuse, the

majority (*n* = 16) answered negatively, explaining that they feared the consequences. Of the remaining 9 women who sought help by reporting the abuse, 7 were ignored or not believed, thus resulting in continued victimization. Sexual abuse lasted an average of 4.9 years, 6 reported being sexually abused for 10 or more years. For some of the women, the abuse was not perceived as "wrong"; they knew nothing else. About the sexual molestation she experienced from her uncle and brother, Sam stated, "It was normal, it was always something that was happening to me."

Parental substance abuse and mental illness also characterized participants' early familial environments. Participants frequently reported that either their parent(s) or primary caregivers (e.g., grandparents) were alcoholics (*n* = 13), drug addicts (*n* = 7), or afflicted with mental illness (*n* = 5). Homes characterized by substance abuse were overwhelmingly the sites of domestic violence. Several women reported memories of watching their fathers "beat the shit out of" their mothers. Domestic violence was described as common, and often severe, in the participants' families of origin.

Relationships with siblings also were explored. Fewer than 10 women had contact with family on a regular basis, including siblings. Some of the women were introduced to prostitution and drug use through an older sibling. About her older prostituting sister, one participant reported, "I never thought I would become one of her, I did become one of her." Some reported that their sisters were still on the streets "prostituting and drugging," and two participants reported being raped by their sisters' husbands (one at 14 years, the other at 13). One of the sisters was still married to the perpetrator. When asked if there was anyone in her family whom she felt close to, Char responded in the negative, stating, "I've been by myself all of my life." This statement summarized the majority perspective.

Emotional relationships with partners, pimps, and clients. Five women had children with men whom they described as their pimps, and two of them, Tara and Monika, reported relationships with their pimps lasting more than 10 years. Involvement with a pimp occurred in one of two ways. In the first, a woman already involved in the sex industry develops an ongoing relationship with a man who then begins "pimping" her for drug money or other desirable commodities. Eventually, she assists him in finding other women to join the group ("the stable"), but she generally is considered his "main" woman. When asked how they felt about being one of many, the dominant view was that more women working for the same pimp meant less work for each. One person commented, "It meant less work for me," which nicely summarized the dominant view. The second way by which women began working for a pimp involves young females, usually runaways, who are befriended by (typically) much older men who provide them shelter and clothing. Only later do they discover their indebtedness and the expectation to repay the dept. About the man who became her pimp when she was 14, one participant reported, "I thought he was just being a friend and helping out, I thought 'well cool.'"

Some (*n* = 9) developed emotional relationships with clients, and still others (*n* = 10) indicated that although their partners were neither tricks nor pimps, they were aware of their prostitution activity. When asked to describe how a marriage or a similar relationship "works" when prostitution is involved, Mandy explained, "They're dysfunctional…they [the men] are usually using [drugs] and so they want you to go out prostituting

so they can have dope." This was confirmed by others (*n* = 8) who reported being introduced to sex work by partners who encouraged (or forced) prostitution involvement in order to support their own drug habits.

Friends. Participants were asked to describe relationships with other prostituted women. Contrary to expectations, the majority (*n* = 28; 65%) described their beliefs that everyone on the streets was out for herself. Relationships with other female sex workers characteristically were based on competition rather than mutual support or assistance. In reference to female street workers, Mira explained:

> It's each for her own. They [other street workers] don't care. They'll say "I got your back" [but] you ain't got my fucking back 'cause the minute you say you got my back that's when I'll get ready to get locked up. I never really like to travel the streets [with others]. I like to be by myself when I'm out there.

If a friendship developed, it was one other person only and largely based on mutual addiction rather than care or concern.

The Community Level: Economic Stability and Larger Social Institutions

Community resources. Economic stability is paramount to any investigation of women involved in the sex industry, particularly street-level prostitution, which is not an economically viable pursuit because of the inundation of crack cocaine. Economics and crack are intricately connected in the street subculture (Graham & Wish, 1994; Potterat, Rothenberg, Muth, Darrow, & Phillips-Plummer, 1998). Drug abuse and economic necessity were described by participants as the primary reasons for entering the sex industry. Most (*n* = 41; 95%) reported chemical dependence. However, drug addiction was not the primary instigator for initial sex work, as 44% (*n* = 19) of the total sample reported entering prostitution out of (real or perceived) economic necessity (i.e., to pay rent, buy groceries, receive shelter when on the run). About prostitution, one participant stated:

> It is too easy. Too goddamn easy. You try to ask somebody to give you some money to buy some milk and eggs for your kids and they'll say, "I didn't have those kids for you. You need to go and get a job." "Well, can we go in the back room?" "Okay baby." That is a fact, the fact is a male will find money for a blow job quicker than he will a pair of shoes for your kids. That is a fact.

The connection between drug use and street-level prostitution cannot be ignored. Eighty-nine percent (*n* = 17) of those who had not entered prostitution to finance an already established drug habit reported becoming regular users as their prostitution tenure continued. For instance, Sam described a slow decline into drug addiction and street-level sex work. At 31, she and her four children ran from her severely abusive husband; economic need propelled her into ongoing relationships with several "sugar daddies" (i.e., wealthy men who provide monetary support in exchange for sexual companionship). She explained, "They were tricks, but not like the tricks I did when I started doing drugs." She first used crack at age 37; it became an hourly addiction. She started street work because "They [the sugar daddies] didn't want nothing to do with me anymore." Amy described similar experiences. Prostitution, she explained,

"was all about the money" when she first began; her only tricks were "regulars." However, as her addiction escalated, she turned to the streets and became significantly less discriminating in clientele.

Sixteen participants (37%) entered prostitution to support a preexisting drug addiction, and 8 (19%) reported that prostitution entry and drug abuse occurred simultaneously. Several participants remarked, "There's no reason to be out there if not for the drugs." Crack cocaine was the drug of choice, although heroin, alcohol, and marijuana also were mentioned frequently; using multiple substances simultaneously was not uncommon. Addiction to crack, it was explained, does not occur "progressively." Most reported knowing they were hooked after the first or second use, as one young woman explained, "One hit is too many, one thousand hits are not enough."

Prostitution and law enforcement. Reports of victimization on the streets were rampant. One woman explained, "Once you hit the streets, there's no guarantee you'll come back." Many (n = 31) related incidents of severe abuse suffered at the hands of their partners, clients, and/or pimps. Many reported having been beaten with objects, threatened with weapons, and abandoned in remote regions. Rape was commonly reported (3 had been gang raped, 4 had been raped on multiple occasions). One participant was raped at knife-point by a trick. When asked to explain how she returned to the streets after being raped, she explained, "I just looked at it as not getting paid." Participants did not report crimes of victimization, explaining, "Society and law enforcement consider a prostitute getting raped or beat as something she deserves. It goes along with the lifestyle. There's nothing that you can do."

For obvious reasons, participants avoided interaction with law enforcement. At some point, all participants had spent time in jail and/or prison. The average length of time spent in prison was 1.2 years (range = 3 months to 4 years). Several typified the "revolving door" version of prison involvement; one woman had spent a total of 13.5 years in prison with intermittent time on the streets. Crimes leading to imprisonment included drug possession and distribution, larceny, robbery, parole violation, and extortion. Forced removal from the streets had, admittedly, provided valuable time to "dry out" and rest. Several described opportunities such as job skills training and education received while incarcerated, which may be of benefit following their release. Yet most of the incarcerated women (n = 8; 57%) were uncertain that they would refrain from old habits. One pointedly stated, "I'm not done selling drugs," because the work was too lucrative.

Hopes and dreams. Participants were asked to describe their hopes and dreams for the next few years. Nine mentioned specific occupations they envisioned for themselves, including counselor, cosmetologist, business owner, journalist, and working with troubled adolescents. Several (n = 5) simply mentioned "stable employment" or "having a job." One participant remarked, "I'd like to be a commercial artist, but no, I'll never learn how to read so I'm not going to be nothing. I'm just going to be working at a damn stupid factory." She continued, "I would like to see my daughter happy." Many (n = 10) described goals for their personal lives of being married, free of drugs, owning a home, or simply having "a better life." During this discussion, participants frequently mentioned their children, with most hoping to either "get my kids back" or "keep my kids." One individual stated, "I want my kids to respect me," and another wanted "To be a good mom."

For most, recognition of the necessity for skill-based education and legal employment challenged any real planning for attaining long-term goals. When asked to explain, four factors emerged as themes. First, participants described feeling overwhelmed with goal setting and planning for anything beyond the next day. Certainly, overcoming an addiction to crack cocaine, for example, necessarily takes precedence over more long-term goal setting, as does daily survival (e.g., shelter, food, transportation). Second, participants described the fear of having to explain their lengthy absences from the labor force; for some, this included periods of 10 or more years. Thus, participants conveyed the feeling that even if they had the qualifications for a good job, they would be turned down because of their sketchy employment histories. Others felt that if they were employed at a "decent" job at some point in the future, their jobs would always be "at risk" if their former prostitution was discovered. Finally, because of past incarceration, several for felonies, participants reported fear that any background search would eliminate them from most financial aid applications or job pools, particularly jobs in the human services field to which many aspired.

The Societal Level: Formal Service Provision and Governmental Support

Formal support services: Direct intervention. As mentioned earlier, the majority of participants (n = 26) were located through an intervention program designed to assist individuals in leaving the streets. It is the only program of its kind in the state. Because of the voluntary nature of the program, group attendees are transitional and their involvement is sporadic. Clearly, the existence of such a program is commendable, although it is far from adequate in addressing the needs of prostitution-involved individuals. Because of the voluntary nature of the program, program evaluation is compromised. Vital data concerning program strengths and weaknesses, with proactive adjustments to improve program efficacy, are non-existent. In addition, the program is administered by a larger Christian-based organization, and condom dispersement is strictly prohibited. Discussion of "prostitution" per se never occurred in the weekly sessions attended by the PI. Sessions focused predominantly on abstract concepts such as self-esteem and differentiating positive from negative social influences. Program attendees were discouraged from fraternizing; the implicit assumption was that such camaraderie encourages continued prostitution involvement by "reminiscing" about the streets. On the other hand, rich, empathetic sources of support (i.e., other prostitution-involved individuals attempting to leave the streets) potentially are overlooked. Finally, in the PI's 5-year involvement with the program, major administrative and staff changes occurred three times; low pay, stress, and burnout are not uncommon among human service providers (McNeely, 1988), particularly when working with high-risk populations, and these contribute to the high turnover rates that are not conducive to client success.

Participants remarked on the value of the intervention program. Social interaction provided by weekly group meetings and the personal counseling offered by staff were highly regarded. Still, they were upset over the changing staff and lack of discussion of the "real" issue: prostitution. Lettie explained her discontinued involvement with the program: "They kept changing people, and I don't like that shit....they kept moving and they kept getting these new fucking people and shit I don't like that because then I have to start over and I get tired of it." Another stated:

They need to have group therapy for the women on prostitution. Rather than these self-esteem topics, that's a bunch of bologna. Anybody can go to any organization in the city and get those kinds of classes. They need to deal with the real issues. They [program staff] are so squeamish about even talking about the issues, they're afraid that somebody's going to give somebody else an idea of what they could do or share information that somebody else shouldn't know. They also believe that private things that go on in peoples' lives should be discussed in individual counseling. I don't agree. [With former management] we [group attendees and former program staff] talked about issues that people were going through all the time. We were a tight-knit group. We gave each other a lot of support.

Despite such problems identified by participants, the last program director was progressive in efforts to advocate on behalf of the clients. She developed a prostitution outreach committee composed of representatives from various community groups (law enforcement, probation, parole, state health department, neighborhood organizations) with goals that were both short term (e.g., reaching out to women on the streets, providing basic necessities such as food and information) and long term (e.g., making policy changes, establishing a long-term residential facility).

Societal attitudes and policy makers. Stigmatization and societal attitudes that prostitution-involved women are morally reprehensible prevail (Overall, 1992; Pheterson, 1990). Interestingly, male clients' behaviors (and judgments of such) are given far greater latitude; they are overlooked as the buyers of women's sexual services, or the demand side of the equation (Sawyer, Metz, Hinds, & Brucker, Jr., 2001). Part of this inequity in judgment is due to the invisibility of "tricks," who typically solicit from their vehicles and thus remain somewhat sheltered from public view. Participants described clients going to great lengths to hide their solicitation activities from spouses or intimate partners by "roaming" at 5 or 6 a.m. on the way to work, versus in the evening on the way home.

The moral double standard is more accurately a result of gender and social status inequality. The fact that prostitutes, not clients, are held accountable for social ills centering on the sex industry is simply a symptom of larger societal attitudes. Changing gender-based attitudes, particularly en masse, that have existed for centuries is unlikely in the near (or distant) future. More reasonable would be to generate and disseminate accurate, reliable, and policy-stimulating research that dispels societal "myths" about prostitution (i.e., that prostitutes are sex addicts, that they "like" their work, that they have chosen prostitution over other financially viable options) and portrays prostitution-involved women as individuals whose historical, environmental, and contextual experiences directly and indirectly resulted in prostitution involvement. Relatedly, that prostitution-involved women specifically (and marginalized populations in general) are economically, politically, and socially powerless to advocate on behalf of themselves, or to change many of the structures that work in concert to oppress them (Frye, 1983) is a fact that cannot be ignored.

Practical (i.e., financial, administrative) support to achieve such modest goals is not easily obtained. Two examples illustrate. First, governmental funding sources are more interested in health compromising (e.g., drug or alcohol addictions and abuse) or associated risk-taking (e.g., HIV/AIDS knowledge and condom use) behaviors among sex-industry-involved women than the ultimate etiology of such behaviors. Large-scale funding sources balk at the value of examining the rich details of the lives of prostituting women or the intergenerational legacies that impact their own and their children's lives. Academicians often are encouraged to study those topics that can compete for large grant dollars. Relatedly, researchers are encouraged to study "relevant" statewide issues. As an academician at a large land-grant university located in a conservative Midwestern state, a university journalist recently shunned an invitation to write a story on this research because such information might be offensive and met with criticism by stakeholders.

Discussion

Certainly, individuals are responsible for the choices they make. The participants of this investigation would be the first to agree with this statement. In fact, several participants explicitly admitted such personal responsibility. However, the most vulnerable populations lack many basic self-advocacy avenues, and thus also lack viable choices. They are indigent, suffer discrimination, lack political power, and have experienced lives dominated by exploitation and abuse that, whether directly or indirectly, convince them that they deserve what they get. Moreover, parents, a frequent synonym for "mothers" (Walker & McGraw, 2000), are largely viewed as the primary socialization agents for their children through direct and indirect instruction. As evidenced in this investigation, familial legacies can be riddled with abuse, exploitation, domestic violence, and emotional terrorism. Often without intention, those behaviors are transmitted to future generations. Thus, children become the victims of long-standing intergenerational dysfunction, and the cycle continues.

Ecological systems theory provides a unique theoretical perspective for envisioning strategic prevention and intervention efforts to address multiple levels of deprivation (i.e., individual, community, and society), and offers practical guidance for derailing destructive behavioral patterns. Effective mothering can be promoted among the most disenfranchised populations when examined realistically and from an ecological framework. Strategies for promoting effective mothering among prostitution-involved women at the individual, community, and societal levels are presented below.

The Individual Level: Maternal Well-Being and Self-Care

"Effective mothering is only possible when mothers experience emotional, psychological and physical well-being. Effective self-care is both a prerequisite and a vital factor in caring for children" (NCFR Policy Brief, 2002, p.1). This basic assumption for the promotion of effective mothering is informed by the present data and those of other investigations of prostitution-involved women.

Emotional needs. Symptoms of emotional distress (i.e., depression, poor self-esteem, sexual dysfunction) often are identified among adult survivors of childhood sexual abuse (Burnam et al., 1988). Unless addressed directly and early in the recovery process, emotional scars from years of abuse and exploitation among prostituted women will challenge and make futile any

programmatic efforts for self-sufficiency or personal well-being. Counseling and therapy are often significant forms of defense in assisting individuals to cope with and overcome traumatic life experiences. The women who participated in this investigation are both strong and resilient; if not, they would not be alive to tell their stories. However, there is a monumental difference between surviving and thriving. These women were not thriving. Emotional bankruptcy is both a cause and a consequence of prostitution entry and continued involvement. The statement of one participant in particular clearly illustrates the depths to which prostituted women must repress their emotions to survive. When asked her feelings about her life experiences, she stated, "I don't know, I don't have them [feelings] anymore."

Promotion of emotional health within formal settings (i.e., counseling, therapy) must address intergenerational familial patterns for two reasons. First, exploration of personal and contextual factors that help explain adult caregivers' neglect, abuse, and substance addictions may help reduce feelings of guilt (e.g., "she just hated me because I made her") or blame (e.g., "I am worthy of abuse"), and thus enhance emotional healing. Second, parallels may then be drawn between childhood experiences and caregiver behaviors in one's family of procreation. Such an approach implies that (a) individuals are products of their environments, and (b) development is not wholly determined by past experiences; instead, humans also have the unique ability to learn from historical mistakes and to take corrective action.

Therapeutic approaches should integrate concepts from Family Systems Theory (FST), particularly the transitional character. Transitional characters are individuals who liberate future generations from destructive familial patterns (Broderick, 1990, 1993). Becoming a transitional character requires not only a desire to do so but also the ability to develop new familial patterns and ways of relating, and is contingent upon two factors: a sense of personal insight and self-efficacy. With regard to self-efficacy specifically, one cannot advocate on her own behalf or demand to be treated with respect and dignity if she does not believe in herself and believe that she deserves to be treated with respect and dignity.

Psychological needs. Childhood victims of physical and sexual abuse have increased prevalence of anxiety, depression, and symptoms of posttraumatic stress disorder (PTSD; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988; Menard, 2001; White, Halpin, Strom, & Santilli, 1988). Abused children show higher rates of psychological distress in adulthood (Chu & Dill, 1990; Kessler & Magee, 1994), and antisocial behavior including drug and alcohol abuse (Bagley & Ramsey, 1986; Bagley, Bolitho, & Bertrand, 1997; Conte & Schuerman, 1987). Unfortunately, the psychological needs of prostituted women are rarely the focus of academic interest (see Farley & Barkan, 1998 as a recent exception). Plummer and colleagues (1996) contend that actively addressing psychological factors including depression and PTSDs may be paramount in successfully intervening on the behalf of women involved in or at risk of becoming involved in street-level sex work. Substance addiction is prevalent among them as both a cause and a consequence of prostitution involvement. The psychology of addiction must be addressed among prostituted women for the promotion of personal well-being and long-term effective mothering.

Further, one of the greatest challenges to promoting personal efficacy generally, and effective mothering specifically, is addressing the relationships between prostitution-involved women and their male partners. These intimate relationships are, as described by 90% of participants and documented in the literature (e.g., Dalla, 2001; Raphael & Shapiro, 2002; Williamson & Cluse-Tolar, 2002), not emotionally, psychologically, or physically healthy. Prostituted women display many symptoms of "battered woman syndrome," which include beliefs of personal responsibility for victimization, inability to place the responsibility for the violence elsewhere, fear for one's own life and those of one's children, and an irrational belief that the abuser is omnipresent and omniscient (Walker, 2000). Thus, intervention must address the cycle of violence, power and control, and personal decision making for long-term well-being.

Physical needs. The most immediate physical needs of prostitution-involved women include housing, transportation, and medical services. Many street-level prostitution-involved women require residential treatment, but waiting lists are long and residential treatment resources are scarce (Weiner, 1996). Further, co-ed facilities are unlikely to offer residence to prostituted women, believing they will continue to trade sex for money or drugs (Weiner). In addition, women who enter residential treatment must find appropriate care for their children. Although many of the participants' children were already in out-of-home care, those alternative caretakers may attempt to terminate parental rights or refuse care if the mother fails to provide income. Weiner stated that children in foster care may be permanently removed if their mothers admit substance abuse or disclose medical conditions such as HIV.

Medical conditions frequently documented among prostitution-involved women include HIV, gonorrhea, syphilis, hepatitis, venereal warts, tuberculosis, and herpes (Weiner, 1996). Thus, medical attention to inform, treat, and prevent STDs and related health complications must be addressed in interventions. Significant also, and as documented here and elsewhere (Hardman, 1997, Weiner), is the lack of prenatal care to these women. Infants whose mothers fail to receive prenatal care are more likely to have low birth weight or be premature (Garcia Coll, 1990) and show a greater incidence of nutritional deficiencies (Pollitt, 1994). Teratogenic agents (e.g., alcohol, tobacco, drugs) further threaten optimal fetal development (Zigler & Hall, 2000). Prostitution-involved women often are reluctant to seek medical attention when pregnant because they lack information on the benefits of and access to services (e.g., transportation, finances), and/or because they fear that their children will be removed from their care by social services (Weiner). Community outreach, through providing information and direct services, is necessary to access populations that will not likely seek services on their own. If resources were not an issue, a "roaming" medical unit could directly provide services to those in need or transport individuals to clinics specializing in the needs of sex workers. For example, St. James Infirmary in San Francisco provides medical and social services for female, transgendered, and male sex workers and is run by and for sex workers (http://www.stjamesinfirmary.org).

The Community Level: Community-Based Resources

"Prostitutes are not easily served through normal agency service delivery. They are unlikely to approach agencies for help because of their lifestyles and fear of arrest" (Weiner, 1996, p. 6). Human service providers are challenged to establish outreach programs and take active steps to recruit prostitution-involved women. Community-serving social programs face multiple barriers in meeting the numerous and varied needs of this vulnerable

population. Basic skills training for more advanced critical thinking and self-advocacy education will require major financial and staffing commitments. On one level, the promotion of effective mothering requires shelter, financial security, and transportation. Residential programs that offer short-term, transitional, and long-term housing and that are accepting of women with children are essential. Additional needs include negotiating public assistance services, transportation to meet with case workers and probation officers, parenting skills training, and assistance in obtaining legal employment and/or skills training (Hardman, 1997). Legal counsel provided at no or minimal cost also is necessary for prostitution-involved women. Residential programs designed specifically for sex workers and their children ideally would be linked to numerous community organizations (i.e., legal aid, family services, mental and physical health clinics) that would provide services on-site and free of charge. Additionally, strong linkages between educational programs (e.g., technical schools, community, and 4-year colleges) could provide tuition assistance and financial support for books and tutors to develop employment-related competencies among sex workers; residential facilities would be equipped with updated technology (e.g., computers, Internet access) and have an on-site library for children and adults.

Significantly, participants clearly indicated a desire to address the real issue—prostitution—in intervention programs. They desire connection to others experiencing similar challenges and barriers to escaping prostitution. The creation and maintenance of intensive mentoring relationships for prostitution-involved women may be critical to their successful recovery. Those in the best positions to offer mentoring services are peers: former prostitution-involved women.

There are few programs aimed directly at helping women leave the streets, and fewer still collect and report evaluative data. Information documenting the progress of women attempting to leave the streets, including the developmental trajectories of their children, is lacking. Documenting women's recovery progress and the critical transition points that push some back to the streets is vital for disrupting the cycle and intervening on behalf of future generations. Comparisons between women who escape prostitution and those who return to their former lifestyles after attempting to leave the streets could prove particularly valuable and suggest powerful tools for intervention and prevention. As yet, such longitudinal data are nonexistent.

Short-term quick-fix programs will not be an effective use of resources. In explaining the interlocking barriers that prostitution-involved women face in leaving the streets, I often ask: How easy would it be for you to develop a new lifestyle, including the formation of new friends, new ways of processing information, and the development of a new identity? The answer is clear: not easy at all. The absolute necessity of providing long-term intensive care aimed at addressing multiple interdependent variables cannot be overstated.

The Societal Level: Policy and Advocacy

"Children are sometimes called the 'silent citizens' of society. They cannot vote or exercise political influence, advocate effectively on their own behalf, or create compelling public demonstrations of their needs" (Thompson, p. xvi in Zigler & Hall, 2000). Dominant American beliefs are that parents are, first and foremost, responsible for nurturing, protecting, and advocating for their children, yet individual, community, and societal factors exert profound influence on maternal ability or motivation to effectively parent children. Political advocacy on behalf of disenfranchised populations and impoverished communities is a necessary first step in ensuring the optimal development of our nation's children. Fiscal support (e.g., governmental grants) for programmatic research and evaluation, and community-building efforts (e.g., tax subsidies) for the development of business and industry in urban neighborhoods must be supported at the local, state, and national levels; intensive training and salary increases for human service professionals also are critical for effectively meeting the needs of vulnerable populations.

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