

**A PARADOX OF AUTONOMY AND RISK:
MEXICAN *SEXOSERVIDORAS* (SEX WORKERS) ON THE
U.S. – MEXICO BORDER**

by

Alice Cepeda

A dissertation submitted to the Graduate Faculty in Sociology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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ABSTRACT

A PARADOX OF AUTONOMY AND RISK:
MEXICAN *SEXOSERVIDORAS* (SEX WORKERS) ON THE
U.S. – MEXICO BORDER

by

Alice Cepeda

Adviser: Professor William Kornblum

This dissertation is based upon ethnographic observations and life history interviews with 109 female sex workers in Nuevo Laredo, Tamaulipas and Ciudad Juarez, Chihuahua, Mexico. By using a conceptual framework of “paradoxical autonomy” this dissertation provides a vivid portrayal of the lives of these Mexican women who for numerous reasons and circumstances entered into the world of prostitution. More importantly, their stories indicate how their economic marginalization, coupled with traditional gender roles and the stigma associated with their occupations are conducive to continual exploitation and degradation. Data examines how larger macro level social, structural and economic factors associated with the U.S. - Mexico border have an influence on the women’s decision to enter the profession and subsequently their individual behaviors. Mexican women’s participation in the labor force may be contributing to the emergence of new gender roles based on increased autonomy from men and new forms of family life. However, this perceived autonomy is non-celebratory in that it does not relieve the overwhelming burdens associated with the nature of sex work and the stigma associated

with a border society that continues to impose clearly defined gender barriers on women. The emergence of this paradoxical autonomy among these Mexican female sex workers is strongly associated with occupational risks that come with the progression of their careers as sex workers: illicit substance use, alcohol abuse, high risk sexual behavior and violence. This dissertation represents a significant contribution in understanding the public health implications in that it has provided an understanding of the nature of sex work within a binational context of a socially and economically marginalized region. Furthermore, findings indicate that choices made by these Mexican female sex workers are understood as the outcome of the social, structural and economic circumstances that are characteristic of their experiences living and working on Mexican border.

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CHAPTER 1

INTRODUCTION

INTRODUCTION

The Graduate School of the City University of New York (CUNY) has a long and well-established tradition in the study of socially marginalized groups within the framework of urban sociology (Kornblum & Williams, 1995). Over the years, faculty and graduate students have worked together in numerous sociological research studies aimed at understanding urban life. Rooted in the Chicago School tradition, much of this research has focused on New York City's urban landscape and street life. Studies include those focused on drug users and drug dealers, prostitutes, Black Muslim incense peddlers, and homeless among others. (Boggs, Handel, & Fava, 1984; Duncome, J.Sifaneck, & Szanto, 1995; Kornblum, 1974; Sifaneck & McNamara, 1995; Sterk & Elifson, 1990; Williams, 1989, 1992; Williams & Kornblum, 1994; Williams & Kornblum, 1985). Two pioneers in CUNY's urban sociological research set the stage; Charles Winick and Vernon Boggs, provided the social science community with an understanding of "the life" of prostitution (Boggs, 1979; Winick & Kinsie, 1971). As faculty members and graduate students (of which Boggs was both), Winick and Boggs established an environment that embraced the urban sociological tradition that continues even today.

In keeping with this tradition, this dissertation focuses on prostitution within a different community context, the U.S. – Mexico border. My dissertation is based upon ethnographic observations and life history interviews with 109 female sex workers in Nuevo Laredo, Tamaulipas and Ciudad Juarez, Chihuahua, Mexico. These two border cities have been identified as two of the most important conduits of trade between the

United States and Mexico. For those unfamiliar with the U.S – Mexico border this transnational movement may initially be perceived as an important factor in the economic prosperity of the region. In reality, however, the social and economic ills communities are facing along the U. S. – Mexico border are overwhelmingly problematic. In a sense, thinking of the numerous paired cities strung out across a vast land of wilderness, as another country may seem appropriate. This dissertation, by using a conceptual framework of “paradoxical autonomy” will demonstrate how sex workers along the U.S. – Mexico border engage in this profession and attempt to survive within the social, economic and structural milieu that is characteristic of these transnational border communities and their occupation.

As a child growing up in San Antonio, Texas only 180 miles from the U.S. – Mexico border, traveling south to San Luis Potosi, Mexico every Christmas break with my family was a highly anticipated experience for me. The idea of seeing and hanging out with cousins, aunts, uncles and grandparents for two weeks made the 10 hour road trip in the family station wagon almost bearable. During these trips, I remember thinking that the border and more specifically Nuevo Laredo was the place where we had to get through “*La Duana*” (Mexican Immigration officials). Many times, I observed how my father would be persuaded by these officials to pay out the *mordida* (bribe) in order to avoid a full-scale search of our vehicle. As a child and into my teenage years, I perceived Nuevo Laredo as a corrupt and lawless city. In a sense, this perception continues even today among people from outside this region who view it as a sort of isolated frontier into Mexico. In fact, just recently a U.S. newspaper reporting on the stabbing death of the editor of Nuevo Laredo’s daily newspaper read: “Mexican and foreign journalists joined

civic groups Saturday in condemning the unsolved slaying of a newspaper editor who crusaded against rampant borderland corruption and violence”(Gonzalez, 2004). This was only the latest incident in a series of articles reporting on murders and gun battles involving corrupt law enforcement officials and drug traffickers.

During the last ten years I have had the opportunity to work on distinct social science research projects along the U.S. – Mexico border, of which more recently has been the research conducted for this dissertation. These experiences have helped me understand that the social, economic and cultural dynamics in place are unique to this geographic area. Much of this is confounded, given the fact that some of the poorest counties in the United States are located adjacent to the border, next to Mexican cities in worse economic situations.

It is under these conditions that the current research on Mexican female sex workers takes place. The women in this research are from economically disadvantaged positions in Mexican society. While there were obviously women who had been born and raised on the border, there were also those who had migrated to Nuevo Laredo or Ciudad Juarez in search of economic opportunities. Most of the women with whom I spoke, identified themselves as “sexoservidoras.” Literally this translated means “sex server” which may be a way in which women attempt to equate their work with other professions. For the purposes of this dissertation, the terms *sexoservidora*, sex worker and prostitute will be used interchangeably. Although, the definition has been expanded to include the exchange of sex for drugs in many studies, in this research the terms will be used to refer to the act of exchanging sex for money.

My purpose here is to provide a vivid portrayal of the lives of these Mexican women who for numerous reasons and circumstances entered into the world of prostitution. More importantly their stories indicate how their economic marginalization, coupled with traditional gender roles and the stigma associated with their occupations are conducive to the continual exploitation and degradation of these women.

OVERVIEW OF CHAPTERS

Chapter 2 examines some of the most important works conducted on the subject of prostitution. In using research that has been conducted throughout the world, this chapter focuses on four distinct themes that have been addressed in the literature. The first is the question that has been constantly asked by researchers, “How does a woman enter the prostitution life?” Different theoretical viewpoints associated with a woman’s engagement in such behavior are presented. The second part of the literature review aims to address the relationship between prostitution and substance abuse. Two very prominent perspectives regarding the sequence of events that have been identified in the literature are discussed. Next, an overwhelming amount of literature has been documented on the prevalence rates of HIV/AIDS among sex workers. Some of the most important studies and rates are presented. The nature and extent of violence among prostitutes have also been widely documented. Discussed are the contextual and structural factors associated with the risk of violence among this population. In this chapter as well, I present some of the most contemporary pieces of work on prostitution in Mexico. The majority of these studies have addressed the issue of prostitution in this country by examining epidemiological patterns of sexually transmitted diseases. Only limited research has examined the contextual and structural factors associated with the

profession in Mexico. Finally, chapter two presents the concept of “paradoxical autonomy” that will be used to describe the women’s life trajectory into the profession of sex work and its related consequences.

In Chapter 3, I provide an overview of the setting and context in which this research took place. A brief overview of the U.S. – Mexico border region and more specifically Nuevo Laredo and Ciudad Juarez is presented. In addition, a more in-depth description of the areas in which the research was conducted within each city is provided including the types of venues, red-light districts, and downtown areas. This chapter sets the stage for the issues to be addressed in the chapters to follow. Chapter 4 describes the manner in which this research was conducted. I present the details of how I tapped into the sex work industry in these two cities via gatekeepers and local health authorities and maintained a presence and visibility that legitimized my work. The chapter also outlines the specific ethnographic and survey methodology used to collect data from this population. The specific sampling phases implemented in order to obtain the female sample for the life history interview is described.

Chapter 5 describes the process by which these Mexican women became engaged in the sex work industry. Decisions about exchanging sex for money was overwhelmingly a direct result of women’s economic circumstances, for both those originally from the border and those from other regions of Mexico. While the economic motivation was a common theme for the women, the circumstance under which their first experience occurred varied. The situational and transitional circumstances are explored in this chapter. In addition, this chapter begins to examine the relationship between childhood trauma and sex work. I present findings from the Childhood Trauma

Questionnaire (CTQ) that was administered to subjects. Although there are limitations associated with such psychometric questionnaires, this is one of the first times the CTQ has been administered to a Mexican population. City differences in levels of maltreatment are presented.

The nexus between substance use and prostitution has been widely established in existing literature. One assertion commonly argued has been that prostitution is a means by which a woman supports her addiction. Chapter 6 examines these Mexican female sex workers' experience with substance use. As is presented, for this population of sex workers working on the U.S- Mexico border, substance use initiated and progressed with the women's involvement in the sex industry. This chapter presents this progression of use that encompasses three stages: necessary use of alcohol, utilitarian use of cocaine and dependent use of injectable drugs.

In Chapter 7, risks for the transmission of HIV and other infectious diseases within this community of sex workers, clients, and primary partners is presented. Sexual behavior patterns, condom use and health risk knowledge are addressed. Included in this chapter is a bi-national typology of clients on the border that indicates the transnational nature of these men. The chapter then shifts focus to the women's private lives with primary sexual partners. This chapter demonstrates that the low rates of condom use with clients and partners, especially among the Nuevo Laredo sample indicates the interface of a high risk network composed of sex workers, clients and primary sexual partners that has implications for both the U.S. and Mexico.

Chapter 8 describes the violence that these female sex workers are exposed to working on the U.S. - Mexico border. Clearly the majority of the violence came at the

hands of the clients when women refused to engage in specific sexual acts not agreed upon at the time of negotiation. Contextual and structural factors contributing to the sex workers vulnerability to violent victimization are further examined in this chapter.

Finally, in Chapter 9 I conclude my dissertation by illustrating the usefulness of the concept of paradoxical autonomy to help understand the life circumstances associated with women's entrance into sex work and the linked social, economic and structural realities that limit the women's options during the course of their work on the U.S. – Mexico border. Furthermore, public health implications for this binational context and research limitations are addressed.

CHAPTER 2

PARADOXICAL AUTONOMY: SEX WORK ON THE U.S – MEXICO BORDER

INTRODUCTION

Research on the phenomenon of prostitution has been extensive and diverse and has varied in time and place. While prostitution itself is illegal in a great majority of countries, there are those places in which the practice is allowed under specific restrictions (i.e. health exams, social space, etc.). In either case, the practice of exchanging sex for money has always been a highly stigmatized practice concentrated primarily among the disadvantaged populations throughout the world. In general, a great majority of this research has explained this phenomenon using either behavioral or epidemiological perspectives.

In this chapter, I will present a review of some of the most important works conducted on sex workers by focusing on four areas of importance for this dissertation. These include: entering the profession, prostitution and substance use, sexual behavior and AIDS, and prostitution and violence. This is further complemented by a brief overview of some of the most current research on sex workers in Mexico. Finally, this chapter will present the concept of “paradoxical autonomy” used here in order to demonstrate how sex workers along the U.S. – Mexico border engage in this profession and attempt to survive within the social, economic and structural milieu that is characteristic of these transnational border communities.

EXISTING RESEARCH ON PROSTITUTION

Entering the Profession: The Psychological vs. Structural Dichotomy and Beyond

In one of the most important works on the study of prostitution, Winick and Kinsie state:

It is unlikely that there is only one cause for a woman's becoming a prostitute. We might expect it to be a decision based on growing up in a subculture or in a particular family situation, and on how the woman herself perceives both. The likelihood is that the decision to become a prostitute is based on many factors, and that different factors affect different women (Winick & Kinsie, 1971:37).

Researchers have historically and even now through present day studies have attempted to provide explanations for a woman's entrance into prostitution. Some of these early studies focused on the individual's characteristics as factors associated with their entry into the profession. This psychological explanation identified such things as mental deficiencies and intellectual deterioration as reasons why women became prostitutes (Bingham, 1923; Mertz, 1919). For instance in an earlier study of street prostitutes in Denmark, the author argued that these women had entered this type of work because of their mothers apparent abnormal personalities (Kemp, 1936).

Yet another viewpoint was presented with other studies conducted in the 1930's that explained prostitution in terms of the social structure within which it occurs and the lack of economic opportunities. Davis argued that prostitution was functional and economical in the sense that it used sex for an ulterior purpose, which in this case was associated with the limits imposed onto the institute of the family and person's gratification (Davis, 1937).

More recent studies on prostitution have continued to be captivated by a woman's entry into the business of exchanging sex for money. This current research has moved beyond the psychological and structural perspectives provided by these earlier studies to explain the circumstances under which women initiate their careers. In this literature there are two prevailing arguments that have been presented to explain entry into prostitution that include: childhood victimization and social context of personal circumstances.

Numerous studies have explored sex worker's experiences of childhood victimization including sexual and physical abuse (James, 1976a; James & Meyerding, 1978; Nadon, Koverola, & Schludermann, 1998; Silbert & Pines, 1981; Simons & Whitbeck, 1991; Sterk, 2000). This body of research has hypothesized that one of the consequences of childhood victimization is entry into prostitution. Silbert and Pines found that 60 percent of the prostitutes in their study reported experiencing childhood sexual abuse (Silbert & Pines, 1981b). Similarly, James (1976a) found that 49 percent of sex workers had been sexually abused during their childhood, of which 40 percent were reportedly incestuous. More recently, a study in Britain found that 43 percent of sex workers interviewed had been either physically or sexually abused as children (Phoenix, 1999). In a sample of thirty-two female street workers in the South West of England, 25 percent reported physical and sexual abuse during their childhood (Sanders, 2001).

While much of this research depicts evidence of the relationship between sexual abuse and prostitution, others have begun to explore the distinct processes associated with early sexual abuse that increase the probability of engaging in sex work (Miller, 1986; Simons & Whitbeck, 1991). This research suggests that there are both direct and

indirect effects between child abuse and prostitution. That is, child abuse and other characteristics of troubled homes lead to prostitution by increasing a young woman's ties to deviant peers and street culture (Simons & Whitbeck, 1991). Miller, furthermore argued that prostitution tended to be concentrated among poor women who were familiar with street networks engaged in deviant or illegal activities to support themselves (Miller, 1986).

The second explanation for entry into the profession that has more recently been demonstrated in research of sex workers is associated with the social context in which these women find themselves and their related personal circumstances (McKeganey & Barnard, 1996; Miller, 1986; Rosenbaum, 1981; Sterk, 2000). Contrary to much of the research, these studies identify multiple factors that contribute to a woman's entrance into sex work, while taking into consideration the importance of the location and context of these experiences. This context can be described as one of limited employment opportunities and low wages.

For instance, McKeganey and Barnard's qualitative work on prostitutes in Glasgow, report peer influences in leading some of these women into some of their early experiences of such work (1996). However, this being the case the authors' argue that overall, women prostitute to make money. They go on to argue, "However, as might be predicted, there are many different reasons for a woman needing that money and these have an influence over such factors as the regularity with which a woman will work and the amount of time she might spend doing so" (McKeganey & Barnard, 1996:26). In Sterk's ethnographic study of prostitutes in New York City and Atlanta, the women gave one or more reason for their involvement, which included such things as sexual abuse,

lack of love, money, peer pressure, and drugs (Sterk, 2000). While this was the case, the majority of the women felt that, “they were forced to sell sex as a survival strategy” (2000:43). All the sex workers Sterk spoke with described how distinct negative circumstances within the context of their neighborhoods, characterized as having disproportionate unemployment, crime, drugs and violence rates, made sex work a rational choice.

Examining the Relationship Between Prostitution and Substance Use

The discussion of alcohol and illicit drug use among prostitutes has been widely documented, in particular among lower class females (Datesman, 1981; EllinWood, Smith, & Valliant, 1966; Goldstein, 1979; Lisansky, 1957; Maerov, 1965; Maher, 1997; Marshall & Hendtlass, 1986; Martin & Martin, 1980; McKeganey & Barnard, 1996; Rosenbaum, 1981; Sterk, 2000). Most of the research conducted on prostitution has identified high levels of alcohol and drug use among this population.

During the decade of the 1960’s and 1970’s prostitution studies focused on the use of heroin in large urban areas such as New York City and Chicago (Chambers, Hinsely, & Moldestad, 1970; Cushman, 1972; Datesman & Inciardi, 1979; Goldstein, 1979; Miller, 1986; Silbert, Pines, & Lynch, 1982). Such studies corresponded to the heroin epidemic that was occurring during this period. More current research has focused on other drugs especially crack cocaine that dominated the drug scene during the 1980’s and 1990’s (Feucht, 1993; Fullilove, Thompson Lown, & Fullilove, 1992; Goldstein, Ouellet, & Fendrich, 1992; Inciardi, 1989; Inciardi, Pottieger, Forney, Chitwood, & McBride, 1991; Kuhns, Heide, & Silverman, 1992; Miller, 1995; Ratner, 1993; Sterk, 2000). While the literature has addressed numerous aspects of this linkage, one of the

most widely examined has been associated with the sequential relationship (i.e. cause and effect), which is the focus of the review to follow.

Although, many studies conducted on prostitution and drug use indicated high levels of drug use there was no clear indication as to which occurred first (Silbert et al., 1982; Winick & Kinsie, 1971). For instance, Winick and Kinsie stated: It is not possible to say with any certainty what proportion of prostitutes became drug addicts before or after their entrance into the vocation”(1971:68).

One of the most important pieces of work related to this topic was conducted by Paul J. Goldstein, Prostitution and Drugs (1979). In conducting his study, Goldstein believed that earlier research had not been rigorous enough in their data collection and seldom went beyond correlations of drug use and prostitution. A review of the literature yielded 30 to 70 percent of female drug users were prostitutes and 40 to 50 percent of female prostitutes were reported to be users of illicit drugs. Furthermore, Goldstein identified two assertions based on the existing evidence on the connection between prostitution and drug use:

- (1) many prostitutes, because of the rigors of their lives, will become drug abusers at some point in their prostitution careers; and
- (2) many female addicts, because of the expense associated with narcotics addiction, will turn to prostitution in order to support their drug use at some point in their addiction careers (p.3).

His study of 60 female drug users of which 40 reported being engaged in prostitution indicated the relationship between prostitution and addiction varied, depending on the level of prostitution engaged in by these women. High-class prostitutes as he identified them entered the profession and subsequently became addicted. On the contrary, the lower class was identified as being addicted before becoming prostitutes. He argued that

the causal linkage between prostitution and addiction for the high-class group was based on the psychoactive functions of the stimulants while for the lower class it was economic necessity associated with their heroin use.

James' study of 100 prostitutes, addicts, and addict prostitutes in a West Coast city in the United States contributed to this body of literature (James, 1976). Her findings revealed that in regards to time-span it took longer for a prostitute to move into addiction than for an addict to become a prostitute. Furthermore, the women who were first addicts were younger when they became addicted than were the women who were first prostitutes. Clearly, her data indicated that the addict in need of money will quickly turn to prostitution, however, prostitution can also be viewed as "a potential step toward addiction because of emotional pressure and proximity of narcotics" (James, 1976:617).

A more recent study on a sample of 237 predominantly White prostitutes in the community and 407 comparison women at an STD clinic in Colorado Springs found that use of drugs precedes or coincides with the onset of prostitution (Potterat, Rothenberg, Muth, Darrow, & Phillips-Plummer, 1998). More specifically, findings revealed that 66 percent of the prostitutes had used drugs before entering the business, 18 percent were done concomitantly and only 17 percent began to use drugs subsequent to their work. Another study with 39 crack using female prostitutes identified prostitution as a means to secure funds needed to purchase drugs (Feucht, 1993). The author however argues that this relationship is more complex and goes beyond addiction including the utilitarian aspect of the drug and the larger economic processes of the marketplace. The geographic proximity of such things as prostitution strolls, copping areas and shooting galleries in many inner city neighborhoods, will obviously overlap in such a way that this

relationship will continue to be of concern in particular in the spread of HIV (Sterk & Elifson, 1990).

Sexual Behaviors among Prostitutes in an Era of AIDS

In reviewing the literature on prostitution and AIDS it is clear that the relationship is complex and dynamic throughout the world. Clearly, substantial variations in seropositivity are observed among prostitute populations. This is reflected in McKeganey's examination of global data on prostitution and HIV (1994). For instance, while the likelihood of acquiring HIV infection in Africa among female prostitutes is one of the highest, there are some countries and cities that indicate much lower levels of infection ranging from 0.9 to 2.1. Similarly, in the United States while the overall HIV prevalence rate among female prostitutes is approximately 7 percent, variations in cities are evident. In a study of 638 female prostitutes, only 2.5 percent tested HIV positive while in New York, 28 percent out of 583 tested positive. Of this same sample, 60 percent of the IDUs tested positive. Similarly, in a study of Hartford drug using women, 34 percent of the women were HIV infected with sex workers having the highest rates. This included a 52 percent infection rate among those identified as ever having engaged in prostitution and a 46 percent rate among those engaged in this activity in the last 30 days (Weeks, Grier, Romero-Daza, Puglisi-Vasquez, & Singer, 1998b).

Much of the research associated with HIV transmission has focused on the relationship between high-risk drug use and related sexual behavior risks (Cattarello, Leukefeld, Woolley, & Parker, 1998; Deren, 1997; Hansen, Lopez-Iftikhar, & Alegria, 2002; Weeks et al., 1998b). Studies focusing on this relationship have framed HIV risk behavior using an individualist or structural paradigm (Hansen et al., 2002). The first is

associated with more individual characteristics while the second approach attributes these risks to social class, race/ethnicity, and gender relations. Research that has focused on individual characteristics have only addressed issues associated with the exchange itself and have neglected to examine what have been identified as mediating factors in HIV transmission.

Given this, numerous studies have begun to examine these mediating factors that determine HIV transmission among sex workers (Barnard, 1993; Estebanez, Fitch, & Najera, 1993; Khabbaz et al., 1990; Whittaker & Hart, 1996). Among some of the most important factors that contribute to HIV risk for prostitutes are gender relations within the context of their economic and personal circumstances. These factors have been documented as influencing women and putting them in situations that increase their risk. For instance, several researchers have identified the women's lack of ability to hold significant control over the actual sexual encounter including other risks in the environment therefore putting them at risk (Carovano, 1991; Fullilove et al., 1992; Kane, 1990). Furthermore, this lack of control is confounded by gender roles imposed on by society that preclude such sexual behavior despite external circumstances that lead them to engage in such behaviors (Barnard, 1993; Weeks, Singer, Grier, & Schensul, 1995).

For Latinas, these gender roles are strongly associated with the risk of HIV. Literature has emphasized traditional gender roles that stigmatize women's sexuality and Latina's reluctance to discuss sexual practices with partners (Alegria, Vera, Freeman et al., 1994; Alegria, Vera, Rivera et al., 1994; Deren, 1997; Hansen et al., 2002). This stigmatization creates gender role conflicts as was found by Castaneda and colleagues where Mexican female sex workers had to deal with the role of "mother-saint" and

“traitor-prostitute” as they worked to support their families (Castaneda, Ortiz, Allen, Garcia, & Hernandez-Avila, 1996). Similarly, research on Puerto Rican sex workers found that the majority of them were suffering from depression associated with their identity as sex workers (Alegria, Vera, Freeman et al., 1994). Nonetheless, there are those studies that have found the reverse where cultural traditions may serve as protective factors. For instance, Deren and colleagues compared cultural attitudes and behaviors bearing on HIV risk for Puerto Ricans, Dominican and Mexican sex workers in the United States (Deren, 1997). Her findings indicated that Puerto Rican sex workers had the highest rates of HIV sexual and drug using risk behaviors along with high levels of acculturation. This was also the case when comparing the Puerto Rican’s with African American sex workers. Few differences in HIV risk behaviors were found among both groups of which the authors contributed to experiences with poverty and addiction. (Weeks et al., 1998b).

A large body of literature has focused on the use of condoms among drug using women. Within this body, the importance of cognitive factors in mediating the use of condoms has been addressed (Wood, Tortu, Rhodes, & Deren, 1998). Studies have shown a linear relationship regarding the beliefs and attitudes about condom use and their actual use (Friedman et al., 1994). Among sex workers, research has shown that women are more likely to use condoms with their paying clients than with their primary partners (Gossop & Powis, 1994; McKeganey & Barnard, 1996; Weeks et al., 1998b; Weissman, Brown, & National AIDS Research Consortium, 1991; Worth, 1990). For instance, Weeks and colleagues found that higher rates of condom use were found among those who had recently exchanged sex for money than those who had not had lower rates

(Weeks et al., 1998b). Seventy four percent of those who had never exchanged sex for money reported never using a condom compared to 27 percent for those who had done so in the last thirty days. Similarly, in a study of prostitutes in South London, the authors found that the majority of the women reported always using condoms when having sex with clients (Gossop & Powis, 1994). More importantly, both studies mentioned above revealed more condom use with paying clients than with their regular partners. This may be related to women engaging in unprotected sex with primary partners as a way to distinguish between their professional and private lives and experiencing a greater level of intimacy.

Finally, there has also been research on the role of population movement as an epidemiological factor in the sexual transmission of HIV/AIDS among sex workers (Kane, 1993; Wood, 1988). Studies have shown that sex tourism in Asia and the link between labor migration and sex work in Africa are representative of how “political economic conditions” structure situations of sexual risk (Brokensha, MacQueen, & Stress, 1987; Ford & Doetsawang, 1991; Hayes et al., 1990; Hunt, 1989). This research has argued that it has brought large numbers of individuals back and forth between locations with a high prevalence of HIV and those where the epidemic has not spread (Kane, 1993). In Belize, Kane found that the social interfaces of large scale transnational population movement between British military personnel and prostitutes, have created a risk for the spread of HIV/AIDS in a third world country that has been free of it (Kane, 1993).

The Nature and Extent of Violence in Prostitution

Much research on prostitution has looked at the health risk prostitutes pose to others rather than addressing those they are exposed to as a consequence of their work. Within the literature focused on violence and prostitution, researchers have taken a distinct approach in that they have addressed this problem using an occupational health risks framework (Barnard, 1993; Kane, 1990, 1993; Silbert & Pines, 1981c, 1982; Whittaker & Hart, 1996). This perspective takes into consideration the larger social context in which the individual finds himself or herself. As Whittaker and Hart described:

The sociological understanding of risk encompasses the historical goal of much sociology- to establish the link between individuals and the broader social structure, making the link plausible through empirical and theoretical coherence. This entails a perspective that does not make the individual an isolated unit acting without reference to her surroundings, other people or the larger environment. Such a perspective accounts for risk precisely in terms of the person's immediate and broader social location and context (1996:411).

This is especially important given the high levels of violent victimization sex workers are exposed to in their occupation. For instance, in a study of 150 individuals working as prostitutes in San Francisco, 82 percent of them reported having been physically assaulted since entering prostitution, and of these 55 percent had been assaulted by customers (Farley & Barkan, 1998). Furthermore, 83 percent had been physically threatened with a weapon of which eight percent resulted in serious injury. Similarly, in a study of 200 women street prostitutes, the findings revealed that over 70 percent had been victimized by customer rape and 65 percent physically abused by these clients (Silbert & Pines, 1981c).

Similar findings were observed in a field study in Colombo Sri Lanka conducted by Miller (2002). Her findings of the local conditions facing sex workers revealed a widespread nature of violence, coercion and harassment against these women and transgendered/gay men. Of the women interviewed, the most significant problem on the streets was harassment and mistreatment by police, which in turn left women with no recourse when victimized by clients. This was even more pronounced among the women on the streets. Miller's findings also revealed the fact that there was less risk for violence among those sex workers working indoors given the setting in which they worked that consisted of an enclosed environment where others were present. In sum, this research found that the violence against them was justifiable given they violated the normative expectations of proper sexual behavior for women.

In Whittaker and Hart's comparison study of women working in flats and those who are street workers in central London, revealed the importance of the setting and working environment in the potential for client violence (1996). Clearly, the women working in flats have a "better" or "safer" working environment given the social organization of sex work in rented flats as well as working together with maids who control and manage clients.

Barnard's research on street workers in Glasgow identified "structural features of prostitution which create a position of advantage for the client" (Barnard, 1993:695). One of these was the lack of protection from law enforcement forcing them to deal with violent encounters individually, most of which were reported to be rape and robbery. While reports of attempting to control potential volatile situations was evident among the women, many reported being vulnerable to men's physical strength. Protective strategies

on the part of the women were reported including screening out clients and maintaining control of the sexual encounter with the help of others in the business including other sex workers and “minders” (men who kept a watch on them).

Prostitution in Mexico: Contemporary Research

Research on sex work in Mexico has generated two types of studies aimed at addressing the issue in this country. The first is more epidemiological research aimed at establishing HIV/AIDS prevalence rates and other associated sexually transmitted diseases (STD) including Herpes, Gonorrhea, etc. The other type of study, though less common, is sociological and qualitative in nature and focuses on examining the daily lives and understanding the social situation of Mexican sex workers.

As of November 2003, there were 71,526 cases of AIDS in Mexico. Ninety percent of the cases are reported to have been transmitted sexually (Centro Nacional para la Prevencion y Control del VIH/SIDA, 2003). The epidemiological research on prostitutes and HIV/AIDS and STD's previously has been extensive in distinct regions of this country. For instance, several studies have been conducted among commercial sex workers in Mexico City. In a study of 3,098 female commercial sex workers, no primary Syphilis cases were detected and the prevalence of latent asymptomatic syphilis was 8.2 percent (Calderón-Jaimes et al., 1994). Further, Uribe-Salas and colleagues in a study of 826 sex workers found prevalence rates for gonorrhea (4%), Chlamydia trachomatis (11%), and herpes simplex virus type 2 (HSV-2) (65%) among this population. Significantly, the HSV-2 prevalence were lower than those reported among female sex workers in Japan (78%), United States (79%), and Senegal (96%) (Nahmias & Beckman-Nahmias, 1990). In addition, the study found a low global HIV seroprevalance (0.6%)

among the women studied. Similar findings were reported in a study conducted in a Mexico City clinic where among 5,000 female sex workers the HIV prevalence rate varied from .04 to .4 percent during the 1990–1994 period (Uribe-Zuniga, Hernandez-Tepechin, Chiriboga, & Ortiz, 1995).

Later studies began to focus on the epidemiology of Herpes Simplex Virus Type 2 (HSV-2) infection among sex workers. Findings of 757 sex workers in Mexico City revealed a seroprevalance rate of 65 percent. The presence of HSV-2 antibodies were correlated with age, time working, low education, street working and positive serology for Syphilis (Uribe-Salas, Hernández-Avila, Juárez-Figueroa, Conde-Glez, & Uribe-Zúñiga, 1999). Similarly, a study of 997 prostitutes from and STD clinic indicated a rate of 94 percent for HSV-1 and 61 percent for HSV-2 (Conde-Glez et al., 1999) .

Similar research is being conducted in sex worker populations along the northern cities (Esquivel et al., 2003; Güereña-Burgueño, Benenson, & Sepúlveda-Amor, 1991; Guerrero-Romero, Castañeda, & Rodríguez-Morán, 1996; Gunn, Valdez Oropeza, Santaella, & Peter, 1995). Out of a sample of 383 female prostitutes in Tijuana, only one subject tested positive for HIV (Güereña-Burgueño et al., 1991). The authors attribute this to the increased health consciousness of this group with monthly medical contact. This however needs to be taken cautiously given that the sample came from prostitutes registered at the Municipal Medical Services Clinic. Other studies along the border with the U.S. have identified high rates of Chlamydia (Esquivel et al., 2003; Gunn et al., 1995). One such study found a prevalence rate of 13 percent among Tijuana sex workers, which were much higher than Hispanic women in San Diego (1.9%) (Gunn et al., 1995).

In a more recent study, researchers found a 12.4 percent prevalence of Chlamydia in the Northern cities associated with low socioeconomic level and younger women.

The epidemiological studies have also been concerned with the issue of migration into Mexico, in particular that from Central America in the Soconusco region in Chiapas (Bronfman, Leyva, Negroni, & Rueda, 2002; Góngora-Biachi et al., 1993; Góngora-Biachi et al., 1992; Orozco Topete, 1991). In a study aimed at estimating the prevalence of HIV and other STI's, 484 sex workers were interviewed in 116 bars in the Soconusco region (Uribe-Salas, Conde-Glez, Juárez-Figueroa, & Hernández-Castellanos, 2003). Seventy five percent of the women were of Central American origin including Guatemala, El Salvador and Honduras. An overall prevalence of antibodies against HSV-2 was 86 percent with Salvadorians having the highest and Hondurans the lowest. As found in other studies, results indicated low frequency of HIV (0.6%) among this population (Góngora-Biachi & González-Martínez, 1987; Perez Lopez, Mazariegos Arana, Casahonda Esquinca, Durante Figueroa, & Cano Castellanos, 1991; Uribe-Salas, Conde-Glez, Juárez-Figueroa, & Hernández-Castellanos, 2003).

Other research on Mexican prostitution has used qualitative methods to focus on the social and contextual factors associated with prostitution. For instance, investigators in Tijuana, Mexico, collected narratives from local sex workers that addressed such issues as family circumstances, first sexual experience, employment opportunities, and violence (Castillo, Gomez, & Delgado, 1996). Another qualitative research study focused on self-perceptions of sex workers within the context of the larger community. This study reported that over 80 percent of the Mexican sex workers did not publicly acknowledge their involvement because of stigma associated with this profession

(Colimoro, 1985). In this manner, females were able to maintain this involvement in prostitution while also fulfilling their socially accepted roles as mothers and wives. Castaneda and colleagues work on commercial sex workers in Mexico City revealed that these women were constantly living in a double bind as mother and prostitute (Castañeda, Ortíz, Allen, García, & Hernández-Avila, 1996). That is they had to manage their lives as prostitutes without letting their families know of the profession or justify it to them in some way if it was revealed.

One study conducted on a border city with the United States in the early 1970's identified a typology of prostitution bars in this city, those catering to American clients and the other to Mexican citizens (Roebuck & McNamara, 1973). The authors argue that there are many protective factors connected with the bar setting and health registration system. These include women being protected from police harassment, medical check ups, and meeting clients in a situation minimizing risks of violence. The above studies point to the need for further qualitative research that examines more thoroughly sex workers in the context of larger gender roles in developing countries struggling with economic transformations (Zalduondo, Avila, & Zuniga, 1991).

CONCEPTUAL FRAMEWORK

Traditionally, sociological research has imposed a deviance model on sex workers. Theoretical/conceptual frameworks have neglected to take into consideration the wide range of persons involved in this behavior in different social contexts especially for less industrialized countries such as Mexico. Due to the Mexican economy's susceptibility to forces of globalization, persistent financial crises and industrial restructuring, Mexico's citizens have had to engage in a wide spectrum of alternative

income generating survival strategies within this market economy. Mexicans less integrated into the formal economy structure have had to take advantage of opportunities in the unstructured sectors of the informal economy where an estimated 20 million people in Mexico earn a living. Among Mexico's working poor, women's participation in this informal economy is largely determined by a gendered ideology regulating them to positions such as street vendors, homemakers, domestic workers and sex workers.

The importance of gender remains the case even as women's role in that society, characterized as highly patriarchal, experience rapid changes as a result of Mexico's modernization. In fact, one could argue that within particular sectors of Mexican society, women's roles may be compared to those of Western countries such as the United States and Europe. Concomitantly, these gendered changes have been codified in Mexican society by passage of laws giving women rights equal to that of men. Nonetheless, as in even the most westernized societies, not all women benefit from these changes. There continues to exist a significant cultural lag between what it professed to be the new values regarding women in society and the relativity of their everyday lives. Moreover, there are unanticipated costs associated with this autonomy that I identify as "paradoxical autonomy." This is especially the case among women in Mexico's lower classes, the subject of this dissertation.

Originally, the concept of paradoxical autonomy was used to study and understand the careers and survival strategies of Mexican American female injecting heroin users in South Texas (Valdez, Kaplan, & Cepeda, 2000). Valdez et. al. argue that "it is non-celebratory in that this relative autonomy from personal relationships based on traditional Mexican American gender roles does not relieve the overwhelming burdens of

supporting a drug habit or of subsisting economically” (2000:207). While these women’s autonomy was gained by distinct processes including sustaining employment, working the welfare system to obtain additional public assistance, engaging in illegal activities and emotional aloofness from male sexual partners they still had to survive in an ethnic community that continued to impose clearly defined gender and class barriers on them.

The paradox for the sex workers in this dissertation is rooted in the fact that traditional gender roles are rapidly changing in Mexican society. More and more, Mexican women do not expect to be supported by men. In this socially ambiguous situation, these females find their own way to become more autonomous, but at the same time, also experience their lives as difficult. This autonomy is paradoxical because it increases their risk for victimization, substance use and sexually transmitted diseases in the process of seeking to overcome economic hardships. In this dynamic situation, traditional gender roles can provide a strategic advantage for these females on a short-term basis. That is this autonomy allows for more individualized choices and economic opportunities, but at the same time this empowerment can be severely limited by the coercive nature of the sex industry on the border.

Research has demonstrated that Mexican culture magnifies the difference between gender roles to a greater degree than many other cultures do (Alvarez, Bean, & Williams, 1981). The magnification of gender reflects a family-ethnic community complex tied to structural features of the family. The most recent research, however, describes Mexican family structure and roles as more varied, reflecting their changing social economic status. While this is the case, a large majority of the families continue to be concentrated at the lower end of the economic continuum. It is within these families that we observe

the traditional patriarchal characteristics of male dominance and female submissiveness. Moreover, the patriarchy ideology of the larger society imposes the cultural norm of “connectedness” to males for Mexican women that contribute to their subordination (Amaro, 1995). This emotional need for connectedness with men creates a situation in which women put everyone else’s desires before theirs.

However, more and more today, we see changes in the playing out of gender roles and sexuality. In Mexico, and in society in general sexuality has seen some important transformations. Mexico for instance has experienced increased rates of divorce. This is an expression of one of the many effects of globalization in Mexico that has resulted in a new system of social relationships around family and work that is centered on the individual (Carnoy, 2000; Castells, 2000; Giddens, 1999; Putnam, 2000; Wellman, 1999). For instance, the age long function of sex and marriage for purposes of procreation (a collective institutional function) has been replaced with the more current functions such as sex for personal (individual) pleasure and consumption. So much so that the topic of sex is no longer a taboo subject to discuss in public. This is evident by the increased media representation of sexuality in its constant advertisement of contraceptive methods (i.e. birth control, condoms) and pharmaceutical sexual enhancers. Not to mention, the emergence of gentlemen’s clubs where women perform provocative sexual dances and moves to entertain male patrons. These factors have in a sense created a sort of social space in which sexuality has moved from the privacy of individual’s homes to the public sphere.

Furthermore, shifts in the playing out of gender roles have been a result of changes in Mexico’s economy. Because of larger macro-economic and social issues,

women are entering the formal labor market as an economic survival strategy. For instance, Mexico's financial crisis or "*crisis*" has forced large numbers of men to migrate to the United States in search of employment, leaving women and children back home. While in many cases males continue to be financially responsible for their families in Mexico, others cease to do so and women are left to economically fend for themselves and their children. Many are left with no alternative but to participate in Mexico's formal labor force, which is seen as engaging in nontraditional gender roles. Reflective of changes in other countries, the labor force in Mexico is being increasingly comprised of females.

While entering the labor market may initially appear to offer new options for Mexican females, their participation becomes limited given the gender-segregated market. For instance, women in Mexico tend to be concentrated in labor intensive and underpaid occupations in comparison to their male counterparts. One example of this is women's participation in the maquiladora industry. As Pena has argued, maquiladoras are part and parcel of the "modernization" of Mexico (Pena, 1997). This, however, forces the women to enter a work environment that is full of danger and degradation. In a sense this process of modernization is riddled with inequities. Upon the recognition of their reduced *options* in the labor force and commitments associated with their gender roles, some females seek alternative sources of revenue (Rosenbaum, 1981). This is the case for young single-women as well, who often choose to escape the poverty and small-town morality of their families.

The sex work industry becomes one such livelihood strategy for many women in Mexico. This occupational option provides women with the opportunity to be financially

independent. In doing so, females find themselves acquiring multiple roles in order to balance the demands of their profession and familial obligations (Ramos, Aguilar, Anderson, & Caudillo, 1999). This is especially the case for women who are responsible for their school-aged children and/or other dependent family members. While working as a sex worker (or other non-traditional gender occupations) may be seen as going against most norms and values as prescribed by Mexican society, it is contributing to the emergence of new gender roles based on increased autonomy from men and new forms of family life.

Nonetheless, while this autonomy from traditional gender roles may be occurring, it may do little to increase the quality of life for these women because of increased exposure to risk behaviors such as substance use and addiction, violence victimization, HIV/AIDS and other infectious diseases. These occupational health hazards associated with Mexican prostitutes on the U.S. Mexico border has to take into consideration the women's immediate social context. This is especially important given the transnational population movements that are characteristic of these Mexican border communities. These communities act as conduits for social interaction between men from the United States where rates of HIV/AIDS are high and women from Mexico where the epidemic has not taken hold. As Kane identified, prostitution on the U.S. – Mexico border occupies a sexual terrain in which high risk sexual relationships between clients, sex workers and ephemeral partners interface (Kane, 1993).

This research will examine the case of Mexican sex workers along the U.S. – Mexico border by using paradoxical autonomy as a conceptual tool to better understand the everyday lives of these persons. I propose that these females involvement in sex

work exists within a conceptual framework of “paradoxical autonomy.” I argue that the autonomy may be paradoxical because it is a continuing result of the struggle for survival.

CHAPTER 3

NUEVO LAREDO AND CIUDAD JUAREZ: AN EXAMINATION OF THE ZONAS

U.S./MEXICO BORDER CONTEXT

While the populations of the U.S./Mexico border often share common language and culture, the international boundary is at the same time representative of the intense disparity between the two countries in terms of economic opportunity and resources. These macro differences help explain the factors facilitating the development and continuation of illicit activities (i.e. drug trafficking and use, violence, etc.) within these border communities.

The U.S./Mexico border stretches approximately 2,000 miles and extends from the Pacific Ocean to the Gulf of Mexico. The area includes four U.S. border states (25 counties) and six Mexican states (39 municipalities). Some of the poorest counties in the United States are located in this region, nonetheless, they are objectively much more prosperous than their Mexican counterparts. It is estimated that 10.5 million people currently live along this border region, with 6.2 and 4.3 million in the U.S. and Mexico, respectively (de Cosio & Boadella, 1999). However, 90 percent of the population along this border is highly concentrated in twelve binational metropolitan areas with the vast remaining area composed of sparsely populated deserts (Economist, 2001). Cities along the U.S./Mexico border region are major points of commerce, population growth, and human transboundary movement. Much of this activity increased rapidly after the Border Industrialization Program (BIP) was signed in 1965 and was further accelerated with the North American Free Trade Agreement (NAFTA) in 1994 (Hansen, 1981; Ward, 1999).

These economic policies, along with other neo-liberal programs, dramatically increased the importance of economic activity in border communities between the two nations.

Although Mexico's economy has experienced significant growth during the last decade, the benefits have been unequally distributed between Mexico and U.S. residents. These economic conditions have resulted in a continuous migration of Mexicans to Mexican border cities with the intention of entering the United States or obtaining employment in the Mexican border industries. Researchers have described border cities such as Ciudad Juarez as staging areas for migration into the United States (Martinez, 1994; Valdez, 1993; Ward, 1999). These cities facilitate this migration into the U.S. by providing a wide array of structural and social resources and ecological conditions. Resources include inexpensive hotels, established family and community networks, criminal smuggling networks, and illegal businesses providing counterfeit identifications and visas. These activities are facilitated by the densely populated neighborhoods along the Rio Grande River that provide an ideal cover for clandestinely crossing illegally into the U.S.

Furthermore, the maquiladora industry attracts thousands of workers and their families to Mexican border cities. A large majority of these workers are females who migrate from the interior of Mexico. Maquiladoras are non-Mexican owned factories and assembly plants located primarily along the border. The Mexican government provides the maquiladora industry with substantial duty and tariff advantages. The maquiladoras are administered by Mexico's Secretariat of Commerce and Industrial Development that resulted from the 1965 Border Industrialization Program. Most companies involved in maquiladoras have established labor-intensive twin plants along

the U.S./Mexico border. These firms are involved in cloth and fabric production, leather and clay products, electronic, and electrical equipment and transportation equipment (Valdez, 1993).

Of the 3000 licensed maquiladoras throughout Mexico, an estimated 2500 maquiladoras are located along the U.S – Mexico border. Reportedly, 1800 are U.S. owned with the remaining owned by Japanese and European firms. While Tijuana has the most maquilas, Ciudad Juarez' 302 maquilas employ the largest number of individuals. In April 2003, the number of maquila employees was 195,418. Nonetheless, for Mexico the maquiladora industry has only created low wages, a non-union workforce and an environmental degradation caused by plants illegal disposal of waste material.

The infrastructure of Mexican border cities, is unable to support the onslaught of people lured by the promise of jobs in the *maquiladoras* or those persons who never immigrate into the U.S. and remain in these border communities. As a result, many workers and migrants are forced to live in sprawling slums without basic services like running water, drainage, and electricity. In addition, the nature of the *maquiladora* industry (i.e. long-hours, unsafe conditions, low pay) creates high turnover rates and increases in unemployment rates. This is especially hard on unskilled and uneducated migrant females who suddenly find themselves unemployed and alone in an unfamiliar city. Indeed, the major Mexican beneficiaries of the *maquiladora* industry are the Mexican entrepreneurs, who are able to serve these industries. U.S. border cities have the same infrastructure problems as those of their Mexican counterparts. Economic and population growth spurred by increased trade has resulted in serious housing shortages, traffic problems, lack of adequate services, and other urban development problems.

While trade between the two countries has increased, the economic disparities between these two countries remain evident (Valdez, 1993). The average family income for residents living on the U.S. side of the border is reportedly seven times that of the Mexican side (Suarez y Toriello & Chavez, 1996). Median annual incomes in Texas border cities are three to four times higher than Mexican border cities. In 1994-1995, the minimum wage in Mexican border cities was approximately \$30 a week in comparison to \$160 in the U.S. (Ward, 1999). These conditions, researchers have found are conducive to illegal commerce, contraband, drug trade, and prostitution (Valdez, Cepeda, Kaplan, & Yin, 1998; Valdez & Sifaneck, 1997).

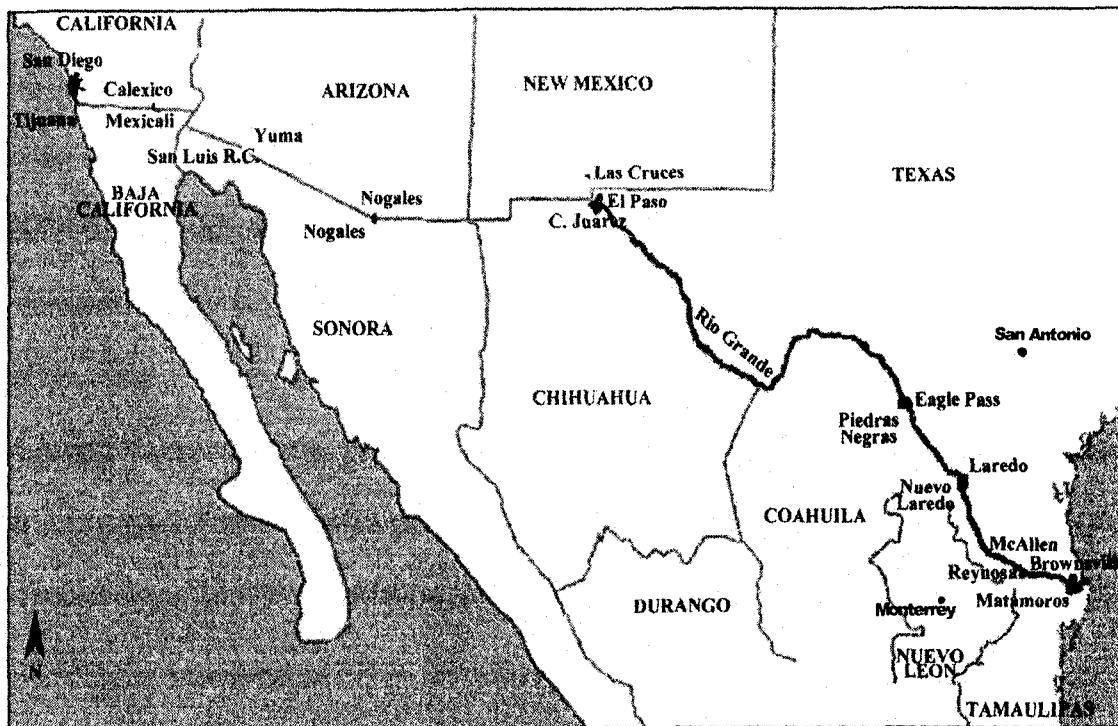


Figure 1. United States – Mexico Border

SETTING

Nuevo Laredo, Tamaulipas

Nuevo Laredo is located directly across the river from Laredo, Texas, and is 165 miles north of Monterrey, Mexico. What separates Nuevo Laredo from Monterrey and San Antonio is a vast sparsely populated desert with few towns or cities. One of the largest cities in the state of Tamaulipas, Nuevo Laredo has an estimated population of 275,060. Together, these two cities compose nearly half a million persons. Nuevo Laredo's economy is strongly tied to the United States, especially the import-export activities with the *maquiladora* industry and tourism. The thriving international legal commerce however, is matched by that of the illegal underground economy based upon illicit drugs, sex work, money laundering, and contraband. What has occurred is both the legal and illegal commerce has increased during the past 20 years and intensified with NAFTA. This has resulted in an increased interaction between the legitimate commerce and the underground economy.

Laredo is located 150 miles south of San Antonio on the Rio Grande River, which is the border for the U.S. and Mexico (U.S./Mexico border). The population in Laredo for 1995 was estimated to be 162,000, with approximately 95 percent of Hispanic origin. The city of Laredo is considered the poorest in the U.S. with more than a third (37%) of the population living below the poverty level (Ward, 1999). As a major and retail link between the Mexican state of Tamaulipas and Texas, Laredo's (Webb County) primary economic activities are international transportation, manufacturing, and retail trade (Valdez, 1993).

Both bridges have a constant flow of pedestrians, automobiles, buses and trucks. The majority of the pedestrians although, tend to use the older bridge which leads into the busiest retail strip on *Avenida Guerrero*.

The downtown area, retail district and tourist strip runs for approximately 10-12 blocks south on *Avenida Guerrero* is lined with retail businesses that include curio shops, shoe and clothing stores, liquor stores, pharmacies, and restaurants that cater to American tourists, Mexican shoppers and other foreign visitors. Along the street are numerous street vendors, which make the strip look evermore populated. Many of these individuals set up their merchandise on the floor, on wheeled carts or even around their necks or arms depending on the items. Items include toys, candies, ceramics, hammocks, *ponchos*, jewelry corn on the cob and tacos. These shops and vendors continue one block East on *Manuel Ocampo* and West on *Matamoros* off *Avenida Guerrero*. *Avenida Guerrero* runs south and functions as a conduit for traffic between the north and south part of the city leading to the major road to Monterrey, Nuevo Leon.

The first area described in this study is located within a nine-block radius in the downtown area. It is identified as *La Zona Centro* [downtown area] and stretches south *Avenida Guerrero* from the old international bridge to Calle de Mina, East to *Reynosa* street and West to *Juarez*. According to city health officials, prostitution in this area is illegal however it is estimated that more than 1,200 sex workers work in this *zona* (M. Benavidez, personal communication, January 29, 2000). This estimate includes a larger geographic area than the one included in this study. The majority of these prostitutes work in bars or clubs while a small number of them work on the streets as streetwalkers.

The prostitution in this area is concentrated on the side streets off of *Avenida Guerrero* three to four blocks on opposite directions. As you walk down these streets you cannot help but notice the replacement of retail shops with bars, clubs, hotels, and motels. These streets and side streets are extremely narrow and almost all run in one direction. At night, the streets are dimly lit with only the reflection of occasional neon signs reading "*Carta Blanca*"[brand name of a popular Mexican beer]. Within this general vicinity there are two plazas, a city-bus terminal, a church, a movie theater, city government offices and two *mercados* [markets] one of which takes up one entire block.

The activity in *La Zona Centro* is evident both during the day and nighttime. During the day there are constant pedestrians on these streets especially tourists. Traffic is always heavy down *Avenida Guerrero* as well as *Matamoros* and *Manuel Ocampo* due to the back and forth traffic on the bridge. Many of the bars open at 12 noon and depending on the type of place it caters to you will find local Mexican residents, individuals in transition [migrants], and/or American tourists. Those bars that cater to the local residents see a lot of movement during the daytime hours. Many clients visit these places to have a drink during lunch or after work before heading home. These same bars attract young Mexican migrant men who hang around the international bridge during the day waiting for their opportunity to make it across into the U.S. Similarly, "steerers" are drawn to the bars to get out of the summer or winter weather. These steerers are men who have been hired to steer pedestrians into doctor's offices to obtain prescriptions for pharmaceutical drugs (Valdez & Sifaneck, 1997). The bars located around the large *mercado* that cater to U.S. tourists also exhibit constant activity. After hours of shopping,

these tourists are attracted to these bars to sit back, relax and have a drink before walking back across the border.

Streetwalkers are also generally present during the daytime hours on several streets within the downtown area. For many of the streetwalkers, the plazas are the ideal place to make contact with potential clients. Given the physical location of the plazas (i.e. proximity to bridge) there is constant movement of people including the ecology of the plazas that provide the street workers with park benches and cool shady areas. Nonetheless, the constant presence of police and the threat of incarceration keeps these workers away.

The nighttime activity (8:00 pm – 3:00 am) is distinguished by the increase in the number of pedestrians and traffic. Interestingly, during the day there is a mixture of activity taking place in this area that brings together a wide array of people with different interests. That is, concealed among those individuals shopping at the mercados, pharmacies or other locations are the sex clients in search of a bar with sex workers. At night, most of the commercial locations close leaving only the bars and clubs open.

As you walk down the streets in this area, especially at night, you hear loud *norteño* music as well as occasional laughing and yelling coming from some of the bars and clubs. Norteno is a popular form of music played by an ensemble of an accordion, bajo sexto (12 string guitar), bass guitar and drums. Music consist of rancheras and polkas with lyrics focused on everyday experiences of this population (Tejeda & Valdez, 2001). These bars and clubs that thrive in this area seemed to share some characteristics. For instance, one feature that was consistent in many of the places was the dimly lit bars making it hard to recognize individuals inside. Once inside, tables and chairs are

positioned along the walls facilitating the identification and contact “*ligue*” of potential clients. Also, the majority of these places have either small or large dance floors giving clients the option to dance with the sex workers. For instance, one field note describes a bar located on the corner of *Pino Suarez* and *Manuel Ocampo*:

...is one of the largest bars found in this area. From the outside, the bar appears to be extremely small with the only distinguishing characteristics of a solid wood door and a bright yellow neon sign bearing its name. Upon entering the site you find a couple of rows of tables and chairs with a bar at the end of the room. Most of the chairs are situated along the left hand side of the wall. Once at the bar you realize that to your right there is two more rooms with more tables as well as a huge dance floor. Inside it is dirty, with a bad odor, sections of the floor missing, red lights on the ceiling and several televisions showing pornographic movies.

Even though many of these bars appeared to have several commonalities there was one distinguishing characteristic: types of women working at each venue. While the majority of the women working in these bars self-identified themselves as prostitutes there were some bars that had women who considered themselves *ficheras* or taxi dancers. These bars attract clients who pay \$5-10 pesos (equivalent of 50 cents - one dollar) to dance with a *fichera*. Considering that *La Zona Centro* is not officially recognized as a prostitution zone in Nuevo Laredo, the activity that takes place tends to be more covert. Given the illegal situation of the activity in this area, prostitutes reported being employed as waitresses or dancers in the bars and clubs.

Zona de Tolerancia in Nuevo Laredo

The second area in the study is called *La Zona de Tolerancia* and has long been known to tourists as "boystown." City health officials and law enforcement have designated Boystown as an authorized area of prostitution since the 1960s. According to estimates provided by health officials, there are approximately 500 workers in *La Zona*

de Tolerancia, although this number decreases to about half during the weekdays. It is located off of *Lopez de Lara*, approximately half a mile from the only bus terminal in Nuevo Laredo that has hourly departures south to cities and towns in the Mexican republic. In terms of the geographic location, the zona de tolerancia is situated on the outskirts of the city. A taxi ride to the zona from the international bridge-downtown takes anywhere from 20-25 minutes and will cost approximately \$15 - \$20 U.S. Dollars. Until recently, the roads to the zona were unpaved making it difficult for automobiles to get to and from. During the last 20 years, however urbanization has engulfed this once isolated area. From the outside, for those individuals not familiar with the zona, the 7-foot concrete wall that resembles a prison contributes to one's sense of curiosity and imagination.

Upon entering the *Zona de Tolerancia* to the right hand side there is a small police detention center that includes a holding cell. Next to it is a small snack shop that sells tacos, hamburgers, potato chips and soft drinks. Adjacent to both these places is a public health clinic staffed by two medical doctors, a nurse and a male receptionist. Each sex worker working in this area must submit themselves to a physical examination for sexually transmitted diseases on a weekly basis and must carry a validated health card. The majority of the places within this area are female prostitution venues. There are those venues that have transgendered male sex workers as well as two small restaurants and a small apartment building. Unlike the *Zona Centro*, this area does not have any streetwalkers but does have prostitutes working out of rooms as big as 5x5 closets.

The area is laid out in a rectangular shape with four unpaved dirt roads running West to East and two running North and South. The majority of the bars have neon signs

bearing names, some bigger than others. For instance, at the entrance of the *zona* visitors are immediately struck by the large yellow neon sign reading "Papagallos". Clients, in particular U.S. tourists, are immediately attracted to this site by its flamboyant colors and large attractive façade.

The *zona de tolerancia*'s activity is exclusively during the night hours. Although the entrance to the *zona* is open 24 hours a day, the majority of the sites are closed and do not open until 6 or 7 p.m. During the morning and early afternoon hours, there is little to no movement outside especially during the hot summer months. The clinic however, is open most of the day to give the sex workers the opportunity to get their weekly examination done. Many of them nonetheless, prefer to visit the clinic after 5pm, immediately before their working hours. According to the staff at the clinic, their busiest nights are Thursday – Saturday. This tends to be the case especially since some women do not live inside the *zona de tolerancia* and come to work only during the weekends. A few of the prostitutes have families back home in small towns between Nuevo Laredo and Monterrey. Rather than bringing their young children into this environment these women opt to commute to Nuevo Laredo for the weekends.

The spatial patterning of the *Zona de Tolerancia* is conducive to factors associated with clients. That is, there is a specific area in the *zona* where the majority of the bars who cater to U.S. tourists are located while the opposite side caters more to local Mexican residents. There are noticeable differences in the physical characteristics of these two areas inside the *zona*.

The area that caters to tourists is found along the first street that runs from the entrance of the *zona*. This street is the only street in the entire *zona* that has a small

section of it paved. This strip is brightly lit from the few light posts and the numerous neon signs atop buildings. Parking along this street is limited but with the help of the few parking attendants, space seems to be always available. Interestingly, the bars found along this strip have young men (steerers) nicely dressed standing outside attempting to steer and persuade potential clients inside. Many of these young men attract clients into their respective bars by speaking to them in the little English they know. At the end of this strip, there are three gay tourists' venues that have transvestites and transsexuals performing floorshows almost on a daily basis. Included, as well on this street is the famous "donkey show" bar best known throughout South Texas. This venue's main attraction is the illusion of a female sex worker engaging in bestiality.

The second area lies to the south of the zona and consists of numerous small bars, clubs and *salones* that cater to local Mexican residents many of whom are working to - lower class. Also located in this area are the small individual rooms. These are small rooms that sex workers rent and conduct their business out of them. The rooms are big enough for a small bed and a sink. Most prostitutes stand outside their door or lay on the bed with the door wide-open attempting to attract clients. At the far southwest corner of the zona there are a few gay bars. These are completely different from those located in the north part of the *zona de tolerancia*. There are no floor shows and the actual venues are small, dirty and dark. Unlike, the north part of the zona, this area does not have steerers or parking attendants. There is very little lighting along these unpaved roads making it dangerous to walk or to maneuver an automobile.

Many of the sex workers live and work within the *zona de tolerancia* in small rooms above their respective worksites or in an apartment building located in the far

north part of the zona. These are not conventional apartments, but rather medium-sized bedrooms with one bathroom and shower for all the occupants. Workers make their contact with the client in the bars and provide their sexual services in their rooms. A few of these places were visited while in the field. For instance, the Burlesque (gay tourist site) has three floors. The bar is located on the first floor and the rooms are on the second and third. All of the sex workers here are transvestites or transsexuals. The following fieldnote describes the setup at this bar:

The interview was supposed to be at 2pm. Since the bar was closed, we had to enter through a large sliding gate located to the right of the entrance. As we entered, there was a swimming pool that appeared to have been abandoned for 10 years. Gloria saw us come in from a small balcony on the second floor and waved us upstairs. We climbed up two flights of steel stairs that led to a dark hallway with doors on opposite sides. As we proceeded to walk, we were greeted by a young feminine looking man who was coming out of the shower. Most of the doors to the rooms were wide-open allowing us the opportunity to take a quick look inside them. The rooms were small to medium in size, dark, extremely hot, each one had a bed and for the most part they were messy and dirty.

Ciudad Juarez, Chihuahua

Ciudad Juarez, Chihuahua is located directly across the Rio Grande River from El Paso, Texas. Ciudad Juarez is one of the largest cities in the state of Chihuahua, and fourth largest in Mexico with an estimated population of 1.3 million people. It is located in a vastly populated desert approximately 150 miles north from the city of Chihuahua. Ciudad Juarez's economy, similar to Nuevo Laredo, is strongly tied to the United States, given the import-export activities associated with the *maquiladora* or "Twin Plant" industry. The bulk of these include textiles, chemicals, plastics, rubber, autos, and metals.

El Paso is located along the Rio Grande River on the US/Mexico border in Southwest Texas, adjoining New Mexico. The city is the fourth largest in Texas with a

population of 600,000. Hispanics (the vast majority of Mexican – origin) comprise 78 percent of the total population. El Paso's economy is composed of international trade, retail and wholesale trade, the service sector, and employment by federal, state, and local government. In fact El Paso has the second largest Free Trade Zone, between New York/New Jersey Port Authority and Detroit.

There are four international bridges feeding into Mexico from the greater El Paso area. The first two are identified as the Santa Fe and Stanton Bridge that are both accessible from the El Paso downtown area. The Santa Fe bridge has north and southbound pedestrian traffic but only northbound vehicle traffic. It is also known as the best bridge for tourists since it is walking distance from El Paso downtown hotels and it feeds into Avenida Juarez where tourist shops are abundant and two well-known city markets are nearby. The Stanton Bridge connects into Avenida Lerdo in Ciudad Juarez. The third is the Bridge of the Americas, also known as the Cordova Bridge, BOTA or Free Bridge. This bridge feeds into the Avenida Abraham Lincoln in Juarez with the Ciudad Juarez visitor's bureau located south of the bridge. A distinct feature of this bridge is the large Mexican flag flying over 300 feet south of the BOTA. Finally, the Zaragoza bridge is located on the far east side of El Paso which leads into one of the most industrial areas on the east of Ciudad Juarez. The Zaragoza and BOTA bridges are the only two ports of entry open to large haul truck traffic in this area. In addition to the bridges, two main railroads run through Ciudad Juarez into the United States, Santa Fe I and II.

El Paso and Ciudad Juarez are cities with high levels of unemployment and poverty. Until recently, Ciudad Juarez was known as one of the largest export points in

Mexico based on a growing free trade with the United States. As a result of the United States economic recession, Ciudad Juarez is experiencing an economic decline. For instance, within the last year, Ciudad Juarez lost approximately 60,000 factory jobs, wages are on the decrease and sprawling slums are emerging in an unforeseeable rate. Limited economic opportunities result in a wide segment of the Ciudad Juarez and El Paso communities taking advantage of illicit activities offered by the U.S./Mexico border for their economic survival. Criminal activities center around smuggling undocumented immigrants, guns, stolen automobiles, and in particular, drugs. More recently, Ciudad Juarez is experiencing the unsolved serial murders of over 75 young women, many of whom were working in the *maquiladora* industries.

Sampling for this research was conducted in three geographic areas in Ciudad Juarez (see Figure 3). The first, identified as *Zona Centro* is located in the heart of Ciudad Juarez' downtown area. The *Zona La Paz* is located adjacent to the downtown area. The final area, *Zona Cerveceria*, is located in a residential neighborhood of Ciudad Juarez and stretches along the streets Porfirio Díaz and Niños Héroes.

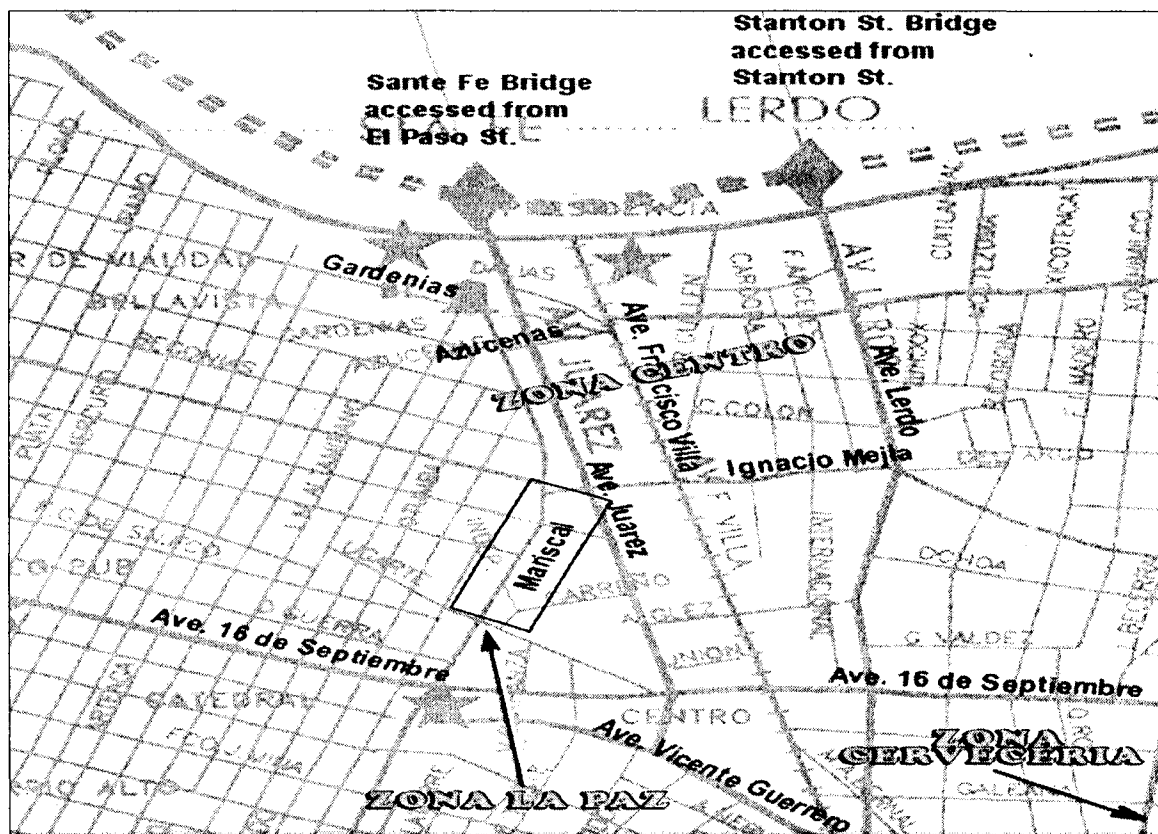


Figure 3. Sampling Areas in Ciudad Juarez, Chihuahua

Zona Centro in Ciudad Juarez

As you cross the Santa Fe International Bridge into Ciudad Juarez from El Paso, you will find the first area, identified as *La Zona Centro* [downtown zone]. A heavy flow of pedestrian and vehicle traffic is characteristic of this international crossing. The pedestrian traffic into Ciudad Juarez spills onto *Avenida Juarez*, one of the city's major retail districts that attracts international travelers, shoppers and tourists, many who typically only spend a few daytime hours there. Retail businesses on *Avenida Juarez* include curio shops, boot and clothing stores, liquor stores, restaurants, doctors and dentists and pharmacies that cater to these tourists and shoppers.

Directly west of this main thoroughfare, however, is a 10-block area that is densely packed with retail businesses that cater to U.S. residents and Mexicans who come to carouse in the bar and club scene at night. It stretches south to *Ave. 16 de Septiembre* from the international bridge, east to *Ave. Francisco Villa* Street and west to *Melchor Ocampo*. This area has a variety of bars (cantinas), clubs with live music, discos, sports bars, strip clubs, inexpensive restaurants, street taco stands, and hotels that cater to all types of clients. It is a very visible area with its large and small neon lights bearing the names of places, loud music, and people hanging out in the street, many hustling tourists. This area is also known as a major “copping” location for American and Mexican drug users. One of my key informants clearly captured the nature of the area when he stated, “*aquí se encuentra de todo*” [here you can find anything].

Many of the tourists who come shopping to Ciudad Juarez are typically found during the day and early evening hours. Approximately at 8:00 pm however, the scene on the streets in la *Zona Centro* and pedestrian traffic from El Paso slowly begin to change. Middle aged White females and families are replaced with groups of Mexican American and White young (16-21 years of age) male and females, adult men (mid 20’s to 40 years old) and homosexuals. For the young adolescents who are under age, Ciudad Juarez is the perfect location to have an inexpensive night out at dance clubs and at the same time be able to consume alcoholic beverages. For the adult male and homosexual visitors, the *Zona Centro* offers bars, dance and strip clubs and prostitution venues.

A wide variety of venues are located in the *Zona Centro* that attract different types of American and Mexican customers. There are several streets within this vicinity that are lined with bars one after the other. While at first glance the bars may all appear to

be similar, fieldwork yielded distinct differences between them. A detailed description of these venues are presented in the methods chapter. Numerous hotels that cater to prostitutes and their customers are also found throughout the *Zona Centro*. Many of these hotels openly acknowledge the business they obtain from the sex workers in the area as the following fieldnote indicates:

The Hotel País is located at the end of a dimly lit street in the zona centro. It has a medium sized red neon sign at the entrance with several burned out letters. The hotel has only one door that serves as the entrance and exit. Upon entering the Hotel Pais it has a small living room area with two dark gray dirty sofas and a small color television. *La Nana* (the nanny) was sitting on one of the sofas this night. She allowed me to sit there for a couple of hours as I observed people entering and exiting. She informed me that the rooms cost \$50 pesos (\$5 US Dollars) and they are only allowed to occupy the room for no more than 30 minutes. A young girl approximately 18 years old entered the hotel. She was wearing a black mini-skirt with a skintight pink blouse. The customer she was with appeared to be a local Mexican in his late twenties wearing a baseball cap, jeans and a t-shirt. *La Nana* informed the young man it would be \$50 pesos as she handed them a roll of toilet paper and one condom. They proceeded down a long dark corridor into one of the rooms.

Zona La Paz in Ciudad Juarez

The second area is called *Zona La Paz* which encompasses a four block area adjacent to *La Zona Centro*. *Zona La Paz*, however, is distinct in its geographic makeup in comparison to the other two areas. The few streets that makeup this area consist of only pedestrian traffic (no vehicles allowed to circulate). During the day, all along the middle of the streets, there are freestanding stands with vendors hawking fruit, meat, clothing, appliances, etc. that cater to Ciudad Juarez residents. Surrounding these stands, the streets are lined with bars and hotels and young girls, skimpily dressed standing in front of these venues. Most of the day there is a heavy flow of pedestrian traffic down the streets including men, women and children in search of a good bargain. At night, the

stands close but the bars and hotels remain open and the streets become inundated with potential clients, venue sex workers and streetwalkers. *Zona La Paz* is literally a *mercado* (market) where everything imaginable is being sold both day and night.

Zona Cerveceria in Ciudad Juarez

The final area known as *La Zona Cerveceria* is located in a working class semi-residential neighborhood in Ciudad Juarez. *La Zona Cerveceria* is found next to a large brewery that encompasses almost one entire block in this neighborhood. At first glance this area looks like a residential neighborhood. At closer look however, there are bars and hotels interspersed throughout the area. On some streets the bars are more covert with little or no signs up front. Most of the patron's were locals with only an occasional American tourist. There is also a main street in the area that is lined with bars and hotels. These are easily identifiable by the medium-sized orange and white signs reading "*Carta Blanca*" which were found in Nuevo Laredo. This area is also known to be frequented by *tráileros* [large haul truck drivers] who are able to park their rigs on the wide streets and visit the venues. Most of the hotels in this area are small and tend to go unnoticed while some owners of private homes are known to rent out rooms for a set price.

CONCLUSION

This chapter has provided an overview of the social context and setting in which the Mexican female sex workers in this research find themselves. Nuevo Laredo and Ciudad Juarez are the two cities on the border with the most U.S. trade passing through their international bridges. This activity however has not alleviated the large disparities found along these border communities which affect the most disadvantaged populations at a higher rate. The geographic areas in which my research was conducted in each of

the cities included venues in which prostitution was taking place both clandestinely and/or in regulated areas. Distinct temporal and spatial differences in each of the geographic areas were also evident. More importantly, the ecological patterns identified, contribute to a more complex and dynamic market than initially thought.

For instance, *La Zona Centro* in each of the two cities although an area where prostitution is illegal, covered a wide geographic area. The venues in these downtown areas are dispersed within a radius of several blocks. This dispersion of venues may in fact help maintain and buffer the illegal prostitution activity. Rather than being centrally located in a specific block or strip, these prostitution venues are scattered around the downtown area and the prostitution activity is carried out as a low-key affair. Given that the activity is taking place in an area where there is a high volume of tourists, venue owners attempt to avoid any unnecessary attention from law enforcement officials. In Nuevo Laredo the *zona de tolerancia*, however, is physically concentrated in one geographically isolated area with venues located one next to the other. In this area the nightlife is extravagant and lively with a visible presence of prostitutes and clients. Interestingly, the *Zona Centro* areas in both cities are what sociologists have identified as “natural areas” when compared to those of the *Zona de Tolerancia* (Park 1916; Zorbaugh 1976; Suttles 1968).

CHAPTER 4

RESEARCHING *SEXOSERVIDORAS* ON THE U.S. – MEXICO BORDER

INTRODUCTION

Data on Mexican female sex workers in Nuevo Laredo, Tamaulipas and Ciudad Juarez, Chihuahua Mexico were collected. Ethnographic field observations and life history interviews with 109 Mexican female sex workers were conducted. In conducting initial fieldwork, a small population of male transvestite sex workers was identified in each of the two cities. Of this population, a total of 29 male sex workers working in venues catering to homosexual clientele were sampled and interviewed. This sub population of sex workers was very distinct from those of the females¹. Therefore, for the purposes of this dissertation, I will only focus on the observations and data collected from the female sex workers.

Conducting research among hidden populations such as sex workers requires special methodological techniques. These techniques need to take into consideration the distinct nature of this group's occupation and the characteristics of the individuals involved. The present chapter describes in detail the methods employed in this research that included a nexus of qualitative and quantitative strategies. Before focusing on the specific methods, presented are several important issues that often are overlooked in most methodological discussions on conducting research among hidden populations involved in socially disapproved behaviors. I contend, that these issues are equally important as more traditional methodological techniques and strategies. Secondly, I present a description of the qualitative methods utilized in this research. Next, the chapter presents

¹ Data analyses on the male transvestite sex worker sample is projected to be conducted as part of a distinct exploratory manuscript that will be developed by the author.

the specific sampling procedures (phases) that were implemented in obtaining a representative sample of female sex workers in Nuevo Laredo and Ciudad Juarez. This is followed by a brief description of the life history instrument implemented and data analysis conducted. Lastly, I will provide a demographic portrait of the sample of Mexican female sex workers interviewed during the course of this research.

ENTERING THE *SEXOSERVIDORA* (SEX WORKER) INDUSTRY

The present study applied several methodological procedures developed by Valdez and colleagues that facilitated the use of specific methodological techniques (Valdez & Kaplan, 1999). The following were applied in order to obtain an accurate representation of the sex industry along the US – Mexico border. These included *entrée* via gatekeepers; acquiring authorization and establishing legitimacy; and comfort, presence and visibility.

Entrée via Gatekeepers

Literature on ethnographic research methods, has extensively discussed the important role of gatekeepers in accessing *entrée* into the world of hidden populations (Whyte, 1943). Gatekeepers serve multiple purposes in the process of conducting research including identifying potential research sites, facilitating initial contacts with informants and subjects, and providing initial information on the subject matter.

In this study, gatekeepers in each of the two cities came from community agencies providing services and health information to sex workers and their families. In Laredo, Texas the university research center with which I was associated with while conducting this research had a long established relationship with the South Texas Commission on Alcohol and Drug Abuse (STCADA). STCADA collaborated with the research center on

several National Institute on Drug Abuse projects in Laredo, Texas. The Director of the center discussed the topic of my research with the STCADA administrator and they agreed to cooperate with me. Subsequently, a staff member, Elizabeth Martinez, who worked on these projects was identified and became my primary gatekeeper in Nuevo Laredo.

Elizabeth, was a 40 year old Salvadorian who left her home county as a child and re-located in Laredo, Texas. At STCADA, she was a substance abuse counselor with clients from both sides of the border and extensive public health contacts in each city. More importantly, she had a personal friendship with the nurse who worked at the clinic located in the red-light district in Nuevo Laredo. This starting point contact (nurse) facilitated entrée into the red-light district that created a *domino effect* in regards to access to the sex worker population in this area. For instance, the nurse introduced me to the medical doctor working in the red light district health clinic and subsequently Laredo health officials (further discussed below). In contrast, entrée and access to the sex worker population in the Nuevo Laredo downtown area was done without any prior contacts. Neither Elizabeth nor I had any prior knowledge of the sex work activity in this area. Elizabeth however, was familiar with some of the gay and lesbian bars located in Nuevo Laredo's downtown area. While this would become an entry point, it still required more extensive fieldwork (described below) in order to get an understanding of the prostitution activity in this area.

In Ciudad Juarez, a community agency involved in numerous prevention and intervention programs for at risk populations (i.e. drug users, youth gangs, criminals, sex workers, etc.) was identified. *Programa Compañeros* is located in central Ciudad Juarez

and is comprised of approximately 30 staff members implementing 10 social service programs. Several of these programs are focused on providing HIV/AIDS prevention and intervention services to sex workers working in the downtown area of the city.

An initial meeting with *Compañeros* staff members working with the sex worker population was the first step in gaining entrée in Ciudad Juárez. This meeting was with six staff members who provided the initial assessment and information regarding the sex industry in the downtown area of the city and who eventually became my gatekeepers. The staff included four females who did most of their work with street workers and two males focused on the gay (transvestite) sex worker population. All were indigenous to the local community and had extensive personal and familial networks.

The gatekeepers initially provided me with an overview of the extent of the prostitution activity in the downtown area. They also provided knowledge of other areas in the city that could be potential research sites. Each of the gatekeepers took me on field visits to areas where they suspected prostitution activity to be occurring. After selection of the research areas (discussed below), I accompanied the gatekeepers familiar with the areas and conducted preliminary fieldwork. Of course there were areas in which access and entrée was facilitated as was the case downtown, given the gatekeeper's extensive knowledge and contacts. Many of these initial contacts were with sex workers themselves as the following fieldnote indicates:

While in the downtown area, Irene (Ciudad Juárez gatekeeper) had previously set up an appointment with some women in a bar named *Dulces*. We arrived to the bar where inside we found two women and one customer. One of the women was the bartender, who was approximately 50 years old and short and stocky. The other was a younger woman dressed in a short black dress who greeted the gatekeeper when we entered. Irma introduced me to both women and we sat down and ordered something to drink. There was not much activity that night but according

to Irene it gets pretty packed during the weekends. The bar had a very clean appearance and seemed to be kept up with on a daily basis. We talked to them for approximately 20 minutes after having a drink and listening to some *norteño* music.

My relationship with the gatekeepers proved to be invaluable in the successful completion of the research. Constant contact, discussions and nights in the field with the gatekeepers provided me with an understanding of their point-of-view as local residents and social service providers regarding prostitution. In addition, most of the gatekeepers had never been exposed to such concepts as fieldnotes, objectivity, sampling, etc. This research provided these individuals with the opportunity to participate in a social science research study for the first time by assisting in fieldwork, writing fieldnotes and conducting interviews.

Acquiring Authorization & Establishing Legitimacy

Given that data collection for this research took place in Mexico, it was imperative that the Mexican government be contacted and made aware of the study. One of the most important roles the gatekeepers played in this research was identifying key local and state governmental officials. Letters, and if necessary, personal meetings were scheduled in order for the research to acquire authorization and establish a sense of legitimacy within the community.

While in Ciudad Juarez a letter specifying the focus of the study was sufficient, the process was not as simple in Nuevo Laredo. Our first initial contact was with the medical doctor, Dr. Benavidez who worked in the red-light district health clinic. Contact with Dr. Benavidez was made via the nurse who was identified by the Nuevo Laredo gatekeeper. Dr. Benavidez, at the time worked at Nuevo Laredo's *Clinica y Hospital de*

Especialidades. Meeting with Dr. Benavidez served a dual purpose. First, the health clinic in Nuevo Laredo's red light district was the only location on the premises that was neutral ground and where all sex workers visited on a weekly basis. I saw this as a potential location from which to work out of and eventually conduct interviews. Second, Dr. Benavidez was an initial contact to local public health government officials. Interestingly, the distribution of condoms was a very important factor in establishing rapport with this population as well as the health clinic in the red-light district. Several boxes of condoms were donated to the health clinic in order to assist them with the rising costs of these contraceptives. Similarly, condoms were handed out to sex workers while in the field. Many of the sex workers were very appreciative of the condoms, given the costs associated and the lack of accessibility that was evident particularly in Nuevo Laredo.

The second government official to be contacted was Dr. Benavidez's immediate supervisor, Dr. Cardenas Gonzalez who was also director of the AIDS programs at the *Secretaria de Salubridad* (Nuevo Laredo's Department of Health) – *Jurisdicción Sanitaria #5*. Dr. Cardenas Gonzalez was informed of the nature of the research and proposed fieldwork and interviews. He provided several suggestions as to safety precautions while conducting the research and again emphasized Dr. Benavidez's assistance in anything that may be needed in course of the research. Finally, Dr. Cardenas Gonzalez recommended that the state health officials be contacted so as to ensure proper authorization.

On this recommendation the final government official was contacted. Dr. Castro Medina, Director of the Servicios de Salud de Tamaulipas Departamento de Investigación

at the main office in Ciudad Victoria was identified. Dr. Castro Medina provided a letter indicating there would be no problem in conducting the research. During the course of data collection however, Dr. Castro Medina was replaced and a letter was obtained from the new incoming director.

Obtaining this informal authorization in Nuevo Laredo took longer than expected. While contact had to be made with the above mentioned individuals it was never as easy as picking up the phone and speaking with them. Secretaries, assistants and other go-between individuals had to be contacted first before acquiring authorization. It soon became obvious that conducting research in a different country is accompanied with unique intricacies and challenges that need special attention. As researchers, one has to be prepared to make certain sacrifices or provisions in order to conduct your research without jeopardizing your ethics or the validity of the research.

Comfort, Presence and Visibility

Given the nature and context of the focus of this research, I had to make sure that I felt comfortable enough to interact with sex workers, bar owners, clients and other individuals associated with the industry. Conversely, my presence could not make these individuals uncomfortable so as to impede communication between them and myself. After taking into consideration these issues, most of my initial fieldwork was conducted with key gatekeepers at places where they were familiar with because of their prior work. This was especially the case in Ciudad Juarez as previously mentioned. This helped to begin to establish my legitimacy among the sex worker population and subsequently my level of comfort conducting fieldwork.

Although a Mexican American female myself, building rapport with Mexican sex workers was a challenge. I made a conscious effort to never wear dresses or skirts when in the field and attempted to dress down as much as possible. For instance, my typical style of dress consisted of blue-jeans, t-shirts and tennis shoes. This was particularly important because I did not want the women to perceive me as a threat or as they mentioned "*la competencia*" (competition). Despite these efforts, there were occasions in which my presence appeared to be a distraction for the workers, clients and staff. If this was the case, returning on a different day and time was typically appropriate.

As Valdez has shown, it is not sufficient to depend on the mere introduction by a gatekeeper (Valdez & Kaplan, 1999). The researcher must prove themselves to be interested and engaged with the population as something more than their scientific and academic objects. This is easier to do when the researcher has a particular interest in the subject matter. Thus, maintaining a constant visibility in the field is important in building trust and rapport with subjects. After a few weeks of hanging out at specific sites, the sense of a threat on my part was no longer a concern. In fact, in many locations I was greeted and welcomed by the working sex workers. The following fieldnote describes an incident in a local bar in downtown Nuevo Laredo:

I entered the dark and smoky bar at approximately 6:00 pm. this evening. The only lighting in the bar was being given off by the small television at the end of the bar and a neon sign hanging on the wall behind the bar. There were three men sitting at the bar and two others at separate tables to the left. Two females I had not seen before accompanied the men at the tables. I proceeded to the bar and ordered a drink. After several minutes sitting at the bar, I began to think that the contacts I had made during my prior visit were not working. The looks I was getting from the men at the bar, including the females sitting at the tables made me think that it was time for me to finish my drink and head to the exit. At that time, a dark figure appeared from a door at the end of the bar. I soon realized it was Susana, who I had met several times before. As she proceeded to sit with

one of the men at the bar, she recognized and approached me. We spoke for approximately 30 minutes about how during the week it is slow but begins to pick up later in the evening when people are out of work. While talking to her, I noticed that the individuals in the bar went back to their business.

As the fieldnote indicates, my presence while at first may have caused curiosity on the part of the clients and displeasure on behalf of the sex workers, was recognized when Susana acknowledged my presence. This obviously was very important in establishing contact with the remainder of the women working in this bar.

QUALITATIVE METHODS

During the last decade, a great wealth of literature has emerged focused on the appropriate strategies in engaging in qualitative research. Much of this discourse has focused on ethnography as a method and its respective tools including field research (Wolcott, 1999). Field research has been described as the “study of people acting in the natural courses of their daily lives” (Emerson, 1983: 1). In doing this, the researcher experiences firsthand the lives of individuals within their natural setting. In the present study, several fieldwork techniques were used to obtain an understanding of the lives of sex workers on the U.S. Mexico border and obtain a representative sample of this population. These techniques included: ethnographic observations and the process of social mapping.

Fieldwork Observations

As mentioned before my knowledge of the sex industry was very limited. The only way in which I was going to be able to even begin to understand it, was to get out and “into” the field. Nuevo Laredo was the first city in which fieldwork was conducted. For approximately three months, I engaged in intensive fieldwork in the downtown area

after being informed by my gatekeeper of the reported prostitution activity. Accompanied by her, we began by walking the area during the day on weekdays and observing the numerous activities taking place. At the same time it gave us an opportunity to speak to merchants, vendors, taxi drivers, and other characters on the scene. We initially asked these individuals general questions such as what life was like living on the border, how business was and then proceeded to discuss problems such as drugs, crime and prostitution. Most of the merchants and vendors indicated that there were “muchachas” (girls) that hung around but that they had no problems with them. During our day trips however, we did notice a contention of taxis congregating at one of the nearby plazas as the evening drew nearer. After a few days of observing this, we approached several drivers and asked them about the prostitution activity in the city. Almost automatically, all drivers made reference to “boystown” and offered to take us if we wished. While acknowledging the presence of prostitution in the downtown area, all recommended that it was safer in boystown. Initially, I could not take that comment at face value given that most of the taxi drivers were trying to hustle some business. They did, however offer useful information as to which were some of the bars that had girls.

In Ciudad Juarez, my fieldwork initiated in the downtown area alongside several of my gatekeepers in this city. Fieldwork was conducted for four months, with the initial month overlapping with the fieldwork being conducted in Nuevo Laredo. Compared to Nuevo Laredo, the Ciudad Juarez downtown area encompassed a larger geographic area that would require more intense fieldwork. However, the Ciudad Juarez gatekeepers were more aware of the prostitution activity in the city that facilitated identifying areas. Thus, based on my gatekeeper’s recommendations, I began my fieldwork in a prostitution

stroll located in the street market area where they knew some of the workers. Maria Luisa and myself visited this area during one weekend in the evenings. This was the best time to find most of the workers since it was the busiest nights of the week. I met approximately five sex workers who identified themselves as street workers during this time. I was able to speak to each about the prostitution activity in the city. Each provided me with important and useful information about work on the street and locations within the downtown area where there were sex workers. Several even talked about other parts of the city in which they used to work in or knew of other individuals working at.

In both cities, fieldwork continued for the next several weeks in other geographic areas where I had some knowledge of there being prostitution activity. This fieldwork consisted of walking or driving around the area and speaking with merchants, bar staff, sex workers themselves and other key informants. I conducted extensive observations of individuals in these areas.

The next stage in fieldwork observations took place in bars. The first strategy was to check out the scene during the daytime. This gave us an opportunity to be at the bar without all the hustle and bustle associated with a full bar. In most instances, after ordering a drink, the bartender would lend themselves to a conversation. I observed that in most bars, there were only a few “waitresses,” as they were usually referred to as. For instance, in several Ciudad Juarez bars I visited, there were signs outside the door that read, “se solicita mesera” (waitress needed). Some of the gatekeepers indicated that in some bars, that was the way to advertise for sex workers.

My main objective of visiting the bars during the daytime was to make contact and establish rapport with such individuals as bar staff, potential sex workers, and other key informants including bar owners, bartenders, security officers, *madamás* and potential sex workers. While the focus of my research was on the sex workers themselves, discussions with these people served as collateral information and as informants in the process of understanding prostitution in these communities. In most bars there was at least one person who was receptive to my presence. More importantly, establishing rapport with someone in the bar opened the door for me to conduct fieldwork during the evenings. I attempted to not enter a bar in the evening unless I had some contact with someone inside, however there were those places that were not open during the day. If this was the case, I had to enter these locations without any knowledge or contact person. These of course required repeated visits before I could establish a contact person.

Finally, I conducted fieldwork at night during the peak business hours at the bars. Conducting fieldwork during this time provided me with a distinct picture of the activity in these bars that was different from any other time I conducted observations. I was able to observe the characteristics of the sex workers and clients, their interactions, dialogues, drinking patterns, as well as the exact moment in which the sexual negotiation was made (i.e. observed sex workers and clients leaving and returning the bar). Hanging out at the bars with sex workers during this time also provided me insight as to the sex workers perceptions. With those women and men whom I established close relationships, I was able to sit in a corner at the bar with them and have them narrate what was going on in

the bar. For instance, a 23-year-old sex worker from San Luis Potosi working in a bar located in the red light district described the girls working and the clients she preferred:

Ves aquella muchacha allá. Nadamas viene los Viernes y Sábados. Se cree muy bonita. Siempre trata de quitarnos nuestros clientes de la semana. Ella sabe que no me caí bien. Yo no me dejo tampoco. Mira como se viste y su maquillaje que parece payaso. Ahora vengo, allí esta unos de mis mejores clientes. Nos vemos al ratito.

[See that girl over there? She only comes on Friday and Saturday. She thinks she is very pretty. She always try's to take our clients that come during the week. She knows I don't like her. I don't back down though. Look how she dresses and she looks like a clown they way she puts her make-up on. I'll be back. Here comes one of my best clients. We'll see you later.]

In retrospect, the fieldwork conducted during these months provided me with an insight into the sex industry in these two cities that would not have been possible any other way. More importantly, I established close friendships with numerous individuals that allowed me the opportunity to see life through their own eyes.

Social Mapping

While simultaneously conducting fieldwork observations, I was also collecting data on the geographic make-up of the research areas. This data made up the social mapping stage of my fieldwork that would later assist in the sampling of the population (described below). From the initiation of entering the field, I documented the exact locations of where my fieldwork observations were taking place including plazas, restaurants, bars, hotels, etc. In addition to documenting geographic location, extensive fieldnotes were written up including characteristics of the location, individuals encountered, and other descriptive information. In addition to descriptions of specific locations, fieldnotes were collected on the social context of the geographic area including

descriptions of the type of commerce visible, pedestrian crossing on international bridges, tourism, neighborhoods, etc.

Upon conducting more focused fieldwork observations in bars, maps at the street and block level were created and extensive descriptive characteristics of the venue using site profiles were collected. The “site profile” form included such things as: a) venue name; b) location (i.e. street and area); c) brief physical description of site; d) brief description of girls working at site (age, physical appearance, etc); e) number of girls working (specify day of the week); f) brief description of client (including nationality); g) number of clients (specify day of the week); h) brief description of people working at site (i.e. bartenders, security, others); and i) opinion of socio-economic status of site.

Finally, as part of the social mapping, detailed sketches of the inside of the bars were created. The sketches indicated such things as the entrance, emergency exits (if applicable), location of bar, tables, stools, restrooms, and dance floor (if applicable). For the street workers, detailed maps of the prostitution strolls were developed that included hotels in which the sexual exchanges took place. While the social mapping would assist in the sampling process, more importantly it provided me with a portrait of the temporal and spatial differences of the prostitution areas. Furthermore, it began to identify ecological distinctions that may have contributed to a more complex and dynamic market.

Sampling Phases

The qualitative fieldwork methods previously discussed were the basis for the sampling phases of this research. Bias to recruit the most accessible subjects frequently occurs in studies of hidden populations (Valdez & Kaplan, 1999). Researchers have

attributed among other things inappropriate fieldwork, lack of familiarity with population and the social class bias of the researcher (Hagedorn, 1996). In order to avoid recruiting participants that did not represent sex workers in Nuevo Laredo and Ciudad Juarez, this study applied an adaptive sampling design.² The following section describes in detail the specific purpose and stages applied to obtain this representative sample.

For this research a cluster approach to adaptive sampling was developed with a multi-purpose design. First, ethnographic knowledge was obtained in specifying the sampling clusters used to construct a typology of sex worker venues (sites) in Nuevo Laredo and Ciudad Juarez. Secondly, the sampling process would assist in generating a reliable estimate of the total number of sex workers in both cities. The final objective of the process was to yield a representative sample of female sex workers in Nuevo Laredo, Tamaulipas and Ciudad Juarez, Chihuahua (Mexico).

The adaptive sampling design was implemented in a multi-stage fashion consisting of six phases. The first stage of the sampling procedures included *becoming familiar* with the sex worker industry in Nuevo Laredo and Ciudad Juarez from gatekeepers and key informants. It would have been nearly impossible to conduct this study throughout the city given the available resources. Based on this information, the study focus was reduced to two geographic areas in Nuevo Laredo and three in Ciudad Juarez with the highest concentration of prostitution. The study's universe became the total number of sex workers in each of the different areas in each respective city.

² Adaptive sampling has been specified as “the procedure for selecting the sample [that] may depend on values of the variable of interest observed during the survey. Thus, the sampling plan has the flexibility to change during the course of the survey in response to observed patterns in the populations” (Thompson & Seber, 1996).

A *social mapping* phase was implemented after the specific areas were identified. Social mapping consisted of conducting fieldwork observations in the selected study areas. Different sites were observed including bars, clubs, hotels, and *salones*. Maps at the street and block level and “site profile” forms were created that included descriptive characteristics of the venue.

The next phase consisted of *classifying the venues into types*.³ The classification inspected differences and similarities among the venues using the qualitative field notes, site profile characteristics and analytical ethnographic fieldnotes. A preliminary classification began to emerge based on such things as age and physical appearance of sex workers, clientele (i.e. SES, sexual orientation, and nationality), location, and entertainment (i.e. dance, floor shows). After conducting the preliminary classification of sites, a typology was constructed and used to define clusters for adaptive sampling. In *Nuevo Laredo*, the typology consisted of eleven types of venues:

Zona Centro

1. Floor Show Bars: These are bars in which the main attraction are women performing on stage (dancing) either nude or partially nude. These cater specifically to U.S. tourists.
2. Dance Bars: These are bars in which clients are able to dance with sex workers for \$5-10 pesos a song.
3. Small Bars-unaffiliated sex workers: These were bars in which sex workers were not permanently at the venue but would float around several bars.

³ For the purposes of presenting the classification of venues, those in which the male transvestite sex workers were identified are included. These however are not included in this dissertation and will be used for the purposes of future manuscripts.

4. Small Bars-sex workers affiliated and unaffiliated with the bars: These bars included those previously described as well as those who were more permanently at a specific bar.
5. Homosexual Bars: Male transvestite bars.
6. Street Walkers: Sex workers working on the streets.

Zona de Tolerancia

7. Homosexual Tourist Bars (male): Male transvestite bars for U.S. tourists.
8. Homosexual Low SES Bars (male): Male transvestite bars for local Mexican clients.
9. Cuartitos (rooms): Small rooms in which the contact with clients and exchange takes place.
10. Lower Class Bars: These bars cater to local Mexican clients.
11. Tourist Bars/Glitzy: These bars cater to U.S. white and Mexican American tourists

In *Ciudad Juarez* the typology consisted of sixteen types of venues.

Zona Centro

1. Hotels: These venues have women working and living out of them.
2. Floor Show Bars: These are bars in which the main attraction are women performing on stage (dancing) either nude or partially nude. These cater specifically to U.S. tourists.
3. Small Bars: These are small bars that cater to local Mexican clients.

4. Dance Bars: These are bars in which clients are able to dance with sex workers for \$5-10 pesos a song.
5. Street Walkers: Sex workers working on the streets.
6. Homosexual Bars: Male transvestite bars.

Zona Cervceria

7. Small Bars (Low SES): Small bars that cater to local Mexican clients.
8. Small Bars (Low SES with drug use): Similar to prior except drug use was documented.
9. Large Bars (Medium SES): Bars that cater to working class local clients.
10. Street Walkers: Sex workers working on the streets.
11. Homosexual Venues: These were other venues besides bars where homosexual sex workers were identified (i.e. theater, plazas, etc.)

Zona La Paz

12. Bars & Clubs (Low SES): Bars that cater specifically to lower class local Mexican clients.
13. Dance Bars (Medium Low SES): These are bars in which clients are able to dance with sex workers for \$20 pesos a song.
14. Dance Bars (Medium to High SES): These are bars in which clients are able to dance with sex workers. These specifically cater to U.S. tourists and some middle class Mexican clients.
15. Street Walkers: Sex workers working on the streets.

16. Homosexual Venues: These were other venues besides bars where homosexual sex workers were identified (i.e. theater, plazas, and hotels.)

Three different venues were selected in each of the identified types based on a dimension of familiarity. On one extreme of the dimension were venues that were “hot” (familiar) and on the other extreme were venues that were “cold” (unfamiliar). The hot venues were identified as those I had visited more often, had contact and rapport with sex workers and gatekeepers. The cold venues were those in which I had not visited and knew very little about. A third venue was one that fell at the midpoint of the dimension. Additional extensive fieldwork observations and fieldnotes for these venues were collected. These data were used to verify the typology and to elaborate on the description of the site profiles.

The next phase came with a **re-sweeping** of the areas and generating a list of all venues in which sex workers operate broken down into the types. This list provided the sampling frame for the successive sampling procedures. For those types that had a total of more than ten venues, field visits were conducted on a proportional number of venues, in addition to the three visited in the prior phase (based on the total venues across the types). The specific venues selected in each type also depended on the variability in the number of sex workers active in the venue, their clientele characteristics, and the degree of danger perceived during fieldwork.

In the following phase, the *estimate of the extent of the total number* of sex workers in each type was calculated. A power analysis to determine the optimal sample size for the research determined that a sample of at least 60 sex workers in each city

would be sufficient (including males). The estimates of the subpopulations of each venue were used to calculate proportional distribution of cases across each type to be included in the sample. On the basis of cost, it was decided that the optimal total number of venues that would be used to identify the 60 sex workers in each city was 30. This averaged to approximately two interviews per venue. The percentage distribution of the venues and sex workers were averaged to obtain an adjusted percentage to be applied to determine the exact distribution of interviews within the 30 venues.

In order to determine which specific venue would be selected to obtain the required proportion of the 30 venues, the familiarity dimension was reapplied in each type. Half of the required proportion was selected on the basis of the familiarity dimension (see above) and the other half by a simple random procedure. Further adjustments to these proportions were made in the process. These adjustments were based on unanticipated events such as closure of venues, changes in classification and number of sex workers in a particular venue and degree of danger.

In the final phase of the sampling process, the *bar sketches* were utilized. The selection of subjects was based on the layout of the venue. Upon entering the venue, a specific section inside the site was identified where sex workers were concentrated. The most centrally located individual was determined and the fourth person to the right was selected. Selection of subjects was conducted during the weekend because that time was identified as the busiest clientele nights and therefore the nights with the highest number of sex workers present.

INSTRUMENTS

Life History Interview Schedule

The life history interviews for this study were conducted face-to-face in Spanish with respondents in the field. Rapport was established and informed consents were obtained from all study subjects before participating in the study. Subjects received a financial incentive of \$15 as well as condoms for their time and effort. Each interview lasted approximately 60-90 minutes.

The life history instrument was designed to provide quantitative and qualitative data through the use of open- and closed-ended questions. The interview schedule consisted of six broad themes and a standardized psychometric instrument. The sections included information on demographics, career trajectory, clients, drug use, sexual behavior, and HIV/AIDS.

The demographic section consisted of a standard set of questions regarding date and place of birth, education, current residence, and number of children. A series of questions were incorporated in this section to elicit information regarding previous and current migration patterns for each respondent. The final set of questions in the demographic section gathered information regarding current and previous sex work sites. The career trajectory section included information regarding the age of first sexual experience as well as age of first experience with sex work. A description of the entry into sex work was elicited in this section as well as data on actual sex work and alternative income sources. For purposes of statistical estimation of this hidden population, respondents were questioned regarding their knowledge of numbers of other

sex workers. Lastly, this section gathered information regarding any history of violent experiences in the course of the respondent's sex work.

The client data section included information on numbers of clients per week (based upon the week prior to interview), as well as on the slowest night versus the busiest night. A series of questions followed, gathering descriptive information on the clients, all based upon the respondents' recollections of clients from her busiest night in the previous week. These included age groups represented, origin (numbers from Mexico, inside or outside Nuevo Laredo, numbers from United States, inside or outside of Laredo, Texas), and ethnicity of those of U.S. origin. Respondents were then asked to describe their client base in a general fashion (i.e. not tagged specifically to those clients from their busiest night the previous week), regarding the extent to which their client base consisted of "regulars" and, most importantly, the percentage of client base from the previous year that (the respondents believe) were injecting drug users.

The section detailing the respondents' history of drug use focuses on a series of questions that target lifetime use, age at initiation, method of drug use (injection or not), and current use of specified drugs. Descriptive data detailing injection behaviors is included. Data identifying the ordering of events, that is, drug use in relationship to sex work, is elicited as well as data regarding drug use specific to the respondent's sex work. Lastly, here as in the demographic section, a series of questions designed for statistical estimation of the population was included (i.e. history of substance abuse treatment, knowledge of other sex workers who injected illicit drugs).

The sexual behavior section elicits data regarding sexual behavior patterns with sexual partners across three categories: sex clients, private (steady) sexual partners, and

casual sex partners. All respondents answered a series of questions detailing types of sexual activity, frequency of this activity, and frequency of condom use associated with each. Further descriptive data regarding condom use is gathered, including perceptions of risk and effectiveness of protection, as well as client response. Descriptive data was elicited on sexual partners in general. Lastly, respondents were asked to describe in detail (open-ended) their last sexual experience, including information on clients, location, sexual activity, condom use, and presence of drug use.

The HIV/STD section, the final section of the instrument, includes self-report and self-description of STD history and HIV status. Information is gathered regarding respondents' knowledge of HIV as well as sexual partners testing positive for HIV and the protective behavior associated with these sexual partners. Descriptive data is gathered regarding respondents' decision making with respect to HIV testing and subsequent results.

Childhood Trauma Questionnaire (CTQ)

The Childhood Trauma Questionnaire (CTQ) is a 28 item self-administered instrument that assesses the experiences of abuse and neglect in childhood and adolescence. The instrument has been validated on a number of populations including adolescents (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997; Bernstein, Fink, Handelsman, Foote, & et al., 1994). The CTQ consists of five clinical subscales: emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse. Each subscale consists of five items. The CTQ also includes three items that are used as a minimization/denial scale. This can help identify individuals with a tendency to give socially desirable responses or individuals likely to produce false negative reports

(Bernstein & Fink, 1998). A professional translator at the University of Texas at San Antonio translated the CTQ into Spanish. Another professional translator at the same university then back translated this version. This translation process was done in order to ensure the validity of the psychometric properties to those of the original instrument.

Emotional abuse is defined as “verbal assaults on a child’s sense of worth or well-being, or any humiliating, demeaning, or threatening behavior directed towards a child by an adult or older person” (Bernstein et al., 1997). This subscale includes such items as being insulted and humiliated by family members, the child feeling that the parents wished he had never been born, feelings of being hated, and the child’s belief that he was emotionally abused.

Emotional neglect refers to the “failures of the caretakers to provide for a child’s basic emotional needs, such as love, encouragement, belonging and support” (Bernstein et al., 1997). Items associated with emotional neglect include no one in the family making the child feel special or loved, the child’s feeling that the family is neither close nor supportive of each other, and the child’s feeling that the family was not a source of strength or support.

Physical abuse is described as “bodily assaults on a child by an adult or older person that poses a risk of or result in injury” (Bernstein et al., 1997). Items used for this subscale include being hit with belts, boards, or cords, being hit so hard the child either had to seek medical treatment or bruises were noticed by a neighbor or teacher, and the child feeling that he was physically abused.

The physical neglect is referred to as the “failure of caretakers to provide for a child’s basic needs, including food, shelter, safety, supervision, and health” (Bernstein et

al., 1997). Items comprising this subscale are not having enough to eat, having to wear dirty clothes, not being taken to the doctor when necessary, having parents too drunk or high to take care of the child, and the child not feeling protected.

The sexual abuse subscale measures “sexual contact or conduct between a child and an older person; explicit coercion is a frequent but not essential feature of these experiences” (Bernstein et al., 1997). Items include someone trying to touch the child in sexual ways or forcing the child to touch the adult in sexual ways, threatened with being hurt unless the child did something sexual with the adult, forcing the child to watch sexual things, a child having been molested, and a child’s feeling that he was sexually abused.

Each item is answered on a five-point Likert scale in which 1 indicates “never true,” 2 “rarely true,” 3 “sometimes true,” 4 “often true,” and 5 “very often true.” The scoring of all five of the emotional neglect items and two of the physical neglect items are reverse coded to be consistent with the other items with higher scores indicating higher levels of neglect and abuse. The total CTQ scores range from a low of 25 to a high of 125, with individual subscales ranging from 5 to 25.

Cut scores were previously established for indicating levels of abuse and neglect. These are divided into four levels of abuse/neglect: none (or minimal), low to moderate, moderate to severe, and severe to extreme. Cut scores varied depending on each individual clinical subscale. On the emotional abuse subscale, 5-8 indicated “none (or minimal)” abuse; 9-12 indicated “low (to moderate)”; 13-15 indicated “moderate (to severe)”; and 16 or greater was classified as “severe (to extreme).” On the emotional neglect subscale, 5-9 was classified as “none (or minimal)”; 10-14 as “low (to

moderate)”; 15-17 as “moderate (to severe)”; and 18 or greater as “severe (to extreme).” The physical abuse and physical neglect subscales were scored the same, with 5-7 classified as “none (or minimal)”; 8-9 as “low (to moderate)”; 10-12 as “moderate (to severe)”; and 13 or greater as “severe (to extreme).” The sexual abuse subscale was scored as 5 indicating “none (or minimal)” abuse; 6-7 as “low (to moderate)”; 8-12 as “moderate (to severe)”; and 13 or greater as “severe (to extreme)” abuse.

DATA ANALYSIS

Qualitative data for this research consisted of field notes, observations and responses to open-ended life history questions. The qualitative analysis was based on the grounded theory approach (Strauss & Corbin, 1990). Open coding was accomplished by a line-by-line reading of qualitative data collected. Core coding categories were identified including family, drug use, violence, entering the profession, and sexual behavior. Selective coding proceeded after the core categories were identified which led to more specific nuances found within each larger core coding. Coding was aided by Nvivo, a qualitative software program. This software allows support in handling qualitative text (non-numerical, unstructured) data through routine processes of indexing, searching and theorizing.

The quantitative data analysis in this dissertation employed descriptive procedures for the Mexican female sex worker sample (N=109). The aim of the analysis was to provide an overview and describe patterns of variation that existed in this sample. This quantitative data from the life history interview was used to strengthen the qualitative data findings. In addition, a reliability analysis for the CTQ was conducted in chapter 5. Cronbach Alpha reliability coefficients were calculated on the sex worker sample using

the covariance matrix method. The reliability of the CTQ total scale and subscales were acceptable. Mean scores for each item and subscale were calculated for the total female sample and for each of the two cities. Differences between the two groups were determined using an independent samples t-test.

LAS MUJERES (THE WOMEN)

All of the women who participated in the study were Mexican Nationals actively engaged in the sex work industry either in Nuevo Laredo or Ciudad Juarez at the time of interview. Table 1 provides demographic information for this female sample. The Nuevo Laredo women were slightly younger than those in Ciudad Juarez. The mean age in Nuevo Laredo was 27.4, while in Ciudad Juarez the mean age was 30.1. The range in the women's age is also worth noting. Ages ranged between 18 and 46. Interviewing women within these age ranges provided me with the opportunity to obtain life perspectives from both older and young adult women.

Table 1. Demographic Characteristics of Female Sex Workers (N=109)

Variable	Percentage/Average
Average Age	29 years
Marital Status	
Single	34
Common Law Marriage	34
Separated	17
Married	6
Divorced	9
With Children	77
Average Number of Children	2.40
Average Number of Years in School	6.92

The majority of the respondents (68%) reported being either single or living with someone without being legally married (Common Law). Seventeen percent reported being separated, while only six percent indicated they were currently married. More than three-fourths (77%) of the women indicated they were mothers. There was an average of

2.4 children among the population of mothers. Interestingly, 75 percent of the 84 subjects with children had custody of them and were residing with them. Of those children who did not live with their mothers, the majority of the respondents indicated they were living with family members including grandparents.

An overwhelming majority of the women had only minimal formal education. The mean number of years in school among the female population was 6.9 years (SD 2.5). Twenty subjects (18%) reported that they had attended a technical (vocational) school at some point during their lives.

Interesting patterns were observed in regards to the women's place of birth and location in which they were raised. Table 2 below shows the breakdown by city and state where respondents were born and raised up to when they were 16 years old. The Nuevo Laredo sex workers reported that around 30 percent of the sample were born and raised outside Nuevo Laredo and Tamaulipas. A larger percentage of the Ciudad Juarez sample on the other hand reported being born and raised in Juarez and the state of Chihuahua.

Table 2. Place of Birth and Location Raised (N=109)

Variable	Percentage	
	Born	Raised
Nuevo Laredo		
City		
Nuevo Laredo	31	36
Other City	69	64
State		
Tamaulipas	38	44
Other State	62	56
Ciudad Juarez		
City		
Ciudad Juarez	48	59
Other City	52	41
State		
Chihuahua	69	80
Other State	31	20

Of the women who reported not being born or raised in either Nuevo Laredo or Ciudad Juarez, data was collected on whether they knew anyone before moving to the US. Mexico border. Table 3 indicates most of the women (35%) did not know anyone before they moved to Nuevo Laredo or Ciudad Juarez. Of those who did know someone,

Table 3. Social Network Member living in Border City as Reported by Female Sex Workers (N=55)⁴

Variable	Percentage
Hometown Friend	31
Immediate Family Member	18
Other Family	9
Husband or Partners Family	6
Other	13
No one	35

they reported it was a friend from their hometown or an immediate family member, 31 and 18 percent respectively. For instance, the following narrative from a 32-year-old female from Tierra Blanca, Veracruz explains how some friends invited her:

Me vine a trabajar a Nuevo Laredo después de que me invitaron unas amigas. Yo no sabia que trabajaban aquí en la zona. Me vine porque allá (Veracruz) no hay ni trabajo ni dinero. Me vine porque ellas me invitaron.

[I came to work in Nuevo Laredo after some friends invited me. I did not know they were working in the zone (red-light). I came because in Veracruz there is no work or money. I came because they invited me.]

Of these 55 respondents, an overwhelming majority (76%) indicated they maintain communication with their family back home. Fifty-eight percent said they send money to their family.

The respondents in this study reported working an average of 20 days a month. In the week prior to their interview, subject's reported an average of seven clients. The prices

⁴ Percentages do not add up because respondents were able to answer yes to more than one category.

for services varied depending on the sexual act and the type of venue. For instance, in Nuevo Laredo, sex workers catering to lower class clients reported charging from a minimum of \$10 pesos (\$1 U.S.) for oral sex to \$100 pesos (\$10 U.S.) for other types of sexual activities (i.e. vaginal, anal). However, in the venues that catered to U.S. tourists, prices ranged from \$100 – 400 pesos (\$10 – 40 U.S.). In Ciudad Juarez, similarly the prices ranged from \$30 pesos (\$30 U.S.) to a reportedly \$500 pesos (\$50 U.S.).

In summary, the sex workers found in these two cities along the U.S. – Mexico border is believed to be representative of this population. The following chapters will examine the process of entering the sex industry and the risks associated with substance use, high-risk sexual behavior and violence.

CHAPTER 5

THE PROCESS OF BECOMING A SEX WORKER

INTRODUCTION

...activities will be responses to particular situations, and that the relations between situations and activities will have a consistency that permits generalization.... a certain sequence of situations constitutes a pathway likely to be followed by people who have done the thing you're interested in. Focusing on activities rather than people nudges you into an interest in change rather than stability, in ideas of process rather than structure (Becker, 1998: 45-46).

During the course of conducting this research, I repeatedly heard from the females, "*yo nunca pensé que iba estar trabajando en este tipo de cosa*" [I never thought I would be working in this type of thing]. While this statement may not come as a surprise, it did however make me reflect on the fact that these statements are often times taken for granted while conducting research with hidden populations. That is, individuals do not make a conscious decision to become an addict, criminal, or prostitute rather there is a process that leads to engaging in such activities. This chapter presents data on the process by which female sex workers in Nuevo Laredo and Ciudad Juarez first become engaged in prostitution using qualitative life history interviews and fieldnotes. The second part of this chapter begins to examine the prevalence of childhood trauma among this population and its implications for entry into the profession.

Past research has identified two perspectives that account for a woman's entrance into the world of prostitution. The first, the psychoanalytic perspective, attributes entrance to this life to traumatic childhood experiences and other psychosocial characteristics while the structural approach emphasizes poverty and lack of resources, or peer pressures (Choisey, 1961; Cloward & Ohlin, 1960; Davis, 1971; Exner, Antonia, &

Parrill, 1977; Glueck & Glueck, 1934; Greenwald, 1958; Hollender, 1961; Kemp, 1936; Scheier & Newcomb, 1991). While these perspectives provide explanations using psychosocial and community level factors, they tend to neglect the individuals perception of their situation in their own words. More current research on sex work has avoided attributing entry into sex work using this dichotomy. Rather, researchers have conducted qualitative studies in which sex workers report firsthand their experiences and “pathways” into prostitution (Maher, 1997; Sterk, 2000).

MOTIVATIONS AND CIRCUMSTANCES

Similarly, in this research I collected numerous personal stories of these women’s first initial sexual exchange experience. What emerged was a distinct process (sequence of events) by which these women indicated how they became sex workers. This process initiated with what I identify as motives (economic and immigration) followed by distinct personal circumstances (situational and transitional).

Motives

While in the field, there were numerous occasions in which I was able to speak to and conduct on the spot interviews with sex workers. In many instances the discussion always seemed to include a description of how they began to work in the industry as a topic of conversation. In these conversations and during the life history interviews, an underlying motivational drive was apparent in many of these women’s stories. In analyzing the qualitative data, two interconnected motives emerged. The first economic, related to improving their situation was associated with the second, migration to border communities with perceived employment opportunities.

The average age of initiation to sex work among the Nuevo Laredo and Ciudad Juarez respondents was at the age of 18 and 21, respectively. Sex work for most of these individuals was seen from their point of view as the only viable survival strategy given their economic and social circumstances. This was especially evident among the sex workers with families to support. A 36 year-old female sex worker in Nuevo Laredo explains her situation and first experience in sex work:

Yo vivía con el padre de mis hijos, pero él es alcohólico, y no me ayudaba con ellos. Yo tenía que conseguir dinero para darles de comer y una amiga me invitó a un bar donde trabajaba, aquí en el centro. Y así empecé. Fue con un amigo de la que me invitó a trabajar. Me llevó a un hotel cerca del bar. Me dio, no me acuerdo, parece que 10 dólares en aquel tiempo. Me dio miedo pero luego se me quitó. Sabía que necesitaba el dinero. Tenía que aguantar.

[I lived with the father of my children, but he was an alcoholic and he did not help me with them. I had to get money so that I could feed them and a friend of mine invited me to go with her to the bar she worked at here downtown. That's how I started. It was with a male friend of my friend who invited me. He took me to a hotel near the bar. I don't remember but I think he gave me 10 dollars at that time. I was scared but then it went away. I knew I needed the money. I had to bear with it.]

A Ciudad Juarez 31 year-old female sex worker explains her situation and first experience in sex work:

Me encontraba en una situación económica muy difícil. No encontraba trabajo en ningún lado. No tenía quien me cuidara al niño y además me habían corrido de mi casa así que tuve que rentar un cuarto de hotel (dentro de la zona la paz). Y empecé a prostituirme. Mi primera relación fue en el cuarto que yo rentaba con mi hijo chiquito (después me lo cuidaba la encargada del hotel). El hombre con el que me fui tenía como 40 años y andaba borracho. Yo traté de hacerlo todo muy rápido. Tarde como 15 minutos y le cobré 80 pesos y él me pagó el cuarto para el día siguiente.

[I found myself in a very difficult economic situation. I couldn't find work anywhere. I didn't have anyone to take care of my child and since I had been kicked out of my house I had to rent a room in a hotel (in the Zona La Paz). I then began to prostitute myself. My first time was in the

room I rented with my small child (afterwards the person in charge of the hotel looked after him). The man with whom I went was about 40 years old and was drunk. I tried to do everything fast. It took about 15 minutes, I charged him 80 pesos and he paid for my room the next day.]

Many times their economic situation was catalyzed by husbands or partners no longer supporting them. A 37-year-old Ciudad Juarez sex worker remembers her circumstances:

Todavía estaba casada con mis niños chiquitos de panales. Mi esposo nos dejó por unos días y no tenía que darle de comer y me salí a caminar. Un hombre de un carro me pito y le coqueteé. Me invito a subir. Parecía mecánico porque olía a gasolina. Era de aquí de Juárez. Me llevo a un hotel. Me pago 200 pesos.

[I was married at the time with small children still in diapers. My husband left us a few days and I did not have anything to give them to eat and I went outside to walk. A man in a car honked at me and I flirted with him. He invited me to get into the car. He looked like a mechanic because he smelled like gas. He was from Juarez. He took me to a hotel. He paid me 200 pesos].

In relation to the economic motives described, the majority of the subjects who migrated from other places in the interior of Mexico mentioned that their entry into prostitution occurred as a result of failed attempts or in hopes of crossing the border into the United States or finding employment. Those individuals saw these border cities as having numerous opportunities. For instance, a 38 year-old female from Rio Verde, San Luis Potosi, described her migration experience to Nuevo Laredo as a factor in the motivation of entry into sex work:

Nos vinimos a Nuevo Laredo en el '85 dos hermanos, una prima y yo. Querían irse al norte. Nos agarraron a dos, y nos quedamos aquí. Uno de mis hermanos se fue a San Luis. Y yo me quede trabajando en un restaurante. Allí trabaje casi un año. Desde entonces estoy aquí sola. Cuando me quedé sola aquí sin mis hermanos, estaba yo muy chica. No tenía donde vivir, ni dinero. Conocí al señor donde yo trabajaba en un restaurante. Era cliente del negocio. Trabajaba en una central

camionera (chofer). Me ayudaba. Tengo dos hijos de él. Me llevaba a hoteles y me daba dinero. (50 – 10 dólares en aquel tiempo). Él me gustaba y yo a él. Hicimos el sexo, sexo vaginal, oral, yo a él y él a mi. Estuve saliendo como dos años con él. Empecé a salir con otros. Él era casado. Era un hombre joven, saludable. Era alto, blanco, y pelo negro. Tiene tatuaje en un brazo.

[We came to Nuevo Laredo in 1985 - two brothers, a cousin and me. They wanted to go to the North. Two of us were caught and we stayed here. One of my brothers went to San Luis. I stayed working in a restaurant. I worked there approximately for one year. Since then I have been here by myself. When I was left here without my brothers, I was really young. I didn't have a place to live and no money. I met a man where I worked in a restaurant. He was a client. He worked in a bust station (driver). He helped me. I have two of his children. He used to take me to hotels and would give me money (50-10 dollars at that time). I liked him and he liked me. We had sex, vaginal sex, oral, I to him and him to me. I went out with him for about two years. I started going out with other men. He was married. He was a young man, healthy. He was tall, white and black hair. He had a tattoo on his arm.]

Although many of the subjects were raised in Ciudad Juarez, almost a third (31%) of the subjects migrated from other places to Ciudad Juarez and mentioned economic factors as well. A 39-year-old woman from Santa Barbara, Chihuahua explains:

Estaba recién llegada a Juárez y no encontraba trabajo y conocía a una amiga que me invito a trabajar al norteño. Mi primera vez fue con un hombre de 35 años que era de Juárez. Nos fuimos al hotel que estaba a la vuelta del salón de baile. Yo no tomaba en ese entonces. Llegamos al hotel y le explique que nunca había hecho eso por dinero y el me dijo que no me preocupara que el me iba a enseñar. Dure con el toda la noche. Tuvimos relaciones sexuales 3 veces, solo por la vagina. El señor me pago 60 pesos. Luego el me propuso seguir viéndonos pero yo no acepte. El tipo si andaba borracho pero yo no.

[I had just arrived to Juarez and I could not find work and I knew a friend who invited me to work at *El Norteño*. My first time was with a 35 year old man who was from Juarez. We went to the hotel around the corner from a dance bar. I didn't drink at the time. We got to the hotel and I explained to him that I had never done this for money. He told me not to worry and that he would teach me. I was with him all night. We had vaginal sex 3 times. The man paid me 60 pesos. He asked if we could

continue seeing each other but I did not accept. He was drunk, but I wasn't.]

As evident in the previous example, many sex workers were responsible for maintaining a family. A 38 year-old female from Parral, Chihuahua explains and describes her situation upon arriving in Ciudad Juarez:

Fue al llegar a Juárez. Necesitaba dinero ya que tenia que mantener a mi hijo y a mi mama. Fui por una amiga que me invito a un lugar donde ella trabajaba y me consiguió a un señor como de 40 años. Yo tenia 22. El me dio dinero por tener sexo. Me sentí muy mal porque nunca había hecho eso pero me acostumbre. No recuerdo de donde era el señor. Solo recuerdo que los dos andábamos muy borrachos y nos fuimos a un hotel.

[This was when I arrived in Juárez. I needed money since I had to care for my son and my mother. I went with a friend who had invited me to a place where she worked at. She found me a man of about 40 years of age. I was 22. He gave me money to have sex with him. I felt bad because I had never done this but I got used to it. I don't remember where the man was from. I only remember that we were both drunk and we went to the hotel.]

As the above data indicates, economic motivation was the major impetus for these women to enter into this profession. The economic and structural situation on the U.S. – Mexico border contributed to overcoming any hesitation on the women's part. The illusion of the border region's prosperity related to the region's industrial economy is a major attracting force for these women and many others escaping poverty stricken communities in the interior of Mexico. The border as well, appeals to those with the hopes of immigrating to the United States in search of better economic opportunities.

Circumstances

While the economic and migration motives were a common theme in the narratives, the circumstances associated with the initial experience of sex work varied

among the respondents. Respondents viewed their circumstances as being attributed to situational or transitional factors.

Situational

A number of the subjects revealed that given their economic necessities, their entry into sex work was situational. That is, subjects were spontaneously propositioned to exchange sex for money at a time when they were in need of funds and highly vulnerable. This proposition usually came from friends, acquaintances, or strangers. Many female respondents attributed their entry to sex work to friends who encouraged them to participate. Some of these females described situations where they accompanied female friends to bars upon which strangers would approach them and proposition them. A few of the subjects described their friends as encouraging them to accept such propositions given their economic situation. One 39 year-old female respondent described her experiences with a friend who was also a sex worker in Nuevo Laredo:

Cuando empecé, me divorcie primero de mi esposo y necesitaba trabajar. Empecé en una casa como sirvienta. Conocí una amiga que trabajaba en la Zona y le iba muy bien y fue la que me convenció. Entré de mesera en un bar. Sí, allí conocí a un hombre. Me invitaban a tomar y "fichaba". Me fui con él. Me pagó 50 pesos. Él trabajaba en un taller mecánico. Era como de unos 35 años. Me llevó a un hotel cerca del bar. Primero platicamos. Me besó, me acarició, nos desnudamos y tuvimos sexo. Me introdució sus dedos en mi vagina. Él tomaba mucho.

[When I started I first got a divorce from my husband and I needed to find work. I started as a servant in a house. I met a friend that worked in the Zona (red-light district) and she was doing very good and she convinced me. I started as a waitress in the bar. Yes, it was there that I met a man. They invited me for drinks and "fichaba"(dance for pay). I went with him. He paid me 50 pesos. He worked in a mechanics shop. He was about 35 years old. He took me to a hotel close to the bar. First we talked. He kissed me, touched me, and then we undressed and we had sex. He put his fingers in my vagina. He drank a lot.]

Another example was a 29-year-old female from Ciudad Juarez who recounts:

Mi primera experiencia por dinero fue con un señor de 35 años. Era mi vecino y era de Nuevo León. Yo necesitaba dinero y él me dijo que me daba a cambio de que tuviera relaciones sexuales con él y yo acepto. Mi experiencia fue muy agresiva porque el tipo me lastimaba mucho. Salí con él como 5 meses. Tuve relaciones sexuales por la vagina, por el ano y por la boca. El tipo me daba 50 pesos en ese entonces por cada relación que tenía con él. Consumí solo alcohol.

[My first experience for money was with a 35 year old man. He was my neighbor and he was from Nuevo Leon. I needed money and he told me he would pay me in exchange for me to have sexual relations with him. I accepted. This experience was very aggressive because the guy was hurting me. I went out with him for about 5 months. I had vaginal, anal and oral sex with him. They guy would give me 50 pesos at that time for each encounter that I had with him. I drank alcohol.]

Another 30 year-old female from Guadalajara explained how she initiated into sex work with a friend in Ciudad Juarez:

Mi primera experiencia fue con un amigo, él me ayudaba económicamente pero no tuve relaciones hasta tres meses después. Me llevo al hotel Burciaga y tuvimos relaciones sexuales solo por la vagina. Estuve con él toda la noche. Después de eso pasaron 3 meses y él se fue al otro lado (EU) a trabajar.

[My first experience was with a friend. He helped me economically but I did not have relations with him until three months later. He took me to a hotel Burciaga and we had vaginal sex. I was with him all night. Afterwards, three months went by and he left for the other side (U.S.) to work.]

Other female respondents indicated entry into sex work was accidental, often walking into a bar where a stranger propositioned them. Claudia, a 17 year-old female, stated:

Llegué a Nuevo Laredo y no conocía a nadie. Traté de pasarme a Laredo, Texas. No pude y me metí a una cantina. Un hombre me invitó una copa y después me ofreció \$20 por un rato. Nos fuimos de allí y rentó el cuarto por toda la noche y así fue como me quedé toda la noche. Él, no se como se llamaba. Me imagino que tenía unos 35 o 40 años.

[I arrived in Nuevo Laredo and I did not know anybody. I tried to get across to Laredo, Texas. I couldn't get across and I went into a bar. A

man offered to buy me a drink and he offered me \$20 dollars for a short time. We left the bar and he rented a room for the entire night and that is how I stayed the whole night. I didn't know his name. I think he was about 35-40 years old.]

A few of the subjects described their friends as encouraging them to accept such propositions given their economic situation. One 32 year-old female respondent from Durango described her experiences with a friend who was also a sex worker in Ciudad Juarez:

Fue una invitación que me hizo a trabajar paisana de mi pueblo. Yo acepte por necesidad, no conseguía trabajo. Acepte ir al centro con ella y ella me consiguió el primer cliente. La primera vez fue muy feo porque nunca lo había hecho. Me llevo a un cuarto y me lo hizo por mucho tiempo. Yo no sabia, que no mas era un rato, y pues ya me dejo con mi amiga des pues de 3 horas. Me pago \$100. Hace como 7 anos que paso la primera vez. Fue relaciones de sexo vaginal, no use condón y el chavo era de aquí de Juárez.

[It was a work invitation that a friend from my hometown did to me. I accepted because of necessity, since I could not find work. I accepted to go downtown with her and she got me my first client. The first time was really ugly because I had never done it. He took me to a room and he did it to me for a long time. I did not know it was only supposed to be for a little while. He took me back with my friend after 3 hours. He paid me 100 pesos. This was about 7 years ago. I had vaginal sex, did not use a condom and the guy was here from Juarez.]

Similarly, a 22 year-old female in Ciudad Juarez stated:

Estaba en un bar con una amiga y su novio. Llego el sobrino del novio de mi amiga y tomamos. Me propuso que si tenía relaciones sexuales y le dije que no pero me convenció cuando me dijo que me iba a pagar. Íbamos en el carro, nos metimos a un hotel. Tuve relaciones por la vagina y el ano. Use drogas, la cocaína y cerveza. Me estuve hasta la mañana con el, nos despedimos y nos volvimos a ver por un tiempo. El es de Chihuahua. La primera vez me pago 40 dólares y después me mantuvo por un tiempo (viví con el).

[I was in a bar with a friend and her boyfriend. Her boyfriend's nephew showed up and we drank. He proposed to have sexual relations with me but I said no, but he convinced me when he said he would pay me. We were in the car, and we went into a hotel. I had vaginal and anal sex with

him. We used cocaine and drank beer. I stayed until the next morning with him, we said goodbye and we continued seeing each other for a while. He is from Chihuahua. This first time he paid me \$40 dollars and later he supported me for a while (lived together).]

Transitional

The second type of circumstance associated with entry into sex work can be characterized as transitional. This transition usually occurred with respondents working as waitresses in venues where sex work takes place. Of the respondents that spoke of this transition into sex work, many explained that the wages they were currently making were not sufficient to support their families or pay bills and rent. These respondents believed that the extra money the individuals involved in sex work made would make a big difference given their economic situation. A 30 year-old sex worker spoke of her transition from being a housekeeper to a waitress to a sex worker:

Yo trabajaba de sirvienta. Me salí de trabajar y me fui con unas amigas de mi pueblo a conseguir trabajo de mesera. Así empecé a conocer como se hacía este trabajo. La primera vez me ofrecieron 120 pesos. Era un soldado. El bar donde trabajaba se llenaba de soldados. Tomaban su día de descanso y se iban a tomar al bar. El primero era un muchacho que iba mucho. Nos fuimos a un hotel y lo hicimos. Lo hicimos two veces. Me pidió que me quedara con él. El entraba hasta el otro día. Tuvimos sexo vaginal y oral el a mi. Era de San Luis Potosí. Dejó de ir. Parece que los cambian. Si estábamos tomados. Droga, yo no. El, parece que andaba marijuano. La mayoría de los soldados siempre traen "mota."

[I worked as a servant. I left work and I went with some girls from my home town to find work as a waitress. That is how I started to know this work. The first time they offered me 120 pesos. It was a soldier. The bar where I worked would always get packed with soldiers. They would take their day off and go drinking at the bar. The first one was a guy who would go a lot. We went to a hotel and we did it. We did it twice. He asked me to stay with him. He did not go in until the next day. We had vaginal and oral sex, him to me. He was from San Luis Potosi. He stopped going. It appears that they change them. We were drunk. I didn't do drugs. It seemed like he had smoked marijuana. Most of the soldiers always have "mota" (marijuana).]

A 29 year-old sex worker from Mexico City spoke of her transition from being a floor show dancer to a sex worker:

Yo trabajaba en la Casa Colorado nada mas como bailarina de tarima, pero al necesitar dinero, contacte mi primer cliente que era Americano. Me pago \$60.00 dlls., el estaba tomado y yo también, ya que tome bastante para no darme cuenta de la situación.

[I used to work at the *Casa Colorado* as a floor dancer. When I needed money I contacted my first client who was an American. He paid me \$60 dollars. He was drunk and so was I. I drank so much so that I would not be aware of the situation.]

A 34-year-old female explained her first sexual encounter for pay while working at a restaurant. While her first experience was with a woman, she said that she continued exchanging sex for money with men.

Cuando yo llegue a Juárez, solo consiguió trabajo en un restaurante del centro. Para esto yo ya sabia mi orientación sexual (lesbiana). La dueña del lugar era muy estricta pero desde un principio que yo llegue a pedir trabajo, entre nosotros hubo química. La señora tenía 2 hijos y empezamos a entendernos. La señora me ayudo mucho económicamente. La primera relación fue en el restaurante. Las dos nos tocamos todo el cuerpo y nos introducimos los dedos. Duro algún tiempo. Me pagaba 300 pesos en ese entonces, y aparte me compraba cosas (ropa, zapatos). Había ocasiones en que ella me pagaba la renta de la casa. Esta señora era de Juárez, aun nos vemos pero solo somos amigas, aunque la quiero mucho porque me ayudo cuando estaba sola.

[When I arrived to Juarez, I got a job at a restaurant in downtown. At the time I knew my sexual preference (lesbian). The owner of the place was very strict but from the very beginning there was some chemistry between both of us. The woman had 2 sons and we began to have a relationship. She helped me a lot economically. The first time happened at the restaurant. We both touched each other's body and introduced our fingers into each other. It last a long time. She paid me 300 pesos at the time and she would also buy me things (clothes, shoes). Sometimes she would pay my rent. She was from Juarez. Sometimes we see each other, but just as friends. I still care for her since she helped me a lot when I was alone.]

Another single mother made the transition from a waitress to sex work to make money for her son:

Allá en mi pueblo, por necesidad, me dejó un hombre con 1 hijo y no tenía dinero. Empecé a trabajar en un bar y allí conocí a hombres que me ofrecían dinero. Hombres jóvenes y maduros, de 21 a 40. Me pagaban 100 o 150 pesos.

[In my hometown, because of need, a man left me with my son and I did not have money. I started working in a bar and there I started meeting men that would offer me money. Young and middle-aged men, between 21 to 40 years of age. They would pay me 100 to 150 pesos.]

CHILDHOOD TRAUMA AND MEXICAN FEMALE SEX WORKERS

Research on childhood trauma among sex workers has argued that one of the consequences of such victimization is entry into prostitution (James, 1976a; James & Meyerding, 1978; Silbert & Pines, 1981b; Simons & Whitbeck, 1991). While many of these women in this research described distinct motivations and circumstances under which they began to exchange sex for money, experiences of childhood trauma were important to explore and understand among this population. I decided to administer a psychometric questionnaire that has been used among non-institutionalized community samples (Medrano, Desmond, Zule, & Hatch, 1999). The following data presents the findings of the Childhood Trauma Questionnaire (CTQ) administered to the sample of Mexican female sex workers followed by an examination of the prevalence of childhood trauma in each of the two cities.

Table 4 presents the internal consistency reliability coefficients for the CTQ scales that were computed with Cronbach's alpha for the sample. Reliability coefficients ranged from excellent to satisfactory. The highest coefficient was for the Sexual Abuse Scale (.96) and the lowest for the Physical Neglect Scale (.70). The total CTQ scale alpha coefficient of .96 indicates an excellent internal consistency among this sample of sex workers.

Table 4. Internal Consistency Reliability Coefficients of the Childhood Trauma Questionnaire Scales among Mexican Female Sex Workers (N=109)

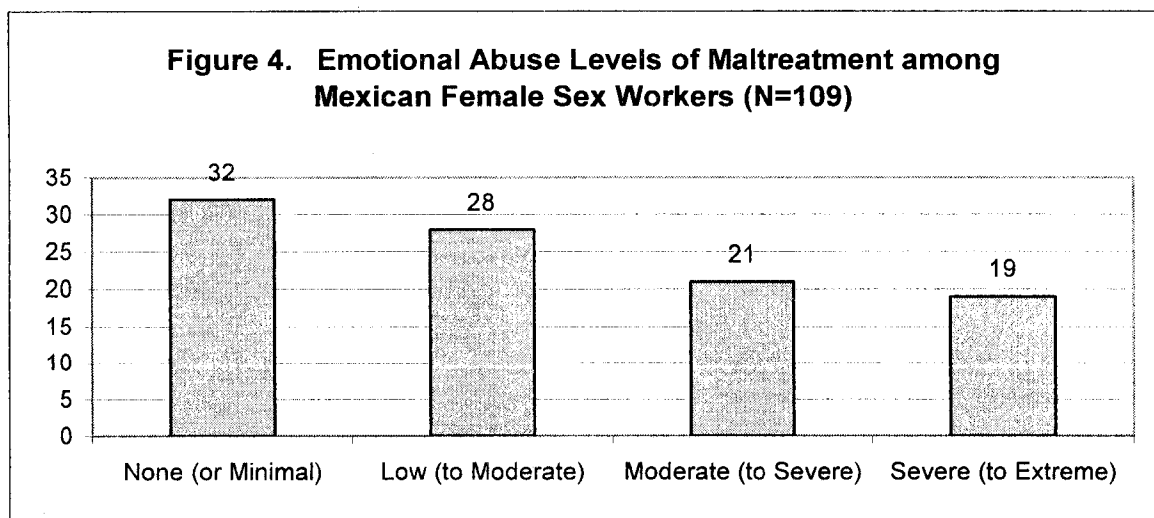
Scale	Coefficient
Emotional Abuse	.82
Physical Abuse	.93
Sexual Abuse	.96
Emotional Neglect	.89
Physical Neglect	.70
Total CTQ	.96

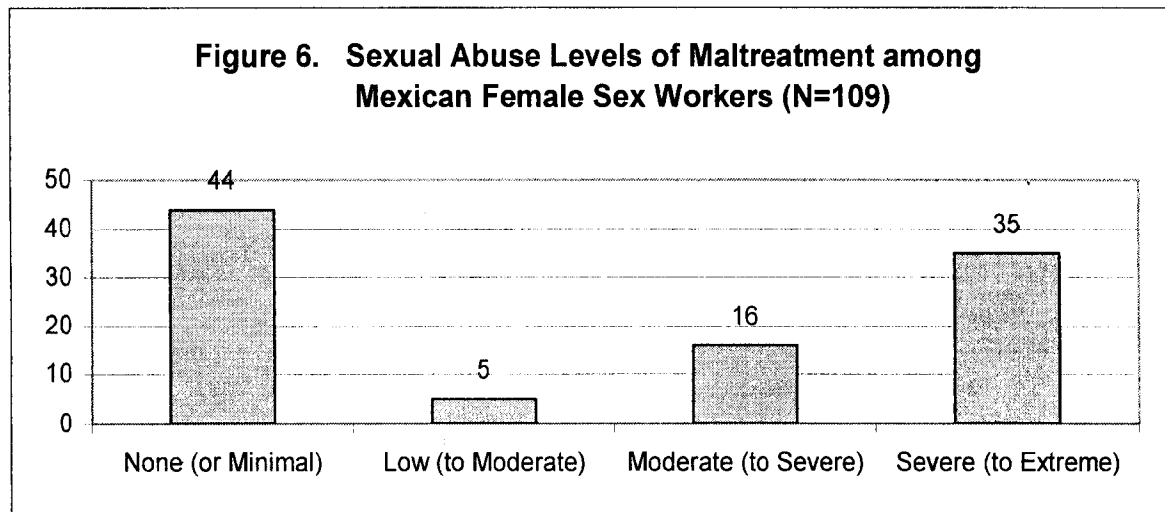
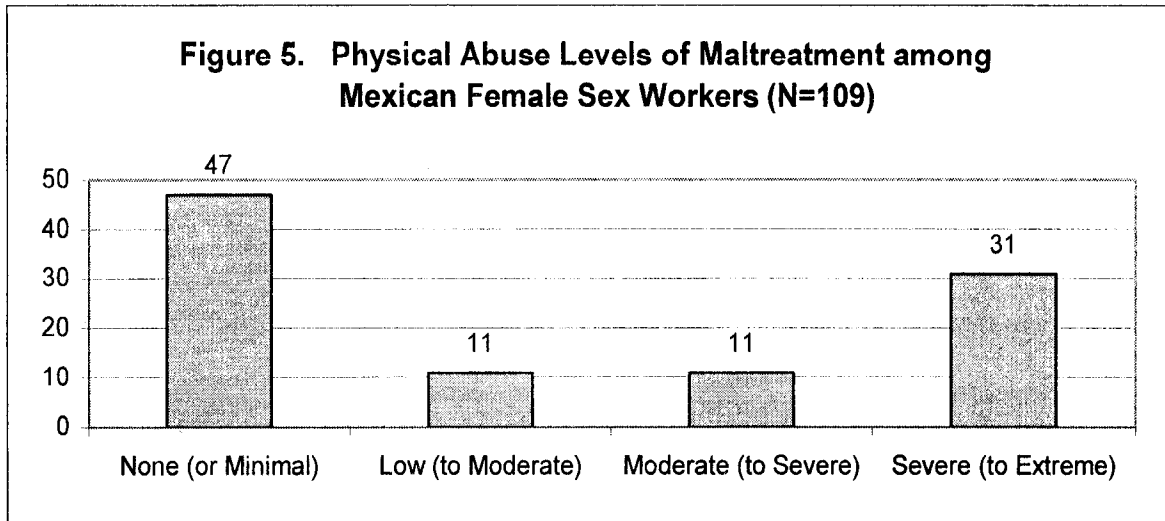
Means and standard deviations for CTQ total, scales and item scores are presented in Table 5. The total CTQ score for Mexican female sex workers was 54.02. In looking at the total for each of the five scales, scores ranged between a high of 11.55 for the Emotional Abuse Scale and low of 10.07 for the Physical Abuse Scale. In looking at the individual items, “not having enough to eat” under the Physical Neglect Scale had the highest mean of all items with 2.78. This item was followed with that of “family members call me things like stupid, lazy and ugly” in the Emotional Abuse Scale. In fact, the Emotional Abuse Scale comprised of the next two highest mean items: “believe that I was emotionally abused” and “family said hurtful or insulting things to me.” All of the items in the Emotional Neglect Scale had similar means of approximately 2.3. Interestingly, many of the women did not report being severely hit by family members in that it was the item with the lowest mean score (1.69).

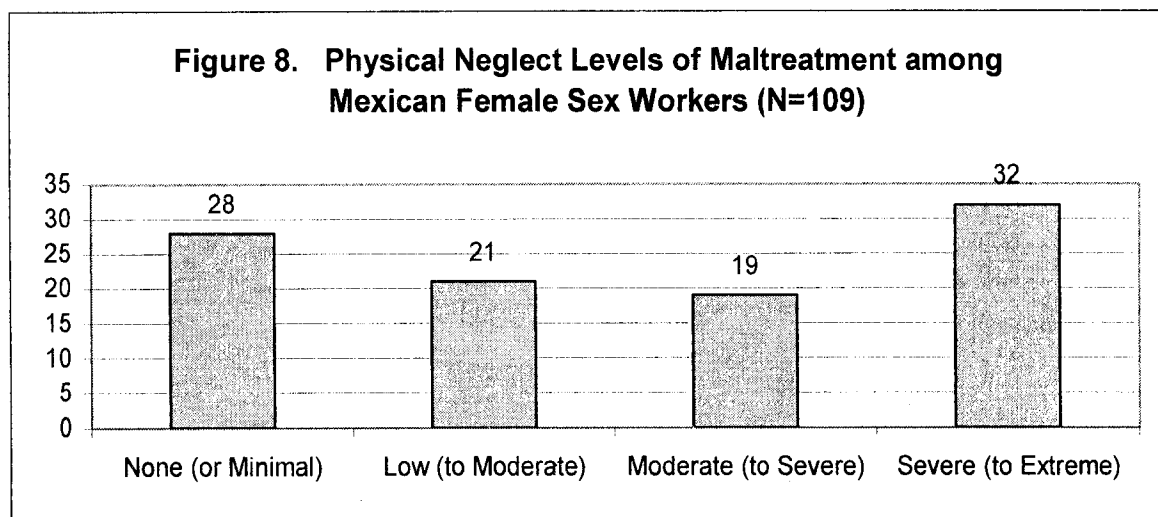
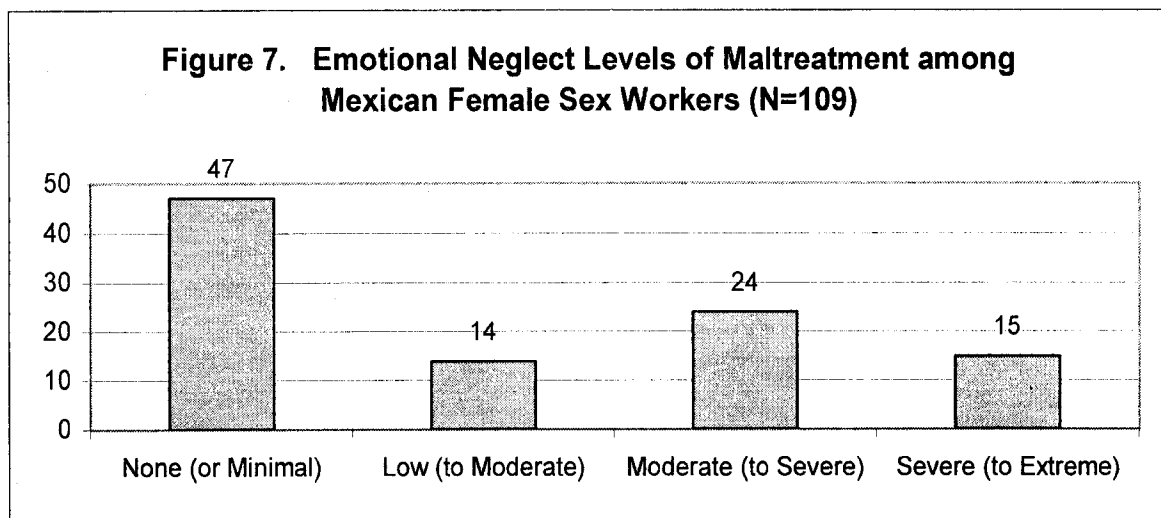
Table 5. Childhood Trauma Questionnaire: Items, Scales, and Total Means and Standard Deviations for Mexican Female Sex Worker Population (N=109)

	Mean	SD
Emotional Abuse Scale	11.55	5.193
People in my family called me things like “stupid”, “lazy” & “ugly”.	2.77	1.324
I thought my parents wished I had never been born.	2.05	1.384
People in my family said hurtful or insulting things to me.	2.32	1.353
I felt that someone in my family hated me.	2.06	1.283
I believe that I was emotionally abused.	2.36	1.444
Physical Abuse Scale	10.07	5.723
I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.	1.69	1.103
People in my family hit me so hard it left me with bruises or marks.	2.09	1.323
I was punished with a belt, a cord or some other hard object.	2.13	1.270
I believe that I was physically abused.	2.13	1.408
I got beaten so badly that it was noticed by someone like a teacher, neighbor or doctor.	2.04	1.326
Sexual Abuse Scale	10.36	6.234
Someone tried to touch me in a sexual way or tried to make me touch them.	2.09	1.259
Someone threatened to hurt me or tell lies about me unless I did something sexual with them.	1.91	1.244
Someone tried to make me do sexual things or watch sexual things.	2.12	1.352
Someone molested me.	2.16	1.362
I believe that I was sexually abused.	2.08	1.528
Emotional Neglect Scale	11.36	5.810
There was someone in my family who helped me feel important or special. (R)	2.30	1.437
I felt loved. (R)	2.20	1.380
People in my family looked out for each other. (R)	2.26	1.384
People in my family felt close to each other. (R)	2.28	1.355
My family was a source of strength and support. (R)	2.31	1.445
Physical Neglect	10.68	4.457
I didn’t have enough to eat.	2.78	1.480
I knew there was someone in my family to take care of me and protect me. (R)	2.14	1.364
My parents were too drunk or high to take care of me.	1.85	1.231
I had to wear dirty clothes.	1.83	1.143
There was someone to take me to the doctor if I needed it. (R)	2.07	1.372
Total	54.02	24.196

Figures 4 through 8, present the levels of maltreatment for each of the five CTQ sub-scales. In looking at the distribution for the levels of emotional abuse among the population, 32 percent fell in the “none” category and 28 percent in the “low”. Nineteen percent were classified “severe” as seen in Figure 4. A distinct pattern was observed in the levels of maltreatment for physical abuse (see Figure 5). While approximately half (47%) of the population can be classified as “none”, a strikingly 31 percent were in the “severe” level. A similar pattern was observed for the Sexual Abuse Scale (Figure 6) where the majority of the population was divided between “none” (44%) and “severe” (35%). Close to half (47%) of the population was categorized as having no levels of emotional neglect (see Figure 7). Of all the sub-scales, physical neglect was the only one with most of the respondents falling under the severe level of maltreatment, with 32 percent of the population in this category (see Figure 8). The remaining were closely distributed among “none”, “low”, and “moderate.”







CHILDHOOD TRAUMA CITY DIFFERENCES

Given the complexity of understanding issues related to levels of childhood trauma among the entire female sample, I decided to examine and compare CTQ findings for each city. Examination of the means and series of t-tests in Table 6 indicate statistically significant differences exist between Nuevo Laredo and Ciudad Juarez sex workers. Nuevo Laredo female sex workers (67.44) had a significantly higher childhood trauma total score than Ciudad Juarez sex workers (44.58) ($t = 5.47, P < .000$).

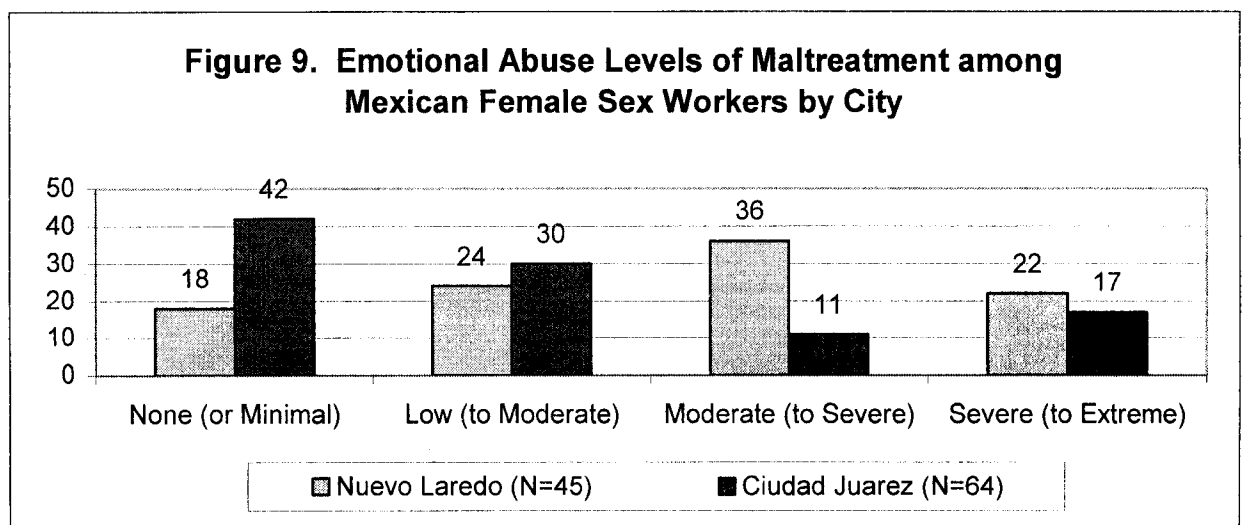
Nuevo Laredo women also had significantly higher scores on all five subscales, emotional abuse ($t = 2.73, P < .007$), physical abuse ($t = 3.68, P < .000$), sexual abuse ($t = 5.55, P < .000$), emotional neglect ($t = 6.21, P < .000$) and physical neglect ($t = 5.23, P < .000$). Nuevo Laredo mean scale scores ranged from a high 14.91 for emotional neglect to a low 12.36 for physical abuse. Mean scale scores for the women in Ciudad Juarez ranged from 7.77 (sexual abuse) to 10.48 (emotional abuse). Interestingly, while the Emotional Abuse Scale total score was significantly different between the two cities, there were three items that revealed no significant differences. These included “family called me things like stupid, lazy and ugly”, “family said hurtful or insulting things to me”, and “felt that someone in my family hated me”. Overall the majority of the items were statistically significant as seen in Table 6.

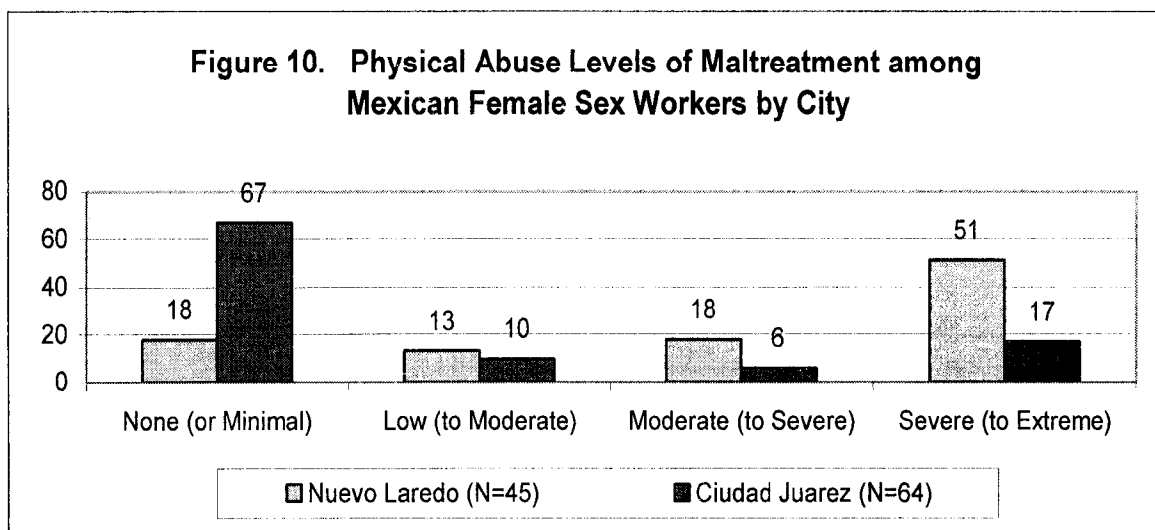
Table 6. Childhood Trauma Questionnaire: Items, Scales, and Total Means, Standard Deviations and T-Test

	Nuevo Laredo		Cd. Juárez		T-test
	Mean	SD	Mean	SD	Significance
Emotional Abuse Scale	13.07		4.324	10.48	5.512 *
People in my family called me things like “stupid”, “lazy” & “ugly”.	2.76	1.026	2.78	1.506	
I thought my parents wished I had never been born.	2.42	1.177	1.78	1.464	*
People in my family said hurtful or insulting things to me.	2.53	1.179	2.17	1.454	
I felt that someone in my family hated me.	2.31	1.041	1.88	1.409	
I believe that I was emotionally abused.	3.04	1.313	1.88	1.339	*
Physical Abuse Scale	12.36		4.715	8.47	5.855 *
I got hit so hard by someone in my family that I had to see a doctor or go to hospital.	1.98	1.033	1.48	1.113	*
People in my family hit me so hard it left me with bruises or marks.	2.51	1.180	1.80	1.347	*
I was punished with a belt, a cord or some other hard object.	2.44	1.035	1.91	1.377	*
I believe that I was physically abused.	2.84	1.278	1.63	1.279	*
I got beaten so badly that it was noticed by someone like a teacher, neighbor or doctor.	2.58	1.196	1.66	1.288	*
Sexual Abuse Scale	14.04		6.619	7.77	4.414 *
Someone tried to touch me in a sexual way or tried to make me touch them.	2.80	1.290	1.59	.971	*
Someone threatened to hurt me or tell lies about me unless I did something sexual.	2.67	1.331	1.38	.845	*
Someone tried to make me do sexual things or watch sexual things.	2.82	1.419	1.63	1.062	*
Someone molested me.	2.82	1.419	1.69	1.111	*
I believe that I was sexually abused.	2.93	1.587	1.48	1.168	*
Emotional Neglect Scale	14.91		4.728	8.86	5.185 *
There was someone in my family who helped me feel important or special. (R)	2.89	1.318	1.89	1.381	*
I felt loved. (R)	2.78	1.185	1.80	1.371	*
People in my family looked out for each other. (R)	3.18	1.230	1.61	1.093	*
People in my family felt close to each other. (R)	2.98	1.158	1.80	1.275	*
My family was a source of strength and support. (R)	3.09	1.294	1.77	1.294	*
Physical Neglect	13.07		4.255	9.00	3.805 *
I didn't have enough to eat.	2.71	1.014	2.83	1.742	
I knew there was someone in my family to take care of me and protect me. (R)	2.87	1.217	1.63	1.228	*
My parents were too drunk or high to take care of me.	2.27	1.116	1.56	1.233	*
I had to wear dirty clothes.	2.47	1.079	1.39	.970	*
There was someone to take me to the doctor if I needed it. (R)	2.76	1.264	1.59	1.244	*
Total	67.44		21.772	44.58	21.289 *

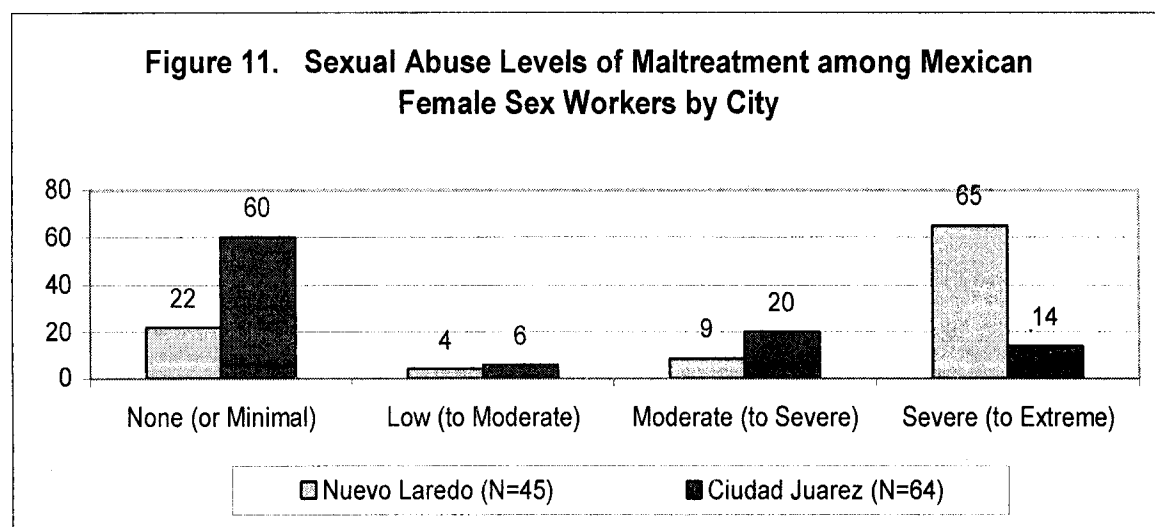
* Significant at .05 level

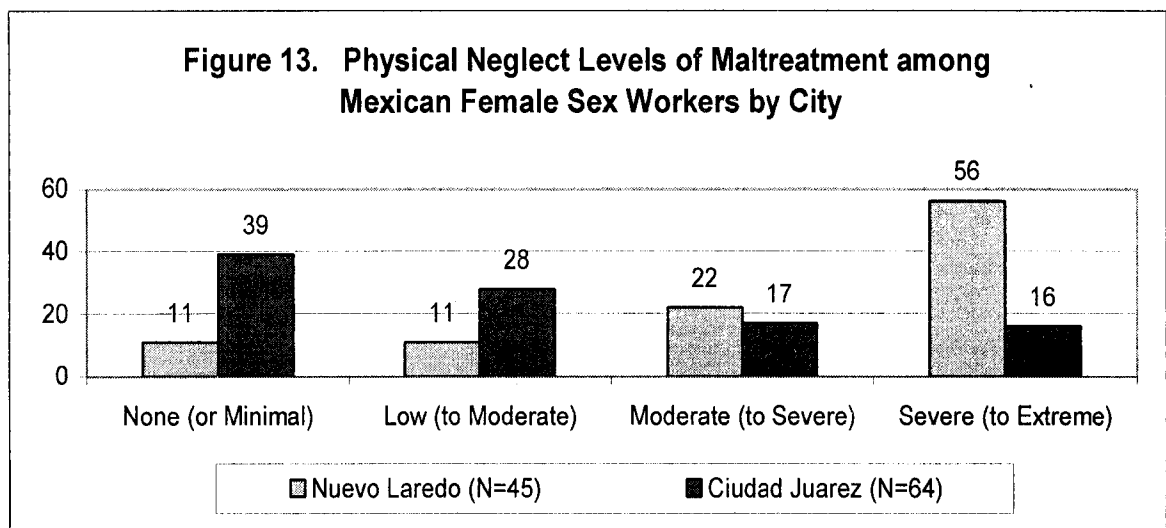
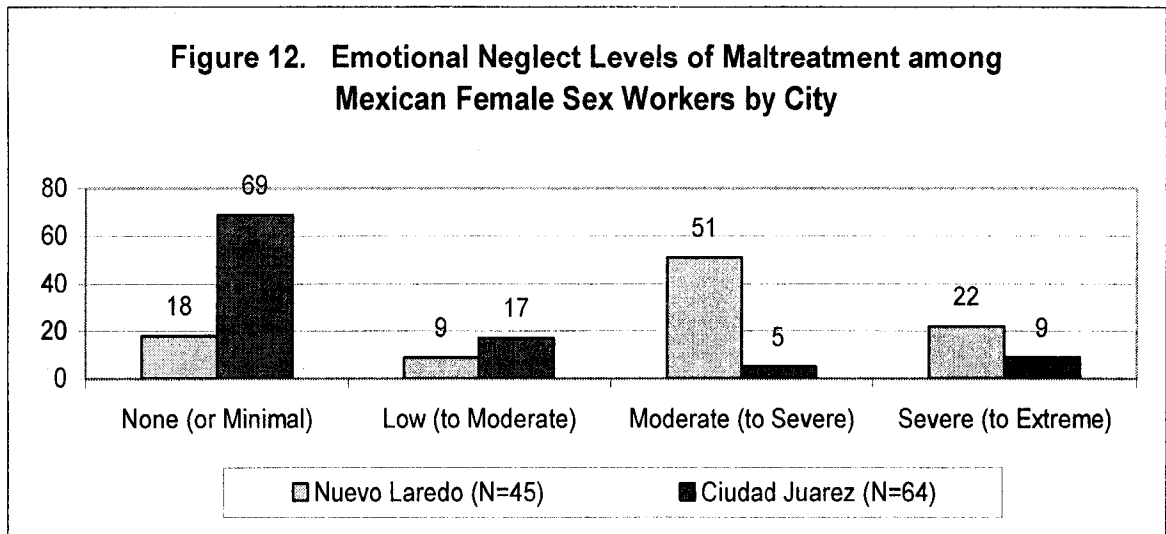
Further examination of CTQ differences by city are shown in Figures 9 through 13. In comparing the levels of maltreatment for emotional abuse, Figure 9 reveals that approximately half of the Ciudad Juarez population is categorized as having no emotional abuse. In contrast, the majority (58%) of the Nuevo Laredo women fall within the moderate to severe levels of emotional abuse maltreatment. A similar pattern is observed in Figure 10 in that 67 percent of the Ciudad Juarez sample reported no levels of physical abuse compared to 51 percent of the Nuevo Laredo sex workers identified as having severe levels of maltreatment.





Data on sexual abuse reveal an overwhelming 65 percent of the 45 Nuevo Laredo subjects to be classified as having severe levels of maltreatment (see Figure 11). A small number of women fell in the low or moderate levels for sexual abuse. Large percentages were concentrated at both extremes (none versus severe). Approximately three quarters (73%) of the Nuevo Laredo female sex worker population is classified as having moderate to severe levels of emotional neglect compared to 69 percent of no sexual abuse for Ciudad Juarez (see Figure 12).





Finally, Figure 13 shows the levels of maltreatment for physical neglect. While the overall pattern is similar to those of other scales, one distinction is the percentage of respondents classified as having low to moderate levels of physical neglect. That is, this is the only scale in which the Ciudad Juarez percentage for the “none” category (39%) is less than the remaining three levels (61%). Nonetheless, a clear majority of the Nuevo Laredo sample has higher levels (56%) of severe physical neglect.

CONCLUSION

The qualitative data presented in this chapter provides an understanding of the process by which Nuevo Laredo and Ciudad Juarez females become sex workers. As indicated by their own stories, these individual's initial motivations of improving their economic situations resulted in entry into the sex industry. For those who were not from the border, their migration to these northern cities were also as a result of poor economic conditions back home. These economic motivations were confounded when women found themselves in specific circumstances. The two most common types were situational and transitional. In both of these cases, women found themselves being propositioned by males who were acquaintances and friends. Those already working in bars were more prone to getting solicited by patrons. This transition of working as a waitress to exchanging sex for money was often times encouraged by the women's friends. The general picture that emerges is one of a majority of respondents struggling economically in a border city economy that offers little in the way of comparable earning alternatives.

Data from the CTQ revealed interesting findings. For the entire female sample, the scales with the highest levels of "severe" maltreatment included sexual abuse, physical abuse and physical neglect, with 35%, 31% and 32%, respectively. The two with the lowest severe levels of maltreatment were emotional abuse and neglect. Clearly, in looking at the levels of maltreatment the sample appears to have had most of their childhood psychological and emotional needs met by their families of orientation. While this data only begins to show a pattern, city differences indicated that there were important differences between the women in Nuevo Laredo and Ciudad Juarez.

Clearly the Nuevo Laredo female sex workers had higher levels of childhood trauma when compared to the Ciudad Juarez sample. The same pattern emerged where the physical and sexual maltreatment had the higher “severe” levels compared to emotional maltreatment. That is for the Nuevo Laredo sample, with the exception of the emotional neglect and abuse scales, more than 50 percent of the subjects fell in the severe levels of maltreatment. One explanation for this may be the larger percentage of Nuevo Laredo female sex workers who were from other parts of Mexico other than the border region. Many of these women came from small rural villages characterized by extreme poverty, lack of resources, and highly patriarchal in its family structure and values. It appears to be that while these women may not have been subjected to verbal assaults on their self-worth and more likely to have basic psychological and emotional needs met they were exposed to physical and sexual maltreatment. These data may indicate that the disadvantaged social environments, as seen by the high levels of physical neglect- were conducive to their subjection to physical and sexual abuse during their childhoods. Thus, leaving their towns and villages in search of economic opportunities may be only one of many reasons to leave otherwise abusive homes.

CHAPTER 6
IN THE BUSINESS:
ALCOHOL AND DRUG USE DEMANDS, NEGOTIATIONS AND
DEPENDENCY

INTRODUCTION

The nexus between substance use (alcohol and drugs) and sex work has been clearly established in previous research (Chambers et al., 1970; Goldstein, 1979; Miller, 1986). The association of problem drinking among sex workers has been part of the literature ever since the early 20th Century to the present. This research has emphasized the importance of bars, clubs, dance halls and other drinking venues as common places for sexual encounters with clients among prostitutes (Cavan, 1966; Goldstein, 1979; McLeod, 1982; Plant, Plant, Peck, & Setters, 1989). During the decade of the 1960's and 1970's U.S. prostitution studies focused on heroin use among this population in urban areas such as New York City and Chicago (Chambers et al., 1970; Cushman, 1972; Datesman & Inciardi, 1979; Goldstein, 1979; Miller, 1986; Silbert et al., 1982). These studies generally found relatively high prevalence rates of heroin among this profession compared to other groups. Such studies corresponded to the heroin epidemic that was occurring during this period particularly in large northeastern cities. More current research on substance use among sex workers has focused on other drugs especially crack cocaine that dominated the drug scene during the 1980's and 1990's (Feucht, 1993; Fullilove et al., 1992; Goldstein et al., 1992; Inciardi, 1989; Inciardi et al., 1991; Kuhns et al., 1992; Miller, 1995; Ratner, 1993; Sterk, 2000). Emerging from this research was the image of the "crack whore" that dominated the image of the sex workers.

Two assertions have been commonly documented on the association between prostitution and drug use and to a lesser extent alcohol. The first is that prostitution is a means by which a woman supports her addiction. The second is that drug use is initiated after becoming involved in this occupation. The connection between prostitution and drug use among Mexican female prostitutes has not been systematically examined. In this chapter, I will explore this relationship including that of alcohol. First, I will present the prevalence of alcohol and drug use among the study's respondents with a brief comparison to that of the larger Mexican population. Next, I describe the alcohol and drug use trajectory these Mexican female prostitutes experience within the context of their careers. This trajectory includes three phases: the first is related to the business demands associated with alcohol consumption, followed by the counteracting effect of cocaine use (negotiations) and culminating into an injecting drug use lifestyle that may lead to addiction. Combining data generated from in-depth interviews and fieldnotes with quantitative data from the instrument, the chapter illustrates the high correlation between alcohol and drug use among this population.

DRUG AND ALCOHOL USE PREVALENCE

Mexico's National Alcohol and Drug Use Survey

Mexico's first national epidemiological survey was conducted in 2002 under the supervision of the federal government's *Secretaria de Salud* (Secretary of Health). The survey was administered to a random sample of N=69,767,067 households using a questionnaire for all eligible subjects. The following is a brief overview of some of the most important findings that reveal relatively low rates of substance use among the general population. According to the *Encuesta Nacional de Adicciones 2002* (National

Survey of the Addictions 2002), 35% of the population surveyed reported consuming alcohol in the 12 months prior to their interview (total population) (Consejo Nacional Contra Las Adicciones, 2002). Among urban women, the most frequent drinking pattern was less than five drinks per occasion on a monthly basis. In regards to illicit drug use, approximately 2.8 million persons (4%) between the ages of 12-65 years of age reported lifetime use of at least one type of drug. The percentage decreased to less than one percent for use in the last year and past 30 days. Gender differences indicate that approximately 2% of the female population reported lifetime use of illicit drugs, and less than one percent for past year and past 30 days. Regional differences revealed that the Northern most states especially those adjacent to the U.S. had the highest reported use of illicit drugs.

Marijuana was the most commonly reported drug, with 4% of the population reporting lifetime use followed by cocaine (1.23%). Eighteen to 34 year olds reported the highest percentage (4.64%) of lifetime use. Of interest, is the fact that prevalence rates for current use (past year and 30 days) for all drugs including marijuana and cocaine, was less than one percent among the total population. In examining gender differences females were far less likely to have used illicit drugs in comparison to their male counterparts. That is, seven males for every female uses marijuana and four men for every female uses cocaine. Finally, the small percentage that reported to be injecting heroin users (.01%) was characterized as young urban males.

Prevalence Rates among the Study Sample

In analyzing the alcohol and drug use data collected from the research subjects, it became obvious that the prevalence rates were alarmingly high compared to Mexico's

national data. Tables 7 and 8 show lifetime and past month (current) substance use for the sex worker population. Overall, 65 percent of the sample reported lifetime use of at least one drug. Fifty-seven percent reported they were current drug users (i.e. past 30 days). Data showed a wide variation of illegal drug use among the subjects. In examining lifetime use, subjects reported high use of cocaine (59%) and marijuana (40%), followed by tranquilizers (27%), barbiturates (19%), and heroin (14%) (see Table 8). Lifetime use was lower for inhalants and crack with 12 and 10 percent, respectively. Furthermore, 57 percent of the population reported current drug use with cocaine (48%) and marijuana (22%) having the highest percentage reported. A surprisingly high rate of heroin use in the past 30 days (12%) was reported among this population. A pattern of increased use for tranquilizers and barbiturates including valium, xanax, and sleeping pills was observed. Use of such prescription drugs is not surprising in Mexico, given Mexico's prescription drug policy that makes these drugs more accessible compared to the U.S. In fact border cities have been described as attracting U.S. residents that come to the border specifically to buy prescription drugs (Valdez et al., 1998; Valdez & Sifaneck, 1997).

Table 7. Drug Use Patterns among Mexican Female Sex Workers (N = 109)

Variable	Percentage
Lifetime Drug Use	65
Current Drug Use	57

Respondents were also asked about their current substance use patterns as measured by the prior 48 hours from the time of interview. Excluding alcohol, 42 percent of the population reported having used at least one illicit drug during the last two days. Data revealed that cocaine (39%) was the primary drug used with a mean of two

times during this period. Marijuana followed with 21 percent of the subjects reporting recent use (mean 1.05). Of interest, heroin accounted for 12 percent of the recent drug use by the sex workers with a mean of 2.93 times. This heroin use pattern would indicate that many of these women (12%) are addicted (Rosenbaum, 1981).

Table 8. Prevalence of Alcohol and Drug Use among Mexican Female Sex Workers (N=109)

Drug	Lifetime	Percentage Past Month	Recent Use (Last 48 hrs)
Alcohol	96	93	76
Marijuana	40	22	21
Cocaine	59	48	39
Crack/Freebase	10	6	1
Heroin	14	12	12
Speedball	13	11	10
Inhalants	12	2	-
Tranquilizers	27	17	13
Barbiturates	19	13	11
Amphetamines	5	4	-
Other	4	1	-

In addition to drug prevalence rates, data was collected on lifetime and current alcohol use (see Table 8). Most of the sample (96%) reported lifetime alcohol use, with an average age at initiation of 18 years. As expected, given their lifestyle, 93 percent of the subjects reported current alcohol use (last 30 days). This high use of alcohol needs to be interpreted within the context of the working setting that consists exclusively of bars and clubs serving alcohol.

Figure 14 shows the age of first use of substances among the female study population. Alcohol and marijuana were the first substances that sex workers reported to have tried first at age 18 and 19 respectively. Among respondents who had used cocaine, the average age of first use was 22 years. Onset of heroin use occurred one year later than cocaine at 23 years of age. Initiation of tranquilizers and barbiturate use appeared to

have occurred at a much later age of 24. These data are important in the sense that the onset of cocaine, heroin and prescription pills was shortly after entering the sex worker profession (mean age =21).

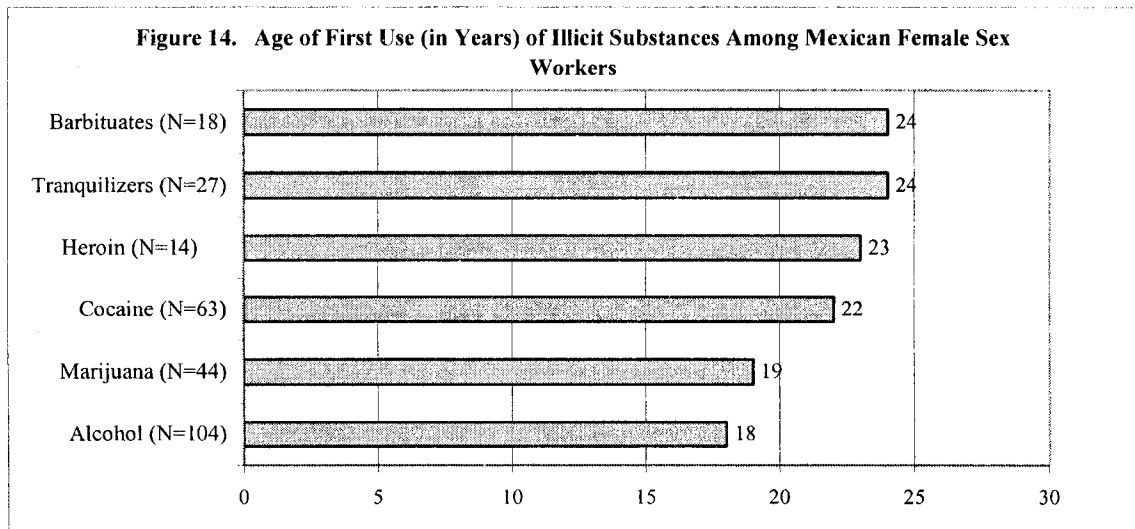


Figure 15 depicts the average number of days used in the last month for those substances with the highest percentage of reported current use. As expected, alcohol was used more than half the time during the month (16 days). The second highest used drug was heroin with 13 days in the last 30 days followed by cocaine with 10 days. This high mean number of days for cocaine use is consistent with the pattern for lifetime and current use. Marijuana was reportedly used an average of 8 days out of the month similar to barbiturates. Tranquilizers were used an average of 5 days each month.

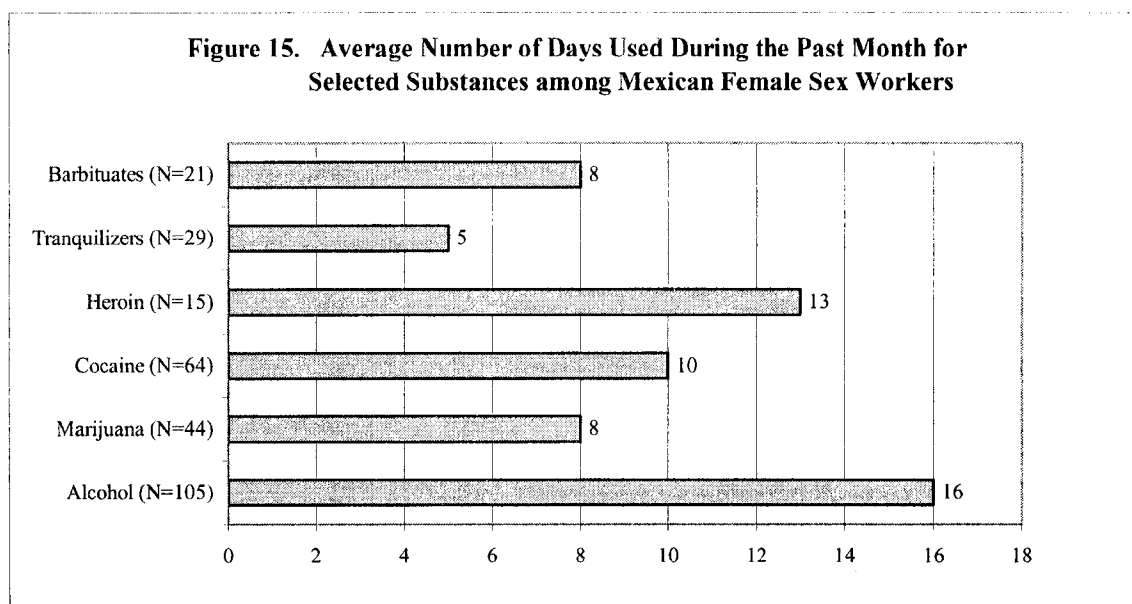


Table 9 provides further detail regarding the relationship of drug use to sex work. Respondents were asked about their drug use while working. Working hours for these women was generally from late evening 8 pm to early morning (3 am). Approximately half of the sample (48%) responded that they engage in illicit drug use during these working hours⁵. In a pattern that parallels that of current and recent (last 48 hours) drug use data, cocaine was by far the most frequently reported drug used at the workplace. That is, ninety percent of the sample reported using cocaine when working. Seventeen percent of the sample reported using marijuana followed by 15 percent of the sample reporting use of heroin.

Table 9 also shows the frequency of illicit drug use while working. Approximately 27 percent reported that they used drugs “very often,” 31 percent said “often,” and 40 percent responded “sometimes” and 2 “never”. Specifically regarding

⁵ Alcohol was excluded from this data in so far as field observations had confirmed that alcohol was used by virtually all of the respondents while working. In most venues alcohol use was considered part of the job, as clients were expected to buy drinks for the sex worker prior to making arrangements for the exchange of sex.

frequency of drug use prior to sex with clients in the previous 30 days, 37 percent of this same group reported “very often,” 12 percent, “often,” and 46 percent “sometimes.”

Table 9. Drug Use Patterns During Sex Work among Mexican Female Sex Workers (N = 109)

Variable	Percentage
Illicit Drugs Used During Sex Work	48
Cocaine	90
Marijuana	17
Heroin	15
Other	14
Frequency of Drug Use at Work	
Very Often	27
Often	31
Sometimes	40
Never	2
Drug Use Prior to Sex with Clients	
Very Often	37
Often	12
Sometimes	46
Never	6

Similar to that of Mexico’s national data, the most widely reported illicit drugs used among the female sex workers were marijuana and cocaine. What is distinct from the general population is that the use among sex workers revealed a more polydrug use pattern (marijuana, cocaine, prescription pills, etc.) that included alcohol. Moreover, sex workers reported higher prevalence rates (lifetime, current and recent use) for a wide array of drugs and different forms of ingestion. For instance, a disproportionate number of these females are currently IDUs. These data indicate the high-risk context or lifestyle of these sex workers increases their vulnerability to addiction and other negative outcomes. What follows is a discussion of the social process embedded in this profession that lead to high rates of alcohol and drug use. What is it about being involved in this profession that increases their risk for substance abuse?

BUSINESS DEMANDS

Alcohol

In conducting my fieldwork observations it became obvious that drinking alcohol while working was a routine activity for these sex workers. This was obviously the case given that drinking alcohol is one of the primary activities of a bar, club, dance hall and other venues in which I made contact with many of my subjects. When I first entered the field, I was unconscious of the extent of the drinking that was taking place. Initially, I did not focus on the sociological importance of drinking in this scene until a few months into my fieldwork. Subsequently, several women began to mention how bar owners allowed them to work out of their venues since they attracted clientele and increased alcohol sales. Obviously, the women found it convenient to select men in this setting rather than on the streets. I began to take notice of the role alcohol played in initiating sexual encounters among the women and their potential clients.

Observations in the two cities, revealed a common pattern of behavior or ritual that male clients and female sex workers engage in when considering this sexual exchange. When a man enters a bar identified as one catering to those interested in meeting a prostitute it is assumed he is looking to solicit sexual services. This is what distinguishes this establishment from the wide assortment of other bars, dance clubs and other adult entertainment venues. Potential clients will enter the establishment and sit at the bar or one of the empty tables and order a drink. Typically, the sex worker will approach the potential client and ask whether she may sit with him. Upon agreeing it is understood that the man is interested in obtaining the woman's services. She then will proceed to get him to buy her a *trago* (drink), which further reinforces the potential

commitment. More than often the client agrees and a dialogue between the two initiates. After talking for about 20 minutes, the physical contact between the two begins to be noticeable (i.e. stroke of hair, hand on thigh, etc.). The woman attempts to get the potential client to agree to purchase her services. Of course, the drinking continues during this time until they agree on a price for the sex (including room/hotel charge) and an agreed upon sexual act (oral, vaginal, etc). Shortly thereafter, they leave in order to conduct the actual sexual encounter that takes place at small rooms behind the venue or nearby hotels.

After noticing this constant pattern in soliciting clients, I began to inquire more about the role of alcohol. I soon became aware through various sources (i.e. sex workers, bartenders, security guards, bar owners) that the revenue of alcohol was almost double in venues where women who engaged in sex work were found. Sex workers at these venues were obligated by owners to get clients to buy as much alcohol before leaving the bar and engaging in the sexual exchange. Alcohol bought by the client was usually bottled beer and occasionally liquor sold by the glass. For instance, Virginia a 24-year-old divorcee born in Durango, Mexico explains how she convinces her clients in her place of employment in Ciudad Juarez to buy drinks:

Yo trabajo en un salón de baile. Cuando los hombres vienen al lugar lo primero que hago es pedirles que me inviten un trago. Después de charlar un poco le pido que me saque a bailar. Con la excusa de que me dio sed bailando, les pido otra cerveza. Por lo regular el cliente se toma tres o cuatro cervezas antes de que acepte tener relaciones con ellos. Todas nosotras tenemos nuestras maneras de conseguir que el cliente consuma tragos. Al bar no le importa como lo hagamos solamente que se consuman bebidas además de sexo.

[I work in a dance bar. When the men come to this place the first thing I do is ask them to buy me a drink. After talking with them for a while, I

ask them out to dance. With the excuse of getting thirsty dancing, I ask them for yet another beer. Typically the client will drink three or four beers before I accept to have sexual relations with them. All of us have different way in which we get our customers to consume drinks. The bar doesn't care how we do it as long as drinks are being consumed along with sex.]

Not only were the women expected to get clients to buy drinks but they also had to get clients to buy them drinks. Some bar owners even compensated the women for the number of drinks (or beers) the client purchased. For instance, subjects reported that bar owners would give them an incentive of anywhere from 2 to 5 pesos for every fourth drink purchased by the customer. So, if a customer bought a total of four drinks the sex worker would be remunerated with up to 5 pesos (.50 cents). While it is not a lot of money, it is enough of an incentive to get women to get clients to buy more beers or other alcoholic drinks. However, at the same time sex workers are at risk of getting too inebriated that they quite possibly might not be able to continue working or risk getting into arguments or fights with other individuals in the venues. In this regard, interviews with women revealed that they had to learn to manage their drinking when they first entered the profession. This was especially the case of women who came from sheltered lives or small rural villages in Mexico who indicated they rarely drank when they were back home.

Given these demands, women developed methods in which to cope with the consumption of alcohol. Lourdes a 43-year-old female who began prostituting when she was 26 recounted one of her last experiences:

El era un cliente regular de El Paso. Llego al bar y nos sentamos a platicar como siempre. A el le gusta tomar cerveza. Claro que yo no puedo tomármelas rápidamente como el pero cada vez que el ordenaba una yo también pedía una. El mesero ya sabia que no me las terminaba

pero de todos modos se llevaba mis botellas. Al final el se tomo unas seis cervezas y yo si acaso me tome un total de dos. Al momento de tener sexo el ya andaba bien tomado.

[He was a regular customer from El Paso. He arrived at the bar and we sat down to talk as always. He likes to drink beer. Of course I could not drink them as fast as he could but every time he ordered a beer I would too. The waiter knew I couldn't finish my beer but he would take my bottles anyway. In the end, he drank six beers and I drank if at all two beers in total. When it came time to have sex he was already really drunk.]

At the same time while the women are working their clients to get them to spend money on drinks, the bar owners develop strategies of their own to make a profit. The following fieldnote describes one such strategy in a downtown bar in Nuevo Laredo:

The dilapidated building can be seen as you walk down the narrow street off of one of the main downtown avenues. The adobe façade is faintly painted a light blue with small pieces of it (façade) on the ground below that have fallen with time. A small 12 x 12 sign hangs on the front door that illuminates the name of the bar in small lights at night. While there are only four tables located inside the dimly lit venue, there is a long bar located along the west side wall that sits up to 15 people on old wooden stools. The jukebox constantly playing norteño music adds a hint of pleasure to the ambience. Diego is both the owner and bartender and as he indicates, there are ways in which he can make extra profit. *“El cliente es el que paga el trago asimismo y el de la mujer. De hecho, cada botella se le puede sacar 32 tragos. A los tragos de la mujer solo le pongo la mitad y cobro igual. Así es que le puedo sacar mucho mas a cada una. Si la mujer entusiasma al cliente a consumir mucho mas, esto también es propicio para el negocio de ellas.”* [The client is the one who pays for both his drinks and the women's. As a matter of fact, I can get 32 drinks out of each bottle. The drinks for the women however I only serve half full of liquor and charge the same price as the clients. That is how I can get more out of each bottle. If the women convince the client to consume more, this too is beneficial for her business.]

There were numerous other bartenders that told me that once the client becomes inebriated, their mixed drinks get watered down. The following fieldnote describes in

detail the context and social process by which the sex workers in a specific bar in Nuevo Laredo get clients to consume alcohol. This specific venue is popular among working class Mexican Americans from Laredo, Texas for its striptease show that begins at midnight.

I arrived at the small smokey, dimly lit bar at approximately 8:20 pm Friday night. I felt comfortable enough to visit this place given that I had spent several months establishing rapport with the sex workers and bartending staff. As is usual for a Friday night, the bar was full of Mexican American clients ranging in age from early 30's to mid 50's. Several of the women knew I would be visiting as well as Manuel the weekend bartender. Manuel had already reserved a stool next to the bar where his waiters place and pick up drink orders from him. After greeting Manuel, I made eye contact with several women who were with clients. They acknowledged my presence with a quick nod and smile. At approximately 9:15 Grisela appeared and approached me to say hello. We spoke for a while before she noticed a young man enter through the door. He sat at the bar and ordered a bottle of *Sol* (beer). Grisela immediately excused herself as she told me, "*con permiso, pero creo que acaba de llegar mi primer cliente de la noche*" [excuse me, but I believe that my first client of the night just arrived.] At approximately 9:30 pm she approached the young man and invited him to sit at a table. Before that however, she ordered a beer at the bar from Manuel.

After 10 minutes, Grisela called over the waiter to her table. The waiter came over to Manuel and ordered "*Ron con coca y un trago de la casa*" [Rum and coke and one house drink]. The house drink as they call it, is a watered down Rum and coke that is specially made for the women. It is so watered down that all you can taste is the coke. The price however is the same as that of the customers. At this specific bar mixed drinks such as this will cost the customer \$30 pesos (\$3 U.S.) Grisela spent approximately an hour with this specific client during which time they consumed three drinks each. Soon after they got up from the table and headed out the door. In previous discussions with Grisela, she conducts her work at a small hotel across the street from the bar. The hotel charges the customer \$41 pesos for half an hour. While beer is the most common drink consumed at most bars, the women make every effort to convince the clients to consume liquor as was the case with Grisela's client tonight. Manuel summed it up when he told me, "*En este lugar lo que se trata de conseguir es que el cliente se ponga borracho para que consuma mas licor, pierda noción de el tiempo y del dinero*" [In this place what we try to do is to get the client drunk so that he will consume more liquor, loose track of time and money].

Grisela is a 23 year old who arrived to Nuevo Laredo from Durango and has been working as a sex worker for a year and a half. When I first met Grisela she told me that the only reason she came to Nuevo Laredo was because she was going to work in a maquiladora with a friend. This type of story that was very common among many of the women I interviewed. Grisela was one of the first subjects who told me about the nuances associated with the alcohol and liquor within this environment. Although she had only been in the business for a short time when I met her, she was well aware of the ins-and- outs of the trade.

THE COUNTERACTING EFFECT

Cocaine

Similar to earlier prostitution research, these women attributed their drug use to coping with the physical demands of their occupation. A common theme kept emerging in discussions with subjects who reported to be cocaine users. This was that the main reason they were using cocaine was because of the counteracting effects it had with the alcohol they were consuming on a nightly basis. In fact, most subjects literally used the term *contrarrestó* (counteracting) to describe the effect. Many revealed that they had low levels of tolerance for alcohol and it was hindering their ability to work longer hours. The use of cocaine while working, provided them with the energy to work more hours and continue to drink with customers. For the most part, their initiation to cocaine use was through co-workers who they themselves were using.

Sulema is a 19 year old female with only a 6th grade education that has been working as a sex worker for approximately two years. She indicated that she was a daily cocaine user and reportedly had used twice during the 48 hours prior to the interview.

Sulema also reported being a daily marijuana user. Sulema was typical of the women in my research who initiated recreational marijuana use prior to entering prostitution and did not begin to use harder drugs until after entering the sex work industry. As she stated:

“Necesitaba la coca para poder hacer lo que estaba haciendo. Esto fue al principio pero después me estaba emborrachando muy fácil y una amiga me dio un pase de cocaína. Esto contrarrestó los efectos del alcohol.”

[I needed the coke in order to be able to do what I was doing. This was at the beginning but later I was getting drunk really easily and a friend gave me a line of cocaine. This counteracted the effects of the alcohol.]

Soraya is a 20-year-old single female, born and raised in Nuevo Laredo. She only completed 8 years of school when her dad became ill and had to quit school and find a job. She recounted how her first sexual experience for money at age 13 was with a friend of the family who proposed to give her money if she would go to bed with him. She reportedly never did it again until a year later when she could not find any work given her age. Soraya initiated her drug use (cocaine) when she was 17 while working more steadily at a local bar. She recalls how one of her co-workers offered her a line so that she could work longer hours without getting drunk or feeling tired. At the time of the interview Soraya had used cocaine at least 16 days in the last month and twice during the last 48 hours. Now she says she even attempts to obtain cocaine from her customers as the following narrative reveals:

El Viernes conocí a un cliente aquí en el bar que me dio un pase. Esto sucedió cuando llegó el con unos amigos. Yo y otras amigas estábamos atendiéndoles. Estuvimos tomando y luego me pidió que si me iba con él, pero que no sabía a donde llevarme porque no era de aquí. Lo lleve al hotel La Lluvia. Antes de tener relaciones se dio un pase y me dio uno a mí. Lo hicimos con un popote que yo cargo. El era un trailero de San Antonio que viene 3 o 4 veces por mes. Era origen Mexicano y tenía como 36 años, alto, ojos claros y muy guapo. Al pagarme me regalo un pase.

Me gusta darme los pases para contrarrestar los efectos del alcohol y la fatiga.

[Friday I met a client here at the bar who gave me a line. This happened when he arrived with a group of friends. Me and some friends were attending to them. We were drinking and then he asked me if I would go with him, but he did not know where because he was not from here. I took him to the hotel *La Lluvia*. Before having sex he did a line and he gave me one. We used a straw that I had for my use. He was a truck driver from San Antonio who comes 3 or 4 times a month. He was Mexican origin, approximately 36 years of age, tall, light eyes and very handsome. After he paid me he gave me a line before leaving. I like doing lines to counteract the effects of alcohol and fatigue.]

A TRAJECTORY TOWARDS INJECTING DRUG USE AND DEPENDENCY

The data above show that the majority of the sample initiated their cocaine use subsequent to entering the profession in order to cope with the drinking demands and late hours. At this point, their use of drugs may have been motivated by the drugs propensity to relax them and relieve the monotony associated with the profession's long hours. In this sense, they may have been no different than other recreational users of drugs. More significantly however, is that a considerable number of these women transitioned into injecting heroin and cocaine, drugs that are clearly more dependent, addictive and associated with serious health risks. Their trajectory into injecting drug use was accompanied with the need for resources to supply their drug habits and purchase heroin (and cocaine for those who reported speedballing). The injecting risk behavior data and personal stories presented below reflect how prostitution was initially seen as a way to secure funds to sustain themselves and their families but for many lead to a dependence.

Twenty-two percent of the sample reported injecting drug use behavior. Table 10 presents an overview of the female IDUs risk behaviors. As has been previously reported, one of the greatest health risks associated with injecting drug use is needle

sharing. Research has shown that this practice is a major way that infections are transmitted. Of the drug injectors, 25 percent (n=6) reported that at one point they have injected with a syringe after someone else had used it. The vast majority of the IDUs (96%) reported obtaining their needles from the pharmacy while only four percent reported obtaining them from friends or relatives. Injecting drug users reported the number of times a needle is used prior to discarding ($X = 3.5$).

Table 10. Injecting Risk Behaviors and Behavior During Last Time Injecting among Mexican Female Sex Workers (N=24)

Behaviors	Percentage/Average
Injecting Behavior	
Injected with a syringe after someone else injected with it or that someone else may have used	25
Obtain needle from:	
Pharmacy	96
Friends/Relatives	4
Mean number of times needle is used prior to discard	3.5
Last Time Injected	
Mean number of times injected that day	2.5
Drug injected	
Cocaine	29
Heroin	25
Speedball (heroin & cocaine)	29
Other	17
Injected Alone	50
Used new syringes	75
Sterilized syringe	25
Injected with others	50
Used sterilized syringe	100
Someone else used syringe after respondent without cleaning	33
Injecting paraphernalia someone else used	
Cooker/Cotton	66
Rinsing water	42

Table 10 also shows behaviors associated with the last time the respondent injected. On average, subjects reported injecting at least three times the last day they injected. Most of the subjects (29%) reported having injected cocaine and speedballing (heroin and cocaine mixed) followed by heroin (25%). Seventeen percent of the respondents identified injecting some other type of illicit drug, including tranquilizers. Behaviors were also described for both those who injected alone (50%) and those who injected with others (50%). For those who injected alone, 75 percent reported having used a new syringe. The remaining 25 percent said their syringe was not new but it was sterilized. Of the 50 percent who reported injecting with others, fully 100 percent of the subjects reported using a sterilized syringe. Nonetheless, 13 percent of them admitted to someone else using the syringe after them without cleaning it. Most respondents indicated the last time they injected they used injecting paraphernalia someone else had used including a cooker or cotton (66%) and rinse water (42%).

There were interesting patterns between non-IDUs and IDU women. For instance, the mean number of clients in the last week and number of days worked in the last month were higher for IDUs. IDUs had a mean of 8.63 clients in the last week compared to 6.28 for the non-IDUs. Mean number of days worked in the past month was 23.54 for IDUs and 18.84 for non-IDUs.

These patterns are explained by the everyday lives that these women described and the recurring themes that were salient in their stories. One such theme was the recognition of their injecting drug use as an emerging or existing problem in their lives. For many, the pressures of earning money to meet their basic needs are confounded by those associated with their drug needs. Guadalupe is a 33-year-old street worker, mother

of five who was born and raised in Ciudad Juarez. She started exchanging sex for money when she was 27 years old. Before then she was working in a maquiladora where she worked 15 hour days, received low wages and had no time to spend with her children. For Guadalupe, working as a sex worker provided her with the opportunity to spend time with her children during the day and a little extra cash in comparison to her prior job. While she indicated using marijuana as a teenager with friends, it was not until working as a sex worker that she started to engage in cocaine and subsequently heroin use. The day she was interviewed she informed me that she did not have a good day with clients and that she needed the monetary interview incentive to go score. The following reveals her trajectory into the world of injecting heroin use:

Yo cuando empecé a trabajar trataba de conseguir los mas clientes posibles. Trabajaba toda la noche y después me iba a la casa a levantar a los niños y mandarlos a la escuela. Después de algunos meses haciendo esto una amiga me dio a probar un pase de cocaína. Me gusto el efecto al cual tuvo con el alcohol y cansancio de trabajar. Después un día un cliente me ofreció heroína que para que me sintiera mejor. Me gusto al sentirme relajada y sin ninguna preocupación. Desde entonces me a gustado la heroína. Nadamas que ahora necesito la droga cada día. El otro día me fui con un hombre de 35 anos. Nos inyectamos juntos. Y por andar como andaba, no use protección. Hasta por andar en la droga ya ni cuido de mis hijos. Mi mama es la que los esta cuidando.

[When I started to work I would try to get as many clients as possible. I would work all night and then go home to wake the children and send them off to school. After a few months of doing this, a friend offered me a line of cocaine. I liked the effect it had on the alcohol and fatigue of working. Then one day a client offered me heroin so that I would feel even better. I liked the way it made me feel relaxed and without any sense of worry. Since then I've like heroin. It's just that now I need it everyday. The other day I went with a 35 year old man. We injected together. And since I was like, I was- I did not use any protection. Even now because of the drugs I don't take care of my children. My mom is taking care of them.]

Even some of the younger sex workers recognize their excessive use of heroin. For some of these its not just heroin use anymore but the practice of speedballing. Rocio is a 22-year-old sex worker from a small town in Chihuahua. She came to Ciudad Juarez at the age of 16 in search of a job to help her family back home. After failed attempts to find employment as well as crossing the border, an acquaintance invited her to the bar where she worked. Since then she has been prostituting herself. She is currently living with a partner who is also an injecting drug user. For Rocio, her drug dependence has become a concern especially as it relates to several violent incidents she has been involved in recently:

Yo solamente termine 2 anos de escuela. Nunca pensé que seria tan difícil encontrar un trabajo decente y honrado. Al encontrarme teniendo relaciones con hombres por dinero empecé a usar cocaína. Después de la cocaína le entre al speedball. Ahora es todo lo que hago cada día. Pero tengo miedo porque e tenido unas experiencias violentas con clientes cuando ando drogada. El otro día me fui con un cliente de aquí de Juárez. Íbamos a un hotel en su carro. Me acababa de inyectar un speedball. El quería hacer cosas que yo no quería. El me empezó a golpear y me dijo que me bajara y me aventó fuera del carro.

[I only finished two years of school. I never thought it would be so difficult to find a decent and honorable job. When I found myself having sex with men for money I began to use cocaine. After cocaine I began to speedball. Now this is all I do everyday. But, I'm afraid because I have had some violent experiences with clients when I am on drugs. The other day I left with a client who was from Juarez. We were going to a hotel in his car. I had just finished injecting myself with a speedball. He wanted me to do things that I did not want to. He began hitting me and told me to get off. He threw me off the car.]

A second recurring theme among female injecting drug users was incarceration. Almost all IDU subjects reported having been arrested at some point while working as a sex worker and spending time in the *CERESO* (name used for jail). Many indicated that their arrest was as a result of their stealing clients' personal items. As they described

their experiences in jail several indicated they used drugs and shared paraphernalia with other inmates. The following narratives describe some of these experiences.

Dulce is a 29 year old single mother of two young girls. She began to exchange sex for money when she was 14 and is currently working as a street walker. She was born and raised in Mexico City where her two young daughters are residing with her mother. From the very first time I spoke with Dulce, she was very open with me and extremely expressive in the manner she spoke. She always appeared to be upbeat despite her disheveled appearance. Dulce always came across as a very strong and assertive woman. She did however let down her guard one day when I asked her of her future plans. Dulce broke down crying as she told me she felt she would probably not live very long considering the lifestyle she led. A lifestyle, that included risky behavior while she was incarcerated.

Ese día estuve con un cliente que se acerco a mi cuando iba caminando por la calle. Empezamos hablar y me invito a que nos fuéramos juntos. Acepte y estuvimos juntos como una hora. Durante ese tiempo el entro al baño. Yo no había tenido buena noche con clientes y me faltaba dinero para poder conseguirme mi droga (heroína). Le esculque su ropa para ver si traía algo de valor. Le encontré un teléfono celular y me lo lleve. Lo malo fue que se lo conté a una compañera. Al darse cuenta que lo había perdido el cliente regreso preguntando en el hotel. Alguien le dijo que yo me lo había llevado. Al siguiente día el vino a buscarme y resulto ser policía. Me metieron al CERESO por tres semanas. Estando en el CERESO necesitaba inyectarme así es de que me prostituí teniendo sexo oral para poder inyectarme con heroína. Una que estaba dentro la consigue y se las vende. Durante esas tres semanas tuve relaciones, consumí heroína y compartí jeringas con personas que ni conocía.

[That day I was with a client that came up to me when I was walking down the street. We began to talk and he invited me to go with him. I agreed and we were together for about an hour. During that time he went into the bathroom. I had not had a very good night with clients and I needed money to buy my drugs (heroin). I went through his clothes to see if he had anything of value. I found a cellular telephone and I took it. The

bad thing was that I told a friend about it. When he found out that he was missing the phone he returned to the hotel asking about it. Somebody told him I had taken it. The next day he came looking for me and it turned out to be that he was a cop. They put me in the CERESO for three weeks. In the CERESO I needed to inject so I prostituted myself by having oral sex so that I could inject. Somebody in there gets it and sells it. During those three weeks I had relations, consumed heroin and shared needles with persons I did not even know.]

Sofia, a 22-year-old sex worker from a small rural Mexican community recounted how she too spent several days in el CERESO:

El era un cliente que conocía porque venía muy regular al bar. Me lo lleve al hotel. Los dos nos inyectamos heroína. Yo note que él se quedó dormido y fue cuando le robe el pasaporte de su cartera. A mí se me hizo fácil ya que estaba muy drogada. No sé que pensé que iba a ser con el pasaporte. Cuando él reaccionó se dio cuenta y anduvo buscando me. Me encontró y me acusó con la policía. Esa vez dure 6 meses en el CERESO. Durante ese tiempo que estuve encerrada, use heroína y cocaína. Ya nunca volví a ver ese cliente.

[He was a client that I knew because he was a regular at the bar. I took him to the hotel where we both injected heroin. I noticed he nodded out and that's when I took his passport from his wallet. I thought it would be easy and was not thinking straight because I was high. I don't know what I was going to do with the passport. When he came to he realized what I took and began to look for me. He found me and reported me with the police. That time I spent 6 months in the CERESO. During that time I was incarcerated, I used heroin and cocaine. I never saw that client again.]

In conducting interviews with IDU sex workers, I observed that for many of these women their physical appearance was not an important priority (Rosenbaum, 1981). Many were extremely thin, dark circles under their eyes, little or no makeup, unkempt hair, dirty clothes, etc. It was obvious that the physical effects of heroin were deteriorating the women's appearances, the very thing that determines whether she will attract clients or not.

In addition, only one subject reported having been introduced to heroin injecting by her male partner. Nonetheless, all identified IDU partners and clients within the last year. These IDU networks reinforce the women's involvement and further immersion into a stigmatized and isolated world of injecting drug use.

CONCLUSION

In summary, this chapter has provided evidence of the significant gap in substance use prevalence rates between sex workers along the U.S. Mexico border and the larger national population. Substance use among the sex workers in this study clearly indicates a polydrug and substance use pattern that includes marijuana, cocaine, heroin, prescription pills and alcohol. Moreover, sex workers reported higher prevalence rates (lifetime, current and recent use) for a wide array of drugs including different forms of ingestion. These data put into context the socially isolated high-risk environment these women are practicing their profession.

Furthermore, this chapter has examined the link between prostitution and substance use. Contrary to research that drug use precedes prostitution (Gossop & Powis, 1994; Weeks, Grier, Romero-Daza, Puglisi-Vasquez, & Singer, 1998a), this chapter has revealed that becoming a sex worker among this population leads to the consumption of illicit substances. In a sense, drug use becomes an occupational health risk that progresses with the women's involvement in the sex work industry.

The first step in the women's substance use trajectory is associated with the necessary use of alcohol in the workplace. Bar owners are well aware of the prostitution demand that takes place along the border. Thus, having sex workers work out of bars is an obvious tactic in which to increase alcohol and liquor sales. Data presented in this

chapter reveal how in exchange for working indoors at bars the sex workers had to persuade potential clients into purchasing a number of drinks both for himself and herself. While the initial objective of the sex workers was to get the client to consume alcohol and liquor in order to increase the bars profits, she had to develop strategies of her own in order to cope with the consumption of alcohol while at work. Whether its watering down drinks or drinking only half of a drink, consuming alcohol on a nightly basis for these sex workers begins to have a physical bearing (i.e. sedative, inebriating) especially for those who are not accustomed to drinking.

This leads to the next step in the progression of the trajectory, which is associated with the utilitarian use of cocaine. Data in this chapter indicated that these sex workers reported using cocaine as a stimulant to counteract those effects of the alcohol and related fatigue. Given the long evening work hours and daily use of alcohol with potential clients, cocaine provided these women with the psychopharmacological effect (stimulant) they needed in order to be able to work. Thus, for sex workers in these two cities along the U.S. – Mexico border, cocaine served a functional purpose in their line of work. This data is similar to studies who found that drug use was a coping mechanism for the stress and psychological experiences associated with the work (Feucht, 1993; James, 1976; Silbert et al., 1982; Young, Boyd, & Hubbell, 2000).

Finally, the last stage in this trajectory of illicit drug use among Mexican female sex workers is associated with the dependent use of heroin and cocaine. Data presented reveal a considerable number of these women transitioned into injecting heroin and or speedballing (heroin and cocaine mixed). This transition into injecting drug use has important implications given that heroin and cocaine are clearly more addictive and often

times associated with serious health risks. The IDU women's stories clearly point to the fact that prostitution was initially seen as a way to secure funds to sustain themselves and their families but for many it may be leading to addiction. This immersion into the world of injecting drug use comes at the expense of incarceration, violence, and drug and sex risk practices which has been documented among addicted prostitutes.

In conclusion, these findings reveal how these women's substance use patterns progress from; the necessary use of alcohol; to the utilitarian use of cocaine and the dependent use of injectable drugs⁶. All of which occurred subsequent to their entry into the sex industry along the U.S. – Mexico border. These substance use findings have further implications associated with the sex workers sexual behaviors and risks for contracting infectious diseases such as HIV/AIDS discussed in the following chapter.

⁶ One limitation associated with the collection of substance use data was the recreational use of drugs and alcohol among this population. It may be that for those women who transitioned to injecting drug use, there may have been a stage of recreational use in-between the utilitarian use and addictive use. This will be addressed in future research.

CHAPTER 7
ON THE EDGE:
CLIENTS, LOVERS, SEX AND AIDS ON THE MEXICAN BORDER

INTRODUCTION

The preceding chapters have described how female sex workers experience entry into the profession and subsequent substance use risks in urban U.S./Mexico border communities. It is within this same socio-environmental context that risks of HIV/AIDS and other infectious diseases converge for both sex workers and those with whom they interact. Most themes used in HIV/AIDS research have focused on specific situations or individual personality traits as correlates of HIV. Studies have shown that HIV risk behaviors are not only an individualistic phenomenon but may be related to complex influences from the peer group, its beliefs, and its social structure (Hansen et al., 2002; MacPhail & Campbell, 1999; Weeks et al., 1998b).

In examining issues related to HIV/AIDS transmission among sex workers, few have presented women's perspectives related to their self-protective sexual behaviors (Hansen et al., 2002). In this chapter, I will describe personal and environmental circumstances that contribute to behaviors that either protect or place these women and their sexual partners at elevated risks for HIV and other infectious diseases. In doing this, I will present sexual practices these Mexican female sex workers engage in, both professionally with clients and personally with primary partners. Situational and personal relationship factors associated with condom use (or lack of) will also be addressed by focusing on the inside vs. outside workplace dichotomy. Related to these risks are gender role conflicts associated with the stigma of their profession and the dehumanizing context

of selling sex to support themselves and their families. Finally, the chapter will discuss several contributing factors that lead to health risk consequences among these Mexican sex workers including their perception of condom use availability, efficacy, and HIV/AIDS health knowledge.

CLIENTS AND LOVERS: SEXUAL PARTNERS ON THE U.S./MEXICO BORDER

The Professional Life: An Overview of Clients, Related Sexual Practices and Condom Use

While I did not collect data directly from clients who sought the services of sex workers along the two communities on the U.S. – Mexico border, interviews with females and my personal observations provided a portrait of these persons. On average, sex workers reported working 20 days in a month. Usually, most sex workers did not work on Monday and Tuesday when clients were seen as scarce. In the week prior to their interview, respondents averaged seven clients. Approximately half of these clients were during their busiest night (i.e. Saturday and Friday). Clients ranged from adolescents to elderly males from the United States and Mexico⁷. Obviously, the geographic location of these communities contributes to the bi-national characterization of the sex industry clientele that attracts what has been described as “sex tourism”.

Although many of the women indicated that they do not like to speak to their clients, there was sufficient data to indicate that they knew enough about them to identify specific characteristics. In discussing these characteristics, many described a wide array of backgrounds, professions, and racial and ethnic groups. The most common type of

⁷ For the purposes of this dissertation, I will only focus on the clients of female sex workers, the subjects of this dissertation. As described earlier, while male homosexual sex workers were identified their clients are not included in this dissertation. Future manuscripts will focus on these types of clients.

sexual partner were tourists (75%) and commercial long-haul operators (truck drivers) (63%). Another fifty-two percent of the sample identified having had sex with individuals who have been incarcerated. Another characteristic of individuals with whom the respondents had sex with in the past year included injecting drug users (36%). Of this group an average of five IDU clients during the previous 30 days was reported. Fifty-one percent reported “approximately half” or “most” of their clients during a typical week were regulars compared to 44 percent “non-regular” clients. Country of origin of clients revealed that approximately 73 percent of the sex workers reported having clients from both the U.S. and Mexico. Many clients develop serious emotional attachments with these sex workers that go beyond the client - customer roles. These relationships are captured in many popular Mexican songs such as “*Amor de Cabaret*” (Cabaret Love) written and performed by La Sonora Santanera. The lyrics capture the essence of these relationships:

siento una pena muy honda
dentro del alma
y quiero desahogarla contigo
y caricias de amor
mi vida no tiene remedio
perdido ya estoy
en este medio maldito
de amargura y dolor

i feel a pain
deep in my soul
and i want to relieve it with you
and caresses of love
my life has no meaning
i am lost
in this cursed scene
of bitterness and pain

amor de cabaret
que no es sincero
amor de cabaret
que se paga con dinero
amor de cabaret
que poco a poco me mata
sin embargo yo quiero
amor de cabaret

cabaret love
that is not sincere
cabaret love
that is paid with money
cabaret love
little by little its killing me
but still i want
cabaret love

The nature of sex work involves, by definition, a broad spectrum of high risk sexual behaviors. Thus, in conducting the life history interviews, the women were asked to report the specific sexual behaviors they have engaged in during their sex work career and in the last 30 days. In order to more accurately describe the risks associated with oral and anal sexual acts, the terms *insertive* versus *receptive* were used to characterize the sex workers sexual behavior. *Insertive* refers to the respondent inserting her tongue into the partner's anus. *Receptive* refers to the respondent receiving (through her anus) the tongue of the partner.

Table 11 shows the frequency and means (last 30 days) of sexual practices with clients as reported by the female respondents. As expected, the vast majority engaged in vaginal sex with an average of 21 times during the last 30 days. Of interest, thirty percent reported vaginal sex during menses. Those engaging in this activity reported a mean of 5 days during the past month. The second most common sexual activity the respondents reported engaging in was oral (receptive, penile) sex with 57 percent reporting this practice. Thirty-three percent indicated receptive anal sex. Both oral and anal sex was practiced on average 17 days in the past month. The practice of oral/anal sex (tongue to anus) was reported by 35 percent of the population (N=38). For those 38 subjects reporting oral/anal sex, 24 percent characterized their behavior as insertive and 36 percent as receptive. On average, all of these reported oral/anal sexual activities occurred approximately 17 times during the previous 30 days. The least reported practice was that of receptive oral sex during menses, with only 3 percent of the subjects reporting ever engaging in such behavior.

Table 11. Frequency and Means of Selected Sexual Activities with Clients As Reported by Female Respondents (N = 109)

Sexual Activity Times During	Percentage	Mean Number Previous 30 days
Vaginal Sex	94	20.59
Oral Sex	57	17.38
Anal Sex	33	16.66
Vaginal Sex During Menses	30	5.26
Oral Sex During Menses (receptive)	3	4.33
Oral/Anal Sex (Tongue to Anus)	35	17.38
Insertive	24	17.84
Receptive	36	16.92

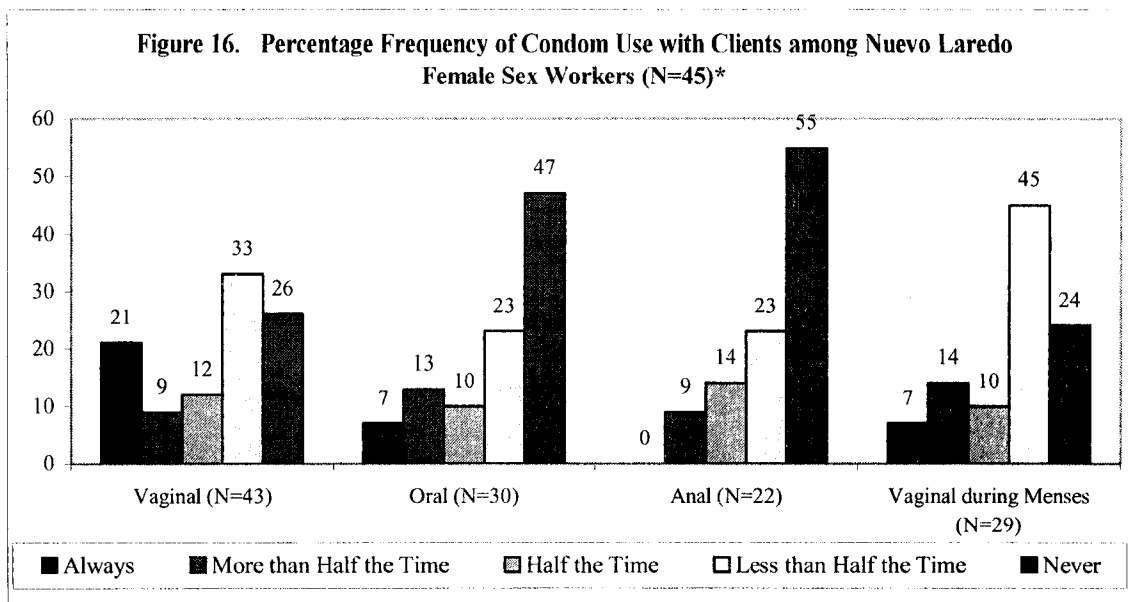
A major risk associated with high frequencies of sexual behaviors was non-use or use of condoms. A complex set of forces was evident in the use of condoms by sex workers. One important factor was the accessibility of condoms. Condoms in Mexico are available in pharmacies and other retail outlets at prices comparable to the United States. That is, a single condom purchased at these Mexican businesses cost approximately \$1 U.S. dollar or \$10 Mexican pesos per condom. Given the income generated by the sex workers and other Mexican workers, this is a high cost. Some women, as was the case in Ciudad Juarez, have access to free condoms from health agencies or community based organizations. For instance, the community agency I established good relationships with in Ciudad Juarez, informed me that they buy boxes of 1000 condoms for \$57 U.S. When they have the budget, they will distribute condoms free of charge and if this is not possible they will sell them for \$1 peso (approximately 10 cents) in order to make up for the cost a purchase more for those who are unable to buy them at high prices from pharmacies and or sex worker venues. As can be seen, the condom was a highly coveted item in this social milieu.

In conducting my fieldwork, I used condoms to make initial contact and build rapport. The high costs and lack of access was so apparent in the manner in which sex workers in Nuevo Laredo began identifying me as “*la de los condones*” (the one with the condoms). Even the staff (i.e. doctor and nurse) at the health clinic in the red-light district asked if I could donate a box of condoms for the women. During the course of the study, I got conflicting accounts from the sex workers as to whether the clinic was selling them or giving them out free. Nonetheless, I continued to distribute them out to sex workers in the field, which was greatly appreciated by the women. One humorous incident occurred when a colleague and I got stopped and questioned by Mexican immigration officials when they checked our car and discovered two boxes of condoms. At first we tried to make light of the situation, when my male colleague responded they were his own personal use. The authorities did not find the humor in this and we explained to them the research purpose. We were asked to show university identification and documentation of the research project being conducted. It was not until gatekeepers from the CBO arrived and vouched for the research being conducted that we were released.

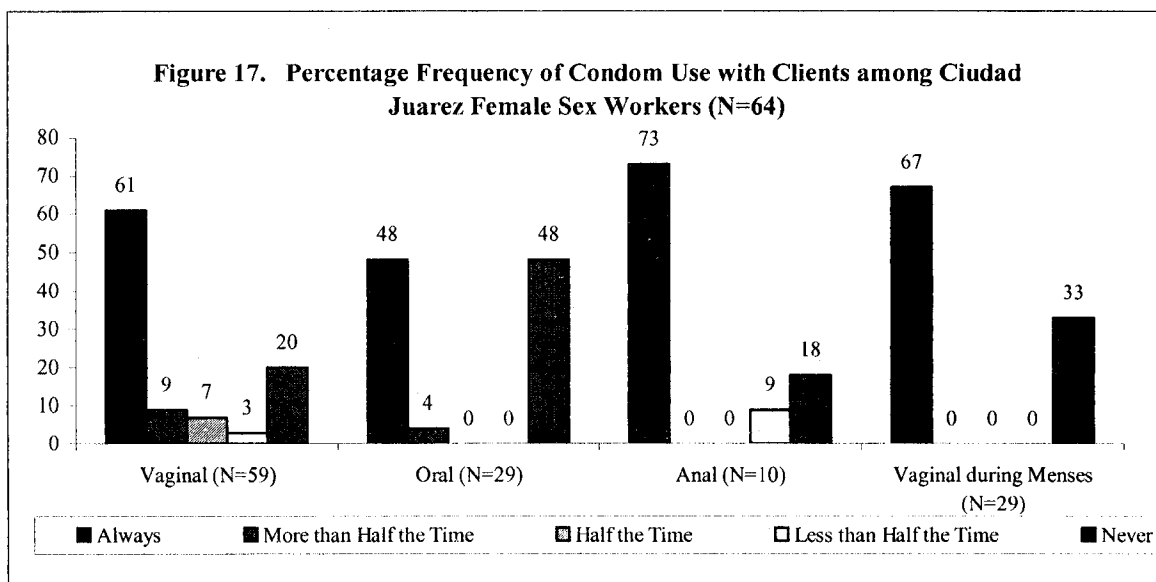
Condom use patterns with customer’s revealed important findings when comparing Nuevo Laredo and Ciudad Juarez sex workers. Because of these distinct differences, figure 16 and 17 represent condom use practices for each of the two cities. As the first figure indicates, Nuevo Laredo females overwhelmingly reported engaging in unprotected sex with their clients. Of all the female respondents in Nuevo Laredo (N=43) who reported engaging in vaginal sex, 26 percent reported “never” using a condom, and only 21 percent indicated “always” (see Figure 16). Forty-seven percent

engaged in oral sex (receptive/penile) reported “never” using a condom in contrast to only seven percent who reported using it “always.” A similar pattern was observed for anal sex (receptive/penile), where 55 percent reported “never” using a condom with percentages decreasing along this continuum. None of the female respondents indicated “always” using a condom during anal sex. Finally, among those engaging in vaginal sex during menses, a more inconsistent pattern was observed with the majority using a condom less than half the time.

In contrast, condom use with clients was much higher for females in Ciudad Juarez than their Nuevo Laredo counterparts. Of all the female respondents in Ciudad Juarez (N=59) who reported engaging in vaginal sex, 20 percent reported “never” using a condom, while 61 percent indicated “always” (see Figure 17). Forty-eight percent who engaged in oral sex (receptive/penile) reported “never” using a condom in contrast to forty-eight percent who reported using it “always.” A similar pattern to vaginal sex was observed for anal sex (receptive/penile), where 18 percent reported “never” using a condom while 73 percent reported using it “always”.



* Not all of the respondents who reported the activity answered the condom frequency question.



The above data reveals the nature and extent to which females in Nuevo Laredo and Ciudad Juarez engage in high risk-sexual behaviors with clients. Clearly, these sex workers are engaging in varying types of risky sexual behaviors. What is alarming however, are the inconsistent patterns or lack of protective behavior, in particular among

the Nuevo Laredo sample. This describes a social environment composed of a high-risk network of Mexican sex workers and clients from both the U.S. and Mexico.

A Bi-National Typology of Clients on the Border

The personal and situational circumstances these women face on a day-to-day basis helps to explain the decisions many of them make to engage in increased sexual risk practices with clients. The types of clients they encounter in their profession further exacerbate these risks. Thus, presented below are the experiences of these females with four types of clients that emerged from field notes and qualitative interviews. The types include: 1) long haul U.S. truck drivers; 2) other U.S. sex tourists; 3) *maquiladora* management; and 4) Mexican locals. While these four types of clients are not inclusive of all customers they do represent an overwhelming majority of the men who solicit sex workers along the U.S. Mexico border cities of Nuevo Laredo and Ciudad Juarez.

U.S. Long Haul Truck Drivers

As described previously, the U.S./Mexico border region is one of the most important points of commerce between these two countries. Much of this business is associated with the North American Free Trade Agreement (NAFTA) and the concentration of U.S. owned *maquiladora* manufacturers. The volume and type of goods is in large part determined by these *maquiladora* industries that assemble items on the Mexican side that are then shipped back to the U.S. The advantage to U.S. manufacturers is that they have access to cheap Mexican labor and pay taxes only on the value-added to the assembled product. Moreover, NAFTA has facilitated trade of other goods by dropping tariffs between the two nations that in the past hindered trade. As a result of this

economic activity, long haul truck drivers (LHTD) engaged in the U.S. export and import of goods have flocked to these border regions. Nuevo Laredo – Laredo and Ciudad Juarez – El Paso have the highest volume of international trade compared to other U.S. - Mexico border cities.

These industries depend upon two sets of workers that include Mexican maquiladora assemblers and U.S. LHTD's. These LHTD's are characterized as predominantly White, blue-collar males between 30 and 50 years of age. These men drive down to these border cities from all regions of the United States including as far as the Northeast. Depending on their origin, many of these men will drive for days before reaching the U.S. - Mexico border. Upon arriving, they encounter a border crossing process that involves a complex set of procedures related to legislative and regulatory mandates. In addition to this process, factors such as U.S. and Mexico border staffing and non-commercial crossings add to the congestion. This results in waiting long hours in lines at the international bridges or staging areas with their trailer rigs. Even those LHTD's that do not cross into Mexico often have to wait days at U.S. warehouses for goods and merchandise. These delays take up to 4-5 days before they are ready to return to their U.S. destinations. The lure and reputation of bars, clubs, and red-light districts in Nuevo Laredo and Ciudad Juarez, attract many of these men for an evening of drinking, and encounters with Mexican prostitutes.

For the women, LHTD clients are seen as some of the best clients given that for the most part they pay highest prices for their services in U.S. dollars. More experienced U.S. and Mexican locals usually pay less for the same services. This makes the LHTD's highly coveted clients. The use of dollars becomes an important mitigating factor in the

negotiation of the sexual activities the sex worker will engage in with LHTD's. That is, these clients will use their money as a means of persuading female sex workers into engaging in high-risk sexual activities including anal and unprotected sex. For many of the women, in particular in Nuevo Laredo, the economic forces behind the initial motivation of entering the profession force them to accept and engage in such sexual risks. For instance, a 20-year-old female sex worker in Nuevo Laredo explained:

Los chóferes son los que más me convienen a mí. No es porque son gringos sino porque usan el dólar. Puedes hablar con cualquiera de las mujeres y te dirán la misma cosa. Le puedo sacar más a un dólar que a diez pesos. Si tengo que hacerlo sin protección pues lo hago con tal que me pague con dólares. A mí ya me han tocado de este tipo de clientes.

[The drivers are my best clients, and its not that they are gringos but rather because they use dollars. You can talk to any of the women and they will tell you the same thing. I can get more out of a dollar that out of ten pesos. If I have to do it without protection I will do it as long as they pay me with dollars.]

In describing one of her last sexual encounters with a LHTD, another woman from Nuevo Laredo stated:

El ya había visitado el bar antes y estuve con él. Es un americano que maneja un camión desde Oklahoma hasta la frontera. No es nada guapa. Esta alto, un poco sobrepeso y tiene un olor muy fuerte. Se viste con camisas y pantalones de mezclilla. Me acorde de él porque la última vez que estuve con él me pago muy bien en dólares. Lo único que no me gusto de él fue que quería tener relaciones anales y luego ni quería usar condón. Si hubiera podido le hubiera dicho que no pero es que me ofreció \$20 dólares. Lo mismo paso esta última vez que estuve con él, no quiso usar condón. Nadamas que esta vez tuvimos sexo vaginal y oral.

[He had visited the bar once before and I had been with him. He is an American that drives a truck from Oklahoma to the border. He is not handsome at all. He's tall, a bit overweight and has a strong odor. He dresses with blue jean shirts and pants. I remembered him because the last time I was with him he paid me in dollars. The only thing I did not like about him was that he wanted to have anal sex and without a condom. If I could have at the time I would have told him "no" but he offered me \$20

dollars extra. The same thing happened this last time he was here, he did not want to use a condom. The only difference was that he wanted to have vaginal and oral sex.]

In general, the LHTD's patronized those bars and clubs that cater to American tourists. For instance in Nuevo Laredo many of these clients visit the most popular and expensive bars in the red-light district. In Ciudad Juarez, the more expensive downtown venues adjacent to the international bridge are the most popular among the LHTD. In conducting fieldwork, I observed that the sex workers located in these bars were the most attractive and also some of the youngest. Many verbalized their aversion towards the LHTD clients. As Marisela, a 19 year old sex worker stated: "*Detesto que me toquen estos hombres. Pero que se va hacer. Me tengo que ganar la vida para sobrevivir.*" [I detest being touched by these men. But what are you going to do. I have to make a living to survive.] Many indicated that they preferred the young tourists because they felt they were cleaner and safer to have unprotected sex than the older drunken LHTD clients.

Other U.S. Sex Tourists

Historically, the U.S./Mexico border cities have been known to provide U.S. residents with an inexpensive "taste of Mexico" tourist getaway immediately across the border. Here they are able to purchase Mexican souvenirs, prescription drugs, and inexpensive liquor. However, it also attracts another type of tourist that is primarily interested in buying sex legally and relatively inexpensively. One dominant group of these tourists are young Mexican American men who visit prostitution venues particularly in the red light district. These men are much more familiar with the scene in these Mexican border cities than other clients. Most have been coming to these venues since their late adolescence. U.S./ Mexico border cities have been identified as places in

which young men's rites of passage into manhood are carried out. In South Texas border communities it has almost become a tradition for elder brothers or relatives to take younger male family members to the red-light districts to have their first sexual experience. Their familiarity to this scene is further reinforced by a certain affinity in that they share a common background with Mexico's border regions. These U.S. clients are often less popular compared to other Americans in that they tend to spend less money.

Another type of U.S. sex tourist is similar to the *collegiate tourists* identified by Valdez and Sifaneck (1997) in their ethnography of prescription drug tourists. These are predominantly, white college age student types who travel from universities and colleges located in such cities as Austin, San Marcos, San Antonio, El Paso, and College Station. These younger men usually travel in groups during the weekends to border cities in search of prescription drugs, bars and clubs where inexpensive liquor is available and underage drinking is permissible. Often soliciting sex workers is not the primary attracting force for many of these young men, however, after hours of heavy drinking, sexual encounters with sex workers are not uncommon. This type of behavior is most noticeable in Ciudad Juarez that has scores of bars and clubs that cater directly to this crowd of both males and females immediately crossing the international bridge.

For the sex worker's the perception of risk with clients depended on with whom they were interacting. For instance, these women reportedly were less likely to use a condom with the Mexican American and collegiate clients than with others. Many believed that if a man had a clean physical appearance, their risk of infectious diseases was less and thus did not have to use a condom. In Nuevo Laredo, female sex workers indicated that condoms were expensive and they were not going to waste them on

someone they perceived to be *clean*. Laura, a 23-year-old sex worker born and raised in Sabinas Hidalgo, describes how she determines whether to use or not use a condom when having sex with clients:

Al ver al cliente se puede ver si se cuida o no. Un hombre que no se cuida la higiene mínima pues se puede asumir que tampoco se cuida de las infecciones. Los clientes que vienen en grupito del otro lado se ve que se cuidan. Siempre vienen muy bañados y de buen parecer. Especialmente los más jovencitos. El otro día vino un muchacho que según el es estudiante en Estado Unidos. No me había sobrado dinero para comprar condones así que no traía. Pero cuando vi que era uno de esos clientes pues ni me preocupe. Tuvimos sexo vaginal por media hora. El se hecho un regaderazo después de terminar.

[When you see a client you can tell if he takes care of himself. If a man does not take care of the minimal personal hygiene well you can assume he will not take care of infectious diseases. The clients that come in little groups from the other side you can tell they take care of themselves. They always come bathed and well dressed. Especially the younger ones. The other day this young man came by who was supposedly a student in the United States. I did not have any extra money to buy a condom, but when I saw he was one of these types of clients I did not worry. We had vaginal sex for about half an hour. When we finished he took a quick shower.]

Thus, the costs of condoms and perception of clients were two mitigating factors that influenced the sex workers decision to use protection with these other U.S. sex tourists.

In speaking with female sex workers it was clear some developed a romanticized attachment to some of their clients. They understood that this was a contradiction in that a client was simply a means to much needed resources. However, many expressed that some clients were more desirable than others such as young white and Mexican American sex tourist clients. They agreed that these types of clients made the act of having sex with strangers more tolerable. “A veces me imagino que uno de estos es mi novio y que me va a sacar de esta pesadilla.” [Sometimes I imagine that one of these is

my boyfriend and will wake me up from this nightmare.] This picture of the ideal client however does not inhibit the use of condoms by some of the women with these men. For instance, Luisa a Ciudad Juárez sex worker indicates:

A mi no me importa si el cliente es guapo o feo, alto o bajo. Yo siempre hago que usen condones. Yo no quiero enfermarme por andar en este tipo de trabajo.

[I don't care if the client is cute or ugly, tall or short. I always make them use condoms. I don't want to get sick by working in this type of job.]

Maquiladora Management

As discussed previously, approximately 2,500 U.S., Japanese and European owned *maquiladoras* are located along the U.S. – Mexico border (City of El Paso Economic Development, 2003). While Tijuana (N=641) has the largest number of plants in the country, Ciudad Juarez in its 302 maquilas employs the largest number of individuals. Nuevo Laredo on the other hand employs over 18,000 individuals in its 56 plants. Several types of maquila operations exist on the border. Two of these operations (i.e. shelter and turnkey) require the foreign investor to hire and provide the personnel management and supervisors. Under the *shelter operation* the U.S. company manufactures in Mexico under a legal “umbrella” or shelter where the company provides the management and supervisory staff, as well as materials, equipment and quality control. The *turnkey operation* is involved in the complete assembly of the product, purchasing materials and equipment, and production and delivery. Again here, the U.S. company supplies the managers and supervisors. It is these managers and supervisors of which I identify in my research as the maquiladora management clients.

The *maquiladora* management consists of two categories: production managers and supervisors. The production managers are predominantly Mexican American college

educated males between the ages of 25 – 35 years old. Most of these managers are natives of El Paso, Laredo or other South Texas cities in close proximity to the border. These managers oversee the front-line employees and deal with all related assembling activities on a day-to-day basis in the maquiladoras. The second type of *maquiladora* management client is the supervisor. These persons are middle-aged white, males from distinct parts of the U.S. who are responsible for the overall administration of the maquiladora. Many of these men reside on the American side of the border in affluent gated neighborhoods.

The *maquiladora* clients according to the women, typically come in groups during the weekends, especially Friday afternoons. An appealing aspect of these clients is their spending habits. In general, those sex workers who indicated having had sexual exchanges with these types of clients revealed that when they go out in groups they like to splurge on drinking and prostitution. Although many of these clients reside on the U.S. side of the border, they are familiar with the scene on the Mexican side through their work association at the maquilas. This, according to the sex workers, they try to use as a bargaining mechanism to get them to lower their prices for the sexual exchange. That is, they visit local bars and clubs in order to drink and meet women who will provide them with sexual services. When negotiating the price for the exchange they often times will tell the women they know of another place where the services are less expensive. This will often times force the women to take less money being offered rather than possibly losing the client.

Clients working in *maquiladoras* will also use their bargaining power to refuse to use condoms. For instance, women reported having men refusing to consummate the

negotiations unless she agreed not to use condoms. Others will refuse to use condoms once they were in the hotel or place in which the sexual act would take place even though they had agreed to use them during the negotiations. Clients would argue their “regular” status as a reason for not having to use protection. This happened more often in Ciudad Juarez than in Nuevo Laredo. Interestingly, however the women in Nuevo Laredo were reportedly more susceptible to these types of pressures and often times succumbed to the requests.

Estos hombres que trabajan en las maquilas se creen dueños de nosotras. Entran aquí enseñando sus bolsas llenas de dinero. Este fin de semana entraron un grupo de administrativos de una maquila. Uno de ellos me puso un billete de 100 pesos. Cuando termine de bailar me invito a un trago. El ya andaba tomado. Quiso que nos fuéramos al hotel que queda a una cuadra. Yo tenia que bailar en una hora y le dije que tenia que pagarme 400 pesos por lo que quisiera. Me respondió que podía ir al bar a la siguiente cuadra y obtener los mismos servicios por 200 pesos. Me daban ganas de decirle que se fuera entonces pero en realidad esos 200 pesos no los iba hacer sentada aquí en el bar. Nos fuimos y quiso tener sexo por atrás y claro no quiso usar condón.

Cuando esto pasa me siento tan sucia que no puedo ni siquiera decir que no. Nadamas que pienso en mis hijos y mi mama que están en el pueblo. Necesito poder trabajar lo mas posible aunque tenga que hacer estas cosas.

[These men that work in the maquilas think they are our owners. They come in here showing off their pockets full of money. This past weekend a group of administrators from one of the maquila plants came in. One of them put a 100 peso bill on me while I was dancing. When I finished he invited me for a drink. I could tell he was already drunk. He wanted to go to the hotel that is a block away. I told him I had to be back in one hour to dance again and that he had to pay me 400 pesos for what he wanted. He responded he could go to the bar down the street and get the same services for 200 pesos. I felt like telling him to go but actually I knew I could not make 200 pesos by sitting at the bar. We left and he requested to have sex from behind. Of course, he did not use a condom.

When this happens, I feel so dirty. I can't even say no to them. All I can think of is my children and my mother back home. I need to work as much as possible even if I have to do these things.]

Mexican Locals

Finally, the last type of client identified by the females in my research was that of the local (native) Mexican client. In conducting my fieldwork, it became obvious that there were venues that were frequented primarily by Mexicans in Nuevo Laredo and Ciudad Juarez. While there were distinctions in regards to the type of clientele the venues catered to (as described in the methods chapter), for the most part the locals were working class males. This characterization was possible in that many of the females in the study distinguished their Mexican clients in terms of their occupation such as police guards, taxi drivers, customs agents, salesmen, etc. I surmise that they had more information on these types because there was not a language or cultural barrier. As was the case with other clients, Mexican locals varied in age from early 20's and tended to be a bit older into their 60's. While the majority of these clients were locals, there were indications that some were from the interior parts of Mexico. In this respect, they were Mexican versions of the U.S. sex tourists previously described.

The venues that catered to Mexican locals were found in all of the areas sampled in this study. While there were some venues that catered to middle-class Mexicans similar to those of U.S. tourist venues – most were lower class bars or clubs with less attractive sex workers. That is, there were women who were older, obese, physically unattractive and poorly dressed.

One characteristic of these Mexican clients is that a large majority of these males rarely had condoms with them. As a result sex workers were more likely to have sex without protection with these clients, especially in Nuevo Laredo. In Nuevo Laredo women also repeatedly expressed the fact that they rarely used condoms because of their

costs. One young lady described her last sexual experience with one such client, as she states:

El señor era un policía de seguridad aquí en Nuevo Laredo. Se veía muy serio y decente. Estuvimos hablando y tomando por una media hora antes de irnos al hotel. Al llegar al cuarto me dijo que no traía condón así es de que tenía que hacerle sexo oral sin protección. Yo ya no me podía echar para atrás.

Es muy raro que yo traiga condones. Estoy trabajando para ganar dinero, y tener que andar comprando condones diarios pues no me sale. Yo se que es peligroso pero nadamas me pongo en las manos de dios.

[The man was a security officer here in Nuevo Laredo. He looked really serious and decent. We talked and drank for about a half hour before going to the hotel. When we arrived in the room he told me he did not have a condom and that I had to give him oral sex without protection. I could not back out.

It's rare that I carry condoms. I mean, I'm working to make money and then have to be buying condoms on a daily basis well it just does not work for me. I know it's dangerous but all I can do is put myself in Gods hands.

These same types of encounters also occurred in Ciudad Juarez although to a lesser extent. There the majority of the women reportedly would not agree to continue with the exchange if a condom was not used. In addition, it appeared that condoms were more accessible to the sex worker population in this city an issue discussed later.

Other women, when speaking about Mexican clients seem to have attributed the lack of condom use among some of the Mexican clients to the male centered cultural values that are characteristic of Mexican society. This characteristic of *machismo*, according to sex workers was observed in many of these clients. The stigmatized and dehumanizing viewpoint of female sex workers in Mexico only confounded the men's behaviors towards them. For instance, Gloria, a 25 year old sex worker in Ciudad Juarez indicated that many of the Mexican clients with whom she comes into contact treated her

as a commodity. *“Me hablan como se no tuviera sentimientos, como si fuera un objeto. Se que esta profesión no es muy digna pero tampoco me voy a dejar que me traten así.”*

[They talk to me as if though I had no feelings, as if I were an object. I know that this is not a dignified profession but I’m not going to let them treat me this way.]

The client’s behavior often times leads women into accepting conditions that they realize puts them at risk. Rather than exposing themselves to physical violence if they resist, sex workers will agree not to use them. Many of these men believe, according to one sex worker, “that condoms are not for men.” Rosa, describes how she avoided being physically assaulted by a man that refused to use a condom.

Cuando llegamos al cuarto el empezó a desvestirse. Me empezó acariciar y a besarme. El era alto y muy fuerte. Le pregunte que si traía un condón. Se puso muy enojado diciéndome que el no usaba esas cosas. Que los que eran hombres no tenían que usar tal cosa. Me empezó a gritarme y decirme que ahora tenia que tener sexo con el quisiera o no. Yo me asuste mucho y tenia miedo de que me hiciera algo. Quiso tener sexo anal conmigo.

[When we arrived in the room he began to undress. He began to touch me and kiss me. He was a tall and strong man. I asked him if he had a condom. He got really mad telling me he did not use those things. That the real men did not need to use them. He began to yell and tell me that I had to have sex with him whether I wanted or not. I got scared that he may do something to me. He had anal sex with me.]

LA PAREJA: A DESCRIPTIVE PORTRAIT OF PRIMARY PARTNERS

Sex workers in these two communities indicated having primary sexual partners “parejas” in their private lives. These were identified as boyfriends, husbands or persons with whom they may have been in a sexual relationship with for more than three months. Fifty-nine percent of the sample reported current involvement with a primary partner. Of the remaining 45 subjects however, 58 percent reported having had a steady relationship

with someone during the last year. This indicates that the vast majority of these women were having sex outside the work place.

Table 12 shows the frequency and means (last 30 days) for sexual practices with their primary sexual partners. As expected, the entire population reported engaging in vaginal sex with their partners with a mean of 21 days in the past month. This activity was followed by that of oral sex (63%) of which respondents reported practicing an average of 16 days. While the mean number of times for anal sex was similar to that of oral, only 35 percent reported engaging in this practice. Similar to the client data, sex during menses was reported by some of the females. This practice was more commonly reported as being vaginal than oral with 30 and 6 percent, respectively. Of the twenty-eight percent of the subjects reporting oral/anal sex, 37 percent characterized it as receptive in comparison to 24 percent insertive.

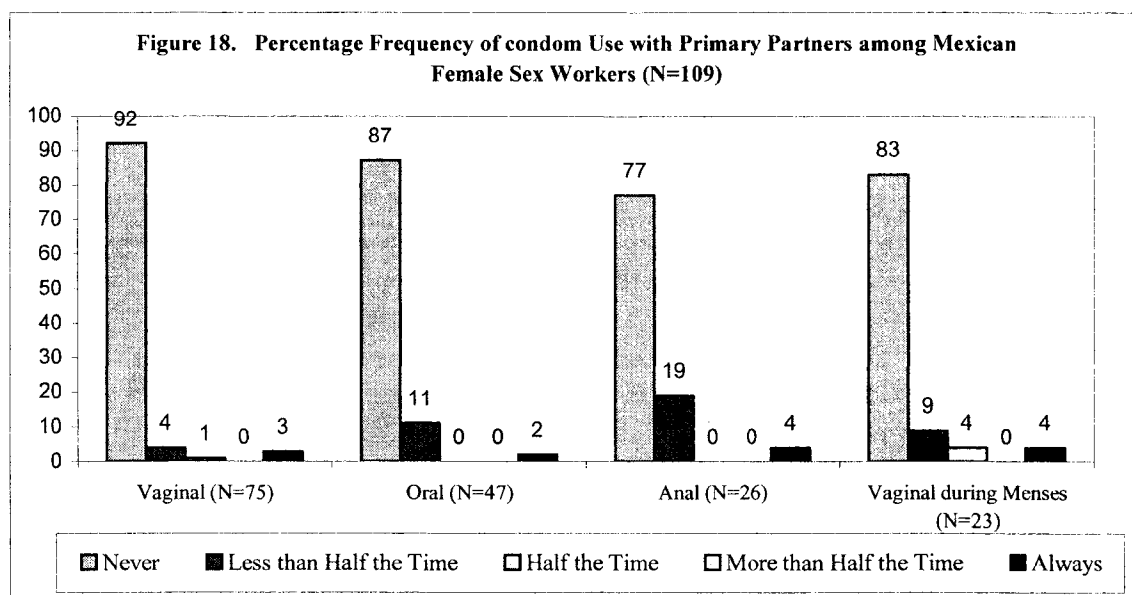
Table 12. Frequency and Means of Selected Sexual Activities with Primary Partners As Reported by Female Respondents (N =109)

Sexual Activity Times During	Percentage	Mean Number Previous 30 days
Vaginal Sex	99	21.36
Oral Sex	63	16.00
Anal Sex	35	15.64
Vaginal Sex During Menses	30	3.48
Oral Sex During Menses (receptive)	6	4.00
Oral/Anal Sex (Tongue to Anus)	28	-
Insertive	24	20.70
Receptive	37	16.33

Of particular interest were the high rates of sexual activity with other individuals other than primary partners and sex workers. Of the women reporting having a steady partner both currently and during the last year, 48 percent reported the belief that their

partner had other (multiple) sex partners. Thirty seven percent of the sex workers indicated they had been involved sexually with someone else: “casual sex partners.”

Although differences in condom use with clients were distinct for each city, condom use patterns with primary partners were very similar. Low rates of sexual protection were observed for both groups. As seen in Figure 18, for every type of sexual activity shown, nearly all subjects reported no use of condoms during sexual intercourse. Percentages for never using a condom ranged from 77 to 92 percent. Those respondents that reported always using a condom ranged only from two to four percent. These sex behaviors have serious implications for the spread of infectious diseases.



The Desire of Intimacy

In speaking with sex workers about their relationships with primary partners many expressed the need to make a distinction between their professional and private sexual lives. This distinction is in large part based on the emotional detachment these sex

workers are constantly making. These alarmingly low rates of condom use with primary partners reported by the sex workers were attributed to two major factors: 1) desire for intimacy and 2) avoid the risk of jeopardizing the relationship.

The nature of their profession requires these women to be constantly in sexual contact with men. This sexual contact for them while working is an act with no emotional attachment. In their personal lives however, for those that have primary sexual partners the sexual exchange comes with great emotional attachment. The idea of having a partner who fulfills her needs as a woman is of great importance for these sex workers. Thus, the mere idea of having protected sex with primary partners does not even come into question when engaging in sexual intercourse with these men. The desire for intimacy and the feeling of love are first and foremost. The following excerpt describes how many of the sex workers feel about their primary sexual partners “pareja”.

Joaquín es mi pareja estable. Hemos estado juntos un poquito menos de un año. Lo conocí por parte de unos amigos. Tenemos nuestras diferencias pero lo amo mucho. Yo no podría hacer lo que hago en el trabajo si no fuera por él. Él me hace sentir como una mujer realizada. Yo me entrego totalmente a él. A veces me hecha en carra el tener que acostarme con hombres para hacer dinero. Por eso es que yo nunca pensaría pedirle usar condón. No quiero que se sienta como si fuera mi cliente.]

[Joaquín is my stable partner. We've been together a little less than a year. I met him through some friends. We have our differences but I love him a lot. I could not do what I do at work if it was not for him. He makes me feel like a fulfilled woman. I give of myself totally. Sometimes he throws it to my face the fact that I sleep with men for money. That's why I would never imagine asking him to use a condom. I don't want him to feel like if he were my client.]

Similarly, another woman expresses her need for intimacy and lack of protection with a sexual partner she has been with for 5 months:

Cuando lo conocí él sabía que yo trabajaba como sexo servidora. Nos juntamos y me dijo que no le importaba lo que hacía. Yo nunca pensé que un hombre se fijaría en mí. Se siente muy bonito tener a alguien que te quiera como mujer. Cuando estamos en la intimidad me dice que me ama y que me necesita. No sabes como estas simples palabras hacen sentir a alguien como yo.

[When I met him he knew I was a sex worker. We got together and he told me it did not bother him what I did. I never thought someone would ever be interested in someone like me. It feels nice to have someone that wants you as a woman. When we are having intimacy he tells me that he loves me and needs me. You don't know how these simple words make a woman like me feel.]

Although many of the women reported a desire for intimacy in their personal sexual relationships, their stories also reflected the potentially risky behavior in which they engage in so as to not jeopardize their relationships. In describing these circumstances, these women often times expressed how they were not deserving of having a partner. One woman stated:

Yo a veces pienso que lo estoy poniendo en riesgo por mis relaciones que tengo en el trabajo. Pero él insiste que no es uno más de mis clientes y que por esa razón no necesita usar protección. Yo no quiero llevarle la contraria y pienso que tiene razón. Él no necesita estar con alguien como yo pero lo está. No quiero que me deje por algo así. Lo quiero mucho y no lo quiero perder.

[Sometimes I think that I am putting him at risk because of my relationships at work. But he insists that he is not another one of my clients and because of this reason he will not use any protection. I don't want to go against him and sometimes I feel he's right. He does not have to be with someone like me, but he is. I don't want him to leave me for something like this. I love him a lot and I don't want to lose him.]

These stories are particularly important given that many of the women expressed a suspicion of infidelity on the part of their primary partners. But even with this information, many sex workers I spoke with expressed the unquestioned decision to engage in unprotected sex with primary sexual partners.

CONTRIBUTING RISK FACTORS

The above data has presented the varying circumstances in which sex workers along the U.S. – Mexico border engage in sexual risk behaviors with both clients and their primary sexual partners. Although the women in their stories expressed personal reasons as to accepting situations that put them at risk for infectious diseases, there are other factors that may be contributing to such risk behaviors.

Issues of accessibility (including affordability) are paramount to effectively initiate behavior change related to condom use. A common theme that emerged in the stories told by the sex workers in Nuevo Laredo and less so in Ciudad Juarez was the lack of access to condoms primarily because of costs. In Nuevo Laredo, more than half of the sample (52%) reported that they did not have access to condoms for use with their clients and 73 percent with their private sexual partners. Table 13 shows where the sex workers are reportedly obtaining those condoms they have access to. In Nuevo Laredo outside the workplace is the primary option for these women. Interestingly, no one reported obtaining access to condoms from public health workers compared to 22 percent in Ciudad Juarez. Also, in Ciudad Juarez it is apparent that access to condoms comes from more diverse sources. This data suggests that condoms are in fact not widely available to the sex workers at their work place, arguably the most effective place for their distribution.

Table 13. Condom Accessibility among Mexican Female Sex Workers (N=109)

Variable	Percentage	
	Nuevo Laredo (N=45)	Ciudad Juarez (N=64)
Purchase Condoms Outside of Workplace	71	27
Obtain Condoms at Workplace	24	22
Received Condoms from Public Health Workers	0	22
Obtained Condoms Elsewhere ("other")	5	30

Subjects were also asked about their perceptions on condom efficacy as it relates to preventing HIV/AIDS. As Table 14 depicts, Ciudad Juarez sex workers appeared to believe that condoms are effective in preventing the transmission of HIV/AIDS. The Nuevo Laredo sample on the other hand, while 20 percent believed they were very to extremely effective the large majority (71%) felt they were only somewhat effective in the prevention of HIV/AIDS transmission.

Furthermore, Table 15 reveals the sex workers history of acquiring sexually transmitted diseases and HIV testing. Thirty-four percent indicated having been infected with an STD at least once during their professional career. Overwhelmingly, 97 percent indicated that they received medical attention. This however did not prevent the women from continuing to work after knowing they were infected.

Table 14. Condom Efficacy in Preventing HI/AIDS according to Mexican Female Sex Workers (N=109)

Variable	Percentage	
	Nuevo Laredo (N=45)	Ciudad Juarez (N=64)
Extremely Effective	2	19
Very Effective	18	38
Somewhat Effective	71	24
A little Effective	7	13
Not Effective	2	6

Table 15. Sexually Transmitted Diseases and HIV History among Mexican Female Sex Workers (N=109)

Variable	Percentage
History of STD during sex work career	34
Received medical attention for last reported infection	97
Continued working after contracting STD	84
History of HIV test	52

Finally, half of the sample reported having been tested for HIV at least once. The other half reported that they had never been tested. Self report data reveal only three subjects indicating being HIV positive in Ciudad Juarez. In speaking with many of these women, many felt that there was no reason why they should test themselves since they did not want to know if they were infected or not. Another sentiment expressed was that there were no services for HIV infected people therefore there was no reason to be tested.

Angelica, a 19 year old sex worker in Nuevo Laredo stated:

Para que ir a revisar me. Si me dicen que estoy infectada que voy hacer? Tengo que seguir trabajando. Quien me va a mantener a mi y a mi hijo. Aquí no hay servicios para personas infectadas menos hay medicación.

[Why go check myself. If they tell me that I am infected what am I going to do? I have to keep working. Who is going to take care of me and my son. Here there are no services for infected people much less medication.]

Another contributing factor in women's involvement in risky sexual behaviors is associated with the women's knowledge of HIV/AIDS transmission. Data indicates that HIV knowledge among this population of sex workers varied (see Table 16). For instance, 25 percent responded affirmatively to the false statement "only men who have sex with men are at risk for contracting the virus." For knowledge of treatment, 81 percent responded affirmatively to the true statement "medical treatment for HIV is

available.” However, a significant proportion of the sample indicated a potentially exaggerated perception of risk regarding transmission as indicated by 30 percent who responded affirmatively to the false statement, “HIV can be contracted through casual contact.” In addition, most of the subjects identified blood and semen as transmitting HIV, although there was a sub-population that reported urine and saliva.

Table 16. HIV Knowledge among Nuevo Laredo Sex Workers (N=63)

Variable	Percentage
Agree only men who have sex with men are at risk for HIV	25
Agree there is treatment available for HIV	81
Agree HIV can be contracted through casual contact	30
Fluids that can transmit HIV	
Saliva	22
Blood	89
Semen	74
Vaginal Secretions	42
Urine	12

These contributing factors only confound the personal and environmental circumstances that force these women to engage in unprotected sexual intercourse with clients and primary partners. What is alarming about these data is the lack of protection with clients and in particular primary partners much of which is associated with structural factors of condom accessibility. This situation contributes to the fatalistic viewpoint expressed by some of the women for not getting tested and becoming infected.

CONCLUSION

In conclusion, this chapter has presented the sexual practices this particular group of female sex workers on the U.S. – Mexico border engages in their professional and their private lives. Clearly, these data reveal a socio-environment composed of a high-

risk network of sex workers and clients that may have serious public health implications for both the U.S. – Mexico.

The economic circumstances in which these women find themselves play a very important factor in the sexual practices they engage in with clients. The need to work and obtain the economic resources to support themselves and their families forces these women to have unprotected sex with clients. This is facilitated by the fact that each of the different types of clients presented used varied tactics to persuade women to engage in unprotected sex. Although the men may see getting women to have sex with them without condoms as to their advantage, they neglect the fact that they are exposing both themselves and women with whom they have sex with to infectious diseases.

Sexual behaviors with primary partners further reveal the increased risks these women are constantly exposed to. Contrary to clients, unprotected sex with primary partners comes as a result of a desire for intimacy with their partner. As Amaro and Miller found, these women's need for connection with men prevents them from negotiating safer sex practices that are characteristic of non-traditional female gender roles (Amaro, 1995; Miller, 1986). In a sense, these women find themselves in a role conflict that is confounded by the stigmatization that is accompanied with their profession (Castaneda et al., 1996; Hansen et al., 2002). Women in this research who had primary partners did not want to jeopardize their relationships by asking partners to use condoms. The idea of losing their partners was very real given their perception that these men were special for wanting to be with someone such as themselves. In a sense, these primary partners fulfilled these women's gender role expectations of wife and mother even when infidelity on the part of the male partner was suspected.

Finally, the low rates of condom use with clients observed among the Nuevo Laredo sample may be attributed to larger structural factors. My personal observations and fieldwork in these two cities revealed distinct differences in the role the community played in public health services. In Nuevo Laredo, HIV/AIDS prevention and intervention services were almost non-existent while in Ciudad Juarez several community based organizations were actively involved in providing such services as HIV/AIDS education and condom (male and female) availability. Again, given the economic hardships many of these women expressed and the lack of access to condoms can only explain the low rates of unprotected sex with clients in Nuevo Laredo. In conclusion, the sex workers risk for HIV/AIDS and other infectious diseases is largely related to the context in which they find themselves living and working.

CHAPTER 8

A BORDER MILIEU OF VIOLENCE

“It has not stopped. Nearly 10 years after the start of the wave of killings, the mounting toll of dead and missing women in Ciudad Juárez has become one of this country's most vicious unsolved mysteries. At least 280 women and girls have been killed in this city on the American border since 1993, according to the police. Women's leaders say that many families, distrustful of local authorities, are afraid to report crimes to the police and that the total of women and girls killed or missing is closer to 600. Most of the victims were between 15 and 25. They were students, store clerks and \$6-a-day workers in assembly plants, called *maquiladoras*, that have turned Juárez into a city with two faces: one of gleaming industrial parks erected by Fortune 500 companies, the other of dust-covered shanties built by workers who migrate here to escape even more desperate lives down south”(Thompson, 2002).

INTRODUCTION

During the course of this research, two very important violent events were unfolding in Ciudad Juarez and Nuevo Laredo. First, in Ciudad Juarez the serial murders of young women was taking place and was a major concern in the community. Since 1993, over 200 women have been killed in this city most cases of which have yet to be resolved. Reports indicate that most of the victims were young female *maquiladora* employees who were sexually assaulted, tortured and mutilated. Despite the extensive investigations by local, state and national authorities, the murders continue causing widespread fear and outrage in this border community. In Nuevo Laredo, a similar violent situation has placed this city's residents in a state of terror. During the last couple of years, Nuevo Laredo has experienced numerous killings related to turf wars between Mexican drug gangs. According to officials, over 60 execution-style killings have been reported in Nuevo Laredo neighborhoods, city streets, bars and restaurants (Sevigny, 2003). Several victims have been identified as state and local police officials. Female sex workers in this research were very conscious of their risk for violent victimization

and continually expressed their concern, especially with the violent events that were taking place at the time.

As presented in the literature review of this dissertation, some of the most important pieces on prostitution and violence have explored this relationship within an occupational health risks perspective (Barnard, 1993; Whittaker & Hart, 1996). For instance, Barnard examines how the organization of street working women in Glasgow exposes them to violence risk with clients (1993). She focuses on the contextual constraints including outdoor setting, nighttime activity, and the illegality of soliciting. Similarly, Whittaker and Hart (1996) examined the occupational risk of violence among London flat-working women by describing the social context, organization and conditions of work to which they are exposed. The authors argue for the “importance of structural location in influencing and constructing people’s experience of work and exposure to risk” (Whittaker & Hart, 1996:413).

The females in this research were not any different from other sex worker populations in that the issue of violence was a reality they lived day in and out. In this chapter, I aim to contribute to this existing research by examining the violence these Mexican female sex workers are exposed to at work, within the unique context of the U.S. – Mexico border. An area traditionally associated with a lawlessness and violence dating back to the early twentieth century. The chapter will describe the distinct forms of violence these women have experienced while working in the profession. The data is presented by focusing on four types of individuals with whom the violent incidents were reportedly with: clients, co-workers, police and bar owners. Circumstances surrounding the violent event are addressed.

VIOLENCE: RISKS OF THE PROFESSION ON THE U.S. – MEXICO BORDER

In conducting my fieldwork, I too was conscious of the threat of robbery, physical and sexual assault. Fortunately, in conducting this work I always had the option of being accompanied by someone including friends and/or gatekeepers in the community. Even with this being the case, there was always a sense of vulnerability when out in the streets, bars, and dance clubs I frequented. For the sex workers I encountered during this research, the threat of violence and vulnerability were only one of many risks that accompany the profession. A large percentage of these women indicated this violence as such.

Table 17 shows that over half of the sample (61%) reported that they had experienced some type of violence in the course of their sex work career. Of that group, an average of two violent incidents in the previous 30 days was reported. Subjects were also asked to identify the individuals involved in the majority of these violent episodes. An overwhelming 72 percent were with clients followed by 17 percent with other sex workers. The remaining incidents were with police (6%) and/or bar owners (3%) at their respective places of employment.

Table 17. Violent Experiences as Sex Workers (N=109)

Variable	Percentage/Average
Report of Violent Experience since entering Profession	61
Average Incidence in Previous 30 Days	2
Clients Usually Involved	72
Other Sex Workers Usually Involved	17
Police Usually Involved	6
Bar Owners or Employees Usually Involved	3
Others Involved	2

In the previous chapter on sexual behavior, subjects reported accepting risk behaviors in order to avoid any physical confrontation with their sexual partners. While

this was clearly a strategy on the part of the women to avoid any physical harm, it did not reduce their risk of being victimized under other circumstances. The social context in which these women are undertaking their profession is conducive to violent confrontations with numerous types of individual's whom they come in contact with during the course of their work in the sex industry. The setting in which the client is contacted, location in which the sexual encounter takes place, and location of venues all contribute to the women's vulnerability to violent victimization. Ethnographic data collected from subjects and field observations revealed four types of individuals with whom the sex workers experienced violent incidents with at work.

VIOLENCE WITH CLIENTS

Research has shown that the risk of client violence is an integral part of selling sexual services (Barnard, 1993; French, 1990; Silbert, 1981a; Synn-Stern, 1992). The women in my research were not any different in that most of the violence reported was at the hands of their clients. The range of violent attacks with clients ranged from pushing and shoving to more severe attacks with weapons. A large part of these violent incidents occurred behind closed doors when the sex worker and client were in the process of engaging in the sexual exchange of services. This was facilitated by the relative isolation of the areas in which the rooms where the actual sexual act takes place. The incidents varied depending on the circumstances surrounding the confrontation and the manner in which the sex worker reacted to the eminent threat.

The Forced Sexual Act

The first type of violence encountered by the Mexican female sex workers was associated with clients wanting to force the women to engage in a sexual act not agreed

upon when the negotiation was made. This usually took place while the sex workers were providing the services or just prior to initiating them. In the violent cases described there were some women who acceded to the clients demands after being physically abused. In others they managed to talk their clients out of forcing them to accept their demands after initially being hit. While all were physically abused, the extent to which the women were assaulted varied. For instance, after being physically assaulted, Virginia a 40 year old sex worker in Ciudad Juarez describes how she was able to convince the client not to make her engage in anal sex:

Él era un cliente Americano del otro lado. Después de estar tomando con él por casi una hora nos fuimos al hotel. Lo primero que hizo fue que me tomo del brazo muy fuerte y me estiro hacia él. Me empezó a quitar mi ropa y se puso en posición para tener sexo por atrás. Aunque yo no le entendía sabía que era lo que quería. Me solté de él y le dije que no. Él se puso bien enojado. Se vino hacia mí y me dijo que era una mentirosa. Me dio una cachetada y me tiro al suelo. Yo le dije que él nunca me había dicho por donde y que yo no hacía eso. Después de unos minutos se tranquilizo y asedió a tener sexo vaginal. Tuve suerte de que salí de allí con solo unos golpes.

[He was an American client from the other side. After drinking with him for about an hour we went to the hotel. The first thing he did was grab my arm strongly and pushed me towards him. He began to take my clothes off and got into a position to have anal sex. Even if I could not understand him I knew what he wanted. I pulled away from him and told him no. He got really mad. He came towards me and told me I was a liar. He slapped me and threw me to the floor. I told him he never said what kind and that I did not do that. After a few minutes he settled down and agreed to vaginal sex. I was lucky that I walked out only with some bruises.]

Similar to Virginia, many of the women expressed the fact that they were lucky to have received only minor injuries from clients. Several women even felt that being hit, slapped or pushed were not considered violent incidents but rather just part of the work. For instance, I had met Hortensia a 32 year old sex worker, several months into my field

research. We established good rapport and I tried to maintain constant communication with her. Every time we spoke about the dangers of being out in the field the issue of violence in her opinion was not that much of a problem. In getting her to discuss some of her encounters with clients it became evident that she in fact was a victim of violence more so than what she perceived. Her experiences typically involved less severe injuries but at the cost of being intimidated by the threats of physical violence and accepting their demands. She stated:

Las peleas con clientes siempre son sobre lo que quieren hacer con migo. En vez de someter me a que me maltraten prefiero llevar todo en paz. Por ejemplo el otro día me fui con un cliente al hotel. Yo pensé que nadamas quería tener sexo vaginal porque fue en lo que acordamos. Pues nada, lo que quería era tener sexo anal. Yo me resistí al principio y me dio tres cachetadas una detrás de la otra. Pensé que me iba a hacer algo mas serio. Me volteaba y me forzó a tener sexo así. No llore aunque si me salieron mis lagrimas. Al irme del hotel me pidió disculpas y se fue.

[The arguments with clients are always about what they want to do with me. Instead of putting myself in a situation where I am going to be mistreated (physically), I like to do everything in peace. For instance, the other day I went with a client to a hotel. I thought he only wanted to have vaginal sex because that was what we had agreed. Well, what he wanted was to have anal sex. I resisted at first and he slapped me three times. I thought he was going to do something more serious. He turned me over and forced me to have sex. I did not cry but some tears did come out. When I left the hotel he apologized and left.]

“I Will Not Use a Condom”

A second violent encounter expressed by the female sex workers was related to clients refusing to use condoms. Over 60 percent of the subjects interviewed reported having had problems with clients refusing to use condoms at least once during the time they had been working. As reported in the previous chapter, many accepted the clients' requests for no condom use as a way to minimize the potential to be physically harmed.

There was however cases in which the females were subjugated to having sex without protection using physical violence. Teresa describes:

Él era un joven como de 21 años, Mexicano. Cuando entro a la barra yo lo fleche como mío. Yo pensé que era buen muchacho ya que su apariencia era muy decente. Nos fuimos a su casa que no quedaba lejos del bar. Al llegar nos fuimos a su recamara y nos encerramos. Íbamos a empezar a tener sexo y le pedí que se pusiera un condón. Al decirle esto se enoja y me dijo que no iba hacer eso así es de que valemas lo hiciera. Yo trate de convencerlo pero se enoja y me dijo que me callara. Alcanzo a agarrar algo de un cajón cerca de la cama. De repente vi que era una navaja. Me la puso en el cuello y me amenazo a tener relaciones sin protección. No llego a lastimarme con la navaja pero si pensé que me iba a matar.

[He was a young man about 21 years old, Mexican. When he arrived at the bar I tagged him as mine. I thought he was a good guy since he had a decent appearance. We went to his house which was close to the bar. When we got there we went to his room and he locked the door. We were going to start to have sex and I asked him to wear a condom. When I said this he got mad and told me he would not and that I had to do it with him. I tried to convince him but he only got more mad and told me to shut up. He reached over to get something from a drawer near his bed. I then saw that it was a knife. He put it to my throat and threatened me if I did not have sex with him. He did not hurt me, but I did think he was going to kill me.]

Rosario, a 25-year-old sex worker working in Nuevo Laredo recounted a similar story with one of her clients. When I first met Rosario, I was attempting to gain entrée into a downtown bar situated a few blocks from the international bridge. She was one of the first to speak to me at this particular venue. Rosario was approximately 5 feet tall, long black hair and a dark skin tone. Her slender and petite figure made her look younger than what she was. Rosario was probably one of the best looking girls in this venue. However, in speaking with her it was obvious that she was self-conscious of a 2-inch long scar she had on her left cheek in the manner she would use her hair to cover it.

Once I got to know her, I felt comfortable enough to ask Rosario about the scar she always concealed:

Esto me paso como dos semanas después de que empecé a trabajar en esto. Para entonces solamente había estado con tres clientes. Las primeras tres veces los clientes habían usado condones. A mí me habían dicho de los condones otras compañeras pero no-tenia dinero para comprar los. Yo nunca haba visto uno solamente me dijeron que era para que no me enfermara. Cuando me fui con este cliente nunca pensé que me iba a suceder esto. El cliente quería sexo oral y me empezó a forzar la cabeza hacia abajo. Yo le pedía que si traía un condón. Pero no me hacia caso solamente me detenía la cabeza. Yo le pedía que por favor no me hiciera hacer esto y fue cuando se enojo. Me pego con el puno de su mano en donde traía puesto un anillo. Sentí el dolor inmediatamente y me empezó a escurrir sangre. Después me dio otra cachetada que hasta me abrió el labio. Me empezó a insultar y todo lo que podía hacer era llorar. Me forzó a darle sexo oral sin el condón, mientras que yo me desangraba. Al final el se levanto y se fue y me aventó \$30 pesos. Tuve que ir al hospital para parar la sangre y me dieron puntadas. Es así como quede.

[This happened about two weeks after I had started to work in this. I had only had three customers by that time. These first three customers had used condoms. Some co-workers had told me about the condoms but I did not have any money to buy them. I had not even seen a condom before I started working. All they told me was that they were used so that I would not get sick. When I left with this client I never thought this would happen. The client wanted oral sex and he started to push my head down. I asked him if he had a condom, but he would not listen to me and would only continue to hold my head. I asked him to not make me do this and that's when he got mad. He hit me with his fist and he had a ring on. I felt the pain immediately and blood began to come out. He then slapped me across the face and hit me so hard that he busted my lip. He began to insult me and all I could do was cry. He forced me to give him oral sex without the condom while I bled. Finally, he got up and left and through \$30 pesos at me. I had to go to the hospital to stop the bleeding and get stitches. And that's how I got this.]

Rosario indicated to me that she thought she would never go back to selling her body but she expressed she had no other recourse especially since she had no family in Nuevo Laredo. This sentiment was often expressed by sex workers who were from other places in the interior of Mexico.

The Masochist

The third circumstance that led to violent encounters with clients was associated with what some women identified as masochistic clients. There were women who described situations in which the client began to exert pain on them for their own sexual pleasure. This usually involved men slapping, biting, and tying down the sex workers without their consent. This in turn would lead to resistance on the part of the females and aggression and physical assault on the part of the clients. This physical assault these women were exposed to initiated abruptly without any provocation on the part of the sex worker. In many instances, the women said they did not know what was going on and did not understand the reason for the sudden physical violence. In describing her violent physical attack, Araceli a 26-year-old single mother of two explained:

Yo tenía una sospecha de este cliente cuando me fui con él al hotel. Algo no me parecía. Antes de irme con él había usado cocaína para poder trabajar la noche. El me empezó a besar y decirme que era muy bonita. Me dijo que quería hacer algo con migo y que me pagaría mas. Yo no estaba segura de que estaba hablando pero no me negué. De repente me tomo de los brazos y uso una corbata que traía en su saco para atarme las manos. Me voltio en la cama y me empezó a morder la espalda y a darme nalgadas. Yo empecé a gritar. El me agarraba del cuello y me ponía la carra en la almohada asta que no podía respirar. Me dijo que si no gritaba me pagaría mas. Lo único que pude hacer fue aguantar el dolor. Me dio bastantes moletones en las muñecas, espalda, y nalgas. Me pago 350 pesos pero me sentí muy mal al día siguiente y no fui a trabajar por varios días.

[I was kind of suspicious of this client when I went with him to the hotel. There was something about him I did not like. Before leaving with him I had used cocaine so that I could work the night. He began to kiss me and tell me that I was very pretty. He told me he wanted to do something with me and that he would pay me more. I was not sure what he meant but I did not say “no.” All of a sudden he used a tie he had in his coat to tie my hands. He then turned me around on the bed and started to bite my back and spank me. I began to yell. He grabbed me by the back of my neck and would put my face into the pillow so I could not breathe. He told me he would pay me more if I did not cry. The only thing I could do was take

the pain. He bruised my wrists, back and butt. He paid me 350 pesos but I still felt bad the next day and did not go back to work for a few days.]

Furthermore, Irma, a 22-year-old divorcee explains a violent situation with a client who she described as *loco* (crazy):

Al llegar al cuarto empezamos a tener relaciones. De repente el me voltio y me agarro de las manos. Yo pensé que quería tener sexo por atrás pero como no había pagado por eso me resistí. Pero lo que empezó hacer fue a golpear me en mis nalgas y a dar me apretones. Yo lo único que podía hacer fue gritar porque me dolía. Yo se que andaba endrogado en cocaína. No me podía soltar y lo mas que me pegaba lo mas que gritaba. Al fin unos de los guardias entraron al cuarto y lo sacaron a patadas.

[When we arrived in the room we began to have sexual intercourse. All of a sudden he turned me around and grabbed my arms. I thought he wanted to have sex from behind but since he had not paid for that I fought back. But what he started doing was slapping my butt and pinching it. The only thing I could do was scream because it hurt. I know he was high on cocaine. I could not get loose. He would just hit me harder and I could do was scream louder. Finally, some guards came in and kicked him out.]

Contextual and Structural Constraints Influencing Client Violence

In examining these violent encounters with clients and the circumstances in which they occurred it was implicit that there were contextual and structural constraints that contributed to their risk for violence. The contextual constraints are related to the working conditions where the sex worker makes contact with the client and engages in the sexual exchange. These conditions are all related to geographic location where the women work. As described in the setting and context of this dissertation, the geographic layout of the venues is a risk or protective factor for the women's susceptibility to violent situations. The women in this research worked out of two types of venues. The first were bars or dance clubs where sex workers contact clients in the bar and engage in the sexual exchange in rooms located immediately behind the bar. The contact, negotiation and

exchange take place in one location. Many of the venues in the red-light district were characteristic of this type. The women in these types of places are a little more secure given that police guards, bartenders, bouncers and other bar employees are in close proximity in case their assistance is required with an unruly customer.

The second type of venue was the most predominant in this research that is described as bars and clubs where the women contact the client, negotiate the sexual services and perform them in two different locations. Many of the sex workers in both cities worked out of these types of venues. These workers once they solicit their customers have to exit the establishment and locate a hotel or motel to perform the sex services. These hotels cater specifically to the sex workers in the area. The owners and hotel attendants (usually one person at the desk) are aware of the prostitution activity in the area and therefore take advantage of these women's business. Sex workers reported getting either nightly rates of \$60 pesos or more short-term rates for \$40 pesos. All the hotels in which I visited were small, secluded and extremely unkempt and dirty. It is common knowledge among the locals in these two cities that these hotels are not for public use. Upon leaving the bar venues the sex worker is left to fend for herself in cases of physical or sexual violence by clients. The streetwalkers as well find themselves in the same situation although their risks are greater given that the contact and the sexual exchange is conducted in alleys, cars, and hotels.

Interestingly, Irma (described above) while exposed to violent clients such as this one, was fortunate to have been working in a venue in the red-light district in which the sexual encounters take place in rooms behind the bar. For those women who have to engage in sexual encounters with clients in hotels or cars their risk for victimization is

confounded by their isolation in places where other individuals are not around to assist them in case of a violent situation. This was the case with Alejandra who was a streetwalker in Ciudad Juarez. One of her regular clients had driven by to pick her up and was supposed to take her to his apartment. Upon noticing that they were driving further and further towards the outskirts of the city she told me that all she could think of was of the women who were being killed. After demanding he stop and turn back he became very upset and responded:

Entonces quiero tener relaciones aquí mismo. Yo acepte pero le pedí que me pagara primero. El se enoja mucho y le dijo que ahora lo hacia o le iba a pesar. El le pago y yo empecé a practicarle sexo oral. Por mas que yo hacia para que el tuviera la erección el no podía. Estuvieron allí casi media hora. El se empezó a enojar de nuevo y empezó a jalnearme y jalarme el pelo. Me trate de safar pero no podía. Después de darme unos golpes me pude salir del carro y el se arranco en el carro dejándome en quien sabe donde. Tuve que caminar muchísimo hasta que logre llegar al centro.

[Then I want to have sex right now. I accepted but I told him he had to pay me first. He got really mad and he told me that I had to do it or else. He paid me and I began to give him oral sex. But the more I tried I could not get him to get an erection. We were there almost half an hour. He began to get mad again and began to pull on my arm and hair. I tried to pull loose but I couldn't. After hitting me a couple of times I was able to get off the car. He took off and left me who knows where. I had to walk a lot before getting to downtown.]

Structurally, the impact the larger community has on these women's views of themselves had implications on their perception of victimization at the hands of their clients. That is, not only were they exposed to violent physical encounters but they also were faced with being subjected to clients' verbal abuse. This verbal abuse was evident when the women described these incidents to me. None, however talked in depth about the verbal abuse and for the most part only mentioned it when describing these incidents. It was not until I probed about the verbal abuse that they would talk about it. Many of the

women seemed to feel that this abuse, both verbal and physical was only expected given the work environment. In fact, many expressed they accepted this abuse because they felt it came along with the shame and stigmatization associated with their profession in the larger Mexican society. *Que se le va hacer. Nosotras sabemos que este trabajo no es muy digno que digamos. Tenemos que aceptar como la gente nos ve y con eso viene el trato a veces que nos dan nuestros clientes.* [What are you going to do. We know that this job is not very dignified. We have to accept how people see us and with that comes the way some of our clients treat us.]

VIOLENCE WITH OTHER INDUSTRY EMPLOYEES

Violent encounters with clients were not the only form of violence that the female sex workers experienced at work. Violence with individuals who are part of the social milieu that encompasses the sex industry along the border was also evident. These individuals included other sex workers, local police (i.e. security guards) and bar owners. While the nature of violence with clients was associated with the actual sexual act and negotiation, the violence described in this section is associated with the economic relationships (aspects) of the business.

The sex industry in these two cities is a business like any other. Those involved or participating in it, are constantly looking out for their best interests and ways in which to make a profit. For the women in this research, confrontations and physical aggression with people they work with were again viewed as being part of the business. Much of this violence went unreported, in particular those with police, because of the fear of further retaliation or physical harm. Just as was described for the client violence, the circumstances and reasons for violence with these individuals varied. There was

however, a specific pattern observed as to what the women perceived as negative consequences that came with engaging in violent confrontations with these individuals. First, violence with coworkers resulted in adverse working conditions and fear of retaliation. Second, violence or confrontations with police resulted in possible incarceration. And lastly, violence with bar owners could result in her being thrown out of the bar where contact with clients is more secure than on the streets. It was because of these negative consequences that many women attempted to avoid such encounters but for other women tolerating the physical violence was a way in which to evade the negative repercussions.

Coworkers

Violence with other female coworkers was the most predominant in looking at the other employees. Seventeen percent of the 109 subjects reported being involved in violent altercations with these coworkers. The circumstances under which the large part of these incidents occurred were associated with sex workers competing for clients. Those who spoke of such violent incidents explained that upon establishing a client as your regular it is often understood that they are off limits to other sex workers. Some even said it was sort of an unwritten code to not take your fellow coworkers regular clients. Sometimes, however there are circumstances in which competition for regular clients creates a tense environment in which verbal confrontations escalate into physical assaults.

One such example is cases in which clients, although regulars at the venue, decide to seek out the services of other sex workers. For many of the clients one of the reasons for soliciting sexual services from sex workers is to have the luxury to have distinct

women at their disposal. For the sex workers however, a regular client means a steady amount of income being generated every time this client visits the venue. Thus, this creates a volatile situation in which the sex workers find themselves negotiating their safety but yet at the same time trying to increase their earnings. As Patricia, a 21-year-old single mother of two explained:

No solamente te tienes que cuidar de los clientes pero también de las mujeres con quien trabajas. Y a veces estas pueden ser mas peligrosas que los propios clientes. Por ejemplo la ultima vez que me peleé con una compañera fue como dos meses atrás. Yo estaba en el bar esperando que llegaran clientes. Llego este hombre y se me acerco de repente. Yo lo había visto antes pero no sabia que era uno de los clientes de la Susana. Además el fue quien se me ofreció. Me fui con el al hotel y tuvimos relaciones. Al regresar al bar, una de las otras ya le había contado a la Susana que yo me había ido con el. Se me enfrento y me empezó a decir, "que pinché estas haciendo metiéndote con uno de los míos." Yo le dije que el se me había acercado y además tu no estabas para atenderlo. Ella me respondió que esto no se hacia entre ellas y me dijo de groserías. Yo no me aguante y le di una cachetada. Nos agarramos de las greñas y nos empezamos a golpear. Nos apartaron pero resulte con rasguños y moletones.

[Not only do you have to watch clients but also women you work with. Sometimes these are more dangerous than the clients themselves. For instance, the last time I got into a fight with a coworker was about two months ago. I was at the bar waiting for clients. This man came in and he came up to me. I had seen him but I did not know that he was one of Susana's clients. Besides he's the one who came up to me. We went to the hotel and had sexual relations. When I come back to the bar, some other worker had told Susana I had left with her client. She got in my face and started to tell me "what the fuck are you doing going with my clients." I told her he had come up to me and besides you were not here to take care of him. She told me that this kind of thing is not done between us and all kinds of insults. I could not hold back and I slapped her. We got into it and started pulling our hair and hitting. They separated us but I still got scratches and bruises.]

Patricia told me that the tension between her and Susana continued for a while. They did not talk to each other and the other women in the bar began to take sides on the matter.

She said it was uncomfortable but that eventually things got back to normal at least for a while until the next fight between two other women broke out.

Other women take their chances in taking clients from coworkers so as to make some extra cash. Such was the case with Valeria, a 26-year-old sex worker who has been working in the industry for three years. According to Valeria, in this type of work if you don't hustle each night you may have no clients at all. And sometimes this requires taking clients that you know don't belong to you. She describes an incident she had with a coworker in a bathroom located next to the rooms they use to provide the services to clients in the red-light district:

Había estado enferma la semana antes de un resfriado. No trabaje varios días así es de que me faltaba dinero. Cuando regrese, trate de trabajar lo mas posible. Por eso fue que decidí quitarle uno de los clientes de mi compañera. Ella no se dio cuenta que el había entrado. Ella estaba con otro pero yo sabia que si lo veía ella se iría con el, porque es pago seguro. Me senté con el y empezamos a platicar. Lo convencí de irnos al cuarto inmediatamente. Pero al levantarnos mi compañera se di cuenta y se vino hacia nosotros. Nos dijo que a donde íbamos que yo sabia que él era su cliente. El era un gringo de Estados Unidos aunque no nos entendía el sabia que estaba pasando. Le dio a saber a su compañera que se quería ir conmigo ese día. Ella ya no pudo hacer nada pero si me amenazo. Al terminar la noche me encontraba en el baño. Esta compañera se apareció y empezó a decirme de cosas. Agarro uno de los espejos que estaban allí y lo rompió y tomo un pedazo y se vino hacia mi. Yo trate de arrebatarlo pero me corto con el en el pecho. Ella ya andaba bien tomada y pude salir del baño.

[I had been sick from a cold the week before. I did not work for a couple of days which is why I did not have any money. When I went back to work I tried to work as many hours as possible. That's why I decided to take one of my coworkers' customers away. She did not notice when he came in. She was with another customer but I knew that if she saw him she would go with him because it was safe payment. I sat with him and started to talk. I convinced him to go to the room immediately. When we got up my coworker saw us and came towards us. She asked where we were going and told me that I knew he was her customer. He was a "gringo" from the United States, and although he did not understand us he knew what was going on. He told my coworker that he wanted to go with

me that night. She could not do anything but she did threaten me. At the end of the night I was in the bathroom. My coworker came in and started telling me things. She grabbed one of the mirrors, broke it and grabbed a piece and attacked me. I tried to take it from her but she cut me on my chest. She was really drunk and I was able to leave the bathroom.]

Although Valeria was aware she was violating the unwritten code, she also knew she had to try to make up for clients lost the week prior. Valeria was fortunate that the violent encounter did not result in more serious injuries but it did place her at risk for any future retaliation she may be exposed to by this particular coworkers. In addition, other women working with her now feel they cannot trust her and see her as not following the rules of the occupation they have all agreed upon.

Yet another situation that increases the likelihood of female sex workers in these two Mexican border communities to engage in violent confrontations with one another are what they identify as slow nights. Those who had experienced violent confrontations with coworkers identified this as being the second reason for initiating fights with other sex workers. When it is a slow night, there are only a limited number of clients for the women working. As previous data in this dissertation has shown, the busiest nights for sex workers in Nuevo Laredo and Ciudad Juarez are Friday and Saturday. That means that for the rest of the week many of the women are either not working or sitting around competing for clients. As Sandra, a streetwalker explains, “cuando se batalla para agarrar clientes es cuando la mayoría anda de malas.” [When it’s hard to get clients is when the majority of us are in a bad mood.] The tension builds as the slow nights continue and the confrontations initiate:

Ninguna de nosotras había tenido un cliente ese día. Ya eran las 10 de la noche y no-se aparecían. Estábamos esperando y yo dije algo al respecto de que por que no se iban a la casa porque no iba a ver negocio. Una que apenas había empezado me dijo que porque no me iba yo. Yo se la menté

y se vino enzima. Yo soy mas alta y la pude aventar al piso donde me subí en ella y le di varias cachetadas hasta que el cantinero nos apartaron.

[None of us had been with a client that night. It was 10pm and it was slow. We were waiting and I said something like, “why don’t you go home because there’s not going to be any business. This woman who had just started told me why I didn’t go home. I cussed her out and she came at me. I’m taller than her so I threw her to the floor and got on top of her and slapped her several times until the bartender pulled us apart.]

The pressure of knowing that there are no clients and therefore no money to pay bills or buy food, is often times overbearing for these women. Often this is the case in these two cities that see the highest volume of clients during the weekends. This may begin to explain the increased use of drugs and alcohol among this highly stressed population of sex workers.

Bar Owners

While not as common, violence perpetuated by bar owners was reported by a small percentage of sex workers interviewed. Although it rarely occurred, this type of violence represents the context of powerlessness in which these Mexican female sex workers are working. While the bar owners are not directly paying the sex workers for their work, they do feel they have a certain right to demand things of them by letting them work out of their bars. This is even the case in venues where the sex worker does not get paid to act as a waitress. In the eyes of the bar owners they are giving these women the opportunity to contact clients by being in their bars. The few who refuse to concede to the demands are subjected to violence and threatened of being thrown out of the bar.

Clarisa explains the dual repercussions when she refused to give in to the bar owners demands to work more hours.

Yo ya había trabajado de las 7 de la noche y ya eran las 4 de la mañana. Había quedado con mi mamá que llegaría temprano para llevar a mi hijo al médico. El Sábado es el único día que el puede ir a ver al médico sin tener que faltar a la escuela. El dueño del bar se dio cuenta que me iba a ir temprano. Me llamo a verlo y me dijo que porque me iba a ir. Le dije la razón y me dijo que no podía irme porque estaba lleno el lugar y había muchos clientes a quien atender. Estábamos en un cuartito que es su oficina. Le dije que me quedaría más tarde el próximo fin de semana pero no escucho. Me agarró del brazo fuerte y me aventó hacia la pared. Aquí no se negocia se hace lo que yo diga. "Si te vas ya no regresas." Me pegue fuerte en la cabeza cuando me aventó. No puedo perder el dinero que hago en ligar clientes aquí. Tuve que hacer lo que me demandó y no hubo de otra.

[I had already worked from 7pm and it was already 4 in the morning. I had made arrangements with my mother to go with my son to the doctor early in the morning. Saturday is the only day I can take him to the doctor without him missing school. The bar owner found out I was leaving early. He called me and asked me why I was leaving. I told him and he said I couldn't because the place was full and there were clients to tend to. We were in a small room that is his office. I told him I would stay late next weekend but he did not listen. He grabbed me hard by the arm and threw me against the wall. He said that here there is no negotiating and that what he says has to be done. "If you leave your not coming back." I hit my head hard on the wall when he threw me. I can't afford to lose the money I make with clients. I had to do what he demanded there was no other way.]

The manner in which this particular bar owner treated Clarisa as property, depicts the control these bar owners have over the women. Even when the women are not receiving any money from the bars, they are at the mercy of the proprietors.

Esos bueyes ni siquiera nos pagan por el trabajo que les hacemos en sus bares. El trabajo que tenía antes me tenía de mesera. El me dijo que si era mesera podría obtener más clientela. Eran puras mentiras del viejo nadamas quería que trabajara para gratis. Pero como era mi primer trabajo cuando llegue a Nuevo Laredo no podía salirme y me aguanté.

A mí me gustan los lugares en donde mi trabajo es que el cliente consuma bebidas y me lo consiga como cliente para ganar mi dinero.

[Those assholes don't even pay us for the work we do for them in their bars. The job I had before he had me as a waitress. He told me I would get more clients like that. They were a bunch of lies; he only wanted me

to work for free. Since it was my first job when I got to Nuevo Laredo I could not leave.

I like places where my job is to get clients to buy drinks and get them as my clients so I can make my own money.]

Of the violent incidents reported by women with bar owners, the extent of the injuries were usually bruises resulting from slaps, pushes into walls, and forceful handling. The women involved in these altercations reported that the benefits of contacting clients in bars outweigh the risks of getting clients out in the streets.

Police

The sex workers in the streets did not have to worry about bar owners, nonetheless they did have to deal with another eminent threat of violence from police and security guards who knew of their participation in the sex industry. As described earlier in this dissertation, prostitution in Mexico falls under the *reglamentarist system*, which restricts prostitution to certain areas of the city (del Rio, 2002). Such is the case in these two cities where specific areas have been designated as areas in which prostitution is allowed to take place. However, there are those areas in the city where prostitution takes place clandestinely and is not regulated by the city health departments. One such case are the streetwalkers, whose risks of victimization are twofold in that they are working clandestinely on the streets, which puts them at risk of being victimized not only by clients but also by law enforcement authorities.

For sex workers working indoors in bars and other types of venues, security guards/police hired by the owners serve as protective factors for women's victimization. Streetwalkers on the other hand have to constantly be dealing with the daily harassment and threat of incarceration from police. The streetwalkers identified in this research were

geographically located in the downtown areas adjacent to the international bridges in each respective city. The context in which they worked made them readily visible to the local authorities that tend to police the areas on foot. The following fieldnotes describe how two police harassed a streetwalker while I was sitting in a local restaurant:

I saw her walk by about 10 minutes after I had arrived at the restaurant. I knew that the only way I could talk to some of these women was to observe the scene first and then attempt to approach some of them. The location of the restaurant was perfect in that I was able to observe all the pedestrian and automobile traffic down this main street. In watching this young, slender girl dressed in a short skirt and high heels, it became apparent she was trying to get someone's attention as she stroll up and down the street with a sexy sway in her walk. The street was busier than usual but yet she stayed on the main street. Approximately, half an hour later, I noticed two young police dressed in their dark blue uniforms and baseball style caps approach the young lady. They began to talk to her as she tried to walk by them. They would not let her go by and cornered her at the end of the street. All I could see was her nodding her head no and they continued to talk to her. This went on for about 5 minutes until they escorted her out of my sight. The manner in which she yanked her arm away from one of the gentlemen as he tried to escort her away made it obvious she was not very content with their presence.

A few days later, I was able to approach this same young lady. After introducing myself and explaining the purpose of my research, I told her what I had seen a few nights earlier. She explained to me how the cops in this area are constantly harassing them for what they call their "*cuota*" (quota), a specified monetary amount they have to pay so that they are not thrown in jail. This amount it seemed varied from \$30 – 50 pesos every time they were stopped. She went on to describe how most of the police in this area know the girls who are working the streets and therefore take advantage of the fact that they will pay their *cuota* in order to avoid the risk of being imprisoned.

For those women who hesitate to pay this amount, the threat of incarceration and physical assault was evident. For instance, a 34-year-old sex worker in Ciudad Juarez described her encounter with police where she works:

Estaba afuera de uno de los bares cuando pasaron unos policías. Me empezaron a esculcar pero les dije que no traía nada. Me pidieron la cuota por estar ahí en donde estaba parada. Les dije que no les iba a dar nada que ya me tenían cansada y me llevaron al CERESO en donde estuve encerrada varios días.

[I was outside one of the bar when a couple of police came by. They began to search me and I told them I had nothing. They asked for the quota just for standing where I was. I told them I was not going to give them nothing because I was tired of them doing that. They took me to jail (CERESO) where I was for a couple of days.]

Luisa was not as fortunate when she refused to pay the amount:

Yo los vi cuando me acerque a unos de los puestos en la calle. Trate de esconderme pero fue inútil. Me alcanzaron y me empezaron a decir de cosas como, “a donde ibas mi reina. Que prisa llevas.” Les dije que me dejaran en paz, que ya les había pagado a otros policías el día antes. Pero ellos siguieron molestando. Yo me cansé de decirles que no y ellos se cansaron de oírlo. Uno de ellos me empezó a insultar y me dio una patada en la rodilla. Caí al piso y siguieron dándome de patadas. Me dejaron bien mal y me amenazaron con decir algo. Claro yo nunca podría reportarlos porque quien le va a creer a una prostituta.

[I saw them when I got close to one of the food carts in the street. I tried to hide but it did not work. They caught up to me and started to tell me things like, “where are you going sweetheart. What’s your rush.” I told them to leave me alone and that I had already paid some cops the day before. But they kept bothering me. I got tired of telling them no and they got tired of hearing me say no. One of them began to insult me and kicked my knee. I fell to the floor and they continued to kick me. They left me really bad and threatened me if I said anything. Of course, I could never report it because who is going to believe a prostitute.]

Luisa’s incident occurred at approximately midnight on a Thursday evening. The area in which she works out of is secluded within a marketplace that sets up during the day. She reported that she constantly has to deal with this type of harassment and the constant risk

of being hurt or incarcerated. While only six percent of the subjects reported this type of violence, it does not minimize the risk of victimization on the part of sex workers in these border cities by the very structural institution that is supposed to keep residents safe.

Conclusion

This chapter has presented an overview of the violence to which these Mexican female sex workers are exposed to while working in this profession. The violent nature of the sex industry is characteristic of the larger U.S. – Mexico border context that has been plagued by violent events during the last decade. The nature of the violence, women working in the sex industry are exposed to can be attributed to both contextual and structural factors. As previous research has documented, “behavioral choices, it is argued, are not freely made by individuals but are limited by the constraints of the situation and the resources available” (Whittaker & Hart, 1996:411).

More than half of the women in this research had been confronted with violent encounters with clients at least one time during their working careers as sex workers. The circumstances under which women reported violence with clients indicated that there were certain expected sexual acts within the context of the exchange that the client wanted the women to partake as part of the services. The forced sexual acts typically involved anal sex, unprotected sex, and participation in masochism created an environment in which the potential for conflict would arise when women attempted to refuse and resisted to engage in such behaviors. It was at this point that the women described the physical violence they were exposed to upon disagreeing with the client. Furthermore, these women were overpowered by the men’s physical strength that in

many instances forced these women to concede to clients' demands rather than risk further physical harm.

The setting in which the client is contacted and location in which the sexual encounter takes place also contribute to the women's vulnerability to violent victimization. The types of bars and clubs in which the female sex workers work out of are conducive to an already highly vulnerable situation. That is, having to provide services in isolated locations including hotels, motels, cars, streets, etc; away from the bars where the initial contact takes place puts these women at higher risk of client victimization. Unlike the women who are providing services within the premises of the bar, the women going off the premises have no safety net in which they could fall on in case they are encountered with a violent client. Furthermore, the structural position of women, and even more importantly prostitutes in Mexican society create an environment that contributes to violent encounters with clients. Some women in this research accepted the violence to which they were subjected as being part of the business and therefore condoned the violence by the clients. It can be assumed that the clients' violent behavior as well may be reflective of the wider society's view of sex workers as objects that can be victimized and abused. This perception on the part of the females explained women's reluctance to report such abuse, similar to other prostitute populations (Silbert, 1981a).

Finally, while the violence experienced with other employees in the business was not as widely reported it does reflect the violent nature of this environment. Contrary to the violence experienced with clients that revolved around the context of the sexual act, violence here was associated with the economic relationships among the players in this business. Clearly, the violence with other sex workers came as a result of competition for

clients. These incidents were not associated with any type of emotional trespassing associated with clients but rather economic motivations. The bar owners and police on the other hand expressed their power and control over the sex workers using threats and physical abuse. Again, this exertion of power was associated with economic motivations on the part of both of these types of individuals. The bar owner of course, motivated by the profit of earnings at the bar and the police trying to make some extra cash off of women who are struggling to survive out in the streets. Again, here the reluctance on the part of the sex workers, to report such incidents with these individuals is secondary to the threat of further retaliation, working out in the streets, and incarceration, a characteristic that is typical in many other types of informal economies.

CHAPTER 9

TRANSNATIONAL INTERSECTIONS: IMPLICATIONS OF THE BORDER SEX INDUSTRY

This dissertation has used both ethnographic and life history data to reveal the life experiences of a population of Mexican female sex workers living and working on the U.S. – Mexico border. It has examined how larger macro level social, structural and economic factors associated with the U.S./Mexico border have an influence on the women's decision to enter the profession and subsequently their individual behaviors with clients, primary partners and others with whom they interact with at work (i.e. co-workers, bar owners, police). The structural position of women in Mexico may not make these women's experiences unique in the sense that they find themselves in a highly gendered and underpaid occupation. However, the social stigma and isolation that accompanies their profession makes these women's experiences of initial autonomy paradoxical because it does not lessen their struggle for survival or subordinate status.

This dissertation has shown that these women's participation in the sex industry is linked to trends in the larger global economy. For many, the migration and lure to Mexico's northern border in search of better job opportunities is paradoxical given their position in the economic structure. The sex workers in this research are forced to make a living working in a sex industry that has been augmented by the processes of globalization and the policies of economic restructuring that exist in Mexico. Within the context of a changing world economy, Mexico too has shifted towards more market oriented economies and export-oriented strategies such is the case with NAFTA and the maquiladora industry. This unfortunately has resulted in what has been described as a

global production that is highly gendered (Pyle, 2001). Thus, because of the changes in the international political economy, Mexico's government, and more specifically border cities have been pushed into indirectly fostering the sex industry along the U.S. – Mexico border. However, for the sex workers in this research the autonomy expected by entering the labor force is paradoxical given their economically vulnerable status that often leads to exploitation and other health related risks.

Data revealed that economic motivation was the major factor for these women to enter into this profession. The social milieu of the border contributed to overcoming any hesitation on the part of these women. The U.S. - Mexico border has been a major attraction for Mexicans escaping the destitute poverty of their own communities. Much of this appeal has been associated with the fact that during the last three decades, the Mexican border region's economy has been rapidly industrialized creating thousands of new jobs in assembly and manufacturing industries. The increased activity in border communities has appealed to those in search of economic opportunities in the form of jobs, higher wages, and possibilities as a stepping stone to immigrate to the United States. This was especially the case for young unattached females escaping the provincial life of their towns and villages. However, despite perceived prosperity the border region's economy and infrastructure (i.e. electricity, water, schools, housing, roads, etc.) is unable to support the onslaught of people lured to these cities. The labor market that exists is limited, gender segregated and wages are only slightly higher than those in other parts of Mexico. Moreover, the area is overwhelmed with problems absent in other regions of Mexico such as violent crime, juvenile delinquency, divorce, inadequate housing, etc. For women on the border, the situation is even more discouraging given the limited

opportunities that are available for them. This is confounded by the fact that these women do not have the social support system (i.e. extended families, *ejido* system) that existed in their sending communities. What appeared to be initially a step towards a better life is in actuality an illusion.

These structural issues were not of concern when choosing to migrate to these cities or when looking for employment for many of the women in this research. In fact, for those who found work, it tended to be concentrated in what has been identified as Mexico's idea of a neoliberal industry - *maquiladoras*. At first, this work is welcomed given the lack of other job opportunities in the primary economy and the increasing need for money to sustain themselves and their families. However, the physically demanding long hours and low wages quickly become a burden for these females with family obligations including caring for young children. From the perspective of the participants, the circumstances under which these women found themselves made the decision to accept propositions to exchange sex for money for the first time a rational choice.

Upon entering the sex work industry these Mexican women found that the late night hours, lack of hard physical labor and steady money was the best solution to their situation. This work allowed them to maintain their family and home obligations during the day while at the same time earn money during the night to make ends meet. In a sense these women, upon engaging in the sex industry, exhibit a degree of autonomy away from traditional gender role proscriptions associated with dependence on male family figures (i.e. fathers, brothers, husbands, etc.). However, this perceived autonomy is non-celebratory in that it does not relieve the overwhelming burdens associated with the

nature of sex work and the stigma associated with a border society that continues to impose clearly defined gender barriers on women.

The emergence of this paradoxical autonomy among these Mexican female sex workers is strongly associated with the occupational risks (illicit substance use, alcohol abuse, high risk sexual behavior and violence) that come with the progression of their careers as sex workers. For example, alcohol (heavy use) and illicit substance use were found to have initiated after the women began to exchange sex for money. Upon entering the profession their risk for substance abuse became evident. Data presented in this research clearly indicates a progression of use that encompasses three stages: 1) necessary use of alcohol, 2) utilitarian use of cocaine and 3) dependent use of injectable drugs. The use of alcohol and cocaine for these women was seen as part and parcel meeting the demands of their job responsibilities. This use for some, however, turned into a dependency that resulted in becoming more enmeshed in a lifestyle that centered on maintaining access to drugs and in some cases misuse. This data is important because it contributes to the existing knowledge of patterns of drug use among sex worker populations that are entering the profession as a viable income generating source. Prevention and intervention efforts need to take into consideration the distinction between these populations and those who have entered the sex profession in order to sustain a drug habit.

Furthermore, the evidence suggests that there were also larger macro level factors affecting women's decisions to engage in risky sexual behaviors (e.g. unprotected sex, multiple partners) with clients and primary partners thus putting them at elevated risk for contracting HIV/AIDS and other infectious diseases. In particular, the low levels of

condom use with clients observed among the Nuevo Laredo sample was according to them a direct result of the product's high cost and lack of access. These factors along with the male clients' varied avoidance tactics and physical strength forced many women into having unprotected sex. In Ciudad Juarez, the relatively higher rates of condom use with clients may be explained by the proactive public health services that are being offered to this population in the form of intervention and prevention activities directed at educating and reducing the risk of HIV/AIDS including the distribution of free condoms to women.

Numerous studies on sex workers have identified the need for increased prevention and intervention programs aimed at reducing the risk for the spread of HIV/AIDS. Few, however, have systematically shown the impact these activities have on this population. While this was not the focus of this dissertation, it did provide a great opportunity to compare sex workers in Ciudad Juarez where intervention and prevention efforts were observed, and Nuevo Laredo where no such activities were evident. Although no systematic analysis was conducted, the similar sampling methods applied in each city (i.e. reducing any possibility of bias) and the evidence of public health interventions taking place throughout Ciudad Juarez may point to the increased use of condoms with clients among the sex workers in this city. This has very important implications for public health policy that is seldom addressed among this population. More importantly, public health officials in both the United States and Mexico should work cooperatively in order to reduce the risk for populations involved in this industry.

While the intervention efforts or lack of them may be having an impact on condom use with clients among these Mexican sex workers, these efforts are not

changing sex practices with primary partners. This research has shown that paradoxical autonomy is not acquired without ambiguity by some of these women who still place a value on maintaining relationships with men (Amaro, 1995). It is clear that the family ideology of the larger Mexican society imposes the cultural norm of *connectedness* among these women even once they are engaged in sex work. This may explain why those involved in a relationship with a primary partner (lover, boyfriend, husband) will almost always engage in unprotected sex with them so as to not jeopardize the relationship by asking them to use a condom. This was even the case for those sex workers who suspected their primary partners of having sex outside of their relationship. In a sense, these women may be experiencing what Winick identified as role strain, “a felt difficulty in meeting the obligations of a role” (1980:226). These women are attempting to fulfill their roles as “wife” and “mother” as well as that of women who exchange sex for money. Their attempt to negotiate their image as a “whore” and “*mala mujer*” (bad woman) with that of the others proves to be overwhelmingly stressful on their self-image. The fulfillment of both roles can be detrimental to all of the individuals involved. For instance, while not negotiating safer sex practices with primary partners may initially be viewed by these women as reinforcing traditional family roles, it may in fact be contributing to serious health risks for themselves and those associated with them (i.e. clients).

Violence victimization was another crucial factor associated with this occupation. These Mexican female sex workers found themselves in highly vulnerable positions if they contested clients’ requests for specific sexual acts (anal, unprotected, masochism). This vulnerable position was confounded by structural factors associated with the highly

isolated situation in which the sexual exchange takes place. The data suggests that potential conflict-ridden encounters with clients were more than often prevented where the exchange takes place in locations adjacent to venues opposed to those that take place away from these spaces (i.e. hotels). Moreover, sex workers' marginal status as citizens with rights restricted their access to protection under the law. This situation contributed to these women's acceptance of violence as part of the plethora of risks they had to face in this type of work. This is of particular importance for those involved in the criminal justice field who are interested in implementing policies that will assist law enforcement officials in dealing with populations working in the informal sectors of the economy. More specifically, given that the sex tourism industry is indirectly part of the economy along Mexican border cities, border governments need to adopt strategies aimed at preventing further risks to these sex workers.

Certain limitations associated with this research need to be addressed. In common with other ethnographic and qualitative studies, the generalizability of results is limited to communities with similar characteristics. The U.S. – Mexico border is so vast, that future studies with sex worker populations along the border is possible. Related to this, was the fact that more in-depth case studies with these female sex workers, clients, primary sexual partners and others in this industry will provide a deeper understanding of the nature of this business. Another limitation was associated with the sampling of this population. The sampling design implemented generated a sample from those areas in which prostitution was highly concentrated based on our preliminary fieldwork and information from gatekeepers. There are, however, other areas in these cities in which prostitution is taking place which may yield distinctly different findings. Future research

will have to take into consideration this sampling limitation. Furthermore, one important limitation for this research was that blood specimens were not obtained from subjects for the testing of HIV/AIDS and other infectious diseases. Similarly, urinalysis for drug metabolites was not conducted on this population of sex workers. Not obtaining these biological specimens has limited my ability to provide only self-reported evidence. Again, future qualitative research among this population would prove to be invaluable if these biological specimens could be collected.

This dissertation has identified specific methodological strategies in identifying and accessing hard to reach populations such as the ones identified here. The challenge for this specific research was that it was conducted in a foreign country. Although fluent in Spanish and familiar with the cities in which the research took place, the nature of the sex industry along the Mexican border with the United States did not lend itself to easily access individuals involved in this profession (i.e. prostitute, bartender, security, etc.). Working with gatekeepers in each city was one of the most important tactics used in conducting this research. These individuals provided initial information about the industry and more importantly were out in the field accompanying me and identifying dangerous and problematic areas of which I was always aware not to visit alone. In addition, speaking to the appropriate governmental authorities that authorized and legitimized my research was necessary. This, I found to be extremely beneficial when out in the field in that individuals were receptive and helpful in making sure that I was able to obtain the data necessary to accomplish my objectives. Finally, establishing rapport and maintaining a constant visibility in the field proved to be invaluable in getting subjects to open up and provide me with the most intimate details of their lives as sex

workers. In doing this, as a researcher one has to have a vested interest in the subject matter in order to be able to spend days and hours in the field with research participants. Overall, these methodological strategies were significant in implementing the distinct phases of the adaptive sampling which resulted in a representative sample of sex workers in the two cities.

Data presented in this dissertation illustrates the usefulness of the concept of paradoxical autonomy to help understand the life circumstances associated with women's entrance into sex work and the linked social, economic and structural realities that limit the women's options on the U.S. – Mexico border. In this sense paradoxical autonomy stems from the fact that while sex work is contributing to the emergence of new gender roles based on increased autonomy from men and economic independence. However, this does little to increase the quality of life for these women because of the occupational risks (i.e. substance use, risk of HIV/AIDS and other infectious diseases, violence victimization) that are characteristic of the nature of the sex industry on the U.S. – Mexico border and a highly gendered ideology. From this perspective, behavioral choices made by these Mexican female sex workers are understood as the outcome of the social, structural and economic circumstances that are characteristic of their experiences living and working on the border and Mexico.

In conclusion, this dissertation also represents a significant contribution in understanding the public health implications in that it has provided an understanding of the nature of sex work within a binational context of a socially and economically marginalized region. This region is unique in that it is influenced by the economic disparities between the U.S. and Mexico. These macro level social, structural, and

economic factors associated with the U.S./Mexico border have a clear influence on the individual behaviors of the sex workers and persons associated with them. The data collected in this study reveals a dangerous transnational intersection associated with the sex work industry in Nuevo Laredo, Tamaulipas and Ciudad Juarez, Chihuahua. The results of this dissertation are critical in that they begin to indicate that sex work along the U.S. - Mexico border has important implications for the spread of HIV/AIDS, and other infectious diseases in both countries.

APPENDIX I.
Interview Schedule⁸

**INJECTING DRUG USE AND HIGH-RISK SEXUAL BEHAVIOR: THE
U.S./MEXICO BORDER
(CIUDAD JUÁREZ)**

⁸ For the purposes of this appendix the Ciudad Juarez interview schedule is being used. The Nuevo Laredo interview schedule was exactly the same except for a distinct cover page and the references to the city in the protocol.

PARTE I

DATOS GENERALES de la ENTREVISTA

Entrevistador: _____

Fecha de la entrevista: ____/____/____
(MES / DÍA / AÑO)

Lugar de la entrevista: _____

Entrevista #: _____ Sexo del Entrevistado:[Masc/Fem] _____

Principal lugar de trabajo del entrevistado (Venue): _____

Comenzó: _____ Terminó: _____

COMENTARIOS DEL ENTREVISTADOR:

6. Dónde naciste? a. _____ Ciudad b. _____ Estado c. _____ País

7. Dónde vive la mayoría de tu familia? _____

8. Dónde viviste por más tiempo hasta que tenías 16 años de edad?
(Enfatizar dónde vivió por MAS tiempo cuando era niña(o) – UN solo lugar)

a. _____ Ciudad b. _____ Estado c. _____ País

**SI Q08 NO ES CIUDAD
JUÁREZ,
PREGUNTE Q09-Q14**

9. En algún tiempo has regresado al lugar mencionado en Q8 para trabajar o vivir?

- [1] Si _____
[2] No _____
[77] Refuse _____
[88] NA _____
[99] DK _____

10. A quién conocías en Ciudad Juárez antes de que te movieras aquí?
(Lea la lista completa y marque TODAS las respuestas que apliquen)

- | | [1] Si | [2] No |
|---------------------------------------------|--------|--------|
| a. Miembros de tu familia íntima | _____ | _____ |
| b. Otros parientes tuyos | _____ | _____ |
| c. Parientes de tu compañero(a) o esposo(a) | _____ | _____ |
| d. Amigos de tu pueblo | _____ | _____ |
| e. Otros (Especifique): _____ | _____ | _____ |
| f. Nadie | _____ | _____ |

11. Por qué te cambiaste a Ciudad Juárez la primera vez? (Explorar: razones, porqués, etc...)

12. Tienes comunicación con personas que viven en el lugar en donde vive la mayoría de tu familia?

(Explorar: cartas, llamadas telefónicas, visitas en días festivos, etc....)

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

<p>SI SÍ, PREGUNT E Q13 SI NO, PREGUNT E Q15</p>

13. Les mandas dinero de vez en cuando?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

<p>SI SÍ, PREGUNT E Q14 SI NO, PREGUNT E Q15</p>

14. Qué tan seguido les mandas dinero?

- [1] Casi nunca _____
 [2] A veces _____
 [3] Seguido _____
 [4] Muy seguido _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

15. Dónde vives ahora?

a. _____ b. _____ c. _____
 Colonia (nombre oficial) Ciudad País

16. Desde cuándo vives allí? ____ / ____
 (MES / AÑO)

17. Quién vive contigo actualmente? (Explorar: tipo de relación, número de personas y sexo)

18. Has vivido fuera de Ciudad Juárez durante el año pasado?

[1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

SI SÍ, PREGUNT E Q19 SI NO, PREGUNT E Q23

19. Cuántas veces en el año pasado has vivido fuera de Ciudad Juárez? _____

20. A dónde te fuiste la última vez? _____
 (Ciudad) (Estado)

21. Por qué te fuiste la última vez? (Explorar: Razones)

22. Por qué regresaste a Ciudad Juárez? (Razones)

23. Tienes hijos?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA
 [99] DK _____

**SI SÍ,
 PREGUNT
 E Q24
 SI NO,
 PREGUNT
 E Q27**

24. Cuántos hijos tienes? _____

25. Cuántos de tus hijos viven contigo? _____

**SI LA RESPUESTA PARA
 Q24 ES DIFERENTE A LA
 RESPUESTA PARA Q25,
 PREGUNTE Q26**

26. Con quién viven tus hijos(as)?

- [1] Parientes: cuáles? a. _____ b. _____
 [2] Amigos _____
 [3] Papá (de los hijos) _____
 [4] Mamá (de los hijos) _____
 [5] Viven solos _____
 [6] Otro (Especifique) _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

AHORA, ME GUSTARÍA HACERTE ALGUNAS PREGUNTAS SOBRE EL LUGAR EN DONDE ESTÁS TRABAJANDO ACTUALMENTE – Y DESPUÉS, SOBRE LOS LUGARES DONDE TRABAJABAS EN EL PASADO. TE VOY A HACER TRES PREGUNTAS DE CADA LUGAR: NOMBRE, TIPO Y DIRECCIÓN O ÁREA DEL LUGAR.

27. Cómo se llama el lugar donde estás trabajando **actualmente** (como trabajador(a) de sexo)? Qué tipo de lugar es? Donde está localizado este lugar? (Explorar TODOS los lugares donde “R” trabaje)

a. Nombre del lugar	b. Tipo de lugar	c. Dirección/área del lugar
[1]	[1] Calle _____ [2] Casa Privada _____ [3] Cantina _____ [4] Otro Tipo de Salón _____ Especifique: _____	
[2]	[1] Calle _____ [2] Casa Privada _____ [3] Cantina _____ [4] Otro Tipo de Salón _____ Especifique: _____	
[3]	[1] Calle _____ [2] Casa Privada _____ [3] Cantina _____ [4] Otro Tipo de Salón _____ Especifique: _____	
[4]	[1] Calle _____ [2] Casa Privada _____ [3] Cantina _____ [4] Otro Tipo de Salón _____ Especifique: _____	

28. Ahora quisiera saber sobre los lugares donde has trabajado **en el pasado**? Cómo se llamaban? Qué tipo de lugar eran? En dónde estaba localizados? (Explorar **TODOS** los lugares anteriores y su ubicación)

a. Nombre del lugar	b. Tipo de lugar	c. Dirección/área del lugar
[1]	[1] Calle _____ [2] Casa Privada _____ [3] Cantina _____ [4] Otro Tipo de Salón _____ Especifique: _____	
[2]	[1] Calle _____ [2] Casa Privada _____ [3] Cantina _____ [4] Otro Tipo de Salón _____ Especifique: _____	
[3]	[1] Calle _____ [2] Casa Privada _____ [3] Cantina _____ [4] Otro Tipo de Salón _____ Especifique: _____	
[4]	[1] Calle _____ [2] Casa Privada _____ [3] Cantina _____ [4] Otro Tipo de Salón _____ Especifique: _____	

PARTE II

SECCIÓN 2: TRAYECTORIA de CARRERA

EN ESTA SECCIÓN TE VOY A HACER PREGUNTAS SOBRE TU VIDA COMO TRABAJADOR(A) DE SEXO Ó SEXO-SERVIDORA – TAMBIÉN ME REFERIRÉ A TU PROFESIÓN DE HACER SEXO POR DINERO.

29. A qué edad tuviste tu primera experiencia sexual? _____ años

29a. A qué edad comenzaste a hacer sexo por dinero, drogas u otros favores? [Alegria]

_____ años

30. La primera experiencia de hacer sexo por dinero, drogas u otros favores fué...[Alegria]

(Leer todas las respuestas)

	[1]	[2]	[77]	[88]
	Si	No	Refuse	NA
a. Porque quisiste	_____	_____	_____	_____
b. Te convencieron	_____	_____	_____	_____
c. Por la fuerza física	_____	_____	_____	_____
d. Por amenaza	_____	_____	_____	_____
e. Por necesidad económica	_____	_____	_____	_____
f. Otra (Epecifique) _____	_____	_____	_____	_____

30a. Me podrías platicar de esta primera experiencia de haber hecho sexo por dinero, drogas u otros favores?

(con quién, dónde, cuánto te pagaron, cómo pasó, circunstancias, etc.)

31. Quién te ayudó a comenzar el trabajo de hacer sexo por dinero, drogas u otros favores? [Alegria]

(Marque solo UNA respuesta)

- [1] Amigo(a) _____
 [2] Papá _____
 [3] Mamá _____
 [4] Esposo(a) / compañero(a) _____
 [5] Hermana(o) _____ [especifique hermana/o] _____
 [6] Otro Pariente _____
 [7] Quien te vende drogas _____
 [8] Nadie _____
 [9] Otra persona (especifique la relación) _____
 [77] Refuse _____
 [88] NA
 [99] DK _____

32. Generalmente cuántos días al mes dedicas al trabajo de sexo?
 _____ Núm. de días

33. Cuántos hombres y mujeres conoces personalmente que son trabajadores de sexo en Ciudad Juárez?

_____ Núm. de personas [Codina]

ME GUSTARÍA PREGUNTARTE SI HAS TENIDO EXPERIENCIAS DE VIOLENCIA EN TU TRABAJO DE SEXO, YA SEA COMO VÍCTIMA O AGRESORA. [POR EJEMPLO, EMPUJONES, CACHETADAS, GOLPES, PATADAS, MORDIDAS, AMENAZAS FÍSICAS.]

34. Has tenido alguna experiencia violenta en tu trabajo de sexo con clientes (personas que te pagan por el sexo), otros trabajadores, policía o gerente o dueño de un club?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA
 [99] DK _____

**SI SÍ,
 PREGUNT
 E Q35**

SI NO, PREGUNT E Q38

35. Qué tan seguido ha pasado ésto en los últimos 30 días? _____
(número de veces)

36. La mayoría del tiempo estas experiencias han sido con
(Marque solo UNA respuesta)

- [1] clientes _____
- [2] otros trabajadores(as) de sexo _____
- [3] jefes o empleados del local o bar _____
- [4] Policía _____
- [5] Otros (Especifique) _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

37. Díme en detalle la última experiencia violenta que tuviste en tu trabajo. (Explorar:
¿Quién?,
¿Dónde?, ¿Qué pasó?, heridas, armas usadas, razón, *se usaron drogas?*, *de qué tipo?*,
consecuencias (despido, arrestos) Etc...)

38. Aparte de tu trabajo de sexo, estás ganando dinero de alguna otra manera?

- [1] Si _____
- [2] No _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

SI SÍ,
PREGUNT
E Q39
SI NO,
PREGUNT
E SI ES
ESTUDIA
NTE Y
LUEGO
VAYA A
Q40

39. De qué otra manera estás ganando dinero? (Explorar: ¿Cómo?, ¿Qué tan seguido?, Etc...)

40. De vez en cuándo vas a El Paso para divertirte en bailes, fiestas, cantinas, o bares?
(no para trabajo sexual)

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

41. Has estado en el CERESO en Ciudad Juárez durante el último año? [Codina]

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

41a) Has estado en la cárcel en El Paso, TX?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

**SI SÍ,
PREGUNT
E Q42
SI NO,
VAYA A
LA
SECCIÓN
3**

42. Me puedes explicar la última vez que estuviste en la cárcel?
(Explorar: circunstancias, ¿Dónde pasó?, ¿Usabas drogas en la cárcel?,
¿Cómo saliste?, etc...)

SECCIÓN 3: DATOS DEL CLIENTE

EN ESTA SECCION QUIERO QUE ME EXPLIQUES LO MEJOR QUE PUEDES SOBRE LAS PERSONAS CON LOS CUALES INTERCAMBIAS SEXO POR DINERO EN EL TRABAJO EN CIUDAD JUÁREZ.

43. Con cuántas personas intercambiaste sexo por dinero durante **la semana pasada** en Ciudad Juárez?

Número de personas _____

44. Con cuántas personas intercambiaste sexo en tu **noche más lenta** en la semana pasada?

Número de personas _____

45. Con cuántas personas intercambiaste sexo en tu **noche más ocupada** en la semana pasada?

Número de personas _____

45a. Cuál noche fué? _____
(día de la semana)

46. De tu **noche más ocupada** en la semana pasada, cuáles son las edades de las personas que te pagaron por el sexo? (Incluir el número de clientes para cada grupo, representando el número de clientes en la noche más ocupada)

- [1] Jóvenes menores de 20 años - _____
- [2] Entre 20 y 30 años - _____
- [3] Entre 30 y 40 años - _____
- [4] Más de 40 años - _____
- [77] Refuse _____
- [88] NA
- [99] DK _____

47. De tu **noche más ocupada** en la semana pasada, cuántas de las personas que te pagaron por

el sexo: (Número de clientes para cada respuesta)

- a. Eran de México _____ c. Eran de otro lado (especifique): _____
 b. Eran de EEUU _____

**SI "0" SON DE
 MÉXICO,
 PREGUNTE Q49
 SI "0" SON DE EEUU,
 PREGUNTE Q48 Y
 SALTE Q49 Y Q50**

48. De aquellos que eran de México, cuántos eran de Ciudad Juárez, Chihuahua, o de fuera de Ciudad Juárez, Chihuahua? [Codina]

- a. Dentro de Ciudad Juárez _____ (número de personas)
 b. Fuera de Ciudad Juárez _____ (número de personas)
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

49. De aquéllos que eran de EEUU, cuántos eran de El Paso, TX, o de fuera de El Paso, TX? [Codina]

- a. Dentro de El Paso, TX _____ (número de personas)
 b. Fuera de El Paso, TX _____ (número de personas)
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

50. De aquéllos que eran de EEUU, cuántos eran ... (número de clientes de cada grupo étnico)

- [1] Latinos/Hispanos/Mexico Americanos _____
 [2] Anglos _____
 [3] Negros _____
 [4] Otro (Especifique) – _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

**LEA TODAS LAS
 RESPUESTAS PARA
 Q51-Q52
 Y UTILICE TARJETA**

En una semana como cualquiera ...[Alegria]

51. De las personas que te pagaron por el sexo, cuántos son conocidos o regulares ("clientes"):

- [1] Ninguno _____
- [2] Muy pocos _____
- [3] Aproximadamente la mitad _____
- [4] La mayoría _____
- [77] Refuse _____
- [88] NA
- [99] DK _____

51a. De las personas que te pagaron por el sexo, cuantos no son regulares? (personas que conoces en el momento)

- [1] Ninguno _____
- [2] Muy pocos _____
- [3] Aproximadamente la mitad _____
- [4] La mayoría _____
- [77] Refuse _____
- [88] NA
- [99] DK _____

52. De las personas que te pagaron por el sexo durante el año pasado, cuántos de ellos crees que se inyectaban drogas? (que usaban drogas inyectadas?)

- [1] Ninguno _____
- [2] Muy Pocos _____
- [3] Aproximadamente la mitad _____
- [4] La mayoría _____
- [77] Refuse _____
- [88] NA
- [99] DK _____

**SI "Ninguno" VAYA
A SECCIÓN 4**

53. De las personas que te pagaron por el sexo durante los últimos 30 días, dime cuántos (crees tu) que se inyectaban drogas?

Número de IDUs _____

SECCIÓN 4: USO de DROGAS

**AHORA TE VOY A PREGUNTAR SOBRE USO DE DROGAS,
INCLUYENDO EL TIPO DE DROGAS, TU EDAD Y LA FRECUENCIA
CON QUE LAS USAS.**

[HRC AND ALEGRIA]

54. Utilizabas drogas cuando comenzaste en tu profesión como trabajador(a) de sexo?

[Alegria]

[1] Si _____

[2] No _____

[77] Refuse _____

[88] NA

[99] DK _____

UTILICE LA MATRIZ LOCALIZADA EN LA SIGUIENTE PÁGINA

(Circule la respuesta correcta para Q55 y Q57)

55. alguna vez has usado _____ ?	Si	No	56. Edad cuando la usaste por primera vez?	57. alguna vez te has inyectado _____ ?		58. Cuántos días la has usado en los últimos 30 días?	59. Cuántas veces usaste _____ en las últimas 48 horas?
				Sí	No		
a. Alcohol	1	2					
b. Marijuana	1	2					
c. Crack/Freebase	1	2					
d. Cocaína sola	1	2		1	2		
e. Heroína sola	1	2		1	2		
f. Metadona (sin receta)	1	2		1	2		
g. "Speedball" Cocaína/Heroína	1	2		1	2		
h. Alucinógenos (drogas PCP, LCD, polvo de ángel)	1	2					
i. Pegadura (resistol) /thiner de pintura/ pintura en spray	1	2					
j. Tranquilizantes (pastillas depresivas, valium, xanax)	1	2		1	2		
k. Barbitúricos (pastillas para dormir)	1	2		1	2		
l. Otros "opiates" (ejemplo: demerol, codeina, dilaudid)	1	2		1	2		
m. Anfetaminas/ Estimulantes (speed)	1	2		1	2		
n. Otras drogas, especifique solo una: _____	1	2		1	2		

ME GUSTARÍA PREGUNTARTE ACERCA DE LA ÚLTIMA VEZ QUE TE INYECTASTE:

60. Cuándo fué la **última vez** que te inyectaste? ____/____
(MES / AÑO)

61. Cuántas veces te inyectaste aquél día? _____ (número de veces)

62. Qué droga te inyectaste aquél día?

- [1] Heroína _____
- [2] Cocaína _____
- [3] Heroína y cocaína "speedball" _____
- [4] Otra (especifique) _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

63. Te inyectaste tu sola(o) o junto con otras personas?

- [1] Solo(a) _____
- [2] Con otros _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

**SI "sola",
PREGUNT
E Q64
SI "con
otros",
PREGUNT
E Q66**

64. Esterilizaste o limpiaste la jeringa antes de usarla?

- [1] Si _____
- [2] No _____
- [3] No, ya estaban limpias _____
- [4] No, eran nuevas _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

**SI SÍ,
PREGUNT
E Q65
SI NO,
PREGUNT
E Q70**

65. Cómo esterilizaste o limpiaste la jeringa?

- [1] con cloro _____
- [2] con alcohol _____
- [3] la herviste en agua _____
- [4] la enjuagaste en agua nada más _____
- [5] otro _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

66. Usaste la jeringa después de que alguien la usó sin haberla esterilizado primero?

- [1] Si _____
- [2] No _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

**SI SÍ,
PREGUNT
E Q68
SI NO,
PREGUNT
E Q67**

67. Cómo limpiaste la jeringa antes de inyectarte?

- [1] Con cloro _____
- [2] Con alcohol _____
- [3] La herviste en agua _____
- [4] La enjuagaste en agua nada más _____
- [5] Otro _____
- [6] Era nueva _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

68. Alguien mas usó la jeringa después de tí sin limpiarla primero?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

69. Cuando te inyectaste ese día usaste ...

[1]	[2]	
[77]	[88]	
[99]		
Si	No	
Refuse		NA
DK		

a. Una cuca ó algodón que había sido usado por alguien más

b. Agua para enjuagar, que había sido usada por alguien más

c. Otro

AHORA ME GUSTARÍA PREGUNTARTE ACERCA DE CONDUCTAS RELACIONADAS AL USO DE DROGAS.

70. Alguna vez has usado una jeringa que no estaba esterilizada para inyectarte drogas después de

que alguien más la usó?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

SI SÍ, PREGUNT E Q71 SI NO, PREGUNT E Q72

71. Quién era esa persona?

- [1] Familiar _____
- [2] Amigo(a) _____
- [3] Cliente _____
- [4] Un/una conocido(a) _____
- [5] Otro _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

72. De dónde consigues las jeringas generalmente:

- [1] Farmacia _____
- [2] Vendedor de drogas _____
- [3] Amigo o pariente _____
- [4] Extraño _____
- [5] Padrote/madrotta _____
- [6] Otro (especifique) _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

73. En general cuántas veces usas una jeringa antes de tirarla? _____

AHORA QUISIERA SABER SOBRE TU USO DE DROGAS EN EL TRABAJO

74. Usas alguna clase de drogas (aparte de beber o tomar alcohol) cuando estás trabajando?

- [1] Si _____
- [2] No _____
- [77] Refuse _____
- [88] NA
- [99] DK _____

**SI SÍ,
PREGUNT
E Q75
SI NO,
PREGUNT
E Q78**

75. Qué clase de drogas? _____

76. Qué tan seguido usas drogas mientras estás en el trabajo? (Lea todas las respuestas)

- [1] Nunca _____
- [2] Algunas veces _____
- [3] Seguido _____
- [4] Muy seguido _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

77. En los últimos treinta días, qué tan seguido estabas drogada (no borracho-a) cuando ibas a tener sexo con un cliente? (Lea todas las respuestas)

- [1] Nunca _____
- [2] Algunas veces _____
- [3] Seguido _____
- [4] Muy seguido _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

78. Alguna vez has usado cocaína o heroína sin inyectarte?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

**SI SÍ,
 PREGUNT
 E Q79
 SI NO,
 PREGUNT
 E Q80**

79. Cómo las usaste? (Explorar: uso por vía nasal, agua de chango, compartir otros instrumentos/paraphernalia)...

80. Alguna vez te has inyectado alguna substancia que no fuera una droga ilegal?
 (Explorar: vitamina K, silicón, antibióticos, etc..)

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

**SI SÍ,
 PREGUNT
 E Q81
 SI NO,
 PREGUNT
 E Q82**

81. Qué fue? Qué eran? a. _____ b. _____ c. _____

81a. Has usado una jeringa para inyectarte estas sustancias después de que alguien la usó sin haberla

esterilizado primero?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

82. Has estado en tratamiento (o atención médica) para aliviar la adicción en los últimos 12 meses? [Codina]

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

<p>SI SÍ, PREGUNT E Q83 SI NO, PREGUNT E Q85</p>

83. Qué clase de tratamiento o atención médica?

- [1] Detox _____
 [2] Residencial _____
 [3] "Hospital de día" (no interna) _____
 [4] Metadona _____
 [5] Otro (especifique) _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

84. Dónde recibiste el tratamiento o atención médica?

a.) Nombre del lugar _____

b.) Dónde esta localizado? _____

AHORA TE VOY A HACER PREGUNTAS SOBRE PERSONAS QUE SE INYECTAN DROGAS. LA INFORMACIÓN – COMO TODA LA ENTREVISTA – ES CONFIDENCIAL Y NO TIENE NADA QUE VER CON NINGUNA AUTORIDAD. LA INFORMACIÓN ES SOLO PARA EL BENEFICIO DE LA INVESTIGACIÓN ACADÉMICA.

85. Cuántas personas conoces tú que se inyectan drogas? _____ [77] _____ [88] _____
 [99] _____

Refuse NA DK

(Al sumar las siguientes categorías, el total debe ser igual al número en Q85)

De ellos,:

a. Cuántos son tus compañeros con los cuales tienes relaciones sexuales? _____

If q85 = "0", go to q89

b. Cuántos son parientes? _____

c. Cuántos son amigos(as)? _____

d. Cuántos son conocidos? _____ (que no sean clientes)

e. Cuántos son clientes? _____

86. De estas personas, cuantos saben que tú te inyectas drogas (que sea aplicable)? _____

87. Cuántos han sido encarcelados en los últimos 12 meses? _____

a. Cuántos de estos fueron encarcelados en Ciudad Juárez? _____

a,b,c should add up to q87

b. Cuántos de estos fueron encarcelados en El Paso, TX? _____

c. En otro Estado de la República u otra Ciudad en EEUU? _____

88. Cuántos han recibido tratamiento para ayudarlos con la adicción (osea metadona, residencial, etc) en los últimos 12 meses? _____

a. Cuántos de éstos han recibido tratamiento para ayudarlos con la adicción en Ciudad Juárez? _____

b. Cuántos de éstos han recibido tratamiento para ayudarlos con la adicción en El Paso, TX? _____

c. Cuántos de éstos han recibido tratamiento para ayudarlos con la adicción en otro lado? _____

a,b,c should add up to q88

**AHORA ME GUSTARÍA HACERTE LAS MISMAS PREGUNTAS PERO
ACERCA DE TRABAJADORES DE SEXO**

Refuse NA
DK

89. Cuántos trabajadores de sexo conoces tú que se inyectan drogas? _____ [77] _____

[88] _____ [99] _____

De ellos(as), sabes ...?:

a. Cuántos son sus compañeros con los cuales tiene relaciones sexuales? _____

b. Cuántos son parientes? _____

c. Cuántos son amigos(as)? _____

If q89= "0", go to section 5

d. Cuántos son conocidos? _____

90. Cuántos de ellos (trabajadores de sexo) saben que tu te inyectas drogas (que sea aplicable)? _____

91. Cuántos (trabajadores de sexo) han sido encarcelados en los últimos 12 meses?

a. Cuántos de estos fueron encarcelados en Ciudad Juárez? _____

b. Cuántos de estos fueron encarcelados en El Paso, TX? _____

c. En otro Estado de la República u otra Ciudad en EEUU? _____

a,b,c should add up to q91

92. Cuántos (trabajadores de sexo) han recibido tratamiento para ayudarlos con la adicción

(metadona, residencial, etc) en los últimos 12 meses? _____

a. Cuántos de estos han recibido tratamiento para ayudarlos con la adicción en Ciudad Juárez? _____

b. Cuántos de estos han recibido tratamiento para ayudarlos con la adicción en El Paso, TX? _____

c. Cuántos de éstos han recibido tratamiento para ayudarlos con la adicción en otro lado? _____

a,b,c should add up to q92

SECCIÓN 5: CONDUCTA SEXUAL

AHORA ME GUSTARÍA HACERTE ALGUNAS PREGUNTAS ACERCA DE TU CONDUCTA SEXUAL. PRIMERO ME GUSTARÍA SABER ALGO SOBRE TUS RELACIONES SEXUALES QUE TIENES FUERA DE TU TRABAJO, EN TU VIDA PERSONAL.

93. Actualmente tienes una relación estable con alguien? (Tienes un compañero ahora?)

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA
 [99] DK _____

**SI SÍ,
PREGUNT
E Q95
SI NO,
PREGUNT
E Q94**

94. En el año pasado has tenido una relación estable?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

**SI SÍ,
PREGUNT
E Q95
SI NO,
PREGUNT
E Q97**

95. En esta relación estable, tu compañero(a) es mujer u hombre? [Alegria]

- [1] Mujer _____
 [2] Hombre _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

96. Crees que tu compañero(a) tenga relaciones sexuales con otros(as) personas?
 [Alegria]

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

97. Fuera de trabajo, has tenido relaciones sexuales con alguien - aparte de tu compañero
 - durante
 el último año?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

**SI SÍ,
 PREGUNT
 E Q98
 SI NO,
 PREGUNT
 E Q99**

98. Con cuántos, más o menos? _____

**AHORA TE VOY A HACER UNA SERIE DE PREGUNTAS TRATANDO EN
 DETALLE MUY PERSONAL LA CONDUCTA SEXUAL TANTO EN TU
 VIDA PERSONAL TANTO COMO TU TRABAJO PROFESIONAL. ANTES
 DE SEGUIR, QUISIERA DECIRTE OTRA VEZ – CON TODA SINCERIDAD
 – QUE TODO ESTO SERÁ COMPLETAMENTE EN CONFIANZA Y
 ANONIMO.**

REF: CIES (Proyecto de Trabajadoras Sexuales, Bassin)

**PARA MUJERES, COMPLETE Q99 Y Q101
PARA HOMBRES, COMPLETE Q100 Y
Q101**

SOLO PARA MUJERES:

99. Has llevado a cabo alguna(s) de las siguientes actividades en los últimos 30 días?
Empecemos hablando
de tu compañero: (Continúe con “personas que te pagaron por el sexo” y “algún
otro”. Utilice tarjeta)

Frecuencias: 0=Nunca 1=Menos de la mitad de las veces 2=Como la mitad de las veces 3=Mas de la mitad de las veces 4=Siempre

A. Compañero(a)

Actividad Sexual (últimos 30 días)	a. Llevaste a cabo la actividad?			b. Cuántas veces en los últimos 30 días?	c. Con qué frecuencia usaste un condón?					
	Si	No	NA		0	1	2	3	4	
1. El pene del compañero en tu vagina										
2. El pene del compañero en tu vagina durante tu menstruación										
3. La boca del compañero(a) en tu vagina durante tu menstruación										

B. Personas que te pagaron por el sexo en tu trabajo

Actividad Sexual (últimos 30 días)	a. Llevaste a cabo la actividad?		b. Cuántas veces en los últimos 30 días?	c. Con qué frecuencia usaste un condón?					
	Si	No		0	1	2	3	4	
1. El pene del hombre en tu vagina									
2. El pene del hombre en tu vagina durante tu menstruación									
3. La boca de una persona en tu vagina durante tu menstruación									

C. Algún Otro(a)

Actividad Sexual (últimos 30 días)	a. Llevaste a cabo la actividad?		b. Cuántas veces en los últimos 30 días?	c. Con qué frecuencia usaste un condón?					
	Si	No		0	1	2	3	4	
1. El pene del hombre en tu vagina									
2. El pene del hombre en tu vagina durante tu menstruación									
3. La boca de una persona en tu vagina durante tu menstruación									

SOLO PARA HOMBRES:

100. Has llevado a cabo alguna(s) de las siguientes actividades en los últimos 30 días?
Empecemos hablando de tu compañero: (Continúe con “personas que te pagaron por el sexo” y “algún otro” . Utilice tarjeta)

Frecuencias: 0=Nunca
1=Menos de la mitad de las veces
2=Como la mitad de las veces
3=Mas de la mitad de las veces
4=Siempre

A. Compañero(a)

Actividad Sexual (últimos 30 días)	a. Llevaste a cabo la actividad?			b. Cuántas veces en los últimos 30 días?	c. Con qué frecuencia usaste un condón?					
	Si	No	NA		0	1	2	3	4	
1. Tu pene en el ano del compañero(a)										
2. Tu pene en la boca del compañero (a)										
3. Tu pene en la vagina de la compañera										
4. Tu pene en la vagina de la compañera durante su menstruación										

B. Personas que te pagaron por el sexo en tu trabajo

Actividad Sexual (últimos 30 días)	a. Llevaste a cabo la actividad?		b. Cuántas veces en los últimos 30 días?	c. Con qué frecuencia usaste un condón?					
	Si	No		0	1	2	3	4	
1. Tu pene en el ano del otro(a)									
2. Tu pene en la boca del otro(a)									
3. Tu pene en la vagina de una mujer									
4. Tu pene en la vagina de una mujer durante su menstruación									

C. Algún Otro(a)

Actividad Sexual (últimos 30 días)	a. Llevaste a cabo la actividad?		b. Cuántas veces en los últimos 30 días?	c. Con qué frecuencia usaste un condón?					
	Si	No		0	1	2	3	4	
1. Tu pene en el ano del otro(a)									
2. Tu pene en la boca del otro(a)									
3. Tu pene en la vagina de una mujer									
4. Tu pene en la vagina de una mujer durante su menstruación									

PARA TODOS LOS PARTICIPANTES (HOMBRES Y MUJERES)

101. Has llevado a cabo alguna(s) de las siguientes actividades en los últimos 30 días?
Empecemos hablando de tu compañero: (Continúe con “personas que te pagaron por el sexo” y “Algún otro”. Use tarjeta)

Frecuencias: 0=Nunca
1=Menos de la mitad de las veces
2=Como la mitad de las veces
3=Mas de la mitad de las veces
4=Siempre

A. Compañero(a)

Actividad Sexual (últimos 30 días)	a. Llevaste a cabo la actividad?			b. Cuántas veces en los últimos 30 días?	c. Con qué frecuencia usaste un condón?					
	Si	No	NA		0	1	2	3	4	
1. El pene del compañero en tu ano										
2. El pene del compañero en tu boca										
3. La boca de tu compañero(a) en tu ano										
4. Tu boca en la vagina de tu compañera durante la menstruación										
5. Tu boca en el ano de tu compañero(a)										

B. Personas que te pagaron por el sexo en tu trabajo

Actividad Sexual (últimos 30 días)	a. Llevaste a cabo la actividad?		b. Cuántas veces en los últimos 30 días?	c. Con qué frecuencia usaste un condón?					
	Si	No		0	1	2	3	4	
1. El pene del hombre en tu ano									
2. El pene del hombre en tu boca									
3. La boca de alguien en tu ano									
4. Tu boca en la vagina de una mujer durante la menstruación									
5. Tu boca en el ano de alguien									

C. Algún Otro(a)

Actividad Sexual (últimos 30 días)	a. Llevaste a cabo la actividad?		b. Cuántas veces en los últimos 30 días?	c. Con qué frecuencia usaste un condón?					
	Si	No		0	1	2	3	4	
1. El pene del hombre en tu ano									
2. El pene del hombre en tu boca									
3. La boca de alguien en tu ano									
4. Tu boca en la vagina de una mujer durante la menstruación									
5. Tu boca en el ano de alguien									

102. Qué haces cuando tu compañero te pide tener sexo por atrás (actividades anales)?
Y qué pasa cuando el cliente lo pide? (Lea respuestas 1-4 sólo y marque UNA respuesta) [Alegria]

Dime si:

	a. Compañero(a)	b. Personas que te pagan por sexo
[1] Aceptas sin condiciones	_____	_____
[2] Aceptas pero le cobras más caro	N/A	_____
[3] Aceptas si usa condón	_____	_____
[4] Tratas de convencerle para que cambie a otra actividad (especifique) _____	_____	_____
[5] Le dices que no	_____	_____
[6] Otra (especifique) _____	_____	_____
[77] Refuse	_____	_____
[88] NA	_____	<input checked="" type="checkbox"/>
[99] DK	_____	_____

103. Ahorita puedes conseguir condones – para usar con tu compañero(a)? – para usar en tu trabajo de sexo? (Marque sólo UNA respuesta para CADA columna) [Alegria]

	a. Compañero(a)	b. Personas que te pagan por sexo
[1] Si	_____	_____
[2] No	_____	_____
[3] No uso condones con mi compañero	_____	_____
[77] Refuse	_____	<input checked="" type="checkbox"/>
[88] NA	_____	<input checked="" type="checkbox"/>
[99] DK	_____	_____

- 104.Cuál de estas razones es más importante para tí para usar un condón con tu compañero? - y con las personas que te pagan por el sexo? (Lea las respuestas y marque solo UNA para Cada columna – marque la razón MAS importante para la(el) participante)

	a. Compañero(a)	b. Personas que te pagan por sexo
[1] Cuando lo tienes a la mano	_____	_____
[2] Cuando te lo piden	_____	_____
[3] Dependiendo del acto sexual que sea	_____	_____
[4] Cuando tu piensas que sea apropiado (a tu juicio y discreción)	_____	_____
[5] Otra (especifique) _____	_____	_____

[77] Refuse	_____	<input type="checkbox"/>
[88] NA	_____	<input checked="" type="checkbox"/>
[99] DK	_____	_____

105. Quién trae (o tiene) el condón cuando estás con tu compañero? Y cuando estas con personas que te pagan por sexo? (Marque sólo UNA respuesta para CADA columna)
[Alegria]

	a. Compañero(a)	b. Personas que te pagan por sexo
[1] Yo	_____	_____
[2] El (cliente/compañero) trae o compra	_____	_____
[3] Ambos traemos condones	_____	_____
[4] Otro (especifique) _____	_____	_____
[5] Ninguno—no tengo cómo conseguir condones	_____	_____
[77] Refuse	_____	_____
[88] NA	_____	<input checked="" type="checkbox"/>
[99] DK	_____	_____

<p>SI "Yo" o "Ambos" PREGUNTE Q106. PARA LAS DEMÁS RESPUESTAS, PREGUNTE Q107</p>

106. Dónde los consigues la mayor parte del tiempo? (Marque sólo UNA respuesta)

[1] Fuera de trabajo los compro	_____
[2] Los consigo en el trabajo	_____
[3] Me los dan como servicio público	_____
[4] Otra, (Especifique):	_____
[77] Refuse	_____
[88] NA	_____
[99] DK	_____

107. Dime la razón más importante para protegerte (condones u otro tipo de protección) cuando estás

con tu compañero? Y cuando estás con personas que te pagan por sexo? (Marque sólo UNA respuesta para CADA columna – marque la razón MAS importante para el participante)

	a. Compañero(a)	b. Personas que te pagan por sexo
[1] Para prevenir un embarazo	_____	_____
[2] Para prevenir enfermedades de transmisión sexual	_____	_____

- | | | |
|-------------------------------------|-------|-------|
| [3] Para prevenir SIDA | _____ | _____ |
| [4] Me lo requieren en el trabajo | _____ | _____ |
| [5] Otra (especifique) _____ | _____ | _____ |
| [6] No uso protección | _____ | _____ |
| [77] Refuse | _____ | _____ |
| [88] NA | _____ | _____ |
| [99] NR, DK | _____ | _____ |

108. Dime qué tan efectivos crees que son los condones para protegerte del SIDA: (Lea todas las respuestas y utilice tarjeta) [Alegria]

- [1] Extremadamente efectivos _____
- [2] Muy efectivos _____
- [3] Algo efectivos _____
- [4] Un poco efectivos _____
- [5] Nada efectivos _____
- [77] Refuse _____
- [88] NA
- [99] DK _____

109. Alguna vez se ha negado un cliente (alguien que te paga por el sexo) a usar un condón, cuando se lo pediste?

- [1] Si _____
- [2] No _____
- [77] Refuse _____
- [88] NA
- [99] DK _____

110. Dime en detalle la última vez que un cliente se negó a usar un condón cuando se lo pediste? O nunca pides que usen condón? Y por qué? (Descripción detallada del incidente: quién era el cliente, acto sexual, dinero, drogas, violencia.)

Si no usa condón, por qué?, cambia de idea si el cliente ofrece mas dinero?, si sí, cuánto?

AHORA TE QUIERO HABLAR EN GENERAL SOBRE TODAS LAS PERSONAS CON LAS CUALES HAS TENIDO RELACIONES SEXUALES EN EL ÚLTIMO AÑO – INCLUYENDO A TODOS, DENTRO Y FUERA DE TU TRABAJO.

111. Durante el **último año**, has tenido relaciones sexuales con algunas de las siguientes personas? [Alegria]

- | | [1] Si | [2] No |
|--------------------------------------------------|----------|----------|
| a. Hombres que tienen sexo con mujeres y hombres | _____ | _____ |
| b. Hombres que tienen sexo con hombres | _____ | _____ |
| c. Mujeres que tienen sexo con mujeres y hombres | _____ | _____ |
| d. Mujeres que tienen sexo con mujeres | _____ | _____ |
| e. Personas que han ido a prisión | _____ | _____ |
| f. Hombres que manejan trailers | _____ | _____ |
| g. Extranjeros o turistas | _____ | _____ |
| h. Hombres que se prostituyen | _____ | _____ |
| i. Mujeres que se prostituyen | _____ | _____ |
| j. Personas que se inyectan | _____ | _____ |

SI LA RESPUESTA PARA Q111j ES SI, PREGUNTE Q112 DEMÁS RESPUESTAS, PREGUNTE Q115

112. Quiénes son las personas que se inyectan?

- | | [1] Si | [2] No | [77] Refuse | [88] NA | [99] DK |
|----------------------------------------|----------|----------|-------------|---------|---------|
| a. Compañero | _____ | _____ | _____ | _____ | _____ |
| b. Personas que te pagaron por el sexo | _____ | _____ | _____ | _____ | _____ |
| c. Algún otra persona | _____ | _____ | _____ | _____ | _____ |

113. Te has inyectado con ellos?

- [1] Si _____
- [2] No _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

SI SÍ,
PREGUNT
E Q114
SI NO,
PREGUNT
E Q115

114. Con cuáles te has inyectado?

[1] [2] [77] [88] [99]
Si No Refu NA DK

- a. Compañero _____
- b. Personas que te pagaron por el sexo _____
- c. Algún otra persona _____

ME GUSTARÍA PLATICAR POR UNOS MINUTOS SOBRE TU INTERCAMBIO CON ALGUIEN QUE TE PAGÓ POR EL SEXO.

115. En esta pregunta, quiero saber todo de lo que pasó **la última vez** que tuviste sexo con alguien que te pagó por sexo en tu trabajo? Me puedes explicar en detalle? [Explorar: Dónde sucedió, ya conocías a esta persona de otras veces o de tu círculo social?, cómo hicieron el conecte?, edad y grupo étnico del cliente, detalles en actividad sexual realizada, usaron condón?, el cliente estaba intoxicado/drogado? Si sí andaban drogados, en qué?] *Obtener toda la información desde que hizo el contacto con el cliente hasta que se despidieron.*

SECCIÓN 6: VIH / ETS

ESTA ES LA ÚLTIMA SECCIÓN DE LA ENTREVISTA – ME GUSTARÍA SABER DE TU HISTORIA MÉDICA SOBRE ENFERMEDADES DE TRANSMISIÓN SEXUAL. NOS REFERIMOS A ELLAS COMO “ETS.” TAMBIÉN TE VOY A HACER ALGUNAS PREGUNTAS SOBRE SIDA.

116. Cuántas veces has estado infectado(a) con una enfermedad transmitida sexualmente (ETS) desde que empezaste en tu trabajo de sexo?

_____ Número de veces

117. Recibiste atención médica la última vez que contrajiste una ETS?

- [1] Si _____
- [2] No _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

118. Seguiste trabajando después de que contrajiste la ETS?

- [1] Si _____
- [2] No _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

AHORA TE QUIERO HACER ALGUNAS PREGUNTAS SOBRE LO QUE TU ENTIENDES DEL SIDA Y EL VIRUS QUE CAUSA EL SIDA – LO QUE ES VIH (VIRUS DE IMMUNODEFICIENCIA HUMANO).

119. Cuáles fluidos (líquidos) pueden transmitir el VIH entre una persona y otra. (Si participante no entiende "VIH", explique "el virus que causa el SIDA". NO lea las respuestas, pero MARQUE todas las que la(el) participante mencione)

- [1] Saliva _____
- [2] Sangre _____
- [3] Lágrimas _____
- [4] Orina _____
- [5] Semen _____
- [6] Leche de pecho o materna _____
- [7] Esperma _____
- [8] Sudor _____
- [9] Secreciones vaginales _____
- [77] Refuse _____
- [88] NA _____
- [99] DK _____

120. Solamente hombres que tienen sexo con hombres están en riesgo de contraer el VIH (Virus que causa el SIDA)

- [1] Verdadero _____
- [2] Falso _____

121. Hay tratamiento disponible para el VIH (Virus que causa el SIDA)

- [1] Verdadero _____
- [2] Falso _____

122. Puedes contraer el VIH (Virus que causa el SIDA) por contacto casual

- [1] Verdadero _____
- [2] Falso _____

AHORA TERMINAMOS CON UNAS PREGUNTAS SOBRE TU RIESGO Y EL RIESGO DE OTROS CON LOS CUALES HAS TENIDO CONTACTO SEXUAL.

123. Has tenido relaciones sexuales con una persona positiva al virus que causa el SIDA?

- [1] Si _____
- [2] No _____
- [77] Refuse _____
- [88] NA _____

[99] DK _____

SI SÍ, PREGUNTE Q123a SI NO, PREGUNTE Q124

123a. Con cuántas personas: _____

123b. De las veces que tuviste relaciones sexuales con esta(s) persona(s),
usaste condones o algún otro tipo de protección?

[1] Sí, usamos condones _____

[2] Sí, usamos otro tipo de protección _____

[3] No, no usamos ninguna protección _____

[77] Refuse _____

[88] NA _____

[99] DK _____

124. Alguna vez te has hecho la prueba del SIDA?

[1] Si _____

[2] No _____

[77] Refuse _____

[88] NA

[99] DK _____

125. Dime tus razones para nunca haberte hecho la prueba de SIDA o para hacerte la prueba?

SI NO PARA Q124, PREGUNTE Q131.

SI SÍ PARA Q124, PREGUNTE Q126-130.

126. Qué tan seguido te haces la prueba del SIDA? (Marque sólo UNA respuesta)

- [1] Solamente una vez _____
 [2] Cada mes _____
 [3] Cada 3 meses _____
 [4] Cada 6 meses _____
 [5] Cada 12 meses _____
 [6] De vez en cuando _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

127. Cuándo fue la última vez que te hiciste la prueba del SIDA? _____ / _____
 (MES / AÑO)

128. Alguna vez te dijeron que estabas infectada(o) con el virus que causa el SIDA?

- [1] Si _____
 [2] No _____
 [77] Refuse _____
 [88] NA _____
 [99] DK _____

SI SÍ, PREGUNTE E Q129 SI NO, PREGUNTE E Q131

129. Cuándo? _____ / _____ [NIDA]
 (MES / AÑO)

130. Hiciste algo diferente en tu vida o en tu trabajo después de haber recibido esta información (sobre tu diagnosis)?

131. Para terminar la entrevista, me puedes dar algunos comentarios sobre tus planes de vida para los próximos cinco años. Por ejemplo, en dónde te imaginas en el año 2004-5?

Al concluir la entrevista, porfavor recuerda:

** Ir a la página 2 y llenar la sección de comentarios, así como apuntar la hora en que se terminó la entrevista*

** Expandir las respuestas abiertas.*

CTQ Short Form

Instrucciones: Estas preguntas son de sus experiencias creciendo como niño(a) y adolescente. Para cada pregunta, circule el número que mejor describe cómo se sentía. Aunque las preguntas son personales, por favor trate de contestarlas lo más honestamente que pueda. **Sus respuestas son confidenciales.**

	Quando yo estaba creciendo . . .	Nunca	Casi Nunca	Algunas Veces	Casi Siempre	Siempre
1.	No tenía suficiente que comer.	1	2	3	4	5
2.	Yo sabía que había alguien cuidándome y protegiéndome.	1	2	3	4	5
3.	Algunos en mi familia me decían cosas como "menso(a)", "flojo(a)", o "feo(a)".	1	2	3	4	5
4.	Mis padres estaban muy borrachos o drogados como para cuidar a la familia.	1	2	3	4	5
5.	Había alguien en mi familia que me ayudó a sentirme importante o especial.	1	2	3	4	5
6.	Yo tenía que usar ropa sucia.	1	2	3	4	5
7.	Me sentí querido(a).	1	2	3	4	5
8.	Yo pensaba que mis padres deseaban que yo nunca hubiera nacido.	1	2	3	4	5

9.	Alguien en mi familia me pegó tan fuerte que hasta tuve que ir al doctor o al hospital.	1	2	3	4	5
10.	No había nada que yo hubiera querido cambiar en mi familia.	1	2	3	4	5
11.	Algunos en mi familia me pegaban tan fuerte que me dejaron moretones o marcas.	1	2	3	4	5
12.	Me castigaban con un cinturón, una tabla, un cordón o algún otro objeto duro.	1	2	3	4	5
13.	Los miembros de mi familia se cuidaban unos a otros.	1	2	3	4	5
14.	Familiares me decían cosas hirientes o insultantes.	1	2	3	4	5
15.	Yo creo que abusaron de mí físicamente.	1	2	3	4	5
16.	Tuve una infancia perfecta.	1	2	3	4	5
17.	Me pegaban o golpeaban tan fuerte que hasta otras personas como maestros, vecinos o doctores se dieron cuenta.	1	2	3	4	5
18.	Yo sentía que alguien en mi familia me odiaba.	1	2	3	4	5
19.	Los miembros de mi familia se sentían cerca unos de otros.	1	2	3	4	5

20.	Alguien trató de tocarme sexualmente o de hacerme tocarlo(a).	1	2	3	4	5
21.	Alguien me amenazó con hacerme daño o decir mentiras acerca de mí si yo no hacía algo sexual con ellos.	1	2	3	4	5
22.	Tuve la mejor familia del mundo.	1	2	3	4	5
23.	Alguien trató de hacerme hacer o mirar cosas sexuales.	1	2	3	4	5
24.	Alguien me molestaba sexualmente.	1	2	3	4	5
25.	Creo que abusaron de mí emocionalmente.	1	2	3	4	5
26.	Había alguien que me llevaba al doctor si yo lo necesitaba.	1	2	3	4	5
27.	Yo creo que abusaron de mí sexualmente.	1	2	3	4	5
28.	Mi familia fue una fuente de fuerza y apoyo.	1	2	3	4	5

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