Contexts of Sex-Based Exchange:
A Cultural Analysis of Risk Perception and Behavior

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THESIS
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To Rebekah, Jennings and Olav
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A cultural analysis of local perceptions of the risk, particularly HIV risk, among 61 women who regularly use substances such as heroin and crack cocaine and routinely engage in sex-based exchange activity in two communities on Chicago’s west side. Information on demographics, substance use, HIV knowledge and relationships and risk behaviors was collected and assessed. In addition, participants’ descriptions of the risk management strategies and techniques they implemented when they engaged in sex-based exchange activity were obtained.

The research participants associated different risks with specific sex-based exchange contexts and mapped these risks onto a customer typology. This allowed them to anticipate and manage the types of risks that they associated with the specific contexts in which they engaged customers in sex-based exchange activity. By strategically implementing specific risk management techniques they could attenuate certain risks, even while they amplified others.

The local cultural model of risk conflicted with epidemiological models of HIV exposure and infection and resulted in a paradox: the contexts perceived to have the least risk, actually had the greatest epidemiological risk of exposure to HIV and STIs, even as they posed the least risk of exposure to non-HIV risks.
CHAPTER I. BACKGROUND OF THE RESEARCH

Risk

“How do we choose the risks we face? We choose the risks in the same package
as we choose our social institutions. Since an individual cannot look in all
directions at once, social life demands organization of bias. People order their
universe through social bias.” (Douglas and Wildavsky, 1983:9)

This research is an ethnographic analysis of risk perceptions of women engaged
in sex-based exchange in Chicago. Using Douglas and Wildavsky’s “cultural theory of
risk perception” (Douglas and Wildavsky, 1983, Douglas 1985, 1992), as a framework
and incorporating Bateson’s concepts of “contextual structure” and “context” (Bateson,
1958, 1972, 1979), I conduct a cultural analysis of risk that squarely places perception of
risk(s) within local communities and among indigenous individuals. This work
underscores the argument that in order to understand indigenous perceptions of risk
one must understand the settings and cultural context(s) of which risk perception and
risk behavior(s) are part.

I have been working in public health for all of my professional adult life. First, as
a Maternal and Child Health Care Coordinator in Cameroon, West Africa, then as an
HIV Educator in New York City, an Outreach Worker for a non-profit on Chicago’s
North side and most recently in various positions within the Chicago Department of
Public Health, Division of STD/HIV/AIDS Public Policy and Programs.

In each of these capacities I spent much of my time engaged in a discourse about
risk, specifically HIV risk. Whether I was talking to a female sex-worker on 125th Street
and Park Avenue in Harlem, or a transsexual sex-worker at a bar in Times Square, or a
gay homeless teen on the West-side piers in Chelsea, or a gay man in a dark bathhouse
on Chicago’s north side, or a room full of HIV prevention service providers I believed that when I uttered the word “risk,” or “risk perception” there was, no matter with whom I was speaking, a more-or-less universal assumption regarding the meaning of the premises upon which the term was based. However, after nearly a decade of working in HIV prevention a number of events made me suspicious of the supposed universal agreement about risk. A classroom research assignment afforded me the opportunity to test the assumption’s provenance.

In October of 2003, I conducted 12 semi-structured ethnographic interviews with women who regularly used illegal drugs and engaged in sex-based exchange activity. The purpose of these interviews was to explore the concept of risk among a group of women who regularly engaged in activities defined in public health settings as “high-risk,” particularly for exposure to HIV. What I hoped to gain from these interviews was an understanding of how these women conceptualized risk, and how, if at all, they perceived their risk for infection.

I listened as the women described their experiences with sex-based exchange activity and couldn’t help but be struck by how different my perceptions of what risks they faced were from their own perceptions of what risks they faced. For example, every one of the 12 women reported some instance of physical or emotional violence perpetrated against them. In fact, most participants were able to recall multiple instances of how they suffered serious and repeated physical and emotional abuse as a result of sex-based exchange activity and in their other relationships. I was disturbed by much of what I heard and assumed that they would be wary of any situations that increased their probability of being the victim of violence. This was only partly true.

Most of the women reported that they avoided customers who were obviously high, drunk, or overly aggressive because experience had taught them that potential
customers behaving in this manner might get violent. However, many of the women expressed their opinion to me that this disproportionately high level of violence within their communities was typical. Their engagement in sex-based exchange activity, they insisted, did not increase their probability of being the victim of violence. Violence was so common for many of these women that it had become unremarkable. This became apparent when during one interview a participant said she had never been treated badly by a customer. She then went on to describe two brutal assaults—one that required her shattered jaw to be wired shut and another that left her with a shattered femur and a permanent limp—both committed by customers.

The repeated stories of abuse, violence and exploitation that I heard in some of these interviews were difficult for me to listen to and left me initially shaken. Even more unsettling was the casual almost offhand nature with which these incidents were mentioned. The behavior of these women, their willingness to repeatedly place themselves in these uncertain and potentially violent situations was, quite honestly, difficult for me to comprehend. What could account for the dramatic differences in our respective perspectives on risk, particularly the risk of violence? It was clear that the women were aware of, and acknowledged, the possibility of violence—as well as many other risks—but it was also just as clear that they made no necessary connection between their sex-based exchange activity and their increased probability of victimization. My emotional response, knee-jerk though it may have been, triggered my rethinking of what I actually knew about risk.

What could account for the difference between the way I perceived risk and the ways the research subjects perceived risk? Could this difference be cultural, and if so, how could one investigate it further? This experience underscored for me why a
cultural approach, one that incorporates understanding local constructions of risk, must be part of the contemporary discourse on risk.

My understanding of the complexities of risk perception has co-evolved with my immersion in the social science literature on risk. In particular, I sought ways to integrate a view of risk as embedded in the social order with one that is local and indigenous.

With the publication of *Risk and Culture: An Essay on the Selection of Technological and Environmental Dangers* in 1982, Mary Douglas and Aaron Wildavsky laid much of the theoretical groundwork for contemporary approaches to understanding the notion of risk with their introduction of a “cultural theory of risk perception,” (Douglas and Wildavsky, 1983), which explicates, “how particular kinds of danger come to be selected for attention” (Douglas and Wildavsky, 1983:8). Douglas and Wildavsky clearly delineate the relationship between social organization and risk perceptions. In addition, they establish that risk perception is a social, not an individual, phenomenon. Moreover, they make a convincing case that different cultures, with different forms of social organization and different sets of shared values will emphasize different risks (Douglas and Wildavsky, 1983:14).

In this work the authors establish the link between social organization, social institutions, and individual risk perception and argue that in order to appropriately understand how people perceive risk one must view “the social environment, the selection principles, and the perceiving subject as all one system” (Douglas and Wildavsky, 1983:7). This theory has been referred to alternatively as a “cultural-symbolic” (Lupton, 1999:36) or “cultural-constructivist” (Reith, 2004a:384) approach to risk.
Douglas and Wildavsky argue that risk perception is situated within broader social, historical, political, economic and cultural contexts. In *Risk and Culture* (1983), they explore the link between social organization, risk perception, and individual risk behavior. They argue “that public perception of risk and its acceptable levels are collective constructs, a bit like language and a bit like aesthetic judgment” (Douglas and Wildavsky, 1983:186). The authors contend that social organization and the observed selection of dangers expressed by individuals within that organization are inextricably linked. It is no surprise then that shared social values echo or resonate with ideas about threats to that social order (Douglas and Wildavsky, 1983:8).

In fact, Douglas and Wildavsky see the link between social organization and risk perception as so fundamental that they state: “to alter risk selection and risk perception, then, would depend on changing the social organization” (Douglas and Wildavsky, 1983:9). They go on to argue that the link between social effect and individual notions of risk is so strong that “in risk perception, humans act less as individuals and more as social beings who have internalized social pressures and delegated their decision-making processes to institutions” (Douglas and Wildavsky, 1983:80).

Douglas and Wildavsky’s (1983) position regarding risk perception evokes a culturally deterministic view of risk perception and risk behavior, one in which individual agency is largely absent. My data do not support this position. This is not to imply that the research participants’ perceptions of risk contradicted or ignored those of the larger society. Nor is it a claim that my data support the argument that perceptions of risk perpetuated by social and cultural institutions on Chicago’s west side had no significance for the research participants’ own perceptions of their risks or that these institutional perceptions did not influence their own risk behaviors. It is a claim however, that institutional or social priorities were not necessarily mirrored in the
research participants’ perceptions of risk or their individual risk behaviors. Social perceptions of risk, particularly HIV risk, almost certainly influenced their perceptions and perhaps even, to a degree, their behaviors, but it was individual agency, largely based on personal needs or preferences, that ultimately determined their actions. Personal agency, embedded in local contexts of interaction, powerfully shaped their personal selection and ranking of eminent risks. In order to make Douglas and Wildavsky’s ‘cultural analysis’ useful as a tool for understanding the local situations of the people I worked with, two theoretical additions are necessary. First, is an explicit statement of what culture means in “cultural analysis,” since Douglas and Wildavsky never specified this. Second, is an explicit theory of context and its ethnographic applications.

**Culture**

Douglas and Wildavsky are clear that social structure constrains what risks people in any society consider and how serious each selected risk is perceived to be in comparison with other risks. The processes that connect the social order to a person’s perceptions, however, are left as a mystery for the reader to solve. The authors hint at a solution when they call their theoretical framework a “cultural analysis,” implying that the connection is cultural. Unfortunately, they tell us little of what might be classified as cultural other than,

“beliefs and values” (Douglas and Wildavsky, 1983:89-90) and;

“a set of shared values supporting institutions” (Douglas and Wildavsky, 1983: 14), and;
“a middle area of shared beliefs and values that lies between private, subjective perception and public, physical evidence” (Douglas and Wildavsky, 1983:194).

Their argument that “each set of shared values and supporting institutions is biased toward highlighting certain risks and downplaying others” (Douglas and Wildavsky, 1983:14), however convincing, would be greatly strengthened through specification of what a cultural connection between social institutions and persons’ perceptions entails. It is this task that I turn to in order to apply Douglas and Wildavsky’s framework to my, or any, specific ethnographic case.

The authors argue that risk is not an individual matter, nor is it limited to purely physical danger. Confrontation of physical and social risks is constrained by social norms and occurs within a social context. By shaping social norms for appropriate and acceptable levels of danger and risk, the behavior of individuals within the group is passively, and effectively, constrained. The power of social organizational constraints makes clear why it is so important to understand the contexts in which risk is perceived and risk behavior is engaged rather than isolating risk behavior or the individual from the larger social context.

Douglas expands on this idea of the social nature of risk in her later work Risk Acceptability According to the Social Sciences (Douglas, 1985). Here she focuses on how notions of risks are embedded in and perpetuated by social institutions. She asserts that the perception of risk within groups is influenced by factors such as credibility, rumors, and the social control of information (Douglas, 1985:65). She examines how institutions, “use the risk issue to control uncertainty about human behavior, to reinforce norms” (Douglas, 1985:92). By emphasizing certain risks and de-emphasizing others

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1 Clifford Geertz comments that the term culture had “acquired an aura of ill-repute in social anthropological circles because of the multiplicity of its referents and the studied vagueness with which the term is often invoked” (Geertz, 1973:89).
institutions can quite effectively perpetuate established social norms. In many cases, individuals are not even aware of the level of control being asserted over them because the risks are encoded into the institutions supported by their group. These institutions then carry the perceptions of risk into the future and perpetuate the social control of behavior (Douglas, 1985:91). A prime example of the institutional use of “the risk issue” to control uncertainty and reinforce social norms regarding human behavior comes from my own experience in public health. This is clearly illustrated by the manner in which many health departments and their agents (e.g., small community-based service providers) conduct their STI/HIV prevention efforts. STI/HIV prevention programs, as a matter of course, encourage individuals to reduce the number of sexual partners, discourage sexual activities that increase an individual’s risk for spreading or contracting an STI or HIV and encourage correct and consistent condom use with each and every sexual partner. This is done in an attempt to control the spread of STI’s among the population. The idea of risk is used in an attempt to persuade or compel individuals to modify their sexual behaviors and, in particular, to use latex condoms. This is accomplished by introducing uncertainty regarding the STI or HIV status of an individual’s sexual partners. By emphasizing the possibility that they run the risk of contracting a STI from their sexual partner(s), particularly if they engage in “unprotected” sex with partners of unknown STI/HIV status, these programs promote and perpetuate institutional norms, though not necessarily local norms, regarding appropriate sexual behaviors.

Douglas’s cultural analytic framework is helpful when considering risk in public health and has important implications for the kinds of institutions that must be in place to appropriately address risk behaviors. This is especially important when, as has been the case with HIV, the risk behaviors such as injection drug use and anal sex are
controversial, or have been deemed inappropriate, immoral or even illegal by factions within a society, or the larger social group in general.

Douglas (1985) also argues that social effect on risk perception is linked to popular conceptions of justice and fairness and extends the argument to link the distribution of risks to perceptions of risk. According to Douglas (1985:5-18), individual members of a group who are all equally exposed to a risk will perceive the risk to be acceptable because their exposure is uniform. However, if exposure to the risk is not uniform the calculation shifts. Douglas contends that if individuals feel they are treated fairly and justly they are more likely to believe that the normative distribution of risks within the group is equal and more willing to accept risks.

This notion of the link between concepts of risk and popular conceptions of social justice is an important consideration for public health, particularly with the demographic shift among new HIV infections, from predominately white to predominately African-American and Hispanic. As African-Americans and Hispanics, particularly those infected with HIV through behaviors associated with illegal drug use, begin to represent a larger percentage of new HIV infections and living HIV cases, the question of a possible change in public perception regarding appropriate levels of social support for HIV prevention and care programs becomes quite salient. Douglas and Wildavsky (1983), Douglas (1985, 1992), and Farmer (1992, 1999, 2005) all discuss the subject of risk and blame. In fact, Douglas argues that “under the banner of risk-reduction, a new blaming system has replaced the former combination of moralistic condemning the victim and opportunistic condemning the victim’s incompetence” (Douglas, 1992:16). With HIV this has particular salience as the behaviors, and groups, most often associated with its transmission have not, as Douglas contends, moved beyond moralistic condemnation.
The idea of risk as a method of assigning responsibility and blame to individuals or groups is discussed in Douglas and Wildavsky (1983) and expanded upon by Douglas in, *Risk Acceptability According to the Social Sciences* (Douglas, 1985). In this later work, Douglas discusses how the social processes used by a group for selecting dangers are supported by the institutional strategies for allocating responsibility or blame. This position is essentially an extension of the argument made in *Risk and Culture*—that the dangers selected for attenuation or amplification by a group are a reflection of the social organization of that group, and are supported implicitly by the social institutions present within the group. However, in this subsequent work, Douglas asserts that the procedures used by groups for selecting dangers are cultural. This means that any differences in the processes for the selection of dangers are attributable to the differences between the cultures of the observed groups (Douglas, 1985:64). She also contends that the allocation of responsibility and/or blame is supported by and, in turn, supports the social order and institutions present in groups. In, *Risk and Blame* (Douglas, 1992), she distinguishes specific cultural types between societies structured on different organizational principles (e.g., adversarial, hierarchical) and succinctly identifies their associated processes for the allocation of responsibility and blame,

“in an individualist culture, the weak are going to carry the blame for what happens to them; in a hierarchy, the deviants, in a sect, aliens and also faction leaders” (Douglas, 1992:36).

Douglas and Wildavsky’s work has also contributed to a greater understanding of how individuals perceive potential future risks. Their work demonstrates that individuals are less risk averse than popular perception would lead one to believe, particularly with regards to long term, low probability risk (Douglas and Wildavsky, 1983:76). They demonstrated that individuals do not conform to the theories experts
follow when determining what would be a “rational” choice. Through an examination of data gathered to assess insurance trends in flood prone areas (H. Kunreuther, 1978, in, Douglas and Wildavsky, 1983:76) they demonstrated that people exhibited notable gaps between anticipated action and action actually taken. This has particular salience for HIV prevention work, which often seeks to implement behavior change through risk-reduction strategies that emphasize rational decision-making in situations when the risk for HIV transmission is high. If individuals are less risk-averse than it is believed, HIV prevention programs must find alternative methods of reinforcing HIV prevention messages. This issue – examining the link between knowledge, perception of risk and self-efficacy – has been the subject of many, specifically HIV-related, public health investigations (Compendium 1999; Kowalewski et al. 1997).

Douglas and Wildavsky’s “cultural theory of risk perception,” has important and lasting implications in contemporary risk theory and has profoundly affected how sociologists, anthropologists, and public health researchers have approached the question of risk. Their argument that only a cultural understanding of risk can integrate moral judgments about how to live with empirical judgments about what the world is like (Douglas and Wildavsky, 1983:10) critically links “realist” objective notions of risk with “relativist” subjective, socially-constructed perceptual notions and provides a solid foundation for contemporary inquires on risk. Demonstrating the link between subjective and objective elements of risk again underscores the need for the comprehensive and contextualized understanding of the larger framework in which risk is perceived.

In the epilogue to Naven (1958), Gregory Bateson referred to, “ethos, eidos, sociology, economics, cultural structure, social structure, and all the rest of these words refer only to scientists’ ways of putting the jigsaw puzzle together.” He further
elaborates and states that while “these terms have an order of objective reality” they are simply, “descriptions of processes of knowing” and “a class of explanation” (Bateson, 1958:281). Reification of these terms, cautions Bateson, is to commit “an error of logical typing” (Bateson, 1958:281).

Like Bateson, I view culture as a “class of explanation” that is used by anthropologists (and others) to illustrate and explain the internal predictability within groups as well as variation between groups. “Culture” or more specifically, the variation between cultures is expressed through each groups’ sets of shared symbols, the meanings imbued in them, and the unconscious premise structures that groups use to order and structure their collective worldviews as well as categorize and classify individual experiences.

This view of culture, as a class of explanation, is consistent with, but contrasts with that of Clifford Geertz (2000) and David Schneider (1980) who view culture as sets of symbols imbued with meaning through which people communicate and make order of their worlds. Geertz (2000) argues that,

“culture is best seen not as complexes of concrete behavior patterns—customs, usages, traditions, habit clusters—as has, by and large, been the case up to now, but as a set of control mechanisms—plans, recipes, rules, instructions (what computer engineers call “programs”)—for governing behavior. “Cultural programs,” or “extragenetic control mechanisms” consisting of significant symbols—mostly words, gestures, drawings... anything that is disengaged from its mere actuality and used to impose meaning on experience” (Geertz, 2000:44-45), or, more succinctly, as

“a set of symbolic devices for controlling behavior” (Geertz, 2000:52).

Geertz goes on to define a symbol as, “any object, act, event, quality, or relation which serves as a vehicle for a conception—the conception is the symbol’s "meaning" (Geertz, 2000:89) and makes the connection between symbols, meaning, communication
and culture explicit with his statement,

“the culture concept to which I adhere has neither multiple referents nor, so far as I can see, any unusual ambiguity: it denotes an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and attitudes toward life” (Geertz, 2000:89).

Similarly, Schneider (1980) defines culture as, “a system of symbols and meanings” which can be abstracted from “norms”, i.e., “rules for action” (Schneider, 1980:133). He further defines symbols as,

“something that stands for something else, where there is no necessary or intrinsic relationship between the symbol and that which it symbolizes… a system of units (or parts) which are defined in certain ways and which are differentiated according to certain criteria. These units define the world or the universe, the way things in it relate to each other, and what these things should be and do” (Schneider, 1980:1).

Both Geertz and Schneider view culture as sets of symbols embodied with meanings, which is consistent with my own view of culture. However, Schneider’s interpretation of symbols as “units” rather than as “premises” differs from my interpretation of culture as well as that of Vern Carroll (1977) and Michael Lieber (1977, 1997:29), who also view culture as a class of explanation that is expressed symbolically. While these authors view culture symbolically, their analyses do not focus on the symbols sets, but on the premises upon which the symbols are constructed.

In *Exiles and Migrants in Oceana*, Vern Carroll and Michael Lieber, take these symbol sets as premises—people’s unconscious assumptions about how their experiences are organized. In “Communities and Noncommunities: The Nukuoro on Pohnpei” (Carroll, 1977:68-79), Carroll argues that approaching culture as a premise structure is “a more incisive and therefore more useful notion of culture” that “can
reveal significant cultural differences between communities (like the Nukuoro and Kapingamarangi) that seem similar in the traditional ways, e.g., language, customs, technology, etc. that cultural difference is traditionally measured (Carroll, 1977:75). He argues that the cultural differences between these two outwardly similar groups are attributable to the different premises that structure and order their relationships, to one another, within these groups. Moreover, he argues that, “these cultural differences are sufficient to account for the observed differences in aggregate behavior and that other explanations are not required” (Carroll, 1977:75).

Lieber (1977, 1997) makes the argument that culture is a premise structure more explicit. Like Bateson, he uses the term “culture” “to denote a class of explanations (Bateson, 1972), a theory about why people do what they do in more or less predictable ways that they do them and why the rules of predictability in one community can vary so radically from those of other communities. Like economics, politics, intelligence, personality, etc., culture is a social construct scientists use to explain an aspect of human variability” (Lieber, 1997:29).

What Bateson, [(1972) 2000] Carroll (1977) Geertz, [(1973) 2000], Lieber, (1977, 1997) and Schneider, [(1968), 1980] all have in common is their use of the term culture to denote an explanatory and classificatory system for describing and differentiating internal consistency and predictability and their variability within groups. For Geertz and Schneider culture is inhered in the symbols and their shared meanings among a group. For Carroll and Lieber, culture is inhered in the premises upon which these symbols and their meanings are constructed. Their use of the term culture refers to the premises that underlie and provide structure to the relationships people have with one another in a society. It is through understanding these premises and the specific
meanings they denote within the multiple contexts in which they are referents that one gains insight into a group’s ways of interpreting their experiences.

**Context**

Integral to Bateson’s theory of culture are his concepts of context, context marker, communication, relationship, and contextual structure. Bateson refers to “context” as “pattern through time” (Bateson, 1988:14) and defines it as, “all those events which tell an organism among what set (original emphasis) of alternatives he must make his next choice” (Bateson, 2000:289). Context, according to Bateson, “is linked to another undefined notion called “meaning” (Bateson, 1988:15). Contexts are differentiated by “context markers” signals that classify contexts, (Bateson, 2000:289) by providing information that allows the parties (i.e., the relata) exchanging messages to differentiate between contexts. A context marker can be spoken or unspoken, a physical object, a gesture, or a sequence of actions; however, it must be recognized by all parties to a relationship in order to accurately indicate the context in which the parties are communicating and the relationship between them. For example, tone of voice can mark one’s narrative as a joke.

Communication, the meaningful transmission of information between relata, is about, “the creation of redundancy, meaning, pattern predictability, information, and /or the reduction of the random by ‘restraint’ (Bateson, 2000:131-132). Communication can only occur if there is, “relevance between the contextual structure of the message and some structuring of the recipient” (Bateson, 2000:154).

In human social interaction, communication is the passing of information, encoded in a message, between relata. Bateson’s concept of communication includes, “all those processes by which people influence one another” (Reusch and Bateson,
A message is a pattern of symbols that convey shared meaning between communicating parties. A relationship is a pattern of messages exchanged between communicating parties. These patterns determine the relation between context and meaning that inheres in any and every action or utterance that is part of that context (Bateson, 2000:338). “Context” is inextricably linked to “meaning” (Bateson, 1988:15) because “contexts confer meaning” (Bateson, 1988:17-18) through a hierarchical classification of contexts. All communication, argues Bateson, necessitates context for “without context there is no meaning” (Bateson, 1988:17-18) and communication is not possible (Bateson, 2000:409).

The patterns of messages that define a relationship, i.e., provide context, are distinguished by placing “restraint” (Bateson, 2000:131-132) (i.e., rules) on what can occur and in what order. Bateson referred to these restraints on context as “contextual structure” (Bateson, 2000:154). Contextual structure, as scholars like Brad Shore (1996) talk about it, is a quintessential example of “culture.”

What Bateson referred to as “contextual structure” or “a set of rules for how to put information together” (Bateson, 2000:130) I refer to as cultural patterning. This is to say that cultural theory effectively explains the organization(s) and variability among contextual structures from one community to another. However, I have one small, but important distinction. Where Bateson describes contextual structure as the rules for putting information together, I substitute messages for information, to avoid restricting the idea of information to the more limited formal definition of the term.

In order to understand risk perception and risk behavior, one must understand the risk-laden and hierarchical contexts of which these behaviors are a part. My use of the term context is consistent with Bateson’s which refers to context as the, “events which tell an organism among what set (original emphasis) of alternatives he must
make his next choice” (Bateson, 2000:289). Context is also defined as an ecological subsystem of which all action must be seen as a part of that system and not as an effect of, product of, or separate from it (Bateson, 2000:154). This means that actions occur not in a context, but as part of a context.

For the individual research participants, HIV risk occurred as a sub-context of the larger social, economic and political contexts of which they are a part. It is not the intention of this research to investigate each and every context. Nor is it the intention to delineate the effect that each context has on risk perception. However, it is important to note that every context in which these women were a part has some potential role in influencing their perceptions of risk.

For the research participants, the context of HIV risk was primarily\(^2\) in the relationships they had with their sex-partners. These contexts could be fraught with uncertainty and myriad risks depending on the category and type of sex-partner the women engaged. HIV risk was a category of relational risks—which itself was a sub-context (i.e., part of) of living in a marginalized urban drug environment on Chicago’s west side. How the research participants perceived their HIV risk and what, if any, HIV risk management techniques they employed was based, in part, on their relationship to that sex-partner and reflected in how they categorized and typologized each sex-partner.

Among the most significant research data collected was the categorical and typological data regarding the research participants’ sex-partner categories and customer types. A basic typology of cultural categories of customers (e.g., client, customer types. A basic typology of cultural categories of customers (e.g., client, customer types. A basic typology of cultural categories of customers (e.g., client, customer types. A basic typology of cultural categories of customers (e.g., client, customer types. A basic typology of cultural categories of customers (e.g., client,

\(^2\) N=13 of the research participants reported current injection drug activity and therefore an additional context of HIV risk for them could be during this activity.
regular, trick) emerged from the data that roughly correspond to the perceptions of the risks that each woman faced in dealing with specific types of customers.

Each research participants’ categorization of their sex-partners and their differentiation, or lack thereof, of sex-based exchange partner types often corresponded to their perception risk. Just how this differentiation affected risk perception and risk management became clear after establishing the meanings (and premises) underlying the terminology that the research participants used to label and describe the relationships they had with their exchange partners and specifying the contexts of their sex-based exchange activity. The research participants’ sex-partner categories and customer types were often illustrative of specific contexts and indicative of the different types of risks that each customer type represented. Any risk management strategies or techniques, including HIV risk management, that the woman employed in each context to avoid, reduce or manage their risks depended on the type of customer and their relationship to that customer.

All of the research participants acknowledged that sex-based exchange activity posed risks. However, just what specific risks they felt their sex-based exchange activity posed was based on their perception of the risks that their customers posed and their ability to manage those risks.

For example, most of the research participants expressed a preference of their ideal customer type, often this type was the one that they believed posed the least amount of risk to them. This may have been a reflection of their experience with this type of customer, or a reflection of their bad experiences with other types of customers. Whatever the reason, preferred customer types were common and the research participants expressed that they had developed management strategies and techniques that allowed them to avoid or reduce their perceived risks when engaging a preferred
customer type. However, most also conceded that if they were desperate (i.e., dopesick, or just needed money badly) that they would engage in sex-based exchange activity with a non-preferred customer type. In doing so they acknowledged and accepted a different level of uncertainty and set of risks associated with that specific (other) customer type. Their perception of personal risks in this case might increase, or decrease, due to previous experiences with this type of customer and be reflected by their employing different, and possibly more restrictive risk management measures, such as insistence on condom use, restriction of sexual acts, refusing to leave a certain area, or enter into a vehicle, etc. than they would insist on with a preferred customer type. Whatever the case, it was the research participants’ experience, personal preferences and individual agency that determined their chosen course of action.

Douglas and Wildavsky (1983) and Foucault (1991) downplay the role of individual agency in risk perception. Risk perception is, for Douglas and Wildavsky, a matter of social determinism, societies select risks in accordance with, and to support, the chosen organization form. For Foucault, individual agency is usurped through subtle and insidious use of “technologies of power” which control individuals and the populous through unconscious self-regulation.

My research data do not support this absence of personal agency. It was clear from my research that the participants’ personal preferences as well as their confidence in their ability to manage risks were the primary factors that distinguished each individuals’ perception of the risks they faced from that of other participants, as well as myself, and social institutions, such as public health organizations.

I take up the theoretical issues that are the conceptual setting of this research in the next chapter, while the methods by which I collected the data to substantiate my argument here are the focus of chapter 3. Chapter 4 presents the results of the research
and Chapter 5 concludes by showing how the application of Bateson’s theory of context uncovers assumptions that public health research misses altogether.
CHAPTER II: LITERATURE REVIEW

Risk, Culture, and Context

“I saw a tear in his eye and that’s when I rushed in and stabbed him. He was a Vice Lord chief so his crew was looking for me. You think I ran? Bitch. Touch me. I ain’t afraid to die. Touch me. You gone die just like he is. You gone get stabbed just like he is... but they didn’t touch me cause I was pregnant with my son. So he told them to leave me alone cause I was pregnant... Later [3 years] I found out he didn’t die from the wound. He supposed to have HIV. But so far me and my son... been negative. By the grace of God” (COC0474FB, 27:52).

What is risk? What can be learned about risk perception through an ethnographic examination of risk perception, risk behavior and risk management among women engaged in everyday activities on Chicago’s West Side? How can this inform our understanding of how people experience risk on a daily basis?

The topics of risk and the perception of risk have been the subjects of relatively recent inquiry in anthropology, the social sciences and public health. As a result of this inquiry there are competing, and at times conflicting, views that have evolved regarding the nature of risk, risk perception, and risk management.

Historically, there are two general approaches to risk: the technological and the theoretical. Proponents of the technological approach view risks as “real and objective” something that can be identified, measured, predicted and expressed as a ratio. This approach is often used to examine the distribution and outcomes of specific, empirically quantifiable risks that have a clear pattern of causation. Proponents of the theoretical approach view risk as a “social construct” and seek to understand how the risk discourse affects behavior and influences social interaction. This approach is often used as a framework to explore how the concept of risk, i.e., the very idea of risk itself, influences perceptions of specific behaviors and influences the social interaction of populations.
Each of these approaches has contributed to the development of an understanding of risk in specific ways. The technological approach has contributed to our ability to understand how risks, particularly health risks, are distributed throughout a population. The theoretical approach has contributed to our understanding of how perceptions of specific risks influence behavior and social interaction. However, neither of these approaches provides a contextualized portrait of individual-level perceptions of risk and risk behavior from an indigenous perspective. Yet these same individuals—often grouped as “target populations”—have been subjected to intense risk-reduction interventions designed to influence or modify their risk-taking activities.

More recently, an additional approach to understanding risk, risk perception and risk behavior has emerged. This approach is multi-disciplinary and based both in the empirical and the social sciences. This approach acknowledges the biological nature of many (health) risks, e.g., HIV/AIDS, STDs, hepatitis, diabetes, etc. Additionally, it recognizes the intrinsically complex nature of ecological systems and contexts and acknowledges that multiple interconnected factors contribute to risk perception and risk behaviors. This approach has evolved with contributions from fields such as anthropology, epidemiology, sociology, social psychology and public health to name a few. It combines quantitative methods from public health with qualitative, often ethnographic, methods from the social sciences to investigate risks – often health related – risk perception and risk behavior within the broader “risk environments,” (Rhodes, 2002; Rhodes and Simic, 2005) “ecosocial” systems,” (Krieger, 1994) and multiple contexts (Bateson, 2000:289) in which individuals engage in risk activities.

This approach, one in which risk perception and risk behavior are viewed as components of highly-complex risk environments and are understood and explained as
constituent parts of the cultural systems in which they occur (Geertz, 1973), is the foundation for my own research. My research seeks to strengthen contemporary ecosocial approaches to examining and understanding risk perception through the development and application of a methodology for examining risk, risk behavior and risk management from an indigenous and contextualized perspective.

In my research I chose to examine how women regularly using illegal drugs, engaging in sex-based exchange activity, and living in a highly disadvantaged urban community on Chicago’s west side perceive and manage the risks they associated with their sex-based exchange activity. The purpose of this research was to provide a method of integrating a contextualized perspective of risk informed by an indigenous perspective, particularly from the viewpoint of the individual, into contemporary ecological approaches to understanding risk perception and risk behavior. This research is not an expansion of the ecological approach to risk, but a reconsideration that tries to identify how risks, particularly HIV risk, are perceived and managed by women who engaged in sex-based exchange activity on a regular basis.

**Risk in the Social Sciences**

Social science approaches to risk have been dominated by three major theoretical models since the late 20th century. First, is the “cultural theory of risk” (Douglas and Wildavsky, 1983) developed by Mary Douglas and Aaron Wildavsky, which ties the social environment, the selection principles, and the subject’s perceptions into one system (Douglas and Wildavsky, 1983:7). Douglas and Wildavsky view risk as “an objective hazard, threat or danger that is inevitably mediated through social and cultural processes” (Lupton, 1999:35). Douglas does not focus on whether or not risks exist because, she argues, “the reality of the dangers is not an issue. They are only too
horribly real.” Instead the focus of this theory is on, “how they (risks) are politicized” (Douglas, 1992:29). This approach is characterized as “weakly constructionist” (Lupton, 1999:35) because it views risks as “real,” yet recognizes that all risks are mediated through social institutions and “can never be known in isolation from these processes” (Lupton, 1999:35).

This approach focuses on the examination of how societies use the concept of risk to support social organization by promulgating conceptions of normative and acceptable behavior that are disseminated and via social institutions such as churches, schools, and governmental bodies (Douglas and Wildavsky, 1983; Douglas, 1985, 1992). This approach also links social ideals regarding exposure to risk and acceptable levels of risk with issues of social justice (Douglas, 1992:36). Finally, it argues that in order to change risk selection and risk perception it is first necessary to alter the social organization of a group (Douglas and Wildavsky, 1983:9).

The second approach is the “risk society” or “reflexive modernization” approach, which argues that risk is an objective hazard that is measurable and independent of cultural context (Lupton, 1999:58; Reith, 2004b:384). This theory has been primarily developed and promulgated by Ulrich Beck (1992), Anthony Giddens (1990, 1991), Scott Lash (2000, 2003), Brian Wynne (1996) and Scott Lash and Brian Wynne (1992). It is characterized as a “realist or weak constructivist” (Lupton, 1999:35) approach to risk in that it views risk as objective, existing outside of a social framework, but ultimately mediated through society. The focus of this theory is how risk is understood in different social and cultural contexts, with particular attention to interpretations of risk in relation to processes, technology and structures of contemporary modernity. For Beck, the processes of “reflexive modernization” and its accompanying “individualization” lead inexorably to the establishment of a “risk
society” in which all action, individual and collective, is based on the desire to have risk be “prevented, minimized, dramatized or channeled” (Beck 1992:19).

Two themes are central to this theory and essential for understanding Beck’s approach to risk, “reflexivity” and “individualization.” “Reflexivity” refers to the idea that modernization comes through the reflexive action of individuals and society as a direct result of the changing nature of the relationship between the individual and traditional social structures. For Beck, modernization is the result of “reflexive action” not the protracted processes of self-reflection by individuals or society.

“Individualization” refers to the idea that, as society moves from industrial to modern, “[t]he individual himself or herself becomes the reproduction unit of the social in the lifeworld” (Beck, 1992:90). As traditional structures and institutions that once served to create and perpetuate collective identities such as class, trade associations, unions, marriage, nuclear family, and gender(ed) roles dissolve and become obsolete, “[i]ndividuals must then, free of these structures, reflexively construct their own biographies” (Lash and Wynne, in Beck, 1992:3).

Beck is particularly concerned with risks that have the potential to cause “irreversible harm, generally remain invisible, are based on casual interpretations, and thus only exist in terms of the (scientific or anti-scientific) knowledge about them” (Beck, 1992:23). Beck’s definition of risk as “irreversible threats to the life of plants, animals and human beings” (Beck, 1992:22), such as, “radioactivity, toxins and pollutants in the air, water and foodstuffs” (Beck, 1992:23) is imbricated with his ideas of “reflexive modernization” and “individualization.” Risks are “latent side effects” “systematically produced as part of modernization” (Beck, 1992:19). The invisibility of these risks, he argues, leaves them “open to social definition and construction” and therefore subject to
manipulation, often for political reasons, of their potential consequences by the mass media and legal and scientific professions (Beck, 1992:23).

Third is the “governmentality” (Foucault, 1991) approach that views risk as “a product of historically, socially and politically contingent ‘ways of seeing’” (Lupton, 1999:35). Although Foucault himself did not focus on the topic of risk (Lupton 1999:85), this theory has been further developed and expanded by Mitchell Dean (1999), Thomas Lemke (2000, 2002), Nikolas Rose and Peter Miller (1992), and Francis Ewald (1990, 1991, 1993).

This approach builds on Michel Foucault’s concept of “governmentality,” a theory of social control and governing through “technologies of power,” which “determine the conduct of individuals and submit them to certain ends or domination” (Foucault, 1988:18). From a Foucauldian perspective the concept of risk is an instance of “governmental technology” part of “the complex of mundane programmes, calculations, techniques, apparatuses, documents and procedures through which authorities seek to embody and give effect to governmental ambitions” (Rose and Miller, 1992:175). Risk is a “calculative rationality”, that is, “tethered to assorted techniques for the regulation, management and shaping of human conduct in the service of specific ends” (Dean, 1999:132) and linked to the socio-cultural contexts in which knowledge is generated (Lupton, 1999:85). This approach is characterized as “strongly constructionist” (Lupton, 1999:35), in that it argues that the concept of risk itself, and therefore all risks, is entirely socially constructed. Critical to this theory is the concept of “bio-power,” which refers to “a technique for achieving the subjugation of bodies and control of populations” (Foucault, 1990:140).

Paul Rabinow and Nikolas Rose (2003) argue that the concept of “bio-power” is “a collective framework for viewing the domains of health and illness, statistics, the
census, epidemiology and demography, the science of race, eugenics, population, abortion and dilemmas over new reproductive technology” (Rabinow and Rose, 2003:5). They argue that,

“[b]iopower names and groups together these concerns with the management of the phenomena that characterize groups of living human beings. It relates the exercise of this form of power to varying conceptions of the nature of human individuals and collectivities, their apparently biological variability – race, fertility, gender, constitution – and the ways in which these characteristics can be shaped, managed and selected in order to achieve political objectives” (Rabinow and Rose, 2003:5-6).

The concept of “biopower” reframed as “biopolitics”, they argue transforms and inextricably links the governance of the physical self to the political self. Biological survival, they argue, is dependent on political intention. This connection is made more explicit in their statement, “[l]ooking back, how could we have not seen that life itself has been fundamentally at stake in our politics and in our ethics” (Rabinow and Rose, 2003:6).

Niklas Rose (2001) takes this argument one step further and equates “biopolitics” directly with risk.

“Politics now addresses the vital processes of human existence: the size and quality of the population; reproduction and human sexuality; conjugal, parental and familial relations; health and disease; birth and death” (Rose, 2001:1). I suggest that a new configuration of control has taken shape, and that contemporary biopolitics is risk politics” (original emphasis) (Rose, 2001:1).

He also makes the case that biopolitics is about risk management and that the role of governance in managing risk has transformed.

“It is no longer a question of seeking to classify, identify, and eliminate or constrain those individuals bearing a defective constitution, or to promote the reproduction of those whose biological characteristics are most desirable, in the name of the overall fitness of the population, nation or race. Rather, it consists in
a variety of strategies that try to identify, treat, manage or administer those individuals, groups or localities where risk is seen to be high” (Rose, 2001:7).

Despite the differences in their approaches – and the approaches common in most social science – several common themes can be found. First, there is an \(a\ priori\) acceptance that the concept of risk is culturally constructed. This holds true even in cases where there is no agreement on the nature of specific individual risks, i.e., “real” vs. “constructed.” Douglas and Wildavsky’s ‘cultural theory of risk’ argues that “the perception of risk is a social process” (Douglas and Wildavsky, 1983:6). Beck’s ‘risk society’ states that, “[r]isk is not reducible to the product of probability of occurrence multiplied by with the intensity and scope of potential harm. Rather it is a socially constructed phenomenon in which some people have a greater capacity to define risks than others” (Beck, 2006:333). Governmentality theorists argue that all risks are the product of a “calculative discourse” (Reith 2004:384) that is, “a product of historically, socially and politically continent ways of seeing” (Lupton, 1999:35).

The second theme revolves around their understanding of the future (Beck, 1992:34; Douglas, 1983:86-87; Luhman, 1993:16; Reith, 2004b). Early, pre-modern formulations of risk also looked towards the future, a future that was highly determinate and thought to be known only by God. For pre-modern thinkers, there was little that one could do but endeavor to estimate the occurrence of “tempests or other perils of the seas” in an effort to reduce their impact (Lupton, 1999:05). Thus, in the pre-modern schema, risks were largely outside of individual – and human – control. Contemporary approaches take the view that the future is indeterminate and subject to the influence of human intervention. In this schema, activities associated with the assessment and management of risk, such as insurance, disaster planning, emergency management are socially constructed to manipulate present circumstances with the
express aim of delivering desired results in the future. On the individual level, risk assessment and risk management is achieved through individual actions (behaviors) “chosen” to deliver desired results.

A third theme contemplates risk as a pervasive presence in contemporary western society and is central to the contemporary human experience. Beck (1992) argues that all action in a post-industrial society, whether it be individual action or collective efforts, is undertaken in an effort to control, minimize, avoid or channel risk (Beck, 1992:19). Douglas and Wildavsky (1983) argue that, “plenty of dangers are always present” (Douglas and Wildavsky, 1983:7). Governmentality theorists, including Ewald, argue that, “nothing is a risk in itself; there is no risk in reality. But on the other hand, anything can be a risk; it all depends on how one analyzes the danger, considers the event” (Ewald, 1991:199). While there exists some disagreement over the reality versus the constructed nature of risks, the notion that risk is persistent and pervasive and a defining force in contemporary western society is a strong theme in current discourse about risk (Lupton, 1999: 25).

Fourth, the risk discourse is employed, in varying degrees, to manipulate, regulate, and manage behavior. This is accomplished through the creation, control, and mediation of ideas and discourse relating to normative, appropriate or acceptable behavior. Often this is done for the purpose of perpetuating the organizational order, or the chosen social form (e.g., hierarchical, individualistic, sectarian [Douglas, 1983]), or “to identify, treat, manage or administer those individuals, groups or localities where risk is seen to be high” (Rose, 2001:7). Each of these perspectives views the process of selection of specific risks, as well as the perpetuation of specific risks, by societies as an attempt to influence or regulate individual behavior and perpetuate the social order. This is evident in Douglas and Wildavsky’s statement that, “the choice of risks to worry
about depends on the social forms selected. The choice of risks and the choice of how to live are taken together” (Douglas and Wildavsky, 1983:8), and Douglas’s statement that, “different kinds of organizations provide different controls on the perceptions of their members” (Douglas, 1992:78). It is also clear in Beck’s statement that, “even the most restrained and moderate-objectivist account of risk implications involves hidden politics, ethics and morality” (Beck, 2006:333). For Governmentality theorists, “biopower” or “biopolitics” is about control facilitated through “technologies of power” of which the risk discourse and its inculcating messages of normative behavior and self-control, or self-governance, play a major role.

Fifth, is the association of risk with choice, responsibility and blame (Lupton, 1999:25). Douglas states that, “the cultural processes which select certain kinds of dangers for attention work through institutional procedures for allocating responsibility. Blaming the victim, blaming the victim’s parents, or blaming the outsider are well-known strategies” (Douglas, 1985:53). Beck (2006) argues that “tragic individualization,” a “variant of individualization,” in which “the individual must cope with the uncertainty of the global world by himself or herself” is the “default outcome of “a failure [original emphasis] of expert systems to manage risks”’” (Beck, 2006:336). “Tragic individualization” occurs when “[n]either science, nor the politics in power, nor the mass media, nor business, nor the law or even the military are in a position to define or control risks rationally” (Beck, 2006:336). As a result, individuals, i.e., “responsible consumers” (Beck, 2006:336), are left entirely, and solely, responsible for the consequences of their choices, even when those choices are circumscribed, but nevertheless made with a lack of full knowledge of the potential consequences. Governmentality theorists such as Dean (1999, 2010) view risk as a “calculative rationality” designed to govern the populous. Choices are circumscribed through
discourses that evaluate behavior and establish standards of normality and abnormality. These standards “operate in symbiosis with the economic-political climate” and “are consonant with prevalent cultural values and social institutions” (Reith, 2004a:294). Individuals are governed through the “shaping of particular kinds of subjectivity” (Reith 2004a:294). Responsibility in this context is “individualized and internalized” (Reith, 2004a: 294).

The three approaches to risk outlined above and the five corresponding common themes form the foundational basis for most contemporary social science approaches to risk. They provide a solid analytical framework by combining a variety of theoretical approaches that focus on the concept of risk from differing, although not mutually exclusive, perspectives, that are focused on how philosophical conceptualizations of risk influence, and are influenced by, human social interaction.

Risk and the Concept of Culture

Douglas and Wildavsky make a compelling argument that risk perception is cultural and that different cultural understandings influence how risk is experienced and acted upon. They demonstrate that “public perception of risk and its acceptable levels are collective constructs, a bit like language and a bit like aesthetic judgment” (Douglas and Wildavsky, 1983:186). Risk selection and its associated processes are tied to types of organizational forms (i.e., cultures). Differences in the selection of risks between one culture and another culture are the result of “cultural bias” (Douglas and Wildavsky, 1983; Wildavsky and Drake, 1990:48). Culture and risk perception are inextricably linked. Risk is a cultural phenomenon or it is nothing. This being the case, how culture is to be understood is the first condition for understanding risk. This work
is shaped by Clifford Geertz, David Schneider, and two anthropologists influenced by them—Vern Carroll and Michael Lieber.

Geertz [(1973) 2000] saw culture as a system of symbols distinct from biological systems and social systems. He referred to culture as, “a set of control mechanisms... consisting of symbols... that are used to impose meaning upon experience” (Geertz, 2000:44-45). In “Person, Time and Conduct in Bali” (Geertz, 1957) he delineated how personhood is defined in Balinese culture through an exploration of "the cluster of cultural patterns Balinese use to characterize individuals” in order to uncover "the relationships between conceptions of personal identity, conceptions of temporal order, and conceptions of behavioral style which, as we shall see, are implicit in them” (Geertz, 1957). He examined the cultural significance of the six different labels Balinese commonly applied to one another in order to identify someone as a unique individual.

What he uncovered was critical to understanding the Balinese cultural order. It was the unspoken, and therefore cultural assumption, among Balinese that individuals do not exist, only persons, who are defined by their relationships. Geertz established that this assumption regarding how people related to and defined one another was inherent in the different labels themselves, which specified the type of relationship between the person using the label and the person being labeled. There are not persons so much as kinds of persons, just as one does not ask what time it is so much as what kind of time it is today, each day being an intersection of two feast days, one for each of the two calendars Balinese use simultaneously. Geertz teases out these identically structured patterns through examining the organization of symbols people use to represent time and persons. What Douglas and Wildavsky refered to as “collective constructs” are referred to as cultural systems in Geertz’s later writing.
Like Geertz, David Schneider also saw culture as a system of symbols. A symbol was, for Schneider a “unit” of meaning that could combine, like phonemes, with other units to create larger sets of images, texts, or entire ideologies. Schneider (1980) showed, through an examination of kinship terminology, that in order to understand the relationships that American kinship terms represent one must understand the largely unconscious assumptions (premises) that shape the terms and how the terms are thought to be related. Schneider made a fundamental distinction between kinship as a relationship of substance and a kinship as a code of conduct (Schneider, 1980:99). He showed that the assumptions underlying this distinction were about two domains of experience: the order of nature and the order of law. Any phenomenon of experience was part of one or the other. Thus there are “natural” relationships of shared substance, e.g., “blood relatives,” and relationships guided by contractual obligations. One can speak of brother as a natural relation or as a brother-in-law.

Meanings could and did shift, depending on context, familial usage, etc. So, for example, half of Schneider’s informants counted mother as a relative, while half did not, depending on whether the informant thought about the relation as one of substance or one of a code for conduct. Schneider’s work established that context revealed the meaning inherent in the specific kinship term.

Vern Carroll was a student of both David Schneider and Gregory Bateson and was intimately familiar with the works of Clifford Geertz. His own theory of culture combined Schneider and Geertz’s notions of culture as a domain of symbolic representations. Culture is about meanings encoded on symbols. But following Bateson, he would not reify culture as a thing, e.g., a system. Culture was, according to Bateson, a class of explanation, a theory. Carroll followed Bateson on this, and he went further to ask what it is that is explained by this theory and how it is explained.
Carroll sought to answer these questions by exploring the organization(s) of meanings-encoded-on-symbols. He assumed that if human perception was at all systemic, then meanings should be organized in hierarchies of logical type like other systemic phenomena. Some levels of meaning are conscious and therefore discussable. Other levels are unconscious and not available for conscious reflection. Anthropologists, after all, had been talking about conscious and unconscious levels of culture since the 1930s. What Carroll wanted to know was how these levels were organized and how one conducts an inquiry into them.

Carroll addressed these issues in a comparative study of two neighboring Polynesian atoll diaspora communities on Pohnpei, a high island. Carroll (1977) argued that the traditional anthropological methods of distinguishing between cultural groups, “e.g., language, customs, technology, and so forth” (Carroll, 1977:75) were insufficient when the groups being compared had similar or shared cultural characteristics. He argued that if cultural difference was approached as a similarity or difference in premise structures, as opposed to a set of attributes, it could reveal significant differences, even between groups that shared similar cultural characteristics. He showed that even though Nukuoro and Kapinga premises about personal relationships were similar, a small difference between the two regarding the expectations of personal relationships could explain the reason Kapinga migrants to Pohnpei have reproduced their historical settlement patterns, as well as why Nukuoro migrants to Pohnpei did not.

Using data regarding the structure of familial relationships in both Kapinga and Nukuoro cultures he pointed out that Kapinga assumed that disruptions of personal relationships were reconcilable (Carroll, 1977:74). Nukuoro, on the other hand, assumed that a rupture was irreconcilable (Carroll, 1977:74). Kapinga oral history is
replete with stories of bitter enemies reconciling for the sake of their families, while Nukuoro lore is full of ruptured relations that were never repaired, even leading to the death of one or another of the pair. When given the opportunity on Pohnpei, Kapingamarangi replicated their atoll community organization in their new community, while Nukuoro chose not to live in close proximity with other Nukuoro.

Michael Lieber worked closely with David Schneider, Gregory Bateson, and Vern Carroll. Lieber built on Carroll’s ideas of culture as a theory of how the organization of meaning shapes interactions between people, between people and social institutions, and between people and their environment. Lieber (1977) showed, through a detailed study of traditional fishing practices among Kapinga fishermen, that in order to understand Kapinga behavior one must first understand the unspoken principles upon which Kapinga base their conception of what it means to be a “person” (Lieber, 1977:137-138) and the conceptual hierarchy upon which they “organize their experiences acts and utterances” (Lieber, 1977:139). Unlike much of western society, where a person is considered an individual and an individual represents the basic unit of society, for the Kapinga a person is not an individual, but one end of a social relationship. Relationships define the person (Lieber, 1977:137) by binding that person to a larger set of persons whose expectations circumscribe behavior.

Lieber used these concepts to describe the organization of fishing activity, showing how that organization mirrored and was part of a larger social order that constrained it. When the social organization changed, fishing activity changed with it. Lieber used the idea of cultural premises to identify implicit assumptions people made about what a congregation is, and why congregation and community were, and remain, the same.
All of these scholars share a common working assumption: that any concept of culture turns on the observable recurrence of pattern in thought, action, and understanding of the world as experienced. Since the publication of Ruth Benedict’s Patterns of Culture (1934), the idea of patterning has become common coin in anthropological research and analytic strategies. Geertz, for example, sees that Balinese ideas of personhood are organized identically to those of time and of conduct. These three have a common pattern, and it is this sort of commonality in patterning that anthropologists have been looking for since Benedict’s publication. David Schneider found a pattern of duality in Americans’ thinking about and recognition of kinsmen—sharing of “biogenetic substance” and sharing of common behavioral expectations—the order of nature and the order of law. Vern Carroll found that, while both Nukuoro and Kapingamarangi people define the person as a relatum, i.e., one end of a relationship, their expectations of the progression of any relationship differ. Because Kapingamarangi assume the relationships are robust while Nukuoro assume them to be fragile, Kapingamarangi are able to recreate a pattern of organization to build a community on Pohnpei Island, while Nukuoro attempts to do the same fail. It is not that history repeats itself, but the unconscious patterning that constrains people’s relationships with one another. Lieber found organizational patterns of fishing activity that replicated that of the larger social organization. When the social organization changed, so did the fishing activity and the relationships between fishermen, between people and fish, and relationships with both land and water environments. So when Douglas and Wildavsky state that major changes in local concepts of risk necessarily involve changes in local social organization (and vice-versa) it is the patterning in both that they are implying. This is why they refer to their conceptual framework for conceptualizing risk as a “cultural analysis.”
Bateson’s theory of context is a generalization of the organization of meanings encoded on symbols expanded to include patterning of messages however encoded. We are in a systems realm where organization is the result of constraints on communication of messages, i.e., patterns of messages. Communicating parties can as easily be electronic components of machines with feedback, biological organisms or parts of organisms, or people and the institutions they create. What Benedict called patterning, engineers call “redundancy.” Understanding how any sort of system works depends on the observer’s being able to identify the constraints that produce patterning in the system’s behavior (Bateson, 1979).

Context is a way of talking about the organization of constraints on any system, sub-system, or other set of recurring relationships. Bateson’s definition of context takes patterning as the organization of the messages exchanged by parties to a relationship, whether the parties are living or electronic (or even mechanical, such as governors on steam engines). When it is people being observed, the parties can as easily be institutions as individual people.

What this research demonstrates is how cultural premises shape the context of risk, particularly HIV risk, that occurred during the sex-based exchange activity that the research participants engaged in on a regular basis. In addition, it demonstrates how expectations of risk were frequently inhered in the types of customers the research participants chose to engage during their exchanges and importantly, how they managed these risks based on their personal knowledge and experience in similar contexts.

The Concept of Context

“Ever since Malinowski, anthropologists have chanted the mantra of ‘placing social and cultural phenomena in context’” (Dilley, 1999:1).
“Context is one of those linguistic terms that is constantly used in all kinds of context but never explained” (Asher, 1994:731, In Fetzer, 2002:391).

The concept of “context,” in all its various permutations is often alluded to in anthropology, the social sciences, and public health to elucidate social and cultural phenomena. Phrases such as, “analyzed in the context of,” (Connors, 1992:591) “frameworks that contextualize,” (Zierler and Kreiger, 1997:429) “appropriate context of interpretation” (Farmer, 1996:273) “contextual and environmental influences,” (McKeown, 2009:5) “social context” and “sociocultural context” are found throughout the anthropological, social science and public health literature. The implication of context is that there exists a generalized set of connections that can be construed as relevant to the social or cultural phenomena being observed (Dilley, 1999:4), and which validate the interpretation(s) of the observer. However, as Dilley points out, these connections are rarely addressed, nor are they explicitly stated or defined. Dilley (1999:26) notes,

“The word context became part of a stock anthropological vocabulary used to denote a bewildering variety of characteristics, domains, and environments. Contexts could be cultural, social, political, ritual and religious, economic or ecological; they could be interactional, systemic or historical. The term, it seems, is sufficiently elastic to be stretched in numerous directions for diverse purposes” (Dilley, 1999:26).

With this passage Dilley articulates the generally accepted understanding and application of the concept of context in anthropology and the social sciences and public health. The flexibility of the definition lends itself to broad application, however, its ambiguity frustrates and even hinders attempts to identify and clarify how exactly context and behavior articulate and influence one another, to create culture.
This situation is, at least partially, due to the fact that unlike linguistics or philosophy, where context is often the topic of inquiry, exploring and defining the nature of the concept of context itself is not often the subject of inquiry in anthropology, the social sciences, or public health.

Most often, in these cases, context is the framework upon which the chosen topic of inquiry is built. Context signifies a specific perspective used by the observer, researcher, writer, etc. to present his or her data. Invoking context, explicitly, by showing how an event or circumstances can influence a particular phenomenon, or implicitly, by alluding to the idea that the activity or behavior(s) in question can only be properly understood “in context” can add additional bearing, emotional weight, or cultural significance, or intellectual resonance to a phenomena being observed, analyzed, and explicated. However, without a precise definition, that delineates the relevant circumstantial connections that make up the ‘context’ the concept itself becomes more of a rhetorical device used to frame an analysis of a particular issue.

For many anthropologists, social scientists, and public health researchers, the process of contextualization is an exercise in examining the circumstances, settings or environments in which the specific cultural phenomena in question, e.g., drug-use, prostitution, HIV-risk behavior, or the individuals or groups who engage in the activities or behaviors in question, are prevalent and identifying what factors, if any, that facilitate or attenuate that phenomena within the designated context. Context, again, in this usage often refers to the broader social, political, economic and even physical settings in which individuals or cultural phenomena are situated. However, as stated previously, context is rarely the topic of inquiry, but the framework upon which the findings presented and analyzed.
In anthropology, defining a context is often about drawing a line (Dilley, 1999, 2002; Fetzer and Akman, 2002:399) or demarcation of what factors or elements are relevant or germane to an investigation. Anthropologists do this all of the time when they determine what factors or elements will be included within their selected framework(s) of interpretation for their analysis of specific social and cultural phenomena. The framework could be economic, political, social, cultural, etc. The context can be micro, i.e., local, or macro, i.e., global. Anthropologists can then concentrate their inquiry on delineating the influence, if any, that the identified factors have on the social or cultural phenomena that are the primary focus of their investigation.

However, as pointed out by Dilley (1999, 2002), Fetzer and Akman (2002) and Fetzer (2004), despite the heavy reliance of anthropologists on the concept of context as an analytical framework, little research has been conducted by anthropologists to explore and define the concept itself.

Fetzer and Ackman (2002) and Fetzer (2004) make a useful distinction between three different, but not unrelated, types of contexts: 1) traditional linguistic, in which context is comprised of the immediate features of a speech situation, e.g., time, location, speaker, hearer and preceding discourse; 2) social or extra-linguistic, in which context is comprised of the “coparticipants,” e.g., speaker, hearer, audience (Goffman, 1974), “the immediate concrete physical surroundings including the time, and location” and the “physical and psychological dispositions and the specific knowledge or assumptions about the persons involved, the knowledge of the language, the knowledge of the routines and activity-types, their communicative intentions and communicative goals, and general background knowledge” (Fetzer, 2004:9); and 3) sociocultural, which can be “conceived of as a marked, or sub-divided type of social context in which particular
variables, such as time or location, are interpreted in a particular mode’’ (Fetzer and Ackman, 2002:395, Fetzer, 2004:9). Fetzer and Akman, in their delineation of contexts, make the point that “culture provides us with a filter mechanism which allows us to interpret social context in accordance with particular sociocultural-context constraints and requirements” (Fetzer and Ackman 2002:396; Fetzer, 2004:10). In other words, an individual’s ability to interpret social context and determine contextually appropriate behavior within a particular sub-set of that social context that is the sociocultural context is inherent within their cultural premises. Understanding the premises upon which people’s perceptions and plans to act on those perceptions are based is key to understanding their behavior as a part of a sociocultural context.

My use of the concept of context is consistent with Bateson (1972) and Lieber (1993): the context of any act or utterance or event is the relationship between communicating parties (i.e., the relata). Bateson’s conception of context is part of a systems approach to organization of any sort (Bateson, 2000: 405-416). The literature on systems is extensive, the more so given the hundreds of sub-fields into which systems concepts have split (Ison, 2008), including disciplines such as mathematics, engineering, biological sciences, social sciences, architecture, and art. However, not all variants of systems theory share Bateson’s use of context or his notion of infinite hierarchical levels of context, which allows for the analyst as observer and perceiver and also allows for the actors within the analysts defined system to be observers and perceivers, as well. What they do all share is the assumption that we live in an entropic universe where disorder is more probable than order. Order only becomes probable when constraints are placed on otherwise random events. It is the nature and application of constraints that differentiates the many disciplines and sub-disciplines that deploy systems thinking to understand the issues that command their attention. In sociology, Talcott-
Parsons used a rudimentary form of systems theory, which Geertz later adopted into anthropology to describe the well-known three-tiered universe of biological, social, and cultural systems (Geertz, 1973:142-169). David Schneider (1980: 125-126) also adopted the biological, social, cultural systems approach for his own analysis of social action.

Between March of 1946 and April of 1953, as a member of the Josiah Macy conferences on cybernetics, Bateson developed a theoretical framework that helped him state more precisely the essential principles for understanding culture and social organization that he had begun to articulate in Naven (1936), the ethnography that came out of his fieldwork among the Iatmul in Papua New Guinea before the war. Those principles encompassed ways of looking at culture as the relationships among perception, context, and social interaction, including both the perceptions of the social actors observed and those of the cultural analyst and observer. The cybernetic framework that came out of those conferences deeply influenced his subsequent work and that of his students, such as Erving Goffman, who went on to develop a concept of context that he called "frames" (Goffman, 1959; 1974).

Bateson introduced modern systems thinking into anthropology in 1951 (Ruesch and Bateson, 1951), refining his ideas through the 1950s with the double bind theory of schizophrenia and its implications (Bateson, 1973), the 1960s and 1970s (Bateson, 1979). These concepts of system were developed with colleagues that included Margaret Mead, Norbert Wiener, Ross Ashby, and Heinz von Forster. Bateson called them "cybernetic."

Several Pacific anthropologists adopted the cybernetic framework to shape their research (Rappaport, 1968; Carroll, 1977; Lieber, 1977, 1994, 1999). Work since the 1990s

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3 During this period of time Bateson, along with Margaret Mead and others was a principal participant in the “Macy Conferences,” a group of intellectuals credited with founding the field of “cybernetics.” For more see S. Heims, 1991.
has utilized Bateson’s cybernetics in cognitive science approaches, particularly the work of Bradd Shore’s concept of cultural models (Shore, 1996; 1998). More specifically, Bateson’s notion of context has served to shape the work of Lieber in traditional fishing (1994), sustainability and obsolescence (1999), and his and Eve Pinsker’s applied research in program evaluation (Pinsker and Lieber, 2005).

Bateson’s definition of context is clear and precise and because it has a direct relationship to pattern, lends itself well to a cultural analysis of risk perception and behavior of those involved in sex-based exchange activity.
CHAPTER III: RESEARCH METHODS

This study was designed to examine risk perception and management strategies as part of the context of sex-based exchange relationships. It is a cultural analysis of indigenous perceptions of risk among n=61 women who regularly used illegal drugs and engaged in sex-based exchange activity in two contiguous community areas located on Chicago’s West Side.

Data was collected to determine the risks the research participants associated with their sex-based exchange activity and what techniques or strategies they employed to manage these risks. In addition, I examined how individual perceptions of risks were influenced by the different contexts in which the research participants engaged in their sex-based exchange activity and how their perceptions influenced their behavior during this activity.

A secondary purpose was to assess the extent to which HIV-specific risk perception plays a role in the selection and implementation of their overall risk management strategies and, further, if HIV concerns affect their risk-taking behaviors.

Pilot Study

This research was preceded by a pilot study, conducted in 2003, with 12 women who reported regular use of illegal drugs and previous experience engaging in sex-based exchange activity. The pilot study was conducted on Chicago’s north side at a field station maintained by the Community Outreach Intervention Projects (COIP), a community-based HIV-prevention program operated by the University of Illinois at Chicago (UIC), School of Public Health (SPH). COIP has a long history of working with the high-risk population of interest to this study. The self-reported racial and ethnic
break-down was: Caucasian = 1; African/Black American = 9; Hispanic⁴ = 1; and Multi-racial = 1.⁵ The age range was 25-51 years, with a median age of 44.3 years. The eight participants who reported engaging in sex-based exchanges were younger, with a median age of 34.3 years.

Pilot study participants were assessed for current drug use and previous sex-based exchange activity. The length of time since engaging in sex-based exchange activity ranged from one month to one year, with an average of 2.3 months, with one participant reporting it had been at least one year. The remaining seven reported having exchanged sex in the month prior to the interview.

Each pilot study participant engaged in free-listing and pile sort activities designed to produce a list of potential risks as understood by the participants. Free-listing (Spradley 1979b; Schensul et al., 1999; Trotter, 1995; Weeks, 2004) is a method used by ethnographers to explore the contents, range and boundaries of a particular “cultural domain” by getting informants to specify terms that they use to describe the items that constitute the linguistic domain (Schensul et al., 1999:6). Free-listing and pile sorting, by which informants take the free-listed terms and sort them by the categories they form yielding an organized set, have been employed as data collection tools with a variety of vulnerable populations including Chinese prostitutes (Weeks, 2004), drug users and Navajo teenagers (Trotter, 1995), and transient male populations (Spradley, 1979a). The effectiveness and validity of these techniques has been widely supported and demonstrated (Lambert, et al., 1995).

When using free-listing and pile sorting, participants are asked to think of and name all items they associate with a specific domain. The pilot study explored the

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⁴ Participant identified herself only as Puerto Rican.

⁵ Participant did not specify races.
domain, “risks associated with sex-based exchange activity.” Each risk was written down on an index card and these cards served as the basis of the pile sort exercise.

Participants occasionally defined or described risks using local terminology. When this was the case they were asked to define the term and then use it in a sentence in order to assess meaning and proper usage. This was done in an attempt to understand the cultural meanings embedded in these terms (Spradley, 1979b). Free-listing was conducted for the purpose of developing a “cultural domain” (Schensul, et al., 1999:6) of risks associated with sex-based exchange activity.

Additionally, all participants completed a pile sort exercise, grouping the previously identified terms into piles based on their understandings of term similarity. Pile sorting (Spradley, 1979b; Trotter, 1995; Weeks, 2004) is an exercise that engages the participant in arranging terms, written on index cards, into piles based on their understanding of the similarity or affinity of the terms. The criteria for assessing item similarity is intentionally vague so that each pile is based on the individual’s understanding of the term and not on a predetermined definition or understanding. This technique is important in that it provides insight into the individual’s perspective regarding what items within a domain are similar and how they are structured within that cultural domain (Spradley 1979b; Schensul et al., 1999; Trotter, 1995; Weeks, 2004). This process allowed me to establish “native categories of thought” and gain a better understanding of the “cultural scene” (Spradley, 1979b:117) of sex-based exchange activity and thus the concept of ‘risk’ among the pilot study participants. Appendix B p.167 displays the list as constructed during the pilot study.
Lessons Learned from the Pilot Study

The pilot study was limited in scope. Limited demographic data was collected and the pilot group also contained a higher percentage of Caucasian women among the research participants, which may have been due to the geographic location of the field station. Secondly, while eight participants had previous sex-based exchange activity, not all had recent activity. HIV/AIDS knowledge and beliefs were not assessed. However, the pilot study influenced the design of this current project in several ways.

As was made clear in the pilot study, free-listing and pile sorting, while fruitful data collection methods, are time consuming processes. Using the pilot-study experience as guidance, I modified these processes for this research.

I used the substantive results of the pilot study to compile a provisional list of the 34 risks and the salient features that the pilot study participants most often associated with sex-based exchange activity. This list was validated during Phase One of the current research, described in detail later in this chapter and the revised list was used during Phase Two of the current study.

For the current study, I presented each participant with 34 risks individually enumerated on index cards. I then instructed them to review the terms and discard any terms for which they did not know the meaning. Next, they were instructed to discard any cards with terms (risks) that they did not associate with their own sex-based exchange activity. Next, they were asked if there were any additional risks they thought should be included. If so, each additional risk was written down on an index card and included with the remaining terms. This served as a truncated version of the free-listing process. Participants were then asked to define each term and use it in a sentence to assess meaning and proper usage. Lastly, they sorted the terms into piles, prioritized the piles and ranked the terms within each pile. This process limited the
amount of time spent in free listing and pile sorting and allowed more time for the ethnographic interview portion of the data collection process.

Pilot study results also demonstrated the need to gather additional ethnographic data. In the current study this was done by integrating discussion components into the informal interviews with outreach staff and observing the research population during their interactions with staff at the field station during drop-in services visits and during fixed-site outreach services in the community.

Data from the pilot study also provided me with several significant areas for further inquiry. In order to adequately investigate these areas, additional quantitative data collection tools (e.g., substance use assessment, HIV Knowledge assessment, Relationships and Risk Behaviors assessment) were added to the study protocol. Qualitative data collection methods were expanded by integrating interviewer-implemented surveys, extended semi-structured ethnographic interviews, and on-going open-ended key informant interviews into the study protocol. These tools and methods improved data triangulation and validation of preliminary findings, facilitated additional opportunities to engage the research participants in focused discussion, and provided additional occasions to further investigate how context affects risk perception and risk activity during a sex-based exchange transaction. The inclusion of these enhanced research tools and methods greatly improved the quality and the richness of the data and allowed me to develop more thorough and conclusive findings.

During the pilot study I also found that many participants experienced difficulty filling out self-administered surveys. In the current study, I offered each participant the option to have any or all questions read out loud. With the exception of one or two individuals all of the rest of the participants requested to have me read the questions to them while they responded on their own copy of the survey.
Current Study

The current research was conducted in two phases. A phased approach was chosen to increase iterative opportunities in the quest to understand the participants’ perceptions of risk and how their perceptions influenced behavior choices. During Phase One, I recruited n=12 participants for two focus group and facilitated the groups. Phase Two activities primarily focused on n=49 individual interviews.

All research activities for the current study were conducted in the community, at a west side field station maintained by the Chicago Recovery Alliance (CRA), a community-based needle exchange and harm reduction program that provides a range of HIV prevention and substance abuse supportive care throughout out Chicago. In addition to being located in the community, the field station is recognized as a welcome setting by members of the target population for this study. Many staff members were former addicts themselves and all had experience providing services to members of the targeted research population. This provided me with access to a pool of knowledgeable individuals who acted as key informants and with whom I conducted informal ongoing interviews to explore, confirm, or refute findings or preliminary conclusions I had made based on my own field observations and other data (e.g., survey data, anecdotal data, health reports, crime reports, etc.) I had collected. I was also able to interact with clients during drop-in services and to shadow the staff during community outreach activities. In these ways, I was able to conduct ethnographic research throughout the study period.

During Phase One, much of my time was spent in the field with the outreach workers or at the field station actively recruiting women to participate in the focus groups. However, by beginning with focus groups, I was able to quickly gather a large
amount of quantitative and qualitative data from the research population regarding their sex-based exchange activity and their risk management techniques.

I used the focus group experience to inform my approach to the one-on-one ethnographic interviews. Focus group participants also completed several quantitative measures, described later in this chapter.

Phase Two activities focused on formal individual interviews. During this phase, I also spent a significant amount of time at the field station conducting informal interviews with outreach staff and observing the daily cycles of life around the field station. I engaged the research population at the field station and participated in outreach activities. It was during these outreach activities I gathered some of the data I report in the later section titled “Narrative Example of a Sex-Based Exchange Transaction with a Trick” (p. 86). In addition, I conducted archival research on the communities. The following sections discuss elements common to both phases of the study.

Research Setting

This research was conducted in two adjacent neighborhoods located on the west side of Chicago, North Lawndale and East Garfield Park. The activity of sex-based exchange is well entrenched on Chicago’s West Side; Durchslag and Goswami, (2008) found that men who purchased sex from women in the Chicago area ranked the West Side as the most popular location, followed by the South Side.

The risk of exposure to HIV or other STIs for anyone engaged in sex-based exchange activity was compounded by the unusually high HIV and STI prevalence rates in these communities. North Lawndale and East Garfield Park are among those Chicago communities with the highest annual HIV infection diagnoses, HIV prevalence,
and AIDS case rates. Both communities also have an elevated HIV/AIDS standardized mortality rate (SMR), a measure of expected versus actual deaths\(^6\) (see TABLE I: Chicago and Selected Community Area HIV/STI Data). In addition, Chicago Department of Public Health (CDPH) data indicates that residents of North Lawndale and East Garfield Park have elevated rates of gonorrhea, Chlamydia and Syphilis (see TABLE I: Chicago and Selected Community Area HIV/STI Data), all surrogate markers for unprotected sex, HIV exposure and transmission.\(^7,8\)

The scarcity of health services within these communities, coupled with the difficulty of accessing services, no doubt exacerbates the high incidence and prevalence of STI’s and HIV within the resident populations. Even though many of the research participants would likely have been eligible for health care through Medicaid,\(^9\) accessing services, even when eligible, can be a confusing and difficult process. Laurie Abraham (1993) thoroughly describes the complicated and frustrating processes required for acquiring adequate health care in Chicago’s North Lawndale community, even when it has been clearly established that the recipient qualifies for the programs and services they require.

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\(^6\) A standardized mortality rate (SMR) is used to compare mortality due to a specific cause in a specific population to that same cause in a standard population. For a detailed explanation on when this measure is used and how it is calculated see Bocskay, KA, et al., 2007:04.

\(^7\) The composite health rank is based on the sum of all ranks for each health measure except for “Percent Screened for Lead”, a 1 indicates the worst, 77 the best. For a further explanation see Bocskay, KA, et al., 2007:04.

\(^8\) East Garfield Park could not be calculated due to sample size considerations. For a further explanation see: Bocskay, KA, et al., 2007:04 and 2007:118.

\(^9\) Medicaid is the U.S. government program that provides medical insurance to qualified individuals based on income limits.
TABLE I: Chicago and Selected Community Area HIV/STI Data

<table>
<thead>
<tr>
<th>Community Area</th>
<th>HIV Incidence*</th>
<th>HIV Prevalence*</th>
<th>AIDS Case Rate*</th>
<th>HIV/AIDS Standardized Mortality Rate (SMR)**</th>
<th>Gonorrhea* Rate</th>
<th>Chlamydia* Rate</th>
<th>Syphilis* (Primary and Secondary) Rate</th>
<th>Community Area Composite Health Ranking**</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Lawndale</td>
<td>49.0</td>
<td>824.6</td>
<td>35.9</td>
<td>4.1</td>
<td>899.3</td>
<td>2290.7</td>
<td>25.8</td>
<td>4</td>
</tr>
<tr>
<td>East Garfield Park (27)</td>
<td>90.3</td>
<td>1353.9</td>
<td>76.6</td>
<td>2.3</td>
<td>1007.9</td>
<td>2221.3</td>
<td>50.1</td>
<td>***</td>
</tr>
<tr>
<td>Chicago Average</td>
<td>47.7</td>
<td>772.4</td>
<td>27.8</td>
<td>1</td>
<td>407.4</td>
<td>991.6</td>
<td>20.8</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*STI/HIV Chicago, Fall 2010.
**Community Area Health Inventory Part Two, 2007:04.
*** Could not be calculated due to sample size considerations.
At the time of this study, the North Lawndale HIV prevalence rate was 824.6 per 100,000, above Chicago’s overall HIV prevalence rate of 772.4 and nearly three times the national average of 275.4 (STI/HIV Chicago, Fall 2010:09). In 2004, North Lawndale ranked thirteenth highest among Chicago’s 77 community areas for its AIDS case rate and second highest for its HIV/AIDS Death rate (Bocskay, K.A. et al., 2007:106). North Lawndale’s Chlamydia rate of 2290.7 (STI/HIV Chicago, Fall 2010:15) per 100,000 and its gonorrhea rate of 899.3 (STI/HIV Chicago, Fall 2010:12) per 100,000 were over twice the Chicago rate. In addition, in 2004, the composite health index of North Lawndale ranked fourth lowest among Chicago’s 77 community areas (Bocskay, K.A. et al., 2007:118). (See TABLE I: Chicago and Selected Community Area HIV/STI Data).

During the study period, the East Garfield Park HIV prevalence rate was 1,353.9 per 100,000, or nearly 1.8 times Chicago’s overall rate of 772.4 and nearly five times the national average of 275.4 (STI/HIV Chicago, Fall 2010:09). In 2004, East Garfield Park ranked third highest among Chicago’s 77 community areas for its’ AIDS case rate of 76.6 (Bocskay, K.A. et al., 2007:26) per 100,000 and 6th for its HIV/AIDS death rate (Bocskay, K.A. et al., 2007:106). The Chlamydia rate of 1791.1 (STI/HIV Chicago, Fall 2010:15) per 100,000 was 1.8 times Chicago’s rate, and the gonorrhea rate was 1087.1 (STI/HIV Chicago, Fall 2010:12) per 100,000 – nearly 2.5 times the overall rate in Chicago. In addition, CDPH ranked East Garfield Park sixth highest among Chicago’s 77 community areas for its combined primary and secondary Syphilis rate of 50.1, which was more than twice Chicago’s rate of 20.8 (STI/HIV Chicago, Fall 2010:18) and 10 times the U.S. rate of 5.0 (Sexually Transmitted Disease Surveillance, 2012:107).

However, potential exposure to HIV was only one of many hazards facilitated by the sex-based exchange activity the women participated in as actors in the economically and socially marginalized urban drug environment of Chicago’s west side. In North
Lawndale and East Garfield Park, personal safety hazards are quotidian. Research participants routinely pointed out the seeming randomness of shootings, robbery, getting jumped, being cheated, etc., and pointed out that even when they were not engaged in sex-based exchange activity they had to be alert for potential dangers. Many of the risks they faced on a daily basis, they argued, were qualitatively the same whether or not they were actively engaged in sex-based exchange activity. This perception of the ubiquitousness of risk, particularly the risk of violent crime, within these communities was not unfounded.

North Lawndale and East Garfield Park are located in the 10th and 11th Chicago Police Districts respectively and, in 2009, both districts ranked in the top 10 or higher of 25 police districts for incidents of violent crime such as murder, criminal sexual assault, robbery, aggravated assault and aggravated battery (Chicago Police Department Annual Report, 2009:32).

In 2009, 22 murders were committed in North Lawndale. Only Austin, located on Chicago’s far west side and Humboldt Park, which borders East Garfield Park to the north, reported more murders during that same year. In 2009, 16 murders were committed in East Garfield Park, placing it among Chicago’s top seven community areas for murders. Similar patterns for criminal sexual assault, robbery, aggravated assault and aggravated battery, all considered violent crimes, were reported for these two communities (Chicago Police Department, Annual Report, 2009:36).

Taken together, these statistics show that my research was conducted in Chicago’s HIV, prostitution, drug dealing, substance abuse, violent crime and STI epicenters.

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Recruitment of Research Participants

The study sample\textsuperscript{11} was drawn from East Garfield Park and North Lawndale neighborhoods, two Chicago neighborhoods that have majority African-American populations.\textsuperscript{12} They were recruited with the assistance of CRA Needle Exchange Program (NEP) staff at program locations and community outreach events. Early in the recruitment process I would take up an unobtrusive position in, or near, the NEP van during street-based outreach. Staff identified potential research participants from among the individuals that regularly came to the van for services and referred them to me for screening. Later, after I had become a more familiar presence on the outreach van and staff had become more comfortable with me, I became a participant-observer, assisting in distributing clean injection equipment, recording client identification numbers, and completing supply distribution logs. This was done in the context of my on-going efforts to recruit participants.

Respondent-driven sampling (RDS) was also used to recruit participants. RDS is a coupon-based recruitment and referral system that essentially allows study participants to recruit members of their social network into the research study. RDS has been demonstrated to be a reliable method of participant recruitment, particularly for reaching members of marginal or hidden populations (Heckathorn, 1997; Semaan, et al., 2002:4; Heckathorn, 2002; Salganik and Heckathorn, 2004). More recently, RDS has proven to be an effective method of recruitment in Chicago for reaching research

\textsuperscript{11} N=61 total: N=51 (85.2%) of the research participants identified as Black/African-American: N=8 (13.1%) identified as White: N=1 (1.6%) identified as American-Indian or Alaskan Native: N=1 (1.6%) identified as Other “Puerto-Rican.” N=57 (93.4%) identified as Non-Hispanic: N=3 (4.9%) identified as Hispanic and N=1 (1.6%) declined to respond.

\textsuperscript{12} East Garfield Park has a population that is 96.8% African-American. North Lawndale has a population that is 93.8% African-American (Bocskay, K. A., et al., 2007b:66-67).
participants from marginalized and hidden populations including MSMs, high-risk heterosexuals, and substance users (STD/HIV/AIDS Chicago, Winter 2006).

Participant Selection Criteria

Research criteria limited inclusion to English-speaking women, aged 18-years or older, who had used drugs, particularly marijuana, crack-cocaine, powder cocaine, and heroin, but not excluding alcohol, within 30-days prior to participation and who had also engaged in sex-based exchange activity within 30 days prior to participation. Neither race or ethnicity was specified.

Consent Procedures

All study procedures were approved by the UIC Institutional Review Board, IRB 2008-0080, “Field Test of a Method for Eliciting Perceptions of Risk among Women with a High Degree of Vulnerability to Infection with Human Immunodeficiency Virus.” Each potential participant, after being informed of the study and providing oral consent to be screened, completed a brief oral survey to determine eligibility. Individuals who did not meet inclusion criteria were informed that they did not qualify and were offered HIV and STI prevention materials and harm reduction supplies including, but not limited to, condoms, clean injection supplies (e.g. syringes, needles, cotton, cookers, sterile water and alcohol pads), referrals for substance abuse treatment, STI screening, HIV testing, hepatitis vaccination and opiate overdose training. The provision of clean injection equipment is in keeping with a harm reduction approach and a common practice among NEPs as it is associated with a reduction in drug use, a reduction and/or cessation of syringe sharing, and a reduction in hepatitis and HIV incidence among individuals who inject drugs (Des Jarlis et al., 2013; Bluthenthal et al., 2000;
Kidorf et al., 2012; Huo and Ouellet, 2007). In addition, providing HIV-prevention and harm reduction supplies is considered a best practice when conducting research among hidden or vulnerable populations that are considered to be epidemiologically high-risk for exposure and infection with HIV, such as women who engage in sex-based exchange activity and IDUs (Huo and Ouellet, 2007).

Eligible participants were provided with detailed information regarding the time and location of a specific research activity. Before an individual participated in her designated research activity, a second more extensive stage of the consent process occurred. This stage marked the transition from a potential participant to an enrolled research participant. At this time, potential participants were provided with detailed information regarding the purpose of the research, the procedures involved, potential risks and discomforts, the benefits to participation, and privacy and confidentiality procedures. This was done via a written form and oral presentation. The voluntary nature of the decision to participate was stressed. Participants were told they could withdraw at any time or refuse to answer specific questions that made them uncomfortable. Finally, they were provided with my contact information and that of my research advisor, Dr. Michael Lieber, as well as contact information for the UIC Office for the Protection of Research Subjects. They were told that they were free to contact any or all of us at any time during the research study.

Individuals who confirmed continued interest in participating were then asked to give oral assent. In order to protect the confidentiality of the research participants, this study was conducted anonymously. To this end, the UIC IRB protocol did not require signed consent. However, each participant was provided with a copy of the consent form for her records.
During all research activities, special precautions were taken regarding continuing consent and preventing undue burden on the participants. All research participants engaged in either group or individual discussions regarding potential risks they faced while engaged in sex-based exchange activities. I monitored group discussions for signs of uncomfortableness and consciously guided discussions and participation based on my observations. In this way, I was able to adjust how I approached the group semi-structured discussions to ensure that participants remained engaged and comfortable and thereby able to provide quality responses. This approach was particularly useful later when I engaged in one-on-one interviews with individuals who were reticent to respond, or who required additional time or explanation responding to the open-ended questions in the discussion portion of the interviews.

Slight variations in approach between research participants only regarded the manner in which I asked questions. All information solicited during the individual interviews followed the pre-approved structured format designed to elicit her perspectives regarding the risks she associated with her sex-based exchange activity and how she understood, responded to, and managed these risks.

During survey activities, I offered to read questions aloud while the participant recorded answers. This allowed participants to answer thoughtfully while being relieved of the pressure to accurately read and interpret questions.

**Participant Compensation**

All participants were compensated $25.00 for their time and $5.00 to defray transportation costs. In addition for each successful referral they provided, they were paid a $5.00 finder’s fee for up to four referrals ($20.00). The use of incentives in
conjunction with RDS is common practice to encourage participation by the target population (Abdul-Quader et al., 2006; Johnston and Sabin, 2006).

In order to fairly compensate participants for their recruitment efforts, all incoming referrals were documented. Participants were advised that while referrals were being tracked, the research was being conducted anonymously and that they would have to be responsible to follow-up with me to confirm their referrals and collect their finder’s fees. Participants were offered HIV prevention supplies similar to those previously described, referrals for substance-abuse treatment and STI care, hepatitis vaccination, HIV counseling and testing, and HIV prevention literature (Abdul-Quader et al., 2006; Johnston and Sabin, 2006).

**Survey Data**

Each participant completed a demographic survey regarding age, educational level, housing status, relationship status, and racial and ethnic identification. (See appendix B for a copy of this survey.) Each participant also completed three validated surveys, the drug use assessment from the CIDUS-III study, HIV-KQ 18 and the Relationships and Sexual Behaviors Survey. CIDUS-III, Collaborative Injection Drug Users Study substance use assessment tool was developed by the Centers for Disease Control and Prevention (CDC). It is a 9-item instrument that assesses the frequency, type and method of drug use of an individual in the 90-days prior to the assessment. In addition, it assesses, when applicable, a participant’s drug injection behaviors. It has been used in a variety of settings, most often with young injection drug users in the context of HIV prevention efforts (Garfein et al., 2007; Mackesy-Amiti et al., 2012; 13

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13 This tool specifically assesses an individual’s use of alcohol, marijuana, crack-cocaine, powder cocaine and heroin, alone or in combination. In addition, it asks about the individual’s use of “other” opiates and/or amphetamines.
Rondinelli et al., 2009). For this study, the survey was modified in the following ways: 1) the frame of reference for the assessment was reduced from 90-days to 30-days prior to assessment; and 2) while the CIDUS-III data collection tool is designed as an Audio Computer Assisted Self-Administered Interview (ACASI) instrument, in this study, it was paper based and interviewer implemented.

HIV knowledge was assessed using the HIV Brief Knowledge Questionnaire (HIV-KQ 18), an 18-item self-administered instrument, developed by Michael Carey and colleagues (Carey et. al, 1997). It uses a series of true/false statements and measures basic knowledge about the transmission, prevention and disease course of HIV/AIDS. (See appendix B for a copy of the questionnaire.) HIV-KQ-18 is based upon their earlier survey, HIV-KQ 45, which has been extensively used and validated. While HIV-KQ 45 performed well and showed internal consistency and stability, it was felt that a shorter survey would be more appropriate for street outreach, field surveys and intervention settings that use more than one survey instrument. HIV-KQ-18 has been extensively used and validated (Carey and Schroeder, 2002).

The Relationships and Sexual Behaviors Survey (RBSv1.2), developed by the National Institute on Drug Abuse (NIDA), was also administered. RBS is an interviewer administered survey used to determine a participant’s understanding of his/her personal risk of contracting HIV. It includes questions on drug use, sexual activity including exchange of sex for drugs and HIV test history. RBS v1.2 has been validated and used with individuals similar to participants in this study (Needle et al., 1995; Weatherby, et al., 1994).
Phase One

Phase One explored the salience of the 34-item list of potential risks produced during the pilot phase. Two focus groups were held. All participants were women engaged in sex-based exchange activities who met the criteria described in the participant selection criteria section. A total of 12 participants were recruited for the focus groups. The focus groups provided me with access to a diversity of opinions and perspectives that facilitate unanticipated, but important, lines of inquiry that were used for the individual interviews conducted during Phase Two. The focus groups also allowed me to collect a large amount of data quickly, expediting the transition to Phase Two of the study.

During the focus groups, participants discussed the potential risks they associated with sex-based exchange activities, specifically the techniques and strategies they employ to manage categories of risk as well as specific individual risks they might encounter. The focus group discussions were based on the manner in which the women, as a group, categorized, prioritized and ranked a variety of risks on a two-dimensional risk matrix.

The focus groups provided an opportunity to establish a consensus-derived baseline categorization, prioritization and ranking of potential risks. It also gave me an initial opportunity to investigate and document patterns of indigenous strategies of risk management employed during sex-based exchange activities.

Both focus groups were audio-recorded. At the beginning of the group discussion, participants completed additional consent forms in accordance to approved IRB procedures (see section: Consent Procedures) and were reminded that all focus group discussions are to be considered confidential.
They also reviewed and validated the list generated during the pilot study and completed a group-based pile sort activity. The pile sort activity allowed a more formal review of the pilot study results. It also provided a consensus-derived baseline categorization and prioritization of the risks associated with sex-based exchange activity, against which I could compare individual results during Phase Two.

In addition to participating in the focus groups, each participant completed three survey instruments, described in the previous section.

**Phase Two**

Phase One data regarding types of risk, specific risks and risks management strategies informed the data collection priorities of Phase Two. During Phase Two, 49 semi-structured interviews were conducted. Direct recruitment and social network referral were combined with an RDS approach similar to that used during Phase One.

Each interview participant was offered the option of reading and responding to the survey questions on her own or having the survey questions read to her and responding on her copy of the survey. With the exception of one participant all of the others chose to have the questions read to them. During this process and I found that by taking cues from the manner in which the participants responded, not to the questions, but to being asked the questions, allowed me assess the disposition of the interviewee and, in many cases, I could begin to establish rapport with the individual before the discussion oriented portion of the interview began.

Variations in approach with each research participant regarded only the manner in which questions were asked. All of the information solicited during the individual interviews followed a structured format designed to elicit the individual perspectives of
each participant regarding the risks they associated with their sex-based exchange activity and how they understood, responded to, and managed these risks.

Each interview included a one-on-one discussion of the potential risks the participant associated with her sex-based exchange activities, with a focus on techniques and strategies she found useful in managing risks. The list of potential risks was revisited once again and each participant was asked to give her opinions and suggest revisions. Each interview lasted approximately 90 minutes and was audio-recorded. While the interview protocol and data collection tool (displayed in appendix B) was the same as was used during Phase One focus groups, the individual interviews were significantly different in that they were conducted in a private, one-on-one setting. This extra measure of privacy allowed for a more individually-focused and in-depth interaction with the research participant and contributed to a more personal, open and less guarded dialogue than available in a group setting.

After the general discussion, each participant was presented with 34 index cards. Each card contained one of the risks generated in the pilot study and validated during Phase One. Each participant was instructed to review the cards and seek clarification as needed. This provided an opportunity to reinforce that we are thinking about risks in the context of sex-based activities. The participant was then asked to: 1) discard any risks that did not concern her; and 2) add, each on a new card, any risks she thought should be included. This allowed me to assess the salience of the pre-identified risks and prepare for the individual pile sort exercise.

Once the risk terms were sorted, the participant was asked to: 1) prioritize the piles from the group of risks she deemed to be of most concern to the group of risks she deemed to be the least concern; 2) rank, from highest to lowest, the individual risks within each group; and 3) provide a descriptive name for each group of risks. Pile sort
data was documented on a two-dimensional risk matrix. The organization of risk terms served as the basis for a semi-structured discussion regarding risk management techniques and strategies. Each participant was asked to describe the techniques or strategies that she employed to avoid, engage or manage groups of risks or particular risks within each group. These responses were documented and attached to her survey data.

Data from the discussion portion of each interview was reviewed with particular emphasis on uncovering or establishing patterns of the respondent’s risk behaviors and how, if at all, these were correlated to techniques or strategies she used to manage her risk exposure. The combination of free-list, pile sort and discussion data collected from each participant was used to assess whether or not the individual associated the risk of HIV with her sex-based exchange activity and if so, what measures she took, if any, to manage her exposure.

Interview participant data was compiled and assessed for frequency of risks, categorization, ranking, etc. In addition, qualitative data was assessed for common themes such as similar strategies and techniques mentioned by research participants for negotiating and managing risks that might be useful lines of inquiry in future interviews. For example, the customer typology and its association, by the research participants, with the management and reduction of certain types of risks began to emerge from the interview data after I had conducted a number of interviews. This rough typology of customers was hinted at in the pilot study, but its role in risk management was not established. This method, while not without its analytical findings, was intended as a method for monitoring and focusing data collection during the course of the research.
Analysis Plan

Data collection and analysis was conducted continuously throughout the study with each data collection opportunity informing the next research activity. In addition, the sequence of data collection followed in the focus groups and individual interviews, i.e., quantitative data collection, free-list and pile sort exercise, risk management discussion was designed so that each step of the data collection process informed the next. Qualitative information collected during informal interviews with staff, volunteers, and clients of the NEP was used to corroborate or refute statements made by research participants during both phases of the study.

During Phase One, free-list and pile sort data were assessed for the frequency and distribution of risks among the consensus-derived risk matrices completed by each group. Of particular interest was the presence and placement of HIV risk among the risks they associated with sex-based exchange and how participants compared HIV risk to other risks they associated with this activity.

In addition, qualitative data from the Phase One focus group discussions was reviewed and assessed for patterns of risk taking behaviors as well as implicit and explicit techniques and strategies of risk management. This information was then used to inform the semi-structured individual interviews conducted during Phase Two.

The Statistical Package for the Social Sciences (SPSS) GradPak-18 was used to analyze all survey and demographic data. It was used to determine the frequency with which specific risks were mentioned and/or placed in a specific column or position. SPSS was also used to analyze quantitative data related to substance use, HIV knowledge, relationships and risk behavior, and risk matrix data were analyzed using SPSS Statistics Grad Pack-18.
Substance use data was analyzed to establish types of substances used, preferred substances, frequency of use, preferred methods of use and whether or not an individual’s preferred drug(s) or method of drug use was indicative of their HIV risk behavior. In addition, this data was used to determine if participants who injected drugs were exposing themselves to HIV risk through their injection practices.

HIV knowledge assessment data was used to establish the range and specificity of HIV knowledge among the research participants. Scores were assessed based on a participant’s number of correct responses, incorrect responses and the number of questions to which they responded, “don’t know.”

Relationship and risk behavior data was analyzed to determine the frequency and range of sexual behaviors of the participants. Specific items such as number of sexual partners, types and frequency of sexual activity, frequency of sex-based exchange activity, condom use and frequency, number of sex-based exchanges within the past 30 days, and whether or not they used a condom the last time they engaged in sex-based exchange activity were all assessed.

Risk matrix data collected during the free-list and pile sort exercise were analyzed for categories (i.e., how risks items were grouped), priorities (i.e., groups of risks in relation to one another), rank (i.e., individual risks within groups) and frequency.

Data from all three assessments was correlated and cross-referenced with the risk management data collected from each participant in an effort to uncover if and how differing contexts affected a participant’s risk taking behavior, particularly the behaviors that increase her potential for exposure to HIV.

Qualitative data was analyzed by hand. Data collected during the focus groups and individual interviews was reviewed with particular emphasis on identifying
implicit and explicit strategies for reducing uncertainty and risk during sex-based exchange activities and to uncover any patterns to these strategies. In addition, qualitative data was analyzed to discern the differing contexts in which individuals amplified or attenuated risks that they associated with their own sex-based exchange activity and how, if at all, their perceptions of HIV risk was influenced by, or influenced these contexts.

The individual interview data collected in Phase Two was assessed for the frequency and distribution of risks among individual participants risk matrices as well as the techniques and strategies the participants employed to manage these risks. In addition, by reviewing and comparing individual-level data collected during assessments and risk management data collected during the discussions I began to establish which HIV risk behaviors were most prevalent among this group, patterns of risk-taking behaviors and the effect of context on sexual and other risk behavior engaged in by the participants.

Risk data from the focus groups and the individual interviews was documented and cross-referenced with survey response data as well as qualitative data from the focus groups and the interviews.

Focus groups and individual interviews were audio recorded for additional review. Focus group recordings were fully transcribed and individual interviews were partially transcribed to ensure the accuracy of statements.

Quantitative data most relevant to my findings are included in chapter 4, the findings chapter. These data are most relevant to the nature of the research setting, helping to make clear the kinds of arenas in which risks were expected, experienced, and coped with. The findings in the chapter that follows are mainly drawn from my qualitative data. Free-listing and pile sorting provided not just local argot, but how the
terms are mapped onto women’s accounts of how their experience is organized. These data provide a window into cultural models that women use to comprehend and manage risks. It was the research participants’ narratives, however, that provided data rich enough to infer cultural premises that shape local models and allow a specification of the message material that form contexts. I heard this refrain constantly from my mentors before and during my field-work, but it begins to mean something once analysis begins. In the interests of space management, I have had to exercise some restraint in the presentation of narratives and have provided only those that best illustrate what I designate as contexts. It is the qualitative data and its examination below that shows how risk is understood and contextualized by the research participants in this project.
Major Findings

This research resulted in four major findings. They are the following.

1. Terms such as "prostitution," "sex work," and the like are context markers for observers' interests, not participants' perceptions. When viewed from the perspective of an activity (Goodenough, 1963), taking sex for money or drugs facilitated the participants' presentations of their perceptions of risk and its contexts through their accounts of the goals, personnel and procedures.

2. The research participants associated risks with their sex-based exchange activity that were informed by their cultural models of this activity. This model of risk is based on the premise that the closer and more familiar the parties to a relationship are, the less risk to the parties. Market transactions also include the possibility of transitioning to other contexts such as relations with police.

3. Based on their cultural models and experience, research participants developed strategies for managing and manipulating the risks that are part of different contexts of sex-based exchange.

4. Drug addiction is a part of the contextual structure of the sex-based exchange continuum, thus when the women’s perceptions are combined with the observer’s model, the context of the continuum has a paradoxical outcome: the relationship perceived having the least risk in fact has the highest risk of infection, especially
HIV, while the relationship perceived to have the highest risk of infection, among other things, in fact has much less risk.

A desire to use drugs guided much of the daily activity of the women that participated in this research. To facilitate their drug use, all of the women regularly engaged in sex-based exchange activity either as a way to acquire the money to purchase drugs, or occasionally in exchange for the drugs themselves. Often this activity was structured in such a way as to minimize the risks that they felt were immediate and salient. However, the women’s perceptions of customer types and personal preferences regarding sex-based exchange contexts often affected their decision-making in a way that increased their exposure to HIV risk even as it reduced many of the other risk they associated with sex-based exchange activity.

Terms such as “prostitution” or “sex-work” are often used to describe the activity in which one individual agrees to provide sexual gratification to another in exchange for compensation. Often this type of exchange involves financial remuneration or assistance, material goods (e.g., drugs) or even services. The terms “prostitution” and “sex-work,” however, denote the analytical frameworks of the observers of the activity and not the perceptions of the women engaged in the activity.

Finding 1: Sex-Based Exchange as an Activity

Taking sex for money or drug exchange as an activity (Goodenough, 1963) facilitates the participants’ presentations of their perceptions of risk and its contexts through their accounts of the goals, personnel, procedures, etc. “Prostitute,” “sex-worker,” (Sanders, 2004) “commercial sex-industry worker,” “sex-exchangers,” (McMahon et. al, 2006) “chicken head,” (Inciardi, 1993:63) “strawberry,” (Boyle and
Anglin, 1993:177): all of these terms denote a type of individual who engages in an activity, sex-based exchange, that is at its core simply a form of exchange relationship. They are context markers that indicate the conceptual framework of observers or analysts of sex-based exchange activity. These terms, however, reflect the observers’ interests and perceptions of the participants and their activity. They do not adequately elucidate the complexity of the actions undertaken by the individuals themselves. In addition, they were not reflective of the research participants perceptions of these actions and how they articulated with their specific goals, personal preferences, individual perceptions, and self-identities. Research participants regularly referred to their sex-based exchange activity as “hustling,” and indicated that it was a means to an end, not a lifestyle choice, but a necessity borne out of drug-use and addiction. In addition, they mentioned many different legal, quasi-legal and illegal methods as hustles and viable means of acquiring resources.

Many participants straddled both the mainstream and informal or shadow economies occasionally working both, simultaneously, to make money. Many of the women displayed a highly entrepreneurial and opportunistic\(^{14}\) approach to their economic activity, whether it was sex-based exchange or some other money-making activity, assessing situations for profitability and seeking out potential gains whenever possible.

Rarely did these women limit themselves to one hustle as an option for making money. To do so in their view would have unnecessarily limited potential for meeting their needs. “I do what I gotta do” and “whatever I have to do” were common

\(^{14}\) Venkatesh (2006), Rosen and Venkatesh (2008), and Levitt and Dubner (2009), describe opportunistic sex-based exchange activity that occurs in Chicago when people congregate in large numbers in public spaces such as parks to celebrate holidays or family gatherings. The women I interviewed may have also participated in this type of activity; however the focus of this research was women that routinely engage in sex-based exchange as a means to acquire money and drugs.
responses from the women when I queried them regarding how they support
themselves in general and in terms of their drug habit. They may have specialized in
boosting, i.e., shoplifting or house cleaning, but engaged in other hustles like cooking,
child-care, or roosting, i.e., working as a lookout for a drug seller, when the opportunity
arose, or when circumstances did not allow them to work their primary hustle.

The women who expressed the most aversion to risk during their interviews
often engaged in legal or quasi-legal work such as childcare, cleaning, or cooking to
earn money or a place to stay. One woman, a daily user of crack cocaine and heroin,
said that she was quite fearful of becoming homeless. In order to maintain a place to
live rent free, and thus free up resources for drugs, she tried to engage in a balanced
reciprocity with the family members with whom she lived by making herself
indispensable:

“I do my part around the house. Cook, clean. Watch the kids. Take’ em to the
doctor. Stuff like that. I do my part around the house so they don’t have no
problem with it” (her drug use and lack of financial contribution for household

In addition, she stated that, on occasion, she could even get family members to
give her money for drugs, “I can come ask for $10, give me $10 so I can buy a blow”
(GAW0768FB, 21:10). A reliance on extended family groups of “kin networks” i.e.,
“clusters of kin who do not necessarily live together” as a survival mechanism for
coping with the “conditions of perpetual poverty” (Stack, 1974:22) did not exclude even
those whose situations that were exacerbated or perpetuated by substance use or
addiction. In fact, many of the women relied on family members for assistance,
financial or otherwise, even while concealing their sex-based exchange or drug use
activities from them in the process.
Other women, who expressed less aversion to risk, engaged in hustles that increased their potential for jail-time or physical danger, such as low-level retail theft, working as a lookout for a drug seller, or occasionally selling drugs themselves. One participant (FEH1255FB, 15:30) explained why she occasionally took the increased risk of jail and/or prison time for selling drugs instead of prostituting by stating,

“Shit, I ain’t gonna lie, cause you sell (heroin) you make a little bit of money. You get tired of selling you ass, you go pick up a pack.”

However, these hustles occasionally backfired resulting in the women getting arrested and having to spend time in jail or prison. One participant stated that she turned to prostitution because she was tired of getting arrested for retail theft. Another woman explained that “I don’t sell drugs. I’d rather go out there and sell my body” (COCO0769FW).

She indicated that her decision was not precipitated by an objection to drug use per se, nor did the possibility of jail time or prison factor into her decision. Her stated objection to selling drugs was that it would contribute to her exploitation by a drug dealer, for their profit, which she found unbearable. She was willing to take risks, but not for somebody else’s profit.

The women who expressed the least aversion to risk during their interviews not only routinely engaged in sex-based exchange, but regularly engaged in some of the activities that were considered the most uncertain and potentially hazardous, such as getting into cars with total strangers, or agreeing to go to isolated or unfamiliar spots to trick-off, i.e., have sex to trick-off with young men, or men who were high or drunk, or even to trick-off with groups of men. For these women their level of addiction or

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15 A ‘pack’ or a ‘jab’ consists of 12-14, pre-packaged $10 bags of heroin. Once an individual accepted a jab on credit they were obligated to pay the dealer $100 no matter what happened to the drugs or the money.
persistent drug craving was such that they needed to engage in transactions more frequently in order to fulfill their needs. Few women indicated that they regularly took these sorts of risks. Others, who only occasionally engaged in these sorts of activities, indicated that what often precipitated their most risky behavior were feelings of anxiety or desperation, over drugs or financial need. Two of the research participants described the circumstances in which they take desperate action in the following ways:

“When you sick you really much don’t care (about risks). You have a one track mind” (JAB1048FB, 22:52); or

“Sometime when I’m hurting real bad or something like that, and a car just comes, I flag it down and I take a chance” (SUS0861FB, 4:30).16

Jackson (1972) reported similar findings among his female research participants. He stated, “[m]ost of the women I know who hustle do it because they need the money. Many are addicts…” (Jackson, 1972:08). Kurtz et al. (2004) link this desperation to increased risk taking among their research participants. They stated that, “[a] number of women observed that their relative financial health at any given time drives their decision making as to whether to trust a particular date… Many women in the focus groups acknowledged poor control over their sex trades when they were “jonesing,” or suffering drug withdrawal symptoms. At such times, they would do just about anything with anyone for enough money to buy another rock of crack or bag of heroin” (Kurtz et al., 2004:370). Faugier and Cranfield (1995) found that customers of prostitutes often, “use the knowledge that the woman is a drug user to bargain for unsafe sex or prices below average, acting on the assumption that drug users are more

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16 This participant later elaborated on her statement and defined “hurting real bad” as “sick, you know. Need drugs real bad.”
desperate and powerless” (Faugier and Cranfield, 1995:23).

In times of extreme need or desperation the majority of these women said they routinely relied on sex-based exchange activity to acquire money or drugs. These situations often represented the most vulnerable times for these women because, when desperate, even the risk averse were more willing and likely to engage in activities that they knew posed additional risk(s), in order to obtain money or drugs. For example, one participant demonstrated the conflict between her experience and knowledge and her desire for drugs when she explained her thinking and behavior in situations of desperation:

“I know not to go in no ‘bando’ (abandoned building), but when you trying to get that money to get that dope, you goin go if they say go up under there you going get it” (MAC1164FB, 11:10).

Another participant explained why she would trick-off with strangers, without using a condom, by stating,

“There is sometimes when I am sick, that I will do just whatever to get the money… I need to get the money. If they don’t want it (to wear a condom), then I won’t do it’ (insist they wear a condom) (CLC0272FW, 44:44).

This participant explained that she might try to get them to pay a bit more, perhaps even an additional $20-30, for not using a condom, but in the end would settle for whatever customers were willing to pay, because,

“The more money I can make, the quicker I can get my stuff and go home” (CLC0272FW, 45:25).

Another participant explained why she got into cars with people she thought were suspicious by stating,
“Well, times you need it and there is nothing out there. And you know, in the rain or something like that, there’s nothing out there. You would be lucky to get something… You need money to survive. It’s not about crack, it’s not about the low, it’s you need the survival money” (JAG0966FW, 18:40).

Another participant (JOJ1165FB) indicated that she sold drugs whenever she could to avoid having to engage in prostitution. For this individual the risks associated with prostitution far outweighed the risks of selling drugs. However, fierce competition with others, particularly young men as well as other women and addicts, limited the occasions when she could sell drugs. As a result, out of desperation she frequently resorted to sex-based exchange activity to acquire money or drugs. This is not to imply that this activity does not involve competition, only that for these women drug-selling opportunities were more limited than opportunities to engage in sex-based exchange.

One participant illustrated the desperation an addict feels and how it drives them to take risks despite their knowledge of the potential hazards by telling the story of a woman she knew,

“I had a girl that got strangled by a trick before, but got away. By the grace of God, she got away. And once she got away, she went right back out there. The same dam day! She got away, came home, changed clothes, washed up and went right back out there” (BET0860FB, 35:36).

Engaging in a sex-based exchange transaction out of desperation often increased women’s personal risks; however, these were rationalized as necessary to alleviate their current situation. Many of the women indicated that it was only after they had completed the exchange, or after they had gotten high, that they allowed themselves to think through and acknowledge the possible consequences. However, engaging in sex-based exchange activity was not the only way that their risks were increased.
One participant (FEH1255FB) combined hustles to her advantage. She stated that she occasionally sold drugs and used the opportunity to solicit customers at the same time. In this way she could profit from the sale of the drugs, get money or drugs in return for engaging in sex with the drug customer and, often, get a portion of the drugs she just sold. In addition, she did not have to work the stroll, because potential customers came to her. This type of situation however, was fraught with uncertainty and potential risk from the police, other addicts, potential customers and the dealer for whom she was working.

Every illegal hustle, whether sex-based exchanges, selling drugs, boosting, etc., had its own set of associated potential consequences that had to be negotiated and managed. Choosing between hustles was often a case of choosing the best available option to fulfill the task at hand, with the least amount of effort or risk. Women who were competent in multiple hustles had the advantage in that they did not have to rely on one method of attaining resources. However, multiple hustles often entailed multiple, different, simultaneous, and often increased, risks. Viewed from this perspective, a woman’s choice of hustle(s) can itself be viewed as a form of risk management.

Women that engage in sex-based exchange activity, or any hustle for that matter, are presumably engaging in an activity for which they have some knowledge of the potential variables, hazards and consequences. In fact, none of the women that participated in the research were unaware of the hazards that sex-based exchanges involved. Many made statements such as, “I made that mistake when I first started, but not any more. Now I always...” These women were articulating their internalization of
a prostitution “habitus.” An “embodied history, internalized as a second nature” (Bourdieu, 1990:56), or a set of acquired dispositions, which “erases the scholastic distinction between the intentional and the habitual” (Wacquant, 2004:98) and operates beneath the level of consciousness and discourse. Importantly, these dispositions are malleable and transmissible (Wacquant, 2011:85-86) and something these women picked up quickly through experience, personal travails or, occasionally, from associates. Many, it seemed, chose to engage in sex-based exchange activity because they knew the risks involved as opposed to engaging in some other sort of hustle in which they had no knowledge or first-hand experience of the risks. By choosing to engage in sex-based exchange, even if reluctantly and as a last resort, these women were engaging a field of activity for which they possessed some understanding of the uncertainty and hazards. In addition, by structuring this activity in a manner that allowed them to employ specific risk management techniques they could often further decrease the risks they viewed as most salient.

Previous research conducted on sex-based exchange activity and HIV/STI risk often focuses on these types of transactions as a locus of risk. While it is undeniable that this activity can increase an individual’s potential for exposure to many risks, HIV and STIs included, this research shows that it can also decrease potential for other types of risks, such as dopesickness, which are often considered more immediate and salient by the individuals engaging in this activity. In addition, it demonstrates that the individuals that engage in this activity are often quite knowledgeable of the risks involved and structure their activity to avoid risk when possible, attenuate risks when feasible and engage risks when necessary.

Finding 2: Contexts of Sex-based Exchange

The research participants often referred to their customers as “tricks.” In addition to the term trick, customers were also occasionally referred to as “clients,” or frequently as “regulars.” I originally assumed that these labels, particularly trick and client were generic terms that could be used interchangeably to refer to all of their customers. Further complicating this matter was their occasionally simultaneous, use of the term ‘trick’ to define both a customer and a category of customers. However, after many more interviews it became clear to me that a customer typology of sorts existed. Client, regular, or trick, each label applied to a specific sex-based exchange context that determined the relationship between the research participant and her customer. The client, regular, trick distinction was a semantic one. These customer labels held more distinction and nuance than was first apparent to me.

My use of these terms reflects how the research participants’ use them. All sex-based exchange customers were tricks, but the term trick was also used to describe a type of customer. Some tricks were clients and some were regulars. The term trick could be used to indicate the distinction between a paying and a non-paying sexual partner. In addition, use of the term was also, in some cases, indicative of the relationship that the woman had with that customer. This was an important distinction for me to understand because the type of relationship the women had with her customers, whether client, regular or trick, followed certain rules. These rules allowed her to anticipate uncertainty and therefore what risks she could expect from each customer and, critically, allowed her to plan her risk management techniques accordingly.
The term trick was a category marker (i.e., all individuals that provided money, material goods or services, or drugs in exchange for the woman’s sexual services could be referred to as tricks), but also a context marker. Determining when a trick was just a trick, or when a trick was something other than a trick (e.g., a client or a regular) distinguished the three (3) types of contexts that defined the relationships between the research participant and her customers. A trick that was just a trick was often the least desirable type of customer and therefore interactions with tricks were often the most structured transactions, and one in which the woman attempted to retain the most control over the exchange activity. This was because these situations were the most uncertain for any risk, including HIV, from the perspective of the research participants. Tricks that were just tricks were often entirely unknown to the woman and treated with less deference than a trick that was also a regular, or a client. This distinction was not because the nature of the instrumental relationship was different from one customer to the next, they were all customers, but because a trick that was also a regular or a client was someone with whom the woman was familiar, or at least had some prior experience and, more importantly, someone with whom she could anticipate behavior and thereby avoid or reduce uncertainty and, from her perspective, any risks.

The pattern of messages that distinguished clients from regulars or tricks resulted from constraints (i.e., rules) on what could occur and in what order. Bateson referred to these constraints on context as “contextual structure” (Bateson, 2000:154). Culture is a quintessential example of contextual structure (Brad Shore, 1996). A sex-for-money or drugs exchange transaction is an example of a context in which uncertainty and risks are present in high levels and knowledge of the rules regarding the relationship between the parties involved can be used by either party to ameliorate, or to amplify, the potential risks.
The context of HIV risk in the study population was the relationships between the women and their customers. These relationships may have been simple market transactions, such as often occurred between a research participant and a ‘trick,’ or more complicated exchange relationships such as those between a research participant and their ‘regulars’ or ‘clients.’ Maintaining these relationships had consequences and associated risks. Not maintaining them also had consequences and associated risks. Strategies of risk avoidance and risk reduction were part of the sex-based exchange context, and they make sense in that context.

One other type of context in which a sex-based exchange transactions occasionally occurred was with police and is worth mentioning because of the regularity with which it was mentioned by the research participants and also because of the disproportionate affect that the research participant’s fear of this type of exchange and their commensurate attempts to avoid it, had on their ability to engage in their drug-use and sex-based exchange activity. These exchanges most often took place while a research participant was seeking out customers on the stroll, in a known sexual marketplace, but occasionally even when she not seeking out customers, but just out in public.

These exchanges exemplify negative reciprocity, in that the individual with whom the woman engaged in sexual activity (i.e., the police officer) provided no form of payment, other than the exercise of his authority not to arrest or detain the woman. However, at least one woman reported that occasionally, even after she engaged in sexual activity with a police officer, she was arrested anyway.

Contact with police officers was avoided almost without exception, particularly while a woman was on the stroll. Police were viewed as an annoyance at best and exploitative and abusive at worst. Harassment and abuse from police officers, both
verbal and sexual, and particularly when they were on the stroll, was a common experience among the focus group participants. In addition, n=10 of the interview participants reported some sort of verbal or sexual harassment. Two (n=2) research participants reported being coerced into sexual activity by police officers, for no compensation, under threat of arrest. Finally, one\textsuperscript{18} reported having been raped by a police officer.

Many of the women reported that they brushed off verbal harassment or complied with demands and, importantly, did not report their abuse because of their fear of arrest and jail time. Many reported prior contact with law enforcement, and the majority had been jailed or imprisoned previously on charges related to their drug use or sex-based exchange activities. All of the research participants were aware that an arrest, even if it did not result in a conviction, could result in a lengthy stay in Cook County Jail while they awaited adjudication. This was particularly the case if they had prior arrests, were on probation or parole, or had open warrants. Fear of arrest and the possibility of incarceration, which would result in forced withdrawal, was a major factor in guiding the daily activity of the research participants. Even when they were not actively engaged in an encounter with law enforcement officers, research participants often structured their drug-use and sex-based exchange activities in an effort to avoid any possibility of contact with police.

This research supports previous research findings that condom use within the context of sex-based exchange activity is often determined by the type of customer (McMahon et al., 2006; Levitt and Dubner, 2009). Among women that engage in sex-based exchange activity and report routinely using condoms, condom use is fairly consistent with unknown customers. However, condom use decreases when the

\textsuperscript{18}This individual stated that she reported the rape and that the officer was currently under investigation.
customer is a repeat customer. This research extends this line of inquiry by developing a typology of customer types and examining condom use and HIV risk perception as a function of the relationships in which the research participants engaged in sex-based exchange activity. Importantly, it shows that to avoid non-HIV related risks, such as robbery, being cheated, and being harassed or arrested by police, many research participants avoided street-based activity and sought out safer venues to engage in sex-based exchange activity that paradoxically often increased their HIV/STI risks.

Patterns of Messages that Constitute each Sex-based Exchange Context

Sex-based exchange activity is initiated by establishing contact. The manner, place and time of contact are integral for ordering the exchange. A research participant’s method of initiating contact with a prospective customer was a context marker of which the exchange was a part. Clients were often contacted via cell-phone, regulars at known hangouts or social gathering spots, and tricks were solicited on the stroll. Whatever the method of contact, the research participant’s perception of her risks were always a part of the context of her sex-based exchange activity.

The research participants described three different contexts of sex-based exchange activity. Each context was associated with a specific type of exchange partner i.e., client, regular, trick. These three general types of exchange partners emerged from my discussions with the research participants regarding different types of customers they encountered when engaged in sex-based exchange activity. The terminology was presented by the research participants themselves and was fairly consistent in usage.

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19 I use the words customer and man interchangeably, if loosely. Nearly one quarter (n=14/23% of the research participants indicated that they had engaged in sexual activity with other women. However, none of the women explicitly stated that they had female customers. While the possibility of females engaging in sex-based exchange activity with other females is plausible, I have no specific evidence to support, or obviate this scenario.
and definition throughout the research sample. Although the terms client and regular were used interchangeably by some of the research participants their descriptions of these relationships with the customers determined where the customer fit within the customer typology. For example, if someone referred to a customer as a regular, I would ask for additional details about the relationship, how often did you see them, when did you see them, what type of payment was expected and how it was received, etc. If the relationship as described fit into the regular category, i.e., market exchanges that were regular, but not scheduled or frequent, I classified the relationship as a ‘regular’. However, if the exchanges were scheduled or frequent and appeared from their description to involve a more balanced form of reciprocity, the relationship was classified as client.

Each exchange was distinguished by a pattern of communication between the woman and her exchange partner. Establishing and understanding the context of the exchange was critical for the women because the different contexts involved different types and degrees of risk. Misunderstanding the context of an exchange could contribute to increased risk(s) and an undesirable outcome for the woman participating in an exchange.

Most of the research participants expressed a preference for a specific type of exchange partner and activity, however most also conceded that when the circumstances warranted they would engage in a sex-based exchange with a non-preferred partner type or engage in activities that they would normally avoid, e.g., getting into a trick’s car, going out of a designated area, and condom-less sex, etc. Knowledge of each of the customer types and the appropriate patterns of messages for each context was critical because when one type of customer was unavailable they often sought out customers from among the other types, most often when dopesick or having
some other pressing financial need. Knowing the customer types and message patterns associated with each the research participants afforded women a measure of self-protection because with each context different risks were amplified or attenuated. Misreading a context could add uncertainty and unintentionally increase potential risks that the research participant was unprepared to engage or unaware of entirely.

What follows are descriptions of the contexts described by the research participants associated with each of the customer types and the pattern of messages that established each context.

A Trick

“I used to (solicit customers on the street) like 5 years ago, but it was only if I couldn’t get money anywhere else and I would do it till I got one person. Once I had $20 I stopped. I went and got some dope. I went home. It was just a last ditch thing. I would do it to get my sick off” (MAM0265FW, 12:19).

As a category of customer, a “trick” is a type of sex-based exchange customer that was loosely defined by the research participants as someone they solicited for a sex-based exchange “on the stroll.” This type of customer was most frequently unknown to the woman beyond the sex-based exchange transaction, even if they were occasionally repeat customers. According to the research participants, tricks presented the greatest uncertainty for HIV and non-HIV risks and, for this reason, was the type of customer most likely to be required to use a condom.
TABLE II: Typical Pattern of Messages for a Sex-Based Exchange with a “Trick:”

<table>
<thead>
<tr>
<th>Step</th>
<th>Sign</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Woman places herself in a location (e.g., a known sex market) and at a time (e.g., often very early morning). She signals her availability for a sex-based exchange by making eye contact, walking back and forth, waving. ▼</td>
<td>Initial encounter between woman and her potential customer</td>
</tr>
<tr>
<td>(2)</td>
<td>Man signals his interest in a transaction by making contact/approaching her (in a car, on foot, etc.) ▼</td>
<td>Communicate interest in exchange</td>
</tr>
<tr>
<td>(3)</td>
<td>Negotiate sex-act (will possibly also negotiate condom use at this point. If woman insists on condom use customer may demand a price reduction, or, possibly, take business elsewhere.) ▼</td>
<td>Negotiate sex act</td>
</tr>
<tr>
<td>(4)</td>
<td>Will possibly also negotiate condom use at this point. (If woman insists on condom use customer may demand a price reduction, or, possibly, take business elsewhere.) ▼</td>
<td>Negotiate condom use</td>
</tr>
<tr>
<td>(5)</td>
<td>Negotiate price/payment (final price/payment will often include consideration of condom use/non-use) ▼</td>
<td>Negotiate price/payment</td>
</tr>
<tr>
<td>(6)</td>
<td>Seek safe place, either together or at agreed on place ▼</td>
<td>Seek place for transaction</td>
</tr>
<tr>
<td>(7)</td>
<td>Payment ▼</td>
<td>Payment – before sex act</td>
</tr>
<tr>
<td>(8)</td>
<td>Perform sex act as per agreement ▼</td>
<td>Perform sex-act as per agreement</td>
</tr>
<tr>
<td>(9)</td>
<td>Leave (separately) ▼</td>
<td>Leave</td>
</tr>
</tbody>
</table>
Narrative Example of a Sex-Based Exchange Transaction with a Trick:

Early in the morning, around 4 AM, often during the last week of the month when money is in particularly short supply in low income neighborhoods, a woman is lingering alone on the sidewalk in a known outdoor sexual marketplace, a known prostitution stroll. There are a few other women —“working”—and a few men, some of them potential customers, on the street, however due to the hour not many people are out. These places are often highly trafficked, with easy on and off access, and plenty of out-of-the-way areas where couples can go to engage in a sex-based exchange transaction. On Chicago’s west side the 4-mile stretch of Madison Street between Ashland and Cicero, the 3-mile stretch of Roosevelt Road between Western and Cicero, and the 9-mile stretch of Cicero Avenue between Belmont and 47th Street are all well known sexual marketplaces.\(^{20}\)

She is dressed inconspicuously and behaves unobtrusively, as dressing too provocatively, or behaving too overtly could draw the attention of the police. The woman’s presence and behaviors in a sexual marketplace, at that time of morning signals that she is “working,” i.e., available for sex-based exchange transactions. The woman has to balance making herself seen while remaining unremarkable enough to avoid unwanted attention of police. Police attention could result not only in the woman experiencing harassment or arrest, but also harassment and arrest of other women in the marketplace who might, in turn, become resentful of the woman. For this reason, study participants reported both discouraging and looking down on overly conspicuous behavior overt solicitation.

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\(^{20}\) Research participants frequently mentioned Roosevelt Road, Cicero Avenue, Madison Street and Independence Boulevard when asked to name places where one can find women “on the stroll.”
According to the research participants the police were well aware of the sexual marketplaces and familiar with many of the women that stroll them and the locations where women and their customers engage in sex. However, many of the research participants stated that the police left them alone as long as they did not transgress certain unwritten guidelines such as no soliciting near schools, no provocative dress, and no overtly provocative behavior. However, the research participants reported that occasionally the police would conduct a prostitution sweep where they simply arrested everyone they found on the street regardless of whether they were working or not. This usually occurred before high profile events in Chicago or occasionally if enough complaints regarding prostitution activity in a certain place are were publicly made.

A car drives up and stops near the woman. The woman approaches the car and a passenger side window rolls down. A man asks the woman if she is working. The woman quickly, but carefully, assesses the potential customer’s, race, age, tone, behavior, mannerisms, smell, etc. looking for information, signs or messages that might indicate to her whether or not the potential customer can be trusted.

The woman responds by asking what he is interested in, or how much money he has, or what he’s looking for, etc. He says he wants a 50/50, i.e., oral sex followed by vaginal sex. She states her price, $50, or asks him how much he has or how much he is willing to pay and that he must wear a condom during the vaginal sex. He agrees to pay her $50, but refuses to wear a condom. She states she wants $75 if no condom is used. He refuses. She states she wants $65. Again, the man refuses, states he only has $50. Getting anxious, the woman acquiesces and agrees to $50, and no condom. Since the customer is a stranger, she does not get in the car, but directs him to drive to a

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21 Each of these characteristics was mentioned by research participants as signifiers of potential uncertainty, trouble or risk by research participants.
nearby alley or a park, or a cemetery, an overpass, etc. where she meets him. When she arrives at the car she gets in the passenger seat and collects and secures her $50 payment. They perform the previously agreed upon sex acts – no condom is used. She exits the car and the man drives off.

This is a standard scenario, with many variations. Each party to the sex-based exchange understands the messages communicated by the other and responds in an appropriate and importantly, for both parties, a predictable way. In many sex-based exchange transactions the context could change dramatically from moment to moment, through the introduction of a message instigated by the customer, the woman or a third party such as the police, potential thieves, etc. that alters the relationship between the two parties and therefore the context. For example, if the customer pulls out a gun the context changes. If he then reveals a police badge, the context shifts again. If he then states that he will arrest her unless she gives him a freebie, the context shifts, once again. However, it was clear from my research that customers were not the only ones to introduce an abrupt shift in context.

A woman’s actions could change the context as well. She could decide, once she has the money, to flee without fulfilling the agreed-upon transaction, or perhaps by intentionally misrepresenting her intentions by sending one message while intending another context. Research participants frequently stated that, when possible, they would attempt to get the customer too drunk or high to perform sex. In other instances they might try to steal the customer’s money or wallet while he was using the bathroom, when he was in the shower, or otherwise occupied. Several women in focus group-2 discussed methods of drugging potential dates with “Benedryl” or by adding “Murine” or “eye drops” to their drinks because, in the words of one, “cause it
somebody that you really don’t want to be bothered with… but you know they got some money and you need this money.”

In disguising the real intent by sending misleading messages that imply another context these women are manipulating the context. However, to the recipient of the messages everything is normal. They only discover the true context after they have been conned, swindled or robbed. The context of deception is embedded within the context of the sex-based exchange.

Both parties to the relationship contribute to the context, however contexts shift, in some cases in unanticipated or unwanted ways. Both parties need to be prepared for the multitude of potential contingencies. This is where “habitus” experience embodied as action (Bourdieu, 1990, 1997, 1998) or “fast thinking,” action without thought (Kahneman, 2011) is critical for survival.

A Regular

“I don’t get into cars period. Unless it’s one of my regulars” (LAR0466FW, 24:19)

“My tricks are regulars, I been dealing with them for years” (MUJ0983FB, 5:05).

A “regular” was a type of sex-based exchange customer that was loosely defined by research participants as someone with whom they engaged in sex-based exchange transactions on a multiple occasions even if those occasions were sporadic and unscheduled. Regulars were individuals with whom the woman had a prior relationship, often one that may have preceded their sex-based exchange relationship. Research participants said that regulars offered more certainty and less potential for both HIV and non-HIV risk than with a “trick,” and therefore were less inclined to use condoms during their sex-based exchange transactions with regulars than with tricks.
Table III: Typical Pattern of Messages for a Sex-Based Exchange with a “Regular”:

<table>
<thead>
<tr>
<th>Step</th>
<th>Sign</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Woman runs into regular in a place where acquaintances gather (variations: chance meeting with regular; woman seeks out regular) down</td>
<td>Initial encounter between a woman and potential customer</td>
</tr>
<tr>
<td>(2)</td>
<td>One or the other looks for message of interest in exchange down</td>
<td>Communicate interest in exchange</td>
</tr>
<tr>
<td>(3)</td>
<td>If yes, negotiate price down</td>
<td>Negotiate price/payment</td>
</tr>
<tr>
<td>(4)</td>
<td>Seek safe place, either together or at agreed on place down</td>
<td>Seek place for transaction</td>
</tr>
<tr>
<td>(5)</td>
<td>Payment down</td>
<td>Payment – before sex act</td>
</tr>
<tr>
<td>(6)</td>
<td>Perform sex act as per agreement down</td>
<td>Perform sex-act as per agreement</td>
</tr>
<tr>
<td>(7)</td>
<td>Leave (together or separately) down</td>
<td>Leave</td>
</tr>
</tbody>
</table>
Narrative Example of a Sex-Based Exchange Transaction with a Regular:

It is late afternoon, during the 3rd week of the month. A woman is walking down a street after having just used the last of her drugs, avoiding the known strolls (where police might harass or stop her). She knows from experience that she will need to use drugs at least one more time today and that in order to keep from getting dopesick later she will need to score again, soon. However, she is broke, having spent her last $10, on the drugs she just ingested, money she got from her adult son because he hates to see her dopesick. She can’t call her usual sex-based exchange clients because she knows that one of them has already spent his social security disability money for the month, and the other does not get paid for another week. She does not want to work the stroll, because the last time she did so a trick got aggressive and tried to take his money back after she had finished. In the ensuing struggle – she was not about to give up her money without a fight – she ended up getting pushed out of the car, with her pants and underwear around her ankles. She was relieved that she did not get seriously injured or worse killed. She swore that she would not do that again, unless or until, she was desperate. In addition, she had prior convictions for solicitation and had heard that with a 3rd solicitation arrest she could end up getting charged with a felony. For her, another arrest could mean prison time downstate, which she did not want to do, again.

She could try boosting, but she was not very successful with that, and had priors for that as well. If she were caught again she could end up in jail, or worse, prison. Jail or prison, either way meant forced withdrawal –as she did not have the connections or resources to get drugs while locked up. The last time she was arrested she was vomiting and shitting herself before she even got on tier. She ended up spending a long weekend in jail, going through a painful and degrading withdrawal (with no
medication) before she was finally released. Once she was released, she got $20 from her son and immediately went to her dealer.

Determined not to get sick she decided that she would have to engage in at least one, maybe two, sex-based exchange transactions to get enough money to make it through the day. And she had to do it soon, before she got too sick to even do that.

The last time she was in this condition she waited too long and was so sick she could hardly complete the transaction. If she waited too long, she might also end up desperate enough to trick off with someone in exchange for drugs, which had risks of its own. One never knew if the promised drugs were good, or even real, (a friend of hers was promised cocaine in exchange for sex and ended up getting detergent instead) or how the customer would act if the drugs were used before the sex-act took place. Customers that were high often had a hard time performing, some took forever to finish, some just couldn’t get an erection. It would either take too long, or if they couldn’t perform they might get violent and take it out on her.

Potential tricks often used their knowledge that a woman was sick, and desperate, to try and bargain her down in price, or get her to perform sexual acts that she might otherwise avoid, such as anal sex without a condom, vaginal sex without a condom, group sex, or rough sex. She preferred not to engage in many of these acts and she knew that some also placed her at increased risk of exposure to an STI or HIV. In addition, she preferred to trick off only with people she knew since she did not always require her customers to use condoms. If a customer wanted to use a condom, she would not refuse, however she did not carry them, or even always have access to them, since she has heard from associates that the police could use condom possession as a pretext for a solicitation arrest.
If she ended up waiting too long into drug withdrawal she also might have no choice but to engage in sex-based exchange transactions with a type of customer that experience had taught her to avoid such as, young guys, especially young black or Latino guys, guys that were drunk or high, and guys that “talked hard” or were too aggressive, because an exchange with one of these types placed her at increased risk of violence, robbery, beatings, not getting paid, and other bad outcomes.

Instead, she decides to try and track down a regular, someone she went to high school with, and with whom she has had an on-going, but sporadic sex-based exchange relationship for the past year, to see if he would be interested in an exchange. She walks to a local social gathering spot, a house, that he is known to frequent, where people gather to drink and socialize. Drugs might be used there, but it is not a drug house.

People would often come to this particular gathering spot to seek out others with whom they have engaged in sex, but not necessarily to engage in sex-based exchange transactions. The location differs from an open sexual marketplace, such as a stroll, in that it is not nearly as conspicuous, or public. The individuals here are not strangers, but a loose network of a variety of individuals from the community.

Once there, she locates the potential customer to initiate contact. She approaches him and asks if he is interested in making an exchange. He indicates interest, but states he has no money. She is starting to feel anxious, having spent a considerable amount of time tracking him down. Given her increasing nervousness about getting her next fix she says that she’ll give him a break and only charge him $25 for oral, since he is a regular. He senses that she is anxious and offers $15, knowing she usually gets more. She states she usually gets $30, but agrees to $20. He agrees to $20. No discussion of condom use takes place because she knows he doesn’t like to use them and she does
not, generally, use them for oral sex. Besides, she can tell he is clean so she doesn’t require him to use one.

She does not want to risk engaging in the transaction in public and suggests they go to his place. He states that they can’t because his girlfriend is there. Instead, they walk to a nearby park, to an out-of-the-way place they have been before. She asks for the payment. He gives her $20. She stashes the money. He unzips his pants and she quickly begins to perform the agreed upon sex act.

Once he has finished he zips his pants. She quickly leaves the park, looking out for police or anyone else that might harass or rob her and quickly makes her way to a drug copping spot. He walks out of the park after her, alone.

A scenario like the above has many possible variations. This is a standard scenario based on situations described to me by the research subjects. In other scenarios the woman could have run into her regular on the street or asked a mutual acquaintance where she could find him. He might have come looking for her. The exchange could have taken place in a variety of places, such as a car, an alley, an abandoned building, a motel or hotel, where she stays, or where he stays.

What distinguishes this context from a context in which the customer is a trick are the premises that order the contextual structure. These premises are applied to the previous relationship that the woman has with this particular customer. It follows from the premise that the regular can be trusted to pay her and not to try to rip her off. Another is that he is “clean” i.e., STI and HIV free, and therefore not required to wear a condom.

In her previous sex-based exchanges with this customer she has not required, or even asked, him to use a condom. Initially, she made this decision because all he wanted was oral sex, and she did not think condoms were necessary for oral. Later,
when their exchanges included vaginal sex she did not require, or even ask him to use a condom because she determined, based on her assessment, that he was “clean.” She only tricked off with clean guys and she felt that all of her regulars were clean. Asking him to use a condom now might put him off, which she did not want to do, because that could result in a lost opportunity for an exchange, and the need to risk an exchange with a stranger.

Among the research participants there was the general belief that sex-based exchanges with regulars posed fewer risk(s), both in terms of HIV and non-HIV related, than exchanges with tricks. A woman could be less guarded when she engaged in a sex-based exchange transaction with a regular than with a trick because the woman already knew the regular. They had already established some sort of relationship, perhaps even before they commenced their sex-based exchange relationship. In many cases uncertainty was decreased during these exchanges because personalities and preferences were already known. Women could, to a degree much greater than with tricks, anticipate and therefore plan for contingencies that might arise during their exchanges based on their prior knowledge and relationship with the individual.

A Client

“I don’t sell no pussy on the corner, but I’m selling it by the phone call. I was out there on the streets, but since that shit done got kinda rough and wild I had to pull myself from the streets. I might do it (work the streets), every now and again” (WAW0666FB, 42:06).

“I see most of them at the beginning of the month, around check day, the 1st and 3rd” (BRE0168FB, 30:30)

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22 Many of the research participants reported seeing clients after Supplemental Security Income (SSI) checks were distributed on the 1st and/or after Social Security Disability (SSD) were distributed on the 3rd of each month, or if the client was working, after their paydays.
A “client” was a type of sex-based exchange customer that was loosely defined by the research participants as someone that they engaged in sex-based exchange transactions with on a regular, usually monthly, and often scheduled basis (e.g., after “check day” -- the 1st or the 3rd, or their customer’s scheduled paydays). A client was a customer with whom the woman had a relatively long-standing prior relationship, one that may have even preceded their sex-based exchange relationship. Research participants frequently associated the least amount of uncertainty, as well as HIV and non-HIV related risks with this type of customer. Clients rarely, if ever, used condoms when they engaged in a sex-based exchange transaction.

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23 Ward et al, (2004:583) noted an increase in sex-based exchange activity associated with “check day” among urban, low-income residents of senior housing.
TABLE IV: Typical Pattern of Messages for a Sex-Based Exchange with a “Client”:

<table>
<thead>
<tr>
<th>Step</th>
<th>Sign</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Woman encounters client at his apartment (variations: client encounters woman where she is staying, or in a pre arranged location, e.g. social club, motel, hotel) ↓</td>
<td>Initial encounter between a woman and potential customer</td>
</tr>
<tr>
<td>(2)</td>
<td>Payment ↓</td>
<td>Payment – before sex act</td>
</tr>
<tr>
<td>(3)</td>
<td>Perform sex act as per agreement ↓</td>
<td>Perform sex-act as per agreement</td>
</tr>
<tr>
<td>(4)</td>
<td>Leaves (together or separately) ↓</td>
<td>Leave</td>
</tr>
</tbody>
</table>
Narrative example of a Sex-Based Exchange Transaction with a Client:

It is late morning, on “check day” (1st or the 3rd) after public aid checks have arrived, or on some other regularly scheduled payday. A woman arrives at an apartment complex, perhaps one that houses senior citizens, for her monthly visit and rings an apartment buzzer. A man’s voice comes over the speaker and asks who is there. The woman identifies herself, and the man buzzes her into the building. The man has been expecting her. She has been visiting him every month for the past 2 years, always on check day. The woman knocks on the apartment door, the door opens and she enters the man’s apartment. They make some small talk, they hang out, watch television. The atmosphere is very relaxed. They both know that sex, and possibly drug use, are part of the planned transaction, but neither the woman nor the man are in a hurry.

The woman is less guarded and more relaxed than she is with other types of customers. She has developed a fairly stable and predictable sex-based exchange relationship, usually meeting once or twice a month with this client over the years, but she never totally lets her defenses down. She recognizes that the purpose of her presence is still a sex-based exchange transaction. They might engage in banter, talk, or “lollygag around” (SMR1266FB, 36:19), but the core of their relationship is based on her providing this customer with sex in exchange for him giving her money, sometimes drugs, and sometimes both.

In the past he has also occasionally provided her with modest financial assistance, paying her phone bill, giving her small amounts of cash, even, on occasionally a small gift of drugs, cash, food or meals out, though in general, he expects sex in return. In rare instances, she has even been able to get him to give her credit, by paying her, in advance, for a future exchange. While she insists on always getting paid,
she has, on occasion, provided this client with sex without charging him, most often to maintain the relationship, or because she needs a place to spend the night. In addition, on rare occasions, she engages in sex with a client for her own psychological or physical pleasure.

Eventually, and without too much delay, the man makes a move to the bedroom. The woman follows. No discussion of particular sex-acts, or prices or condom use is discussed or negotiated. His preferences, (e.g., oral sex, vaginal sex, from behind, no condom, etc.) as well as her restrictions (e.g., no ejaculating in her mouth, no anal sex, expected level of compensation) are already known. No real discussion takes place, unless one of the parties feels the other has not delivered on their part of the bargain.

He gives her the payment. She stashes the money, as she has learned. He sits back on the bed and unzips his pants. She leans forward and begins to engage in oral sex. After a while they undress and begin vaginal sex, with him behind her, a position that requires more trust than do some other forms of sex. Once he has finished, she retrieves her clothes and cleans herself up in the bathroom. Since she did not use a condom she “flushes out” her vagina. She does this not because she is particularly concerned about exposure to STIs or HIV from this customer, because she knows her clients are clean. She does this because her husband, who does not know she tricks off, might want to have sex later.

Once she has cleaned herself up she dresses and leaves the apartment and heads to her dealer. On her way she is careful, as usual, to avoid the police and persons or that might harass or rob her.

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24 One research participant (ERB0862FB) reported that she would immediately “flush it (i.e., a customer’s ejaculate) out” of her vagina in an attempt to avoid infection with an STI, or HIV.
The client has her cell-phone number should he come into extra cash and want to arrange an additional exchange before next month. In addition, she has his number, should she need assistance before then as well.

Like the previous scenarios, this one is based on situations described to me by the research subjects. In many ways this scenario is the most predictable sex-based exchange transaction. Each party understands the context of their exchange, based on their previous, occasionally long-term relationship. Misunderstanding, misinterpretation or even deliberate misrepresentation are less likely to occur in this context as both parties know one another, understand the messages being communicated and can be relied upon, in general, to respond in a predictable manner.

It is this predictability that made this type of customer and this context the most preferable for many of the women that participated in this research. In fact, many of the research participants, though not all, reported a preference for this type of customer over others. Research participants generally believed that sex-based exchanges with clients posed the least probability of HIV and non-HIV related risks when compared to exchanges with regulars or tricks.

Compared to an exchange with a trick, or even a regular, a woman engaged in a sex-based exchange with a client could be less guarded because she was already familiar with the client and their preferences and they had already established some sort of relationship, perhaps even before they commenced their sex-based exchange relationship. Women could, to a degree much greater than with tricks or regulars, anticipate and critically plan for contingencies that might arise during their exchanges based on their prior knowledge and relationship with the individual.
## Summary of Patterning of Messages

TABLE V.: Summary of Typical Patterning of Messages

<table>
<thead>
<tr>
<th>Step</th>
<th>Customer</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trick</td>
<td>Regular</td>
</tr>
<tr>
<td>(1)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(2)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(3)</td>
<td>X</td>
<td></td>
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<tr>
<td>(4)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>X</td>
<td>X</td>
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<tr>
<td>(6)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(7)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(8)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(9)</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

- **Initial encounter between woman and her potential customer**
- **Communicate interest in exchange**
- **Negotiate sex act**
- **Negotiate condom use**
- **Negotiate price/payment**
- **Seek place for transaction**
- **Payment — before sex act**
- **Perform sex-act as per agreement**
- **Leave**
The context of a sex-based exchange transaction is based on the relationship between the parties involved in the transaction. For this research those parties were the research participants and their sex-based exchange partner(s). When they entered into a sex-based exchange context, both parties to the transaction did so based on cultural preferences, which informed their behaviors and cultural knowledge that guided their interaction with the other party to the transaction. A research participant’s ability to understand and recognize the context of an exchange, even control it when possible, was an extremely important survival skill. Misunderstanding a context, or losing control of it, could and often did, result in harm, both physical and emotional. Three general types of customers, each associated with a different context and indicated by different contextual markers, emerged from the data.

The Context of Sex-Based Exchange Activity and Associated Risks with “Tricks”

Tricks were solicited “on the stroll” and contact was initiated in a known public sexual marketplace. The woman often had little or no prior contact or knowledge of these individuals, a fact that structured the context of their sex-based exchange activity. On the surface these exchanges appear reciprocally balanced: money or drugs for sex, with the woman receiving payment up-front. However, the exchange in these cases more closely resembled a negatively reciprocal market exchange. That is, each party to the exchange sought to extract as much as possible in return for their services or goods either through a straight exchange or by employing manipulation, deception, or in some cases coercion or outright theft.25

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25 For a more extensive explanation of “negative reciprocity” or the “attempt to get something for nothing with impunity” see Sahlins 1972:195-196.
A trick might arrive in a car or on foot and the subsequent transaction most often would take place in the car, in some secluded spot outdoors or in a motel. Tricks posed the most uncertainty and potential for risk for these women, not only in terms of being unknown persons, but also because of the circumstances that often precipitated a woman’s decision to solicit sex-based exchange partners off the street. Dopesickness, anxiety and feelings of desperation were often cited by the research participants as antecedents to the decision to engage in street-based solicitation for sex-based exchange activity. These conditions increased her vulnerability by significantly reducing her ability to control the context of the exchange. In addition, potential tricks often used the woman’s diminished negotiating power to their advantage to further constrain her options or her perception of her available options. This perceived lack of power coupled with her desperation contributed to a context in which uncertainty and potential risk were at their highest.

Some women preferred tricks, however, because they provided the most access to resources even as they also represented the highest degree of uncertainty and risk. A few of the women felt that this type of transaction provided them with a great deal of autonomy and power since, “they (customers) are just like the bus, another one will pull-up” (JAB, 10:48FB).

This meant a woman could always refuse a trick they did not want to service. In addition, women who preferred this approach could work only when they wanted to or needed to. Unlike women who had clients, the women that had only tricks were not obligated to maintain close relationships with their customers. This did not keep such women from occasionally having customers who regularly sought them out on the street when they were working. However, these customers typically were not considered regulars because the nature of the relationship was strictly transactional and
the context of the exchange was generally street-based. A few of the women stated that tricks often only wanted oral sex, which they could perform quickly, without having to get undressed, or even fully entering the car. This provided them with a sense of security, as they did not have the added uncertainty of going with the individual to an unfamiliar location or getting fully undressed, situations they felt added added risk.

Patterns of sex-based exchange activity were varied and generally reflective of the needs of the woman, her level of involvement in hustles other than sex-based exchange, and her level of prostitution habitus. However, very few women limited themselves to one context, varying between the three contexts and associated customer types (i.e., clients, regulars and tricks) as the situation necessitated. Much of the sex-based exchange activity reported by the research participants was opportunistic. Women who were willing to engage any of the three models or types of customers as the occasions presented themselves, increased their access to resources and decreased the uncertainty and risk involved with having to act out of desperation. Taken together these models and associated techniques were often employed as a multi-layered strategy of reducing risk while maximizing opportunity for gain.

It is clear from the discussions that took place during the research that sex-based exchange activity requires resourcefulness and proficiency in active risk management. This was particularly evident during the extended conversations regarding risk management strategies and techniques that took place during the individual interviews. Participants described complex strategies that required considerable knowledge gained through experience such as structuring sex-based exchange activity, customer profiling, and engagement techniques. In addition, they described straightforward techniques

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such as refusing to trick-off with strangers or to get into cars, and refusing particular sex acts or physical positions that they thought might compromise their safety.

Sex-based exchange is an activity rife with uncertainty and risk that requires vigilance, an ability to negotiate, and quick thinking if one is to succeed. Understanding these patterns helps to inform our understanding of how these women engaged in sex-based exchange activity and managed risk simultaneously.

While all sex-based exchange customers, whether client, regular or trick, posed some uncertainty and potential risk, tricks were seen as posing the greatest risk. Customer profiling was by far the most common risk management technique employed by the women who participated in this research. Most of the women had a preferred customer type that they tried to stick to or sought out as well as types they avoided. When actively soliciting dates in a sexual marketplace, nearly all of the women engaged in profiling of potential customers, based on their previous experiences, or information they had received from others, so as to avoid engaging specific individuals or types of customers that made them uneasy, or that they thought might give them trouble. In the following examples, study participants discussed race and age as significant factors that influenced their selection of customers:

“Believe it or not, white mens are better than black mens when it comes to dating them. They pay more money, and they’re more kinder... Black men, it seems like a macho thing when they got to be in total control” (SUS0861FB, 1:12).

“I don’t associate with guys that have a temper, or throw temper tantrums, or have nothing to lose. I call them ghetto guys” (BAB0550FB, 29:00).

“I don’t fuck with young boys period... Like between 19, 18 some stuff like that, if teenage I don’t fuck with them period... any color...they play too many games” (GAW0768FB, 20:31).
This last sentiment was nearly universal. Young men, particularly, young men of color, were typically avoided. Age and race were frequently mentioned as factors in the profiling that the women conducted of potential customers, with women generally stating a preference for older, white men believing that they were the least likely to cause problems. When I asked one woman what her preferred type of trick looked like, she stated, “like you.” Startled, I asked her what she meant. She explained that I was not too young, not black, didn’t look threatening or like I would cause trouble, and, importantly, someone that she could defend herself against if the need should arise. Other women mentioned avoiding, “king babies,” (controlling) “guys that look too thirsty,” (desperate) or “guys that talk hard,” and “ghetto boys,” but actively sought out men they thought might become “sugar daddies” (GAW0768FB, 20:31).

Metaphors were created for these customer archetypes and freely shared among associates on the street. The informational properties signified within these metaphors were applied when the women were actively engaged in soliciting dates, particularly when on the street or with unknown persons. Experienced women usually felt quite adept at profiling and chose their customers carefully, thereby reducing their risks. While profiling was generally reported to be effective, several women admitted that this strategy was not a guaranteed method of reducing risk as even good customers were occasionally known to have a bad day and take it out on the woman.

However, most women said that when the need arose – particularly drug craving – they accepted whatever risks they felt they had to in order to get high, including engaging customers outside of their preferred type, dating tricks off of the street, or

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27 “King Babies,” “guys that look too thirsty,” “guys that talk hard,” “ghetto boys,” were all labels given by different research participants to describe types of customers that should be avoided because the probability of risks, such as physical violence or not getting paid, was considered high.
engaging in behaviors or sexual activities that they knew to be associated with additional risk(s).

One participant explained that she dropped her price for vaginal sex the more desperate she got, from $50 to as low as $10 (the street price for one bag of heroin). “I will, $10, if I have no money and I’m dopesick it will cost $10” (HAJ1158FB, 16:16). This was despite the fact that this individual also stated she found vaginal sex extremely painful. Another participant explained,

“I have done, in the past, people with $20/$25 something like that... They catch me at a point where I ain’t feeling good... when I’m sick” (WOB0774FB, 25:19).

Another explained why she took the risk of regularly working the street by stating,

“It was only if I couldn’t get money anywhere else and I would do it till I got one person. Once I had $20 I stopped. I went and got some dope. I went home. It was just a last ditch thing. I would do it to get my sick off” (MAM0265FW).

Finally, one stated, “I may wake up dopesick and can’t get up with a regular, I go out there (on the street) being morning, evening” (JAB1048FB, 10:37).

Risk in these cases was acknowledged, however, acceptable risk was relative. For some women whose situations became constant states of desperation, the normal range of acceptable risk activity could expand. Warr and Pyett (1999) noted the possibility that, “living with high levels of danger has the effect of normalising (sic) risk for (these) sex workers” (Warr and Pyett, 1999:305). In this way, activities with greater risk could become routine, placing the woman at ever-greater risk of harm.
The Context of Sex-Based Exchange Activity and Associated Risks with “Regulars”

Regulars were individuals with whom a research participant had engaged in regular, if only sporadic and unscheduled sex-based exchanges in the past. Regulars were not as reliable as clients and, compared to clients, more effort had to be expended to contact them when the need arose. A woman might be able to contact a regular at a known hangout or social gathering spot or even through associates. This however, took time and was usually only a viable option if the woman was not currently experiencing dopesickness.

The nature of these exchanges fell somewhere in-between the more reciprocally balanced client-based exchanges and the trick-based exchanges in which “participants confront each other as opposed interests, each looking to maximize utility at the other’s expense” (Sahlins, 1972:195).

Regulars were not in the same category as clients as they could not be relied on for the type of consistent support that clients provided, nor did they enjoy the same type of relationship with the women that clients seem to have been afforded. However, regulars, like clients, were known to the women, if only as acquaintances, and often linked to the woman through social networks or previous sex-for-money exchange activity and thus were seen by these women as posing less uncertainty than tricks.

Often women who had regulars were opportunistic in their sex-based exchange activity. That is they engaged in sex-based exchanges when the occasion arose, but were not regularly engaged in street-based solicitation. Often these women had other hustles that provided for the bulk of their needs and only resorted to sex-based exchange activity when it was convenient and necessary.

A few of the women stated that they had regular customers who tracked them down when they were working the street. These customers, although previously
known, would only loosely fit the definition of a regular since they were only known in the context of the sex-based exchange activity. The women had no association with them outside of the transaction; in essence they were serial tricks.

The Context of Sex-Based Exchange Activity and Associated risks with “Clients”

Clients were individuals with whom she had established a long-standing exchange-based relationship that could be characterized as “balanced reciprocity” (Sahlins, 1972:194). Women reported seeing clients on a more or less predictably scheduled basis. However, in some cases, if an occasion arose where the woman needed cash or drugs she could often contact a client, via cell phone, who would provide her or help her acquire these things. In most of these cases the clients would expect immediate sexual satisfaction, but occasionally they provided resources to the woman with the understanding that the transaction would be completed at a later time. This is an example of what Sahlins referred to as “delayed exchange” (Sahlins, 1972:230), or an exchange where the value of the exchange is stored for redemption at a later date. Delayed, or credit-based exchanges are a distinguishing characteristic of the client type of relationship and were cited as one of the primary benefits of this model of sex-based exchange activity. These exchanges enabled the woman to acquire the needed resources quickly, avoid immediate risk, and repay the debt at a time when she was more able to manage risk.

Clients could be relied on, more or less, to provide a woman with cash or drugs in exchange for sex on a fairly consistent basis. In addition, they posed the least amount of uncertainty and risk because the women were familiar with these individuals, often even before they began a sexual relationship. They may have gone to school with the person, been in the same social networks, grown up in the same neighborhood, been
introduced by a common friend, or in some cases, have previously been engaged in a sexual relationship with the individual, perhaps before they started tricking. If a woman successfully maintained her pool of clients she would rarely, if ever, have to resort to tricking-off with anyone outside of this select group. This situation had the effect of greatly reducing much of the uncertainty associated with her sex-based exchange activity.

Having clients also provided a measure of ‘stände,’ (Weber, 2010) or social status, as well for the women who employed this model of exchange activity. Since most of the research participants had little to distinguish themselves materially, they distinguished themselves socially. Having clients was a social distinction since it made it less likely that they would have to resort to street-based prostitution, which many of the research participants regarded as the domain of ‘ho’s,’ or women who, “will do somebody for one hit.” 28 Making and stressing the distinction between their exchange activity and that of ho’s was something many of the women did during their interviews, without prompting, even as many of these same women said they engaged in street-based exchange activity when necessary.

The participation of African-American women in sex-based exchange in Chicago from the early 1900’s is well documented (Blair, 2010). In addition, the persistence of sex-based exchange among low-income women in Chicago is supported in findings by Edin (1991) and summarized by an interviewee of hers who states, “I also think a lot of people have affairs with guys who will pay some of their bills. It’s like a more legitimate prostitution. There is not really an exchange of money for services. It is

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28 This participant (MAM0265FW) was making a distinction between her sex-based exchange activities and those of “hookers out there that will do somebody for a hit.” The distinction she made was, “I am not that person.”
more of a social thing. You are sleeping with this person, and in return he is taking care of a few things for you” (Edin, 1991:10-11).²⁹

This woman states that, “there is not really an exchange of money for services,” (Edin, 1991:10-11) and this experience was mirrored by some of the participants in this research who stated that occasionally a client would pay a bill for them, but more often than not they stated the exchange was for cash or drugs, preferably cash. While bills or obligations paid on the behalf of the women by their clients freed-up money for drugs, the women stated a preference for cash transactions since that allowed them the freedom to decide what they wanted to do with the cash. This could possibly explain why many of the women were willing to, or even preferred to, engage in the client-based model of sex-based exchange activity. This type of activity was characterized as “more legitimate” than street-based exchange activity because it was less conspicuous, arguably more selective and there was not always an exchange of money for services. In addition, while this activity was still commercial, it held out the possibility of a long-term, and more stable personal and commercial relationship between the woman and her paying customer(s).

I would characterize these relationships as “less-than-a-boyfriend-but-more-than-a-date.” In these relationships the women provided more than just sex, they also provided companionship, intimacy and comfort, a “GFE”, i.e., “girl-friend experience,”³⁰ for their clients. In return, the men provided them with material support,

²⁹ Edin’s research population was 50 females living in and around the greater Chicago Metropolitan area who relied, at least in part, on Aid For Dependent Children (AFDC) to meet monthly expenses. While the population in that study was more racially heterogeneous and geographically dispersed, it is clear from Edin’s research that a model for this type of reciprocally-balanced and sex-based exchange relationship has existed for some time, among various populations of low-income women in Chicago.

³⁰ A ‘girl-friend experience’ (GFE) is a phrase employed to describe a sex-based exchange transaction that entails more than just straight sex-for-money. It could also include conversation, cuddling, foreplay, romance and intimacy in addition to sex (Weitzer, 2007:30).
sometimes in the form of cash, drugs, other gifts, etc. One participant described how these relationships were different than relationships with other street-based customers in the following way,

“I talk to em. We lollygag around and stuff like that, but uh, people on the street, I be serious. I do what I gotta do and go head on” (SMR1266FB, 36:19).

Another participant described her sex-based exchange activity and her customers in the following way,

“My tricking and whoring is… I don’t be tricking like walking up and down the streets and stuff. I have my own special friends. I have my own clients. It ain’t always me standing out on no corner trying to get me no date” (GAW0768FB, 22:53).

Comparison Between Models

While the distinction between a client and a regular was less definitive than between client and a trick, or a regular and a trick it is important to note that these distinctions, when made, were not merely semantic. For many participants it marked the difference between someone they would insist wear a condom (i.e., a trick), someone they might allow to forgo a condom (i.e., a regular) and someone they typically did not use condoms with (i.e., a client). Customers who were labeled clients, or held out the potential to be clients were afforded differential treatment by many of the women, such as, condom-less sex as a sign of trust in their stabilizing or stable, but still commercial, relationship. This finding resonates with those of previous researchers Edin, 1991; Levitt and Dubner, 2009; Rhodes and Cusick, 2002; Sobo, 1993).

Though engaging in exchanges with tricks represented the most uncertainty and potential risk in general, this was not necessarily the case regarding potential exposure to STIs and HIV. Of the research participants that reported regular, if only sporadic or
inconsistent, condom use many stated that they were more likely to use condoms with people they did not know (tricks) than with people they knew (regulars and clients). These choices are consistent with the risks the women had prioritized, as only three prioritized HIV as their top risk management priority when engaged in sex-based exchange activity.

These contexts of sex-based exchange activity were not mutually exclusive. In fact, nearly all of the research participants engaged in each of the three models to various degrees. However, there was some consensus and acknowledgement among the participants regarding which of the models were the most desirable, for reasons of convenience and of safety. This consensus was based on the research participants’ perspectives of each of the different models, and how well each reduced the risks generally associated with sex-based exchange activity.

Many women preferred the client model because this obviated many of the risks they associated with prostitution. In addition, one could engage in this type of transactional relationship without the same degree of obviousness that women working the street exhibited. However, this model also restricted access to resources by limiting the pool of potential exchange partners, a potentially risky situation in itself.

Some women preferred regulars because they provided more security than tricks but required less in the way of relationship maintenance than clients. Clients could be demanding, and in order to maintain a good relationship the women often had to acquiesce to their demands, particularly if they only had a few clients and relied on them heavily. With regulars, the women had few such obligations and could therefore exert a greater deal of control over the context of the exchange. However, with regulars

31 The infrequency of condom use among repeat customers, reported by the research participants, is supported by Levitt and Dubner (2009) who found that “new customers were more likely to use condoms than repeat customers” (Levitt and Dubner, 2009:36).
a woman did not have the same sense of security, financial or physical, that women with clients had even though they were usually not entirely unknown. This meant that women could not often survive off regulars and had to have a few clients or solicit tricks.

Sobo’s (1993) examination of the psychological benefits of unsafe-sex concluded that, “unsafe sex, is in some senses then, an adaptive and defensive practice. It helps a woman maintain desired, idealized images of partners, relationships and selves” (Sobo, 1993:478). Jarama et al. (2007) pushed this analysis even further concluding that, “not using condoms was an adaptive response to a strong desire for a monogamous and romantic relationship… In other words, a trusting relationship” (original emphasis) (Jarama, et al., 2007:314).

While nothing from my data indicates that condom-less sex among my population sample was necessarily a sign of a desire for a “monogamous or romantic relationship,” the data supports the conclusion that in at least some instances, it signified an established, if not romantic or monogamous, relationship of the type that research participants characterized as having the lowest levels of uncertainty and risk because the personal and commercial relationship between the woman and her paying sex-partner(s) was trusting.

Finding 3: Risk Management Strategies Based on the Local Cultural Model of Risk

Whatever the model of sex-based exchange activity or the type of customer, the women often expressed that they felt sex-based exchange activity was their best, and often least risky option, to acquire resources. This is based on their belief that they could, to a high degree, control the context(s) of their sex-based exchanges and therefore
engaged in this activity in a manner that reduced risk and uncertainty. In their view, engaging in sex-based exchange activity was a rational, if not entirely optimal, method of negotiating risks and not simply an activity that increases risks. To outsiders, this might sound like a counterintuitive proposition but one must recognize how this activity articulates with the broader risk environment\textsuperscript{32} of these communities, coupled with the perception of limited economic opportunity, and institutionalized and peer-supported transactional sexual relationships.

In addition, the mediating effects of disproportionate and perpetually high levels of crime and sexually-transmitted infections influenced community and individual perspectives regarding risk and normative behavior. One must understand the actions of the women who engaged in sex-based exchange as a part of the contexts in which they engaged in them, not just examine the specific behaviors themselves in isolation from their contexts. This approach to understanding the risk-taking behaviors associated with their sex-based exchange activity must include an examination of the choices these women made, the options available to these women, and their perceptions of these options. It must also include an understanding that North Lawndale and East Garfield Park are economically marginal communities in which illegal drug use and sex-based exchange activity are commonplace and sexually transmitted infections and violent crime are disproportionately and pervasively high.

Moreover, one must recognize that the women who engage in sex-based exchange activity are not just engaging in a random activity, but one for which they possessed knowledge, experience and competence. They chose this remunerative activity because when they engaged in this type of exchange they were participating in

\textsuperscript{32} For more on the risk environment of North Lawndale and East Garfield Park see Section III. b. i.: Research Setting, pp. 49-53.
an activity for which they had acquired a certain level of expertise that they felt would allow them to maintain control over the context of the exchange. This enabled them to engage some risks but simultaneously avoid or reduce risks that they deemed more devastating. In other words, any thorough analysis of sex-based exchange activity must look at not only the risks that this activity increases, but must also examine, from the standpoint of the actors, the risks that they believe this activity allowed them to reduce or avoid altogether.

Viewed from this perspective, some of the behaviors associated with sex-based exchange activity, such as customer profiling, if implemented with deliberation, acted as an effective filtering mechanism and management strategy for risk, according to many of the women I interviewed. This is not to indicate the research participants claimed that sex-based exchange activity could be implemented in such a way as to avoid the more random risks associated with life in an urban drug environment. However, they repeatedly stated that through the strategic management, as well as the employment of different techniques of avoidance, attenuation or engagement, an experienced individual could greatly reduce the risks associated with sex-based exchange activity that were most salient to them.

Within this risk environment some of the behaviors associated with sex-based exchange activity, such as customer profiling, if implemented with deliberation, acted as an effective filtering mechanism and management strategy for risk, according to many of the women I interviewed, especially when a woman with considerable experience employed this technique. However, this is not to state that the research participants claimed that sex-based exchange activity could be implemented in such a way as to avoid the more random risks associated with life in an urban drug environment, but they repeatedly stated that through the strategic management and
employment of different techniques of avoidance, attenuation or engagement, an
experienced individual could greatly reduce the risks associated with sex-based
exchange activity that were most salient to them.

Many of the women attributed their ability to avoid the uncertainty and risk of
potentially dangerous situations to their ability to read potential customers or sense
potential danger. Many claimed an innate ability to sense if an individual would cause
trouble by the way they spoke or presented themselves. A few even insisted that they
could tell, “just by looking” if an individual was infected with an STI or even HIV.

What became evident from their responses during the interviews was that this
‘innate ability’ was a prostitution “habitus,” their collective knowledge and experience
operating on a subconscious level. It was “a spontaneity without consciousness or will”
(Bourdieu, 1990:56), an example of “fast-thinking,” which “operates automatically and
quickly, with little or no effort and no sense of control” (Kahneman, 2011:21). Many
of their decisions regarding specific activities were highly influenced and guided by this
habitus, even when their underlying motivations were driven by addiction or financial
need.

When I asked research participants what strategies they employed or what
techniques they used to mitigate uncertainty and risks when they were engaged in sex-
for-money transactions they were often left struggling for answers beyond the facile.
However, when I asked them to describe a typical transaction from the moment they
decided they were going to engage in sex-based exchange activity through what they
were thinking after they had completed the transaction, it was clear that most of the
women began to mentally engage in risk reduction and avoidance techniques even
before they physically engaged in a transaction.
Some women had even worked out the whole process systematically from the mental preparation needed to “get out there” through their selection of a site, selection of a customer, specific sex acts they were willing to perform, the cost of each act, through where they would go to buy their drugs and where they would eventually use their drugs. For each stage of their operation they would have variables to choose from, and decisions to make, which cumulatively would dictate their next action. This entire scenario would be based on past experience and the context of the current transaction.

One former addict described the basic mental process she employed when she was engaged in a sex-based exchange transaction as,

"When is he (the trick) going to be done? How much am I going to get? How am I going to get a ride to the drug spot? And, will the dope be good?"33

She stated that when she was using heroin and engaging in sex-based exchange activity she was well aware of the potential hazards involved. This assertion was expressed by many of the women who participated in this research. In fact, it was their knowledge of the potential hazards associated with sex-based exchange activity, coupled with their belief in their own innate ability to control the context of the sex-for-money transaction that led many to decide that this activity was the most expeditious and rational and safe hustle for them to work.

Whether the woman was engaging in a transaction with a client at her home, a regular in a hotel, or a trick in his car or an abandoned building, whether the payment was made in cash, drugs, or some other form of pecuniary assistance such as paying the rent or a phone bill, the research participants stated they were aware of the potential hazards and engaged techniques to reduce or avoid the risks that they thought salient

33 LaKosky Research Field Notes 06/02/09,
throughout their sex-based exchange activities. A deconstruction and analysis of the decision making process involved in a sex-based exchange transaction provides some insight into this process. The research participants often described a typical transaction scenario in the following manner.

A woman wakes up dopesick and needs money or drugs. Her first decision is how to get the desired money or drugs. This is a critical decision because selecting a hustle requires simultaneously engaging in a risk assessment and management strategy as all hustles, legal or illegal, have their own potential risks.34

The potential hazards associated with sex-based exchange activity were, for the most part, well-known and acknowledged by the research participants who viewed them not entirely without concern, but also as part of the lifestyle of a woman who prostitutes. Engaging in a different or new hustle, especially one in which the woman has little or no experience, aptitude, or support could result in unnecessarily increased risks. For this reason many of the women that participated in my research, typically chose to engage in this activity even though other options might have been available to them. The risks associated with other hustles, such as boosting or selling drugs, coupled with the priorities of the woman, made sex-based exchange the most expeditious for the women.

None of the women who participated in the research were ignorant of the risks involved in sex-based exchange activity, however many did dispute whether or not this activity actually increased their potential for many of these risks. Knowing in what

34 Jackson (1972), Edin (1991), DeParle (2004), Wacquant (1998), Venkatesh (2002; 2006) and Rosen and Venkatesh (2008) have all documented some of the multiple simultaneous legal and extra-legal methods low-income women employ to acquire money. In addition, each has, to some degree, documented how some women in low-income communities resort to the “barter of last resort that is the sale of their body” (Wacquant, 1998:10) for pecuniary gain.
risks they were about to engage made planning for these risks, and reducing uncertainty, a much easier task for these women.

After a woman decided to engage in sex-based exchange activity her next decision was what type of customer she would seek out. It could be a client, a regular, or a trick, each had its advantages and disadvantages, but the decision would usually be determined on who was available and the extent of the woman’s desperation for money or drugs. A client was often most preferable because they represented the least amount uncertainty and risk because of their previous, and often long-standing, relationship with the woman. In addition, women often had contact information for their clients and usually could easily get in touch with them to arrange a transaction. From the perspective of the woman, tricking off with a client often represented the best sex-for-money transaction scenario, in terms of risk management, even though condoms were rarely, if ever, used during these transactions because both parties to the transaction knew what to expect.

A woman who engaged a client had some idea of what is to be expected of her, how much she would receive, what she was be expected to do and what risks she will be expected to take. Knowing all this she could plan accordingly and thus reduce, at least from her perspective, her known risks.

A regular was often a second choice for a sex-based exchange transaction because they were, like clients, already known to the woman, though they often did not have the same long-standing sexual relationship. However, regulars often had to be searched for to arrange a transaction and therefore this option was not always conducive if the woman had a pressing need.

Tricks were often the last option and because they were almost always unknown and the transaction would often take place in a risky setting such as a car, abandoned
building, or secluded outdoors place, all of which represented the most uncertainty and risk. In addition, in order to engage tricks women had to work the stroll, concentrated areas of prostitution activity, which increased their probability of contact with police and the attendant risk this involved. When engaging in an exchange with a trick, the women had no idea of what to expect from a particular individual, so they often relied on experience and employed techniques that they may have not employed with clients or regulars. For example, several women stated that they would not engage in vaginal sex with tricks because it required them to remove their clothes which left them feeling vulnerable and unable to quickly exit a situation should the need arise. One research participant (FEH1255FB, 28:24) stated that she had been shoved out of a car without her clothes and left to walk home naked and now was reluctant to enter cars, or get fully undressed when tricking off. Another (MAC1164FB, 28:55) stated that she would not let tricks enter her vaginally from behind because she did not like to turn her back to a customer out of fear for her safety.

For the sake of safety and speed, oral sex performed on the trick was the most common and preferred sex act. Levitt and Dubner (2009) reported that 55% of the sex acts purchased from Chicago prostitutes were oral sex (Levitt and Dubner, 2009:34). The women reported that the high frequency of oral sex was partially a preference of the customer, but often also personal preference because it could be performed quickly without getting undressed and often without even completely entering the customer’s vehicle, thus obviating the additional risk of confinement.

Condom use with clients and regulars was inconsistent at best. The women reported that their most consistent condom use was with tricks. However, most of women indicated condom use was negotiable.
When a woman was on the stroll, and appeared desperate, men would reportedly try to take advantage of the woman’s diminished bargaining position to entice, or coerce her into additional or extra-normal risks such as condom-less sex, sex with multiple individuals, and anal sex. These types of situations were exactly the kind where experience in profiling and selecting customers, and controlling the context of the transaction, were crucial skills to possess to reduce risk and ensure her survival.

Customer selection was often the single most important decision regarding uncertainty, perceived risk, and safety. None of the women were willing to date just anyone. This selectivity and the insistence by many of the research participants that they wouldn’t trick off with just anyone, was a crucial component of the wisdom narrative\textsuperscript{35} that many of these women created around themselves and their behaviors. This narrative, which was based on, and reaffirmed, her own belief in her ability to “identify “clean” (disease free) and “conscious” (upstanding) men” (Sobo, 1993:468). This narrative also served to reinforce the belief, demonstrated by many of the research participants, that their sex-based exchange activity was qualitatively different from who of other women who engaged in similar activity.

Some women expressed a strong preference for one category of customer, usually clients, or type of customer such as older White or Mexican men. One participant (CLC0272FW, 42:49), specifically targeted older Hispanic men. She stated she did this because she believed that since they were here illegally, and feared deportation, they would be reluctant to cause trouble and risk attracting the police. Another participant stated that she avoided older Polish men because, “they smell awful, like onions and I don’t know what mixed together, just awful” (COC0769FW, 35

\textsuperscript{35} For a more extensive explanation of the concept of the “wisdom narrative” see Sobo, (1993:468-469).
Clearly, some of their distinguishing criteria were for aesthetic reasons, however, safety was often the underlying motivation.

More revealing, in terms of providing insight into their risk management priorities, were the explanations they gave for avoiding young men, particularly young Black and Hispanic men. The women reported that these young men were more likely to cause trouble or try to cheat them out of their payment. Most also avoided men who were visibly drunk or high because they were too unpredictable, took too long to complete sex acts, and were known to get violent. Several participants stated that they avoided other addicts because they would attempt to hustle them out of their money or drugs.

The selection of a customer was often highly correlated to where and when the transaction would take place, the amount of payment the woman could expect to receive, the particular sex act, the length of time that would be required and whether or not a condom would be used, etc. The selection of a customer alone could attenuate or amplify many of the potential risks the research participants associated with sex-based exchange activity. It even affected the risk of arrest, jail time, sexual harassment by the police and even prison time by placing the woman in, or removing her from situations in which the probability of contact with the police was increased.

However, for these women engaging in sex-based exchange activity was not a reckless or imprudent choice, but a deliberate and conscious act of individual agency made in a risk environment of constrained options. By choosing to engage in sex-based exchange activity the women were, from their perspective, avoiding the risks associated with other hustles and managing potential risks by filtering the types of individuals and situations with which they associated themselves. By engaging in an activity with which they had experience with, most preferably with individuals they knew, they
were exercising agency and control, albeit tenuous, over the context of their activity. While modest, it was enough for many of these women to choose this activity over others.

There are data that support some women’s assertions that by carefully selecting their customers they were, in fact, increasing their earning potential and simultaneously reducing their real and not just perceived risks. Levitt and Venkatesh observed that White customers paid on average $8-9 dollars more per trick than did Black customers, with Hispanics paying somewhere in-between (Trading Tricks, 2009). In addition, the average Black customer spent less than $40.00 compared to repeat White and Hispanic customers who spent nearly twice as much (Levitt and Venkatesh, 2007:15). A woman who tricked-off with a White or Hispanic customer, either new or repeat, could expect to earn nearly twice as much more than she could if she tricked-off with an average Black customer (Levitt and Venkatesh, 2007:17). By selecting White customers whenever possible the women were making a largely economic decision. This pattern of customer selection based on economics is supported with data from individual interviews in which research participants stated that White men were willing to pay more than non-Whites for a sex-based exchange. However, there were also other potential benefits to this decision.

By avoiding African-American\textsuperscript{36} and Hispanic men,\textsuperscript{37} particularly if they were young,\textsuperscript{38} the women were avoiding the two groups that are responsible, for 96\%\textsuperscript{39} of

\begin{footnotesize}
\begin{itemize}
\item\textsuperscript{36} African-American males were responsible for 73.6\% of all murders committed in Chicago in 2009 (2009 Murder Analysis Report, Chicago Police Department, Research and Development Division, 2012:53).
\item\textsuperscript{37} Hispanic males were responsible for 22\% of all murders committed in Chicago in 2009 (2009 Murder Analysis Report, Chicago Police Department, Research and Development Division, 2012:53).
\item\textsuperscript{38} 195 (54\%) of the 345 murders and non-negligent homicides that occurred in Chicago during 2009, were committed by males under the age of 24yrs (Chicago Police Department Annual Report, 2009:44).
\end{itemize}
\end{footnotesize}
murders in Chicago in 2009. By choosing to trick-off with known individuals, i.e., clients and regulars, and avoiding strangers whenever possible the women were avoiding the increased possibility of death at the hands of an unknown or barely known individual.

It is understandable that the research participants’ perceptions of risk were different from those of individuals who had not experienced similar circumstances given the risk environment in which these women lived, tricked-off and used drugs. However, it would be a mistake to state that these women had vastly different conceptions of risk compared to the general population, because this is not the case. Most of the research participants viewed risks as potential hazards, threats, dangers, harm or the possibility of loss, which is consistent with contemporary western notions of risk (Lupton, 1999:08). Consistent with this belief, the research participants chose to engage in pecuniary activities for which they possessed experience, which allowed them to anticipate uncertainty and avoid potential risks.

While engaging in sex-based exchange activity increases some risks, a calculation of potential risks associated with this activity must include risks that, from the perspective of the individuals that engage in this activity, are decreased through this activity.

The rationality of engaging in activities, such as sex-based exchange, which certainly increases risks, can be difficult to understand. This is particularly true if one is unaware of the functional role that the activity has in reducing other risks. In environments such as North Lawndale and East Garfield Park, where so many potential hazards are present, taking control and managing potential risks that one has control

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over can serve as an expression of agency and autonomy even when this agency takes the form of action that is difficult to understand or interpret outside of the contexts in which this activity occurs. Once sex-based exchange activity is approached from the perspective of the actor, the rationality of engaging in this activity can be better understood.

Finding 4: Combining the Local Cultural Model of Risks as Part of Contexts of Sex-based Exchange with the Observer’s Model of Risks Results in the Form of a Paradox

Table VI.: Participant Substance Use Data: Primary Drug(s) of Choice

<table>
<thead>
<tr>
<th>Primary drug(s) of choice</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin alone</td>
<td>30</td>
<td>49.2</td>
<td>61.2</td>
<td>61.2</td>
</tr>
<tr>
<td>Crack Cocaine alone</td>
<td>11</td>
<td>18.0</td>
<td>22.4</td>
<td>83.7</td>
</tr>
<tr>
<td>Heroin and Crack Cocaine</td>
<td>4</td>
<td>6.6</td>
<td>8.2</td>
<td>91.8</td>
</tr>
<tr>
<td>combined</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana and Crack Cocaine combined</td>
<td>3</td>
<td>4.9</td>
<td>6.1</td>
<td>98.0</td>
</tr>
<tr>
<td>Marijuana and PCP combined</td>
<td>1</td>
<td>1.6</td>
<td>2.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>80.3</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>12</td>
<td>19.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data for Table III as well as Table IV was compiled from the substance use-assessment data by cross-referencing drug use frequency data with the qualitative data collected during each interview to establish each participant’s primary drug(s) of choice as well as their primary method of use.
All of the women that participated in the research regularly used illegal substances, the most common of which were heroin, crack cocaine and marijuana. Some participants also reported using ecstasy (i.e., MDMA, 3,4-methylenedioxy-N-methylamphetamine), pcp (i.e., phencyclidine), “poppers” (i.e., amyl nitrite) methamphetamine and non-prescribed Suboxone.  

Drug use patterns varied greatly among the research participants, depending on their levels of addiction or dependence, access to resources and their social and economic responsibilities as parents, caregivers, and community members. However, the desire to use drugs or acquire money or drugs strongly shaped their daily activity, and many of their waking hours were spent pursuing drugs or dealing with the economic, social, psychological and physical effects of drug use.

<table>
<thead>
<tr>
<th>Method of use (primary)</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snort</td>
<td>21</td>
<td>34.4</td>
<td>45.7</td>
<td>45.7</td>
</tr>
<tr>
<td>Inject</td>
<td>10</td>
<td>16.4</td>
<td>21.7</td>
<td>67.4</td>
</tr>
<tr>
<td>Smoke</td>
<td>15</td>
<td>24.6</td>
<td>32.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>75.4</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>15</td>
<td>24.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

41 Suboxone, a combination of buprenorphine and naloxone, is prescribed for the treatment of opioid addiction.
Heroin was the drug of choice for many \( n=30 \) (49.2\%) of the women. Most \( n=21 \) (34.4\%) snorted their heroin, while \( n=10 \) (16.4\%) injected regularly, with an additional \( n=3 \) (4.9\%) indicating that they had injected in the past but were not currently injecting. Crack cocaine was the primary drug of choice for \( n=11 \) (18\%) of the participants. Most smoked it alone, but \( n=4 \) (6.6\%) reported smoking heroin in combination with crack cocaine. A small number \( n=3 \) (4.9\%) of women, mostly younger users, smoked ‘primos,’ a combination of crack cocaine and marijuana. One participant (1.6\%) regularly smoked a combination of marijuana and crack cocaine dipped in “embalming fluid,” which she described as ‘wack’ or ‘wicky stick.’ Two (3.3\%) of the younger women reported using marijuana and ecstasy with copious amounts of alcohol.

Most of the women stated that while they had a preferred drug or combination of drugs, they frequently used whatever drugs they could get. Poly-drug use was common among this group either as a preferred mode of use, or as a means to get by until the preferred drug of choice could be acquired. For the most heavily addicted research participants their desire to avoid dope sickness, or drug withdrawal, by getting high or staying high had priority over their preferred type of high. In fact, alcohol was frequently mentioned as a poor, but acceptable substitute for a primary drug or drugs of choice because it was cheap, legal and easily obtained.

No matter what the drug of choice, acquiring the money or drugs to get high and stay high required a great deal of resourcefulness. Many of the research participants reported drug habits that ran $20-$40 dollars every day just so they could function without feeling the effects of withdrawal. Many reported that even when they were

\(^{42}\) This is also a street name for phencyclidine (PCP).
high the anxiety caused by the potential of dopesickness was enough to provoke risk taking. Whether physically addicted or not, drugs were described by participants as a daily necessity, one that motivated them to engage in sex-based exchange activity.

For some drug use was a precursor to their entrance into sex-based exchange activity. Others described using drugs to ameliorate feelings of shame and humiliation they experienced after they initially started engaging in sex-based exchange activity. Regardless of when or why they started engaging in sex-based exchange activity, for most of the research participants this activity was a now sub-context of drug use and addiction.

The research participants were knowledgeable regarding the numerous types of risks associated with sex-based exchange activity. This knowledge, and their personal preferences, guided much of their sex-based exchange activity. When feasible, they sought to engage in sex-based exchange activity in contexts in which the risks they perceived as salient were minimized. Personal preferences and perceptions varied among the participants and, while each individual had their own preferred exchange contexts, some commonalities emerged.

Among the research participants, the general perception was that HIV risk and the other risks associated with sex-based exchange activity were correlated to customer types. For example, clients, and to a lesser degree, regulars posed the least amount of HIV and non-HIV related risk. Tricks were thought to pose the greatest potential for risks in general and were also believed to pose the highest potential for risk of exposure to HIV/STIs.

In accordance with this typology and correlation, research participants were more likely to report using condoms during a sex-based exchange transaction with a trick than they were when they engaged in a transaction with a regular, or a client.
Familiarity with a repeat customer, as well as their expressed belief in their ability to determine which customers were “clean,” often dictated which customers were required to use a condom during a sex-based exchange transaction and which customers were not.

The research participants were wary of strangers when engaged in sex-based exchange activity. The frequency with which violence is perpetrated against women who engage in sex-based exchange activity is well documented (Bourgois, 1989; Dalla et al., 2003; Miller, 1995). In fact, Brewer et al. (2006) report that, “[p]rostitute women have the highest homicide victimization rate of any set of women ever studied” (Brewer et al., 2006:1101).

However, a one-time encounter of vaginal sex with an unknown individual (i.e., a trick), even one in which a condom is not used, is highly unlikely to result in transmission and infection with HIV\textsuperscript{43} or another STI. Moreover, the types of sexual activities that the research participants reported engaging in with tricks (e.g., hand-jobs, blow-jobs, vaginal sex with a condom) are considered low risk for the transmission of HIV and make the probability of infection with HIV or an STI unlikely.\textsuperscript{44} In addition, compared to tricks who often live outside of the community, clients and regulars typically live in the same communities as the women, communities where the high prevalence of HIV/STIs increase the likelihood of these men having an infection.

Research participants conflated HIV/STI and non-HIV/STI risks, which led them to incorrectly correlate HIV/STI risk with their hierarchy of customer types. According to the research participants, customers who posed the highest potential for

\textsuperscript{43} Boily et al., (2009:118), estimates the probability of HIV infection from unprotected receptive vaginal intercourse at 1 in 1250 acts.

\textsuperscript{44} Baggley et al., (2008:1263), estimates a, “low but non-zero transmission probability” of HIV transmission from oral sex.
non-HIV risks (i.e., tricks), were also thought to pose the highest potential for HIV/STI risk. Conversely, customers thought to pose a low potential for non-HIV/STI risks (i.e., clients) were also thought to pose a low potential for HIV/STI risk. This perception is contradicted by epidemiological findings. The relationship between epidemiological HIV/STI risk and non-HIV/STI risks is not a positive correlation, which was assumed by the women I talked with, but one of inverse proportionality: as non-HIV/STI risks decreased HIV/STI risk increased. This is precisely the point where the research participants’ perceptions’ of risk and epidemiological risk interact. The decisions they made at this point would often determine whether or not HIV and STIs were transmitted.

The interview data collected for this research makes it clear that drug use and addiction were the primary motivators for much of the activity, including the sex-based exchange activity, that the research participants engaged in on a daily basis. Previous research has demonstrated that drug-use and addiction can be a motivating factor for women who engage in sex-based exchange activity (Jackson, 1972:08). In addition, previous research has shown that this activity can increase an individual’s probability of exposure to HIV infection (Kurtz et al., 2004:370). What this research also reveals is that personal choice and preferences regarding customer types on the part of the women who engage in sex-based exchange activity can, and often does, increase their probability of exposure to HIV/STIs. This was particularly true for those research participants who reported inconsistent condom use, because the more familiar they were with a customer and the more they trusted that customer, the less likely they were to require condom use during a sex-based exchange transaction.

While the cultural model of risk equates trust with low risk, this trusting relationship also entailed risks. Rhodes and Cusik (2000) made the observation that, “in
the context of HIV prevention in particular the search for intimacy and trust can act as a risk opportunity as far as HIV transmission is concerned” (Rhodes and Cusik, 2000:22). I would add that this trust is not only the trust that the women had in the men with whom they were engaging in condom-less sex, but also the trust that many of the women had placed in their own ability to be able to discern which customers posed a potential risk of HIV infection and should be avoided, or at the very least made to wear a condom. In either case, whether trusting their instincts or trusting the individual with whom they were engaging in condom-less sex, trust opened up the possibility of exposure to HIV, even as it may have reduced uncertainty or other potential hazards. This compromise, between trust in customers and trust in self, exposes and illustrates the complicated nature of the relationship between the woman and her customer that makes up the context of their exchange.

Despite their demonstrated knowledge of how HIV is transmitted many of the research participants expressed a preference for the more intimate type of relationship with their client and regular customers. Having this type of relationship was viewed favorably as a stabilizing factor for the women that not only secured potential long-term access to resources, but also attenuated many of the other more salient and immediate risks they associated with sex-based exchange activity.

In order to maintain this type of relationship, condom-less sex, once initiated, often became a requirement. For a research participant to reintroduce condoms into the context of sex-based exchange activity was tantamount to accusing the client of untrustworthiness, or admitting to the client that she had engaged in behavior that would put him at risk and, in turn, showed her to be untrustworthy. A decision to re-negotiate condom use could call into question the woman’s belief in her ability to manipulate the context of her relationships with her customers. In addition, it called
into question the woman’s own ability to judge the customers she was engaging, undermining her belief in her ability to judge and select customers.45 

The following table combines women’s cultural models of risk with the observer’s models of risk that includes epidemiological data regarding the substantial prevalence of sexually transmitted diseases, including HIV in general within North Lawndale and East Garfield Park (See Table I, p. 51), as well as elevated HIV incidence among African-American men and women in Chicago.

45 Sobo (1993) refers to “talk and action that supports a belief in one’s own ability to identify “clean” (disease-free) and “conscious” (upstanding) men or which advertises this ability to one’s peers” as the “wisdom narrative” (Sobo, 1993:468). The performance of this narrative was what many of the women were doing during interviews when they stated that they “could tell,” or “just knew” when a potential customer should be avoided, or made to wear a condom.
Table VIII: The Relationship Between Context and Perceived Risk in Contexts of Sex-Based Exchange Activity

<table>
<thead>
<tr>
<th>Compensated Exchanges</th>
<th>Exchange Type</th>
<th>Monetary exchange</th>
<th>Level of Compensation</th>
<th>Setting for sexual activity</th>
<th>Regularity of contact/familiarity</th>
<th>Typical timing</th>
<th>Physical/sexual activities engaged in</th>
<th>Non-HIV risk (physical/social)</th>
<th>HIV risk (from sex)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Client&quot;</td>
<td>Balanced reciprocity</td>
<td>Payment up front</td>
<td>Medium</td>
<td>Hotel/motel, client's apartment, woman's apartment</td>
<td>Scheduled meetings (e.g., after paydays), more frequent meetings</td>
<td>Middle of the month; catch as catch can</td>
<td>Blow job, some vaginal sex; oral/vagina 1 (50/50) sex; partially undressed</td>
<td>Medium (condom variable, &gt;clients, &lt;tricks)</td>
<td></td>
</tr>
<tr>
<td>&quot;Regular&quot;</td>
<td>Negative/Balanced reciprocity</td>
<td>Payment up front</td>
<td>Medium</td>
<td>Car, park, abandoned building, motel</td>
<td>Not scheduled, but periodic; semi-regular frequency of contact; 4-5 times a year</td>
<td>Middle of the month; catch as catch can</td>
<td>Blow job, some vaginal sex; oral/vagina 1 (50/50) sex; partially undressed</td>
<td>Medium</td>
<td></td>
</tr>
<tr>
<td>&quot;Trick&quot;</td>
<td>Negative reciprocity</td>
<td>Payment up front</td>
<td>Lowest</td>
<td>In known public space -- alley, park, trick's car (don't have to get in car)</td>
<td>Unscheduled, sporadic, contact may be regular, but relationship doesn't typically grow in familiarity or develop over time</td>
<td>Towards end of financial month; early in morning; opportunistic</td>
<td>Mostly blow-jobs or hand-jobs; some oral/vagina 1 (50/50) sex; mostly not undressed</td>
<td>High (robbed, beat-up, kidnapped, husband, children, family, friends discover activity)</td>
<td>Low (condom use lower)</td>
</tr>
</tbody>
</table>

Non-Compensated Exchanges

<table>
<thead>
<tr>
<th>Exchange Type</th>
<th>Monetary exchange</th>
<th>Level of Compensation</th>
<th>Setting for sexual activity</th>
<th>Typical timing</th>
<th>Physical/sexual activities engaged in</th>
<th>Non-HIV risk (physical/social)</th>
<th>HIV risk (from sex)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police/Law Enforcement Officer</td>
<td>On the stroll</td>
<td>Negative reciprocity (extortion -- threat of arrest)</td>
<td>Woman receives no drugs or money, but not arrested</td>
<td>None</td>
<td>Unschedule d, sporadic</td>
<td>Blow-jobs, hand-jobs,</td>
<td>High (sexual harassment, arrest, jail-time)</td>
</tr>
<tr>
<td>Non-Compensated Exchanges</td>
<td>Public location</td>
<td>Unknown</td>
<td></td>
<td></td>
<td>Blow-jobs, hand-jobs,</td>
<td>High (sexual harassment, arrest, jail-time)</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
FIGURE 1: The Relationship Between Perceived Risk and Epidemiological Risk in Contexts of Sex-Based Exchange Activity

<table>
<thead>
<tr>
<th>Customer Type</th>
<th>HIV/STI Risk (Perceived)</th>
<th>HIV/STI Risk (Epidemiological)</th>
<th>Non-HIV Risk(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>Low</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Regular</td>
<td>Medium</td>
<td>High/Medium</td>
<td>Medium/Low</td>
</tr>
<tr>
<td>Trick</td>
<td>High</td>
<td>Low</td>
<td>High</td>
</tr>
</tbody>
</table>
Research participants’ statements indicate that the context(s) in which they perceive the least risk, HIV or non-HIV, is during a transaction with a “client.” However, based on their own statements and data regarding the regularity of these exchanges (i.e., weekly, monthly), the specific sex-acts engaged in (oral, vaginal, other) and the extremely low frequency of condom use during these transactions, these contexts, while representing the lowest probability of non-HIV related risks simultaneously represent the highest probability of HIV/STI exposure.

Combining the research participants’ local model of risk, that relates the level of risk with the closeness of relationship, with the observer’s model, in which risk is an inverse ratio with condom use, results in what appears to be a double bind.

**The safer one is, the more vulnerable one is.**

This apparent paradox, however, is relevant only to those contexts where the women in this study could exercise some choice of what sort of relationship to engage. When money is scarce and dope sickness is imminent, those choices are narrowed or obviated altogether. We confront addiction in a theory of context in the conclusion chapter that follows.
CHAPTER V: CONCLUSION

My approach to the topic of risk is systemic and cultural. Building on Douglas and Wildavsky’s “cultural theory of risk perception” (Douglas and Wildavsky, 1983, Douglas 1985, 1992), I incorporated Bateson’s concept of “context” (1958, 1972, 1979) to conduct a cultural analysis of risk perception among a group of women on Chicago’s West Side who engage in drug-use and sex-based exchange activity. The results of this research squarely place the perception of risk(s) within local communities and among indigenous individuals. The results have theoretical and practical implications for expanding the understanding of risk perception and risk activity among local populations, and particularly among epidemiologically-designated high-risk groups.

In order to examine the research participants’ perceptions of risk, I had to identify the cultural premises that patterned their relationships in which they engaged in risk activity. What I uncovered was a cultural model that correlated both HIV and non-HIV related risks, and mapped these risks onto different contexts. Different customer types were associated with different sex-based exchange contexts. Different contexts were associated with different degrees and types of risks. When a research participant engaged in sex-based exchange activity with a customer the risks she associated with the transaction, and the precautionary measures she employed, were based on her knowledge of the risks associated with sex-based exchange activity and the patterns of behavior associated with specific customer types. It was a research participant’s knowledge of what can be expected in their interactions that shaped the context of her exchanges and perceptions of risk. Two predominant factors affected the research participants’ ability to implement risk reduction strategies or techniques in
accordance with their preferences: access to resources (e.g., money, drugs) and addiction.

This research situates risk perception in the realm of the cultural, the local and the contextual. For the research participants, notions of risk were based on premises regarding the customers with whom they engaged in sex-based exchange activity—the more familiar and close the relationship, the less risk a customer posed. The meanings associated with these premises informed and shaped the sex-based exchange contexts, of which they were a part. Their actions within these contexts were limited to the alternatives that were available to them. In times of constrained choice and narrowed options they adjusted by choosing from among whatever alternatives for action that provided them with the most benefit at the least cost.

A systems theory of context offers a method for analyzing and illuminating risk perception and activity from a cultural, contextual and indigenous perspective. It uncovers the local contextual structures that shape human interactions, inform participants, and guide their actions in contexts of risk and uncertainty.

Bateson viewed “contextual structure” as rules for putting information together (Bateson, 2000:154). These rules place restraints on what could occur as a part of a context and informed the parties to the context of the set of alternatives from which they must make their next choice (Bateson, 2000:289).

For the research participants, their awareness of the circumstances in which they could retain the ability to make choices was an essential element in their personal risk management strategies. Selecting with whom to engage in a sex-based exchange transaction, when to engage in a transaction, the venue for the exchange, what types of sexual activities to engage in, whether or not to use a condom, and how much to charge for sex were all choices that expressed their personal perceptions and preferences.
However, what was also clear from the interview data is that for the research participants, “the set of alternatives from which they could make their next choice” were, at least in part, constrained by their addiction, drug craving and their fear of or the onset of dopesickness.

This fear was part of the contextual structure for much of their daily activity and nearly all of their sex-based exchange activity. One participant, one of the most frequent exchangers, described her sex-based exchange activity and her addiction in the following manner,

“I don’t like doing what I do. You know, it’s lowlife shit… No self respect for myself because I want that bag. And when I want that bag, I want to get that bag… I mean, I’m being honest. I don’t want to sugar coat. I’m being honest… I’m a dope fiend and I want dope” (LAR0466FW, 13:14).

Another stated,

“Somebody come and say, I’ll give you $50 for a fuck, but don’t use no condom, of course I’m a go. Because I’m a dope fiend. I’m an addict” (MAC1164FB, 25:56).

What was clear from this participant’s statement, and was underscored by the research data, was that as a research participants’ desire to use drugs progressed into a state of desperation, the preferred alternatives from which they felt they could choose their next action decreased. As a result, the more imminent dopesickness became, the greater their willingness to compromise, overlook, or accept risks they routinely tried to avoid. The increased risks could be HIV or HIV related, they could be associated with particular types of customers, specific sexual activities, whether or not to require a customer to use a condom, etc., however, the overall effect was to decrease the available
alternatives from which they felt they could choose while simultaneously increasing their exposure to risks that they would otherwise avoid.

To engage in a sex-based exchange transaction under these circumstances often required a conscious suppression by the research participant of her individual fears regarding non-preferred contexts of sex-based exchange activity and increased risk taking. One research participant described how she responded to this type of situation by stating,

“You know what? When you’re mind altered, when you be in the street, you don’t be thinking about death. You don’t be thinking about STDs. You don’t be thinking about none of this…shit. Cause if you think about this when you in the street, you not going to accomplish what you going out there for. So you got to put it in the back of your mind… You can’t even focus on that. You put it all the way in back of your mind… You can’t even focus on that. You push it all way in back of your mind and go for what you want to accomplish, because if you don’t you ain’t going to get nowhere. If every car you get in, and you scared a motherfucker going to stab you, or rape you. If you selling yourself, he fucking you the way he want to fuck you anyway… All that shit you got to put in the back of your mind and don’t even function on it” (FEH1255FB, 23:49).

Simply put, the greater the research participants’ need to use drugs and their corresponding fear of dopesickness, the fewer options they felt they could chose from. As a result of this narrowing of choices, the greater the number and type of risks they were willing to take. This often meant soliciting customers in a public sex market and engaging in sex-based exchange activity with tricks, widely acknowledged to be the most risky type of transaction.

The sex-based exchange activity engaged in by the research participants was a necessary precursor to their drug use activity. What drove the research participants’ sex-based exchange activity, the purpose of this activity, was their overwhelming desire to use drugs. This overwhelming desire could be referred to as addiction, or it could be
called a chronic drug dependency. Either way, what these labels denote is a physical or psychological state described by the research participants as a continuous, persistent and overwhelming need to ingest drugs. As one research participant stated,

“I know better, I just like to do crazy shit. I ain’t gone say I like to do it, I’m caught up on doin it, cause I’m caught up in this drug hell. I know better, but I’m not doing better cause I’m caught up in these drugs. Its not a mental thing, it’s a physical thing” (WAW0666FB, 55:23).

For some, ingesting drugs provided them with a sense of euphoria. When asked to describe this experience one research participant simply stated,

“Heroin was something to put me in my own place.” (YON1178FB, 33:58)

For others any sense of euphoria experienced from drug use was fleeting, if non-existent. They used drugs to avoid the pain of withdrawal. Any euphoria they might have experienced from using drugs was long-since past. They simply wanted to “get their sick off” or “get right.” One research participant described her pathway to addiction with the following statement,

“It (using heroin) went from being a pleasure and being fun, to a want, then a need, then a must. And after that... you’re doing it to function... You can’t ‘just say no,’ it’s not that simple” (COW0259FB, 30:07).

When their need for drugs was met they experienced temporary relief and for some euphoria. When the need was not met they experienced pain. Sex-based exchange activity was one of the strategies the research participants employed for acquiring the resources to fulfill their goal of using drugs.

Sex-based exchange activity is a component of a larger class or category of contexts that the research participants referred to as “hustling,” i.e., the various ways
the research participants acquired the money they needed to support their drug habits, themselves and occasionally partners and their families. Hustling might also include sexual exchanges between same genders and non-sexual relationships involving exchanges between same gender and mixed genders. The relationships that constitute this context are among individuals trying to work out a short-term exchange or an exchange that has quick returns for at least one of the parties.

Jackson (1972) described hustles as ranging from, “turning tricks, dealing dope, …negotiating major and minor swindles, peddling hot merchandise and cold women” (Jackson, 1972:03). Waquant (1998) defined “to hustle” more broadly as, “the ability to manipulate others, to inveigle and deceive them, if need be by joining violence to chicanery and charm, in the pursuit of pecuniary gain” (Wacquant, 1998:3). He described the activities of someone who hustles as spanning a continuum from, “the relatively innocuous… to the felonious… to the downright criminal” (Wacquant, 1998:3).

Wacquant’s ethnography was focused on the activities of men, however he recognized that, ‘women in the ghetto, making a virtue out of a necessity, are also quite adept at it (hustling), in their own sphere” (original emphasis) (Wacquant, 1998:10). In addition, he recognized that occasionally, out of necessity, “they even rely on this barter of last resort, that is the sale of their body” (Wacquant, 1998:10).

While all of the women that participated in this research regularly resorted to sex-based exchange activity as a hustle to secure money or drugs, their sex-based exchange activity was rarely their only hustle. The types of hustle(s) that the research participants engaged in were diverse and included cooking, babysitting, cleaning, petty theft, shoplifting, ‘roosting,’ and selling their government benefits. For the research participants, the norm was “to change their earning profile by alternating between the
underground and legitimate economic sectors, taking advantage of different opportunities that arise to generate income” (Venkatesh, 2006:23). The willingness and ability of low-income women in Chicago to engage in multiple hustles, both legal and illegal, to acquire resources is supported by Wacquant (1998), Edin (1991) and Venkatesh (2002). However, every hustle had its corollary risks and therefore risk management techniques were employed to negotiate them. I also observed, similar to findings made by Wacquant (1998), Edin (1991) and Venkatesh (2002), that the women who participated in this research were far from unskilled or lazy. They were multi-talented and almost always engaged in some sort of hustle out of a sense of necessity.

Sex-based exchange activity is a sub-context of hustling, and number of local terms, e.g., sellin’ pussy, sellin’ ass, working the stroll, ho’in, label the context. The relationship that constitutes the context is that between a woman and her customer and the pattern of messages is about coming to agreement about the specifics of the exchange. This illustrates Bateson’s idea of context, which he defines as, “all those events which tell an organism among what set (original emphasis) of alternatives he must make his next choice” (Bateson, 2000:289). Contexts are distinguished by the parties to the relationship by means of “contextual markers,” signs, such as verbal and non-verbal cues, gestures, a physical object, a series of actions, etc. that communicate meaning between the parties and inform each party of the “set of alternatives” from which they “must make their next choice.” Contexts are maintained by placing restraints on what can occur and in what order. These restraints, or “rules for putting information together” (Bateson, 1972:130), are what Bateson refers to as “contextual structure.”

The contextual structure of any sex-based exchange transaction is informed by the cultural premises of both parties to the context. In a sex-based exchange context
these premises shape each participant’s expectations, guide alternatives for actions and envisage anticipated outcomes. For the research participants, a guiding premise for transactions was: the closer or the more familiar they were with the customer the less uncertainty and risk. For the research participants, these (cultural) premises were manifest in their customer typology, which further differentiated sex-based exchange contexts into three sub-contexts: 1) relations with tricks; 2) relations with regulars; and 3) relations with clients, each one based on the type of relationship the woman had with customer.

Each of these different sub-contexts had their own restraints and contextual markers, which signaled to the parties to the context the appropriate alternatives from which they must chose their next action. Failure by one party to act in an appropriate manner consistent with the patterns of behavior associated with the context of the transaction could lead to a misreading or shifting of that context. Patterned, and therefore predictable, communication was essential for the research participants and their customers to differentiate one context from another and fulfill the expectations and accordingly.

Each of these sub-contexts also had their own set of perceived risks, both HIV and non-HIV, that the research participants had to negotiate while a part of that context. Tricks were thought to pose the greatest risk, regulars some risk and clients the least risk. However, the tendency of research participants to correlate HIV and non-HIV risks had the effect of increasing their exposure to HIV risk, through relaxed precautionary behavior, e.g., regularly engaging in condom-less vaginal sex with clients, while it decreased their exposure to non-HIV risks, e.g., robbery, getting cheated, and physical violence. With tricks they were more likely to take precautions,
including requiring, or negotiating condom use, restricting types of sexual activity to lower risk acts, and restricting locations of transactions.

Finally, the type of sub-contexts a research participant most frequently chose to engage often corresponded to the physiological needs of the woman with regards to her desire or need to use drugs. This was particularly true of sex-based exchange activity with tricks. The research participants who indicated the highest numbers of exchanges in the 30 days prior to their interviews were often the same participants who indicated the highest number of exchanges with customers who could be classified as tricks. In addition, these same participants were the most frequent daily users of drugs, usually heroin.

If a research participant sought out a trick to engage in a transaction, the reason was often because she felt the need to use drugs and was unable or unwilling to contact a customer with whom she associated less risk. This had the effect of constraining her choices and leaving only increasingly risky options for action if she was going to achieve her goal of using drugs.

Depending on her physiological state, a research participant may have been able to exercise all, or a restricted number, of options for action to fulfill her goal of ingesting drugs. Her physiological state likely was relevant to her choice of hustle, expanding available alternatives or constraining them. It is in the contextual structure of the sex-based exchange transaction where the cultural premises of the relata (i.e., a research participant and her customer) interact with physiological states and produce results that are observable to both themselves and the analyst.

46 In general, there seemed to be a correlation, which would need to be further investigated to substantiate, between a research participants’ level of addiction, i.e., the frequency of her need for drugs, and her preference for tricks, which could be solicited frequently and serviced quickly.
What I have demonstrated with this research is a model of interaction of the cultural and the biological that is replicable. Instead of implying that culture and biology interact, I have detailed how this happens within the context of a sex-based exchange transaction. This analysis is enabled by the application of systems thinking, which is an application of the entropy law: order of any sort is the result of applying restraint to otherwise random events. Within the context of a sex-based exchange transaction, the cultural premises of the relata provide the necessary constraints, contextual structure, to order the transaction toward an anticipated and predictable outcome that fulfills the intentions and expectations of each the party.

From a public health perspective, this research has several implications. First, programs that intend to educate people about HIV, its prevention, and its treatment in communities like North Lawndale and East Garfield Park appear to have been largely successful. All of the people encountered in my research activity had a practical working knowledge of the HIV virus, how it is spread, and what individual people can do to avoid it. Condom use appears to be standard procedure when the women I studied encountered what they perceived to be high risk customers. When the women I worked with were in a position to demand condom use, the majority of them did.

Second, variations in risk activity can be understood within the context of hustling, i.e., means of acquiring money or other needs. Sex-based exchange is an instrumental activity that enabled the research participants to engage in drug use an activity that gave them pleasure or at least temporarily rid them of pain. A research participants’ drug use was constrained by her ability to afford drugs and resource availability was not consistent, but cyclical, (e.g., monthly, weekly, daily). This temporal aspect is important. If resources were unavailable, her ability to earn money and ingest drugs was interrupted, but craving or the fear of the imminent of
dopesickness was such that many of the research participants were willing to disregard personal safety and engage in risks they would otherwise avoid. Addiction placed many of the research participants at their most vulnerable, to HIV and non-HIV related risks, when they had the fewest options available.

Third, for women who engage in sex-based exchange activity to support addiction, HIV prevention education with a corresponding commitment to treating their addiction will do more to ensure they protect themselves from exposure to HIV than education alone. Addiction was what drove the sex-based exchange activity, and the most risky sex-based exchange behaviors of the research participants. Of note, some women had the ability to implement and maintain HIV risk reduction measures despite being drug addicted, but the reasons for this difference are not discernable from my data. Uncovering the reasons for this could have tremendous implications for public health and make this line of inquiry worthy of further investigation.

Finally, the two major factors limiting the success of the HIV education programs, according to my observations, were local understandings (cultural models) of prevention and drug addiction. The local cultural model of risk, based on the premise that the closer the relationship the less the risk (of any sort) seemed to have a logical entailment – a woman can tell who has the virus and who does not. It was clear in my conversations that the use of the term clean was conflated with safe (i.e., low risk). Men to whom a woman is close are clean. Strangers may or may not be clean.

Cultural premises such as this one are usually self-sustaining, partly because they are not conscious propositions. They are, therefore, resistant to change. But because these women are involved in sex-based exchange, even an instance of HIV infection can be explained as a case of being infected by a trick. Programmatic changes that seek to adapt to local conditions will have to confront this premise and its
entailments, first by making it explicit and next by reminding women that all of their customers can be assumed to be having sex with other women. However, even if this premise is accepted by women engaged in sex-based exchanges, interventionists still have to confront the problems of addiction.

I suggest that further research on risk perceptions among non-addicted women involved in sex-based exchanges would be a valid test of the modifiability of the premise that closeness of relationship is equivalent to safety.
Appendices
Approval Notice
Initial Review (Response To Modifications)

June 30, 2008

Paul LaKosky, MA
Anthropology
5418 S Ridgewood Ct 2e
Chicago, IL 60615
Phone: (773) 324-8650

RE: Protocol # 2008-0080
"Field test of a Method for Eliciting Perceptions of Risk Among Women with a High Degree of Vulnerability to Infection with Human Immunodeficiency Virus"

Dear Mr. LaKosky:

Your Initial Review application (Response To Modifications) was reviewed and approved by the Expedited review process on June 30, 2008. You may now begin your research.

Please note the following information about your approved research protocol:

Please note that you have indicated that a Certificate of Confidentiality will be obtained for this research. Subject enrollment, including recruitment, cannot begin until you have obtained the Certificate and the UIC IRB has acknowledged receipt of the completed Certificate in writing. Submission of the Certificate to the UIC IRB must be accompanied by an Amendment form. OPRS staff will be happy to assist you in the submission and processing of your Certificate.

Protocol Approval Period: June 30, 2008 - June 4, 2009
Approved Subject Enrollment #: 140
Additional Determinations for Research Involving Minors: These determinations have not been made for this study since it has not been approved for enrollment of minors.
Performance Sites: UIC, Chicago Recovery Alliance, Working for Togetherness - Chicago, IL
Sponsor: None
Research Protocol:
 a) Field Test of a Method for Eliciting Perceptions of Risk among Women with a High Degree of Vulnerability to Infection with Human Immunodeficiency Virus, Dissertation Research Protocol; Version 3; 05/21/2008

Phone: 312-996-1711 http://www.uic.edu/depts/ovcr/oprs/ FAX: 312-413-2929
Recruitment Materials:
  a) Participant Screening Criteria/Script; Version 3; 05/21/2008
  b) Participant Recruitment Flyer; Version 3; 06/12/2008
  c) RDS Coupon; Version 1

Informed Consents:
  a) Focus Group Informed Consent; Version 4; 06/12/2008
  b) Individual Interviews Informed Consent; Version 3; 06/12/2008
  c) A waiver of documentation has been granted under 45 CFR 46.117 for this research
  d) An alteration of informed consent has been granted under 45 CFR 46.116 for screening purposes only

Please note the Review History of this submission:

<table>
<thead>
<tr>
<th>Receipt Date</th>
<th>Submission Type</th>
<th>Review Process</th>
<th>Review Date</th>
<th>Review Action</th>
</tr>
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<tr>
<td>01/25/2008</td>
<td>Initial Review</td>
<td>Convened</td>
<td>02/07/2008</td>
<td>Deferred</td>
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<td>04/02/2008</td>
<td>Response To Deferred</td>
<td>Convened</td>
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<td>05/21/2008</td>
<td>Response To Deferred</td>
<td>Convened</td>
<td>06/05/2008</td>
<td>Modifications Required</td>
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<tr>
<td>06/26/2008</td>
<td>Response To Modifications</td>
<td>Expedited</td>
<td>06/30/2008</td>
<td>Approved</td>
</tr>
</tbody>
</table>

Please remember to:

→ Use your research protocol number (2008-0080) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure, "UIC Investigator Responsibilities, Protection of Human Research Subjects"

Please note that the UIC IRB has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact OPRS at (312) 996-1711 or me at (312) 996-2014. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Sandra K. Costello

Sandra Costello
IRB Coordinator, IRB #2
Office for the Protection of Research Subjects
Enclosures:

1. **UIC Investigator Responsibilities, Protection of Human Research Subjects**
2. **Informed Consent Documents:**
   a) Focus Group Informed Consent; Version 4; 06/12/2008
   b) Individual Interviews Informed Consent; Version 3; 06/12/2008
3. **Recruiting Materials:**
   a) Participant Screening Criteria/Script; Version 3; 05/21/2008
   b) Participant Recruitment Flyer; Version 3; 06/12/2008
   c) RDS Coupon; Version 1

cc: John Monaghan, Anthropology, M/C 027
    Michael D. Lieber, Anthropology, M/C 027
Approval Notice
Amendment to Research Protocol and Consent Document – Expedited Review
UIC Amendment #1

February 11, 2009

Paul LaKosky, MA
Anthropology
5418 S Ridgewood Ct 2e
Chicago, IL 60615
Phone: (773) 324-8650

RE: Protocol # 2008-0080
“Field test of a Method for Eliciting Perceptions of Risk Among Women with a High Degree of Vulnerability to Infection with Human Immunodeficiency Virus”

Dear Mr. LaKosky:

Members of Institutional Review Board (IRB) #2 have reviewed this amendment to your research and consent form under expedited procedures for minor changes to previously approved research allowed by Federal regulations [45 CFR 46.110(b)(2)]. The amendment to your research was determined to be acceptable and may now be implemented.

Please note the following information about your approved amendment:

Amendment Approval Date: January 21, 2009

Amendment:
Summary: UIC Amendment #1, signed 2 December 2008 and submitted 15 January 2009, is an investigator-initiated amendment submitting consent documents revised to remove language regarding the Certificate of Confidentiality; no Certificate deemed necessary by NIH.

Approved Subject Enrollment #: 140
Performance Sites: UIC, Chicago Recovery Alliance, Working for Togetherness - Chicago, IL

Sponsor: None

Revised Informed Consents:
   a) Informed Consent, Focus Group; Version 5; 10/25/2008
   b) Informed Consent, Individual Interview; Version 5; 10/25/2008
Please note the Review History of this submission:

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<th>Review Process</th>
<th>Review Date</th>
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<td>Amendment</td>
<td>Expedited</td>
<td>01/21/2009</td>
<td>Approved</td>
</tr>
</tbody>
</table>

Please be sure to:

→ Use only the IRB-approved and stamped consent documents when enrolling subjects.

→ Use your research protocol number (2008-0080) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure, "UIC Investigator Responsibilities, Protection of Human Research Subjects"

Please note that the UIC IRB #2 has the right to ask further questions, seek additional information, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact the OPRS at (312) 996-1711 or me at (312) 996-2014. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

[Signature]

Sandra Costello
Assistant Director, IRB #2
Office for the Protection of Research Subjects

Enclosures:

1. UIC Investigator Responsibilities, Protection of Human Research Subjects
2. Informed Consent Documents:
   a) Informed Consent, Focus Group; Version 5; 10/25/2008
   b) Informed Consent, Individual Interview; Version 5; 10/25/2008

cc: Michael D. Lieber, Anthropology, M/C 027
    John Monaghan, Anthropology, M/C 027
Appendix B:

UIC IRB #: 2008-0080-38409-5

A. Participant Demographics

INTERVIEWER: “First, I am going to ask you some basic information about yourself so I have a better idea about your background.”

<table>
<thead>
<tr>
<th>Participant Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your age? ________ (also enter category)</td>
</tr>
<tr>
<td>□ 18-25</td>
</tr>
<tr>
<td>□ 24-29</td>
</tr>
<tr>
<td>□ 30-34</td>
</tr>
<tr>
<td>□ 35-39</td>
</tr>
<tr>
<td>□ 40-44</td>
</tr>
<tr>
<td>□ 45-49</td>
</tr>
<tr>
<td>□ 50-54</td>
</tr>
<tr>
<td>□ 55-60</td>
</tr>
<tr>
<td>2. What is the highest level of education you have completed?</td>
</tr>
<tr>
<td>□ Junior High</td>
</tr>
<tr>
<td>□ Some High School</td>
</tr>
<tr>
<td>□ Completed High School/GED</td>
</tr>
<tr>
<td>□ Some College</td>
</tr>
<tr>
<td>□ 2 Year Degree (Associates Degree)</td>
</tr>
<tr>
<td>□ 4 Year Degree (BS, BA)</td>
</tr>
<tr>
<td>□ Masters Degree</td>
</tr>
<tr>
<td>□ Doctoral Degree</td>
</tr>
<tr>
<td>□ Professional Degree (JD, MD)</td>
</tr>
<tr>
<td>□ Other ____________________</td>
</tr>
<tr>
<td>4. Where do you currently stay?</td>
</tr>
<tr>
<td>□ In an apartment/house alone</td>
</tr>
<tr>
<td>□ In an apartment/house with family</td>
</tr>
<tr>
<td>□ Staying with friends</td>
</tr>
<tr>
<td>□ In a shelter</td>
</tr>
<tr>
<td>□ Homeless</td>
</tr>
<tr>
<td>□ Decline to answer</td>
</tr>
<tr>
<td>5. Are you a veteran?</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Decline to Answer</td>
</tr>
</tbody>
</table>
Appendix B: (continued)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>What is your current relationship status?</td>
</tr>
<tr>
<td></td>
<td>□ Single, Never Married</td>
</tr>
<tr>
<td></td>
<td>□ Not married, but in long-term monogamous relationship</td>
</tr>
<tr>
<td></td>
<td>□ Married</td>
</tr>
<tr>
<td></td>
<td>□ Separated</td>
</tr>
<tr>
<td></td>
<td>□ Divorced</td>
</tr>
<tr>
<td></td>
<td>□ Widowed</td>
</tr>
<tr>
<td>8.</td>
<td>Do you consider yourself …?(^{47})</td>
</tr>
<tr>
<td></td>
<td>□ Hispanic origin</td>
</tr>
<tr>
<td></td>
<td>□ Not of Hispanic origin</td>
</tr>
<tr>
<td>9.</td>
<td>Do you consider yourself as…?(^{48})</td>
</tr>
<tr>
<td></td>
<td>□ American Indian or Alaskan Native</td>
</tr>
<tr>
<td></td>
<td>□ Asian or Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>□ Black</td>
</tr>
<tr>
<td></td>
<td>□ White</td>
</tr>
<tr>
<td></td>
<td>□ Other (exp.) __________________________</td>
</tr>
</tbody>
</table>

---

1,2 The basic racial and ethnic categories for Federal statistics and program administrative reporting are defined as follows:

a. **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliations or community recognition.

b. **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

c. **Black.** A person having origins in any of the black racial groups of Africa.

d. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

e. **White.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
B. Drug Use Assessment

**INTERVIEWER:** “Now I am going to ask you some questions about your alcohol and drug use. I’ll ask what types of drugs you’ve used and how often you use them”

<table>
<thead>
<tr>
<th>Collaborative Injection Drug Users Study (CIDUS)-III Study Drug Use Assessment Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol by itself</td>
</tr>
<tr>
<td>1. Have you ever used <strong>Alcohol by itself</strong>? (If no use, skip to next drug, Question 2.)</td>
</tr>
<tr>
<td>No ☐</td>
</tr>
<tr>
<td>Yes ☐</td>
</tr>
<tr>
<td>Refused ☐</td>
</tr>
<tr>
<td>Unknown ☐</td>
</tr>
<tr>
<td>1.1 How many days did you use <strong>Alcohol by itself</strong> in the last 30 days? ____</td>
</tr>
<tr>
<td>If 00, do not answer QUESTION 1.2, and skip to the next drug, QUESTION 2.</td>
</tr>
<tr>
<td>1.2 How many times a day did you use <strong>Alcohol by itself</strong>? _____</td>
</tr>
</tbody>
</table>

| Marijuana by itself             |
| 2. Have you ever used **Marijuana by itself**? |
| (If no use, skip to next drug, Question 3.) |
| No ☐                             |
| Yes ☐                            |
| Refused ☐                        |
| Unknown ☐                        |
| 2.1 How many days did you use **Marijuana by itself** in the last 30 days? ____ |
| If 00, do not answer QUESTION 2.2 and skip to the next drug, QUESTION 3. |
| 2.2 How many times a day did you use **Marijuana by itself**? _____ |

| Crack by itself                 |
| 3. Have you ever used **Crack by itself**? |
| (If no use, skip to next drug, Question 4.) |
| No ☐                             |
| Yes ☐                            |
| Refused ☐                        |
| Unknown ☐                        |
| 3.1 How many days did you use **Crack by itself** in the last 30 days? ____ |
| If 00, do not answer QUESTION 3.2 and skip to the next drug, QUESTION 4. |
| 3.2 How many days did you inject **Crack by itself** in the last 30 days? ____ |
| 3.3 How many times a day did you inject **Crack by itself**? _____ |
| 3.4 How many days did you use **Crack by itself** without injecting (e.g., smoking, snorting, swallowing) in the last 30 days? ____ |
| 3.5 How many times a day did you use **Crack by itself** without injecting? _____ |
Appendix B: (continued)

<table>
<thead>
<tr>
<th>Powdered Cocaine by itself</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Have you ever used Powdered Cocaine by itself?</td>
</tr>
<tr>
<td>(If no use, skip to next drug, Question 5.)</td>
</tr>
<tr>
<td>No ☐</td>
</tr>
<tr>
<td>Yes ☐</td>
</tr>
<tr>
<td>Refused ☐</td>
</tr>
<tr>
<td>Unknown ☐</td>
</tr>
<tr>
<td>4.1 How many days did you use Powdered Cocaine by itself in the last 30 days? _____</td>
</tr>
<tr>
<td>4.2 How many days did you inject Powdered Cocaine by itself in the last 30 days? _____</td>
</tr>
<tr>
<td>4.3 How many times a day did you inject Powdered Cocaine by itself? _____</td>
</tr>
<tr>
<td>4.4 How many days did you use Powdered Cocaine by itself without injecting (e.g., smoking, snorting, swallowing) in the last 30 days? _____</td>
</tr>
<tr>
<td>4.5 How many times a day did you use Powdered Cocaine by itself without injecting? _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heroin by itself</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Have you ever used Heroin by itself?</td>
</tr>
<tr>
<td>(If no use, skip to next drug, Question 6.)</td>
</tr>
<tr>
<td>No ☐</td>
</tr>
<tr>
<td>Yes ☐</td>
</tr>
<tr>
<td>Refused ☐</td>
</tr>
<tr>
<td>Unknown ☐</td>
</tr>
<tr>
<td>5.1 How many days did you use Heroin by itself in the last 30 days? _____</td>
</tr>
<tr>
<td>5.2 How many days did you inject Heroin by itself in the last 30 days? _____</td>
</tr>
<tr>
<td>5.3 How many times a day did you inject Heroin by itself? _____</td>
</tr>
<tr>
<td>5.4 How many days did you use Heroin by itself without injecting (e.g., smoking, snorting, swallowing) in the last 30 days? _____</td>
</tr>
<tr>
<td>5.5 How many times a day did you use Heroin by itself without injecting? _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heroin and Cocaine Mixed Together</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Have you ever used Heroin and Cocaine Mixed Together?</td>
</tr>
<tr>
<td>(If no use, skip to next drug, Question 7.)</td>
</tr>
<tr>
<td>No ☐</td>
</tr>
<tr>
<td>Yes ☐</td>
</tr>
<tr>
<td>Refused ☐</td>
</tr>
<tr>
<td>Unknown ☐</td>
</tr>
<tr>
<td>6.1 How many days did you use Heroin and Cocaine Mixed Together in the last 30 days? _____</td>
</tr>
<tr>
<td>6.2 How many days did you inject Heroin and Cocaine Mixed Together in the last 30 days? _____</td>
</tr>
<tr>
<td>6.3 How many times a day did you inject Heroin and Cocaine Mixed Together? _____</td>
</tr>
<tr>
<td>6.4 How many days did you use Heroin and Cocaine Mixed Together without injecting (e.g., smoking, snorting, swallowing) in the last 30 days? _____</td>
</tr>
<tr>
<td>6.5 How many times a day did you use Heroin and Cocaine Mixed Together without injecting? _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Opiates</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Have you ever used Other Opiates (e.g., Demerol, Codeine, Dilaudid)?</td>
</tr>
<tr>
<td>(If no use, skip to next drug, Question 8.)</td>
</tr>
<tr>
<td>No ☐</td>
</tr>
<tr>
<td>Yes ☐</td>
</tr>
</tbody>
</table>
## Appendix B: (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1  How many days did you use <strong>Other Opiates</strong> in the last 30 days?</td>
<td>Refused □</td>
</tr>
<tr>
<td></td>
<td>Unknown □</td>
</tr>
<tr>
<td>7.2  How many days did you inject <strong>Other Opiates</strong> in the last 30 days?</td>
<td>Refused □</td>
</tr>
<tr>
<td>7.3  How many times a day did you inject <strong>Other Opiates</strong>?</td>
<td>Refused □</td>
</tr>
<tr>
<td>7.4  How many days did you use <strong>Other Opiates</strong> without injecting (e.g., smoking, snorting,</td>
<td>Refused □</td>
</tr>
<tr>
<td>swalloeing) in the last 30 days?</td>
<td>Unknown □</td>
</tr>
<tr>
<td>7.5  How many times a day did you use <strong>Other Opiates</strong> without injecting?</td>
<td>Refused □</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>Unknown □</td>
</tr>
<tr>
<td>8.   Have you ever used <strong>Amphetamines</strong> (e.g., Benzedrine Methamphetamine, Crystal Meth,</td>
<td>Refused □</td>
</tr>
<tr>
<td>Speed, Crank)?</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td>Unknown □</td>
</tr>
<tr>
<td>8.1  How many days did you use <strong>Amphetamines</strong> in the last 30 days?</td>
<td>Refused □</td>
</tr>
<tr>
<td>8.2  How many days did you inject <strong>Amphetamines</strong> in the last 30 days?</td>
<td>Refused □</td>
</tr>
<tr>
<td>8.3  How many times a day did you inject <strong>Amphetamines</strong>?</td>
<td>Refused □</td>
</tr>
<tr>
<td>8.4  How many days did you use <strong>Amphetamines</strong> without injecting (e.g., smoking, snorting,</td>
<td>Refused □</td>
</tr>
<tr>
<td>swallowing) in the last 30 days?</td>
<td>Yes □</td>
</tr>
<tr>
<td>8.5  How many times a day did you use <strong>Amphetamines</strong> without injecting?</td>
<td>Refused □</td>
</tr>
<tr>
<td>DRUG INJECTION</td>
<td>Unknown □</td>
</tr>
<tr>
<td>9.   In the last 30 days, how many times (# of injections) did you inject using works</td>
<td>Refused □</td>
</tr>
<tr>
<td>(needles/syringes) that you know had been used by somebody else?</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td>Unknown □</td>
</tr>
<tr>
<td>9.1  Of the times that you injected after someone, how many times did you clean the works</td>
<td>Refused □</td>
</tr>
<tr>
<td>with full-strength bleach?</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td>Unknown □</td>
</tr>
<tr>
<td>9.2  How many times in the last 30 days did you use a cooker/cotton/rinse water that had</td>
<td>Refused □</td>
</tr>
<tr>
<td>been used by another injector?</td>
<td>Yes □</td>
</tr>
<tr>
<td>9.3  How many times in the last 30 days did you fix drugs with another person, then split</td>
<td>Refused □</td>
</tr>
<tr>
<td>the drug solution (through use of the same cooker/spoon or through front or back loading?)</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td>Unknown □</td>
</tr>
</tbody>
</table>
Appendix B: (continued)

C. HIV Knowledge Assessment

**INTERVIEWER:** “Now I am going to ask you to answer some questions about HIV/AIDS. For each statement, please circle “True” (T), “False” (F), or “I don’t know” (DK). If you do not know, please do not guess; instead, circle “DK”.

<table>
<thead>
<tr>
<th>HIV KQ-18 (Carey &amp; Schroder 2002)</th>
<th>True</th>
<th>False</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coughing and sneezing DO NOT spread HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>2. A person can get HIV by sharing a glass of water with someone who has HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>3. Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>4. A woman can get HIV if she has anal sex with a man.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>5. Showering, or washing one’s genitals/private parts, after sex keeps a person from getting HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>6. All pregnant women infected with HIV will have babies born with AIDS.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>7. People who have been infected with HIV quickly show serious signs of being infected.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>8. There is a vaccine that can stop adults from getting HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>9. People are likely to get HIV by deep kissing, putting their tongue in their partner’s mouth, if their partner has HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>10. A woman cannot get HIV if she has sex during her period.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>11. There is a female condom that can help decrease a woman’s chance of getting HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>12. A natural skin condom works better against HIV than does a latex condom.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>13. A person will not get HIV if she or he is taking antibiotics.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>14. Having sex with more than one partner can increase a person’s chance of being infected with HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>15. Taking a test for HIV one week after having sex will tell a person if she or he has HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>16. A person can get HIV by sitting in a hot tub or swimming pool with a person who has HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>17. A person can get HIV from oral sex.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
<tr>
<td>18. Using Vaseline or baby oil with condoms lowers the chance of getting HIV.</td>
<td>T</td>
<td>F</td>
<td>DK</td>
</tr>
</tbody>
</table>
D. Relationships and Sexual Behaviors

**INTERVIEWER:** “Now I am going to ask you to answer some questions regarding relationships and sexual behavior. The questions in this section are referring to anybody you’ve had sex with in the last 30 days”

<table>
<thead>
<tr>
<th>Relationships and Sexual Behaviors [Adapted from University of Washington ADAI Sound Data Source Risk Behavior Survey (RBS) v1.2 05/09/2003 adai.washington.edu/sounddatasource/instruments]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the last 30 days, with how many people did you have vaginal, oral or anal sex? <em>(IF NONE ENTER 000 AND SKIP TO THE NEXT SECTION)</em></td>
</tr>
<tr>
<td>1.1 How many partners were female? <em>(Number cannot exceed total number of people above 1)</em></td>
</tr>
<tr>
<td>1.2 How many partners were male? <em>(Number cannot exceed total number of people above 1)</em></td>
</tr>
<tr>
<td>ASK WOMEN WHO HAD FEMALE PARTNERS</td>
</tr>
<tr>
<td>2. How many women performed oral sex (“went down”) on you? <em>(If ‘0’ skip to 3)</em> <em>(Number cannot exceed total number of female partners in 2)</em></td>
</tr>
<tr>
<td>2.1 How often did your partner(s) perform oral sex on you?</td>
</tr>
<tr>
<td>Once or irregularly</td>
</tr>
<tr>
<td>Less than once a week</td>
</tr>
<tr>
<td>About once a week</td>
</tr>
<tr>
<td>2-6 times a week</td>
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<tr>
<td>About once a day</td>
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<tr>
<td>2-3 times a day</td>
</tr>
<tr>
<td>4 or more times a day</td>
</tr>
<tr>
<td>Don’t know/unsure</td>
</tr>
<tr>
<td>Refused</td>
</tr>
<tr>
<td>2.2 How often did you use condoms/dental dams when your partner(s) performed oral sex (“went down”) on you?</td>
</tr>
<tr>
<td>Never</td>
</tr>
<tr>
<td>Less than half the time</td>
</tr>
<tr>
<td>About half the time</td>
</tr>
<tr>
<td>More than half the time</td>
</tr>
<tr>
<td>Always</td>
</tr>
<tr>
<td>Don’t know/unsure</td>
</tr>
<tr>
<td>Refused</td>
</tr>
<tr>
<td>2.3 Did you use condoms/dental dams the last time your partner(s) performed oral sex (“went down”) on you?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

For Researcher Use Only

- **Date**
- **Location**
- **Group #**
- **Participant I.D. #**
### Appendix B: (continued)

<table>
<thead>
<tr>
<th>3.</th>
<th>How many women did you perform oral sex (&quot;go down&quot;) on? (If ‘0’ skip to 4) <em>(If &quot;0&quot; then skip to next section appropriate for the gender of this client.</em>)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>How often did you perform oral sex (&quot;go down&quot;) on your partner(s)?</td>
</tr>
<tr>
<td></td>
<td>Once or irregularly</td>
</tr>
<tr>
<td></td>
<td>Less than once a week</td>
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<td></td>
<td>About once a week</td>
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<td></td>
<td>2-6 times a week</td>
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<td>About once a day</td>
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<td></td>
<td>2-3 times a day</td>
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<td></td>
<td>4 or more times a day</td>
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<tr>
<td></td>
<td>Don’t know/unsure</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
<tr>
<td>3.2</td>
<td>How often did you use condoms/dental dams when you performed oral sex (&quot;went down&quot;) on your partner(s)?</td>
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<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>Less than half the time</td>
</tr>
<tr>
<td></td>
<td>About half the time</td>
</tr>
<tr>
<td></td>
<td>More than half the time</td>
</tr>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td></td>
<td>Don’t know/unsure</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
<tr>
<td>3.3</td>
<td>Did you use condoms/dental dams the last time you performed oral sex (&quot;went down&quot;) on your partner(s)?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

**ASK WOMEN WHO HAD MALE PARTNERS**

<table>
<thead>
<tr>
<th>4.</th>
<th>How many men performed oral sex (&quot;went down&quot;) on you? (If ‘0’ skip to 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>How often did your partner(s) perform oral sex (&quot;go down&quot;) on you?</td>
</tr>
<tr>
<td></td>
<td>Once or irregularly</td>
</tr>
<tr>
<td></td>
<td>Less than once a week</td>
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<tr>
<td></td>
<td>About once a week</td>
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<tr>
<td></td>
<td>2-6 times a week</td>
</tr>
<tr>
<td></td>
<td>About once a day</td>
</tr>
<tr>
<td></td>
<td>2-3 times a day</td>
</tr>
<tr>
<td></td>
<td>4 or more times a day</td>
</tr>
<tr>
<td></td>
<td>Don’t know/unsure</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
<tr>
<td>4.2</td>
<td>How often did you use condoms/dental dams when your partner(s) performed oral sex (&quot;went down&quot;) on you?</td>
</tr>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>Less than half the time</td>
</tr>
</tbody>
</table>
Appendix B: (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3 Did you use condoms/dental dams the last time your partner(s) performed oral sex (“went down”) on you?</td>
<td>About half the time, More than half the time, Always, Don’t know/unsure, Refused</td>
</tr>
<tr>
<td>5. How many men did you perform oral sex (“go down”) on? (If ‘0’ skip to 6)</td>
<td></td>
</tr>
<tr>
<td>5.1 How often did you perform oral sex (“go down”) on your partners?</td>
<td>Once or irregularly, Less than once a week, About once a week, 2-6 times a week, About once a day, 2-3 times a day, 4 or more times a day, Don’t know/unsure, Refused</td>
</tr>
<tr>
<td>5.2 How often did you use condoms when you performed oral sex (“went down”) on your partner(s)?</td>
<td>Never, Less than half the time, About half the time, More than half the time, Always, Don’t know/unsure, Refused</td>
</tr>
<tr>
<td>5.3 Did you use condoms the last time you performed oral sex (“went down”) on your partner(s)?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>6. How many men did you have vaginal sex with? (If ‘0’ skip to 7)</td>
<td></td>
</tr>
<tr>
<td>6.1 How often did you have vaginal sex?</td>
<td>Once or irregularly, Less than once a week, About once a week, 2-6 times a week</td>
</tr>
</tbody>
</table>
Appendix B: (continued)

<table>
<thead>
<tr>
<th>6.2</th>
<th>How often did you use condoms when you had vaginal sex?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>About once a day</td>
</tr>
<tr>
<td></td>
<td>2-3 times a day</td>
</tr>
<tr>
<td></td>
<td>4 or more times a day</td>
</tr>
<tr>
<td></td>
<td>Don’t know/unsure</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.3</th>
<th>Did you use condoms the last time you had vaginal sex?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.</th>
<th>How many men did you have (receptive) anal sex with?</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>How often did you have (receptive) anal sex?</td>
</tr>
<tr>
<td></td>
<td>Once or irregularly</td>
</tr>
<tr>
<td></td>
<td>Less than once a week</td>
</tr>
<tr>
<td></td>
<td>About once a week</td>
</tr>
<tr>
<td></td>
<td>2-6 times a week</td>
</tr>
<tr>
<td></td>
<td>About once a day</td>
</tr>
<tr>
<td></td>
<td>2-3 times a day</td>
</tr>
<tr>
<td></td>
<td>4 or more times a day</td>
</tr>
<tr>
<td></td>
<td>Don’t know/unsure</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.2</th>
<th>How often did you use condoms when you had (receptive) anal sex?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>Less than half the time</td>
</tr>
<tr>
<td></td>
<td>About half the time</td>
</tr>
<tr>
<td></td>
<td>More than half the time</td>
</tr>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td></td>
<td>Don’t know/unsure</td>
</tr>
<tr>
<td></td>
<td>Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.3</th>
<th>Did you use condoms the last time you had (receptive) anal sex?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
Appendix B: (continued)

<table>
<thead>
<tr>
<th>8. Have you ever been tested for HIV?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know/unsure</th>
<th>Refused</th>
</tr>
</thead>
</table>


Appendix B: (continued)

E. Free List

Interviewer: “Next I am going to ask you to review some terms/phrases I collected in the fall of 2003, when I was conducting pilot research for this project. I interviewed 12 sex-workers and asked them to state all of the terms/phrases that came to mind when I said, “the risks associated with sex-work”

Please take a few minutes and look over the terms/phrases. The next series of questions will relate to these terms.

The terms they came up with are the following:

- hepatitis
- herpes
- getting paid
- sexual abuse
- verbal abuse
- syphilis
- not getting paid
- humiliation
- maiming
- pregnancy
- being kidnapped
- rape
- homelessness
- having your money taken back
- guilt
- getting robbed
- having your money taken back
- shame
- meningitis
- having your money taken back
- being cheated
- losing a trick
- being kidnapped
- being lied to by dates
- gonorrhea
- being shot
- sexual harassment by the police
- strangulation
- being beat-up
- sterility
- being grabbed
- jail time
- death
- STDs
- having no place to stay
- infertility
- HIV
- being arrested
- sterility
Appendix B: (continued)

a. Are there additional terms/phrases that you would add to the list? (list)
   i. What does… mean?

b. Are there terms/phrases that you would remove from the list?
   i. Which Ones?
   ii. Why?

c. Do any of these terms remind you of …?
   i. Other words
   ii. Specific situations
   iii. People
   iv. Events on the street
Appendix B: (continued)

For Researcher Use Only

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Group #</td>
<td></td>
</tr>
<tr>
<td>Participant I.D. #</td>
<td></td>
</tr>
</tbody>
</table>

**F. INTERVIEWER:** “Now I would like the group to put these phrases/terms into piles based on similarity. Once we have sorted these into piles we will discuss the piles” (Write down # of Piles/Categories______)

d. Define the attributes of each category. What is the relationship between the terms in the category?

i. What differentiates each category for the others?

ii. Is there a relationship between the category and any specific contexts/situations?

1. Can you provide an example? Do you have any strategies to reduce or avoid the risks in each category?

2. Can you provide an example?
Appendix B: (continued)

e.  e. Risk Category Matrix

<table>
<thead>
<tr>
<th></th>
<th>C-1</th>
<th>C-2</th>
<th>C-3</th>
<th>C-4</th>
<th>C-5</th>
<th>C-6</th>
<th>C-7</th>
<th>C-8</th>
<th>C-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-1</td>
<td></td>
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<td></td>
<td></td>
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<td>P-2</td>
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<td>P-3</td>
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</tr>
</tbody>
</table>
CITED LITERATURE


Levitt, Steven and Sudhir Venkatesh


STI/HIV Chicago, Chicago Department of Public Health, Summer 2008.

STI/HIV Chicago, Chicago Department of Public Health, Fall 2010.


Education
Ph.D. Candidate, Department of Anthropology, University of Illinois at Chicago
M.A., Department of Anthropology, University of Illinois at Chicago, 2004
Clinical Outcomes Research Institute, University of Minnesota, Summer 2000
Pre/Post HIV-1 Antibody Test Counselor Training, New York State, 1996
Community Health Education Training, U.S. Peace Corps, 1991
B. A., (Anthropology Major), College of Liberal Arts, University of Minnesota, 1990

Publications


Presentations
“Anthropology, Public Health and Public Policy”
Pacific Lutheran University, Tacoma, WA, November 8, 2013. (Invited Speaker)

“Anthropology, Public Health and Public Policy”
Pacific Lutheran University Tacoma, WA, October 28, 2011. (Invited Speaker)

“Anthropology, Public Health and Interdisciplinary Approaches to Risk”
Pacific Lutheran University Tacoma, WA, March 9, 2010. (Invited Speaker)

“Globalization, AIDS, and Africa” City Colleges of Chicago, Malcolm X Community College, Chicago, IL, November 2, 2006. (Invited Speaker)


**Professional Experience**

*Director of HIV Counseling, Testing, and Partner Services*

*Director of Capacity Building, Training, & Technical Assistance Unit*

*Prevention Evaluation Specialist, Evaluation Unit*

*Project Officer, Prevention Contracts Unit*

*Outreach Coordinator*

*Outreach Assistant*

*Supervising HIV/AIDS Health Educator*

*HIV/AIDS Health Educator*

*Co-Coordinator of Maternal & Child Health, U.S. Peace Corps*

*Grants Procured for the Chicago Department of Public Health*
Department of Health and Human Services
Centers for Disease Control and Prevention: Program Announcement PS07-768: Expanded and Integrated Human Immunodeficiency Virus (HIV) Testing for Populations Disproportionately Affected by HIV, Primarily African Americans (2007-2010), $5,700,000. (Author and Principal Investigator)

U.S. Conference of Mayors
Centers for Disease Control and Prevention HIV Behavioral Assessments Project (2006), $10,000. (Author and Principal Investigator)

Department of Health and Human Services
Centers for Disease Control and Prevention
Post-Marketing Surveillance-II for the OraQuick Rapid HIV-1 Antibody Test (2004), $137,318. (Co-Author and Grant Administrator)

Department of Health and Human Services
Centers for Disease Control and Prevention: Program Announcement 2003-N-00894 Project 3 - Using HIV Rapid Testing to Improve Outcomes of Partner Counseling and Referral Services, (2003), $404,065. (Co-Author and Grant Administrator)

Department of Health and Human Services
Centers for Disease Control and Prevention
Post-Marketing Surveillance for the OraQuick Rapid HIV-1 Antibody Test (2003), $60,476. (Co-Author and Co-Principal Investigator)

Department of Health and Human Services

**Academic Service**
Reviewed and commented on *ELCA Strategy on HIV/AIDS*, approved by Evangelical Lutheran Church of America Council, March 2009. (Invited)

University of Illinois School of Public Health, Midwest Public Health Leadership Conference, Co-facilitator of section on Cultural Competence for Public Health Practitioners, February 10, 2006. (Invited)

Cook County Division of Family and Practice Medicine, Co-facilitator of section on Cultural Competence for Public Health Practitioners, March 29, 2006. (Invited)