

Sexwork in Trucking Milieux: ‘Lot Lizards,’ Truckers, and Risk.

By: Yorghos Apostolopoulos, Sevil Sonmez, Mona Shattell and Jennie Kronenfeld

[Apostolopoulos, Y., Sönmez, S., Shattell, M.,](#) and J. Kronenfeld (2012). Sexwork in Trucking Milieux: ‘Lot Lizards,’ Truckers, and Risk. *Nursing Forum*, 47(3):140-152.

This is the pre-peer reviewed version of the following article: Apostolopoulos, Y., Sönmez, S., Shattell, M., and J. Kronenfeld (2012). Sexwork in Trucking Milieux: ‘Lot Lizards,’ Truckers, and Risk. *Nursing Forum*, 47(3):140-152., which has been published in final form at <http://onlinelibrary.wiley.com/doi/10.1111/j.1744-6198.2012.00272.x/abstract>.

Abstract:

Background: Long-haul truckers often engage in risk-laden sexual mixing and drug exchanges with female sex workers while on the road, which increase their vulnerability to sexually transmitted infections/blood borne infections (STI/BBI).

Objective: An ethnoepidemiological study of STI/BBI in trucker-centered populations was conducted at four truckstops in the United States. This article reports findings from an analysis of the female sex worker data, which show how mobility and transience, as well as poverty, homelessness, and exposure to violence, have the potential to exacerbate the occupational health risks of female sex workers.

Methods: Phase 1 involved nonparticipant observation of trucker risk network groups in public and semi-public settings at two Arizona truckstops. Phase 2 was a large-scale ethnoepidemiological study of STI/BBI risk among trucker networks at two Georgia truckstops. Ten sex workers in Phoenix and 29 in Atlanta were interviewed individually or in focus groups. Textual data were analyzed using QSR NVivo 8 and serological data collected from the Georgia sample were analyzed for STIs/HIV.

Results: Infections occur within these populations, where the existence of multiple risks delivered via multiple channels within physical proximity maintains infection and transmission.

Conclusions: Environmental-level interventions, such as better security at truck stops, and individual-level interventions, such as STI/BBI infection education and testing for FSWs and truckers, can contribute to safer settings for truckers, sex workers, and their sex and drug partners.

Keyword: infection risk | sex workers | truckers | nursing | sexually transmitted infection

Article:

Introduction

Long-haul truckers often engage in risk-laden sexual mixing and drug exchanges on the road (Apostolopoulos & Sönmez, 2007; Lichtenstein, Hook, Grimley, St Lawrence, & Bachmann, 2008; Shattell, Apostolopoulos, Sönmez, & Griffin, 2010; Stratford, Ellerbrock, Akins, & Hall, 2000), which increase their vulnerability to sexually transmitted infections/human immunodeficiency virus (STIs/HIV; Apostolopoulos et al., 2010; Valway, Jenison, Keller, Vega-Hernandez, & Hubbard McCree, 2009). The acquisition and spread of infectious pathogens via long-haul truck drivers' multimodal sex and drug networks along diverse highway milieus entail multiple and intertwined risk channels (Apostolopoulos & Sönmez, 2007; Apostolopoulos, Sönmez, Kronenfeld, & Rothenberg, 2006). These risk channels represent substance misuse, occupational stressors, type and location of sexual activity, sex partner concurrency, contextual and geographical factors, as well as broader sociostructural influences (Apostolopoulos et al., 2010).

Ethnoepidemiological research on truckers' risk exposures has shed light on an array of loosely linked populations that revolve around truckers and that are defined based on truckers' roles within a social geography of risk (Apostolopoulos & Sönmez, 2007). Key among these groups are truckers (the core of such networks); female sex workers (FSWs; commonly referred to as "lot lizards"); "truckchasers" (men who have sex with men who cruise for truckers); "intermediaries" (local go-betweens who connect truckers to FSWs and drug suppliers); drug suppliers and pimps; "polishers" (transient homeless persons who buff and polish chrome details of trucks for small change) and "lumpers" (individuals who load and unload trucks); employees of trucking and shipping companies and truckstops; and spouses or partners of truckers. Social and risk interactions among truckers and these populations are embedded within diverse, risk-enabling milieus with conjoined but distinct topographies and sexual cultures (Apostolopoulos et al., 2010). Physical contexts include truckstops, highway rest and picnic areas, weigh and fuel stations, loading docks at trucking terminals, and various legitimate (e.g., lodging) as well as dubious (e.g., adult entertainment) off-road establishments that cater to truckers. In recent years, steadily growing Internet access available from trucking terminals, truckstops, and even truck cabs has provided truckers with an additional medium for sex partnering. This is particularly relevant for same-sex transactions because virtual "hookups" offer truckers and truckchasers unique opportunities to arrange in-person meetings in countless locations across the country, which is made possible by truckers' occupational mobility (Apostolopoulos et al., 2011).

While same-sex interactions of truckers unfold predominantly at highway rest areas and are facilitated by the citizen's band (CB) radio and the Internet, interactions between truckers and FSWs are initiated and occur at actual trucking settings such as truckstops (Apostolopoulos & Sönmez, 2007). Structural, environmental, and individual factors such as truckstop location and security level, occupational stressors, transportation environment, constant mobility, loneliness, and drug misuse contribute to elevated risks for truckers and FSWs, as well as sex partners of either group located in other geographic and social settings. FSWs operate predominantly at

truckstops to service truckers, while they live precariously in a constant state of transience and domestic migration. FSWs are vulnerable to STIs and blood borne infections (BBIs), including HIV, as well as other risks across various occupational and highway settings (Apostolopoulos & Sönmez, 2007; Lichtenstein et al., 2008; Stratford et al., 2000; Valway et al., 2009).

The lives of truckstop FSWs in socioeconomically depressed locales evolve within interacting contexts of violence and exploitation, traumatic life events, lack of social capital, drug addiction, overlapping risk partnerships, and STI/BBi endemicity (Apostolopoulos et al., 2010). Given the elevated health risks for FSWs, the question of pathways into street-level sex work has been at the root of much research. The association between sex work and family background, including history of emotional trauma, violence, and physical and sexual abuse, is pronounced. FSWs vary widely in their attitudes toward sex work, motivation for involvement, the frequency with which they engage in sex work, as well as the settings in which they work (from high-priced hotels and strip clubs to escort services and low-end motels) (Dalla, 2001; Delacoste & Alexander, 1998; Jackson, Bennett, Ryan, & Sowinski, 2001; Lopez-Jones, 1999).

In the hierarchy of commercial sex work, “lot lizards” have an even lower place than streetwalkers on the totem pole of “throw-away people,” who have been highly stigmatized by society. As a result, a distinct hierarchy exists among FSWs that is connected to the amount of income a sex exchange can generate. High-end call girls are at the top of the ladder largely because they are able to charge higher fees for their services and can thus afford higher quality lifestyles, exercise greater discretion in selecting clients, have more privacy, and enjoy less interference from law enforcement. At the other end of the spectrum are street FSWs, who are often homeless or marginally housed, trying to survive at the bottom of this hierarchy (Dalla, 2001). Beyond their external appearance, whether or not FSWs can consistently market themselves to the biggest spenders is determined by access to resources such as health care, education, and safe housing.

FSWs who work and live around truckstops have increased risk for poverty-caused health disparities, stress, and structural violence. Accumulated empirical evidence has shed light on links between street sex work, drug dependency, and elevated STI/HIV risk (Romero-Daza, Weeks, & Singer, 2003; Strathdee et al., 2008; Surratt, 2007; Weitzer, 2009), highlighting the prevalence of mutually reinforcing interconnected epidemics in contexts of poverty and powerlessness (Singer et al., 2006).

Although the size of the U.S. trucking sector is substantial, the abysmal living and working conditions and subsequent health risks of FSWs in trucking contexts have long been neglected. Therefore, the purpose of this ethnoepidemiological study is to discuss the experiences of FSWs and their associated health risks at trucking milieux across different geographies.

Methods

Truckers and Community Health Project

Data for this study come from the Truckers and Community Health Project, which examined truckers' risk for STI/HIV acquisition and their potential transmission to others (Apostolopoulos & Sönmez, 2007). A southeastern university's Institutional Review Board approved the study. The first phase of the study was a formative evaluation of STI/HIV risks among trucker-centered populations in the southwestern United States. The second phase of the study was a large-scale ethnoepidemiological study of STI/BBI risk among trucker networks in the southeastern United States. Due to the illicit nature of activities engaged in by members of trucker-centered populations and their elusive nature, respondent-driven sampling procedures (Heckathorn, 1997) were used to recruit truckers, FSWs, and other population groups (e.g., intermediaries, drug dealers, and pimps) interacting with truckers. Semi-structured individual interviews and focus groups were conducted with participants. Blood and urine samples (or vaginal swabs) were collected for STI/BBI screening from truckers and FSWs in the southeastern United States. Only those findings related to FSWs (individual interviews, focus groups, and biological data) are reported in this paper. While the focus here is on FSWs who work at truckstops, occasional trucker and intermediary excerpts are used to augment the risk exchanges of FSWs.

Settings

The study took place in four truckstops in the United States—two in Arizona and two in Georgia. One of the Arizona truckstops was located in a depressed downtown district of Phoenix and surrounded by vacant lots, automobile junkyards, convenience stores, fast-food restaurants, a homeless shelter, and various dilapidated or abandoned buildings; the other was a rural truckstop located at an interstate highway intersection midway between Phoenix and Tucson and surrounded by small run-down motels, a bar, convenience stores, fast-food restaurants, a Mexican family restaurant, a truck wash and repair shop, and several vacant lots that provided shelter to homeless people. The two Georgia truckstops were located in inner city Atlanta, near major interstate highways (I-85 and I-75) and surrounded by low-income housing, trucking-

related businesses, motels, bars, strip clubs, fast-food restaurants, and vacant or wooded lots used for shelter by homeless persons.

Procedures

Field researchers conducted nonparticipant observations of trucker risk network groups in public and semipublic settings (e.g., truckstops, rest areas, nearby bars, and motel lobbies). Once the researchers were comfortable in the study settings and familiar with their surroundings, they identified key informants who helped them locate individuals for participation in the study following an extensive period of trust building. The researchers explained the study using a standard recruitment script and screened interested individuals to verify eligibility. The informed consent process provided an overview of the research, the voluntary nature of participation, potential risks and benefits to the participants, assurance that all collected information would remain confidential, the need to audio-tape interviews and focus groups for accurate transcriptions, and information on how to contact the principal investigator. Potential participants were informed that their involvement in the study would be in the form of individual interviews or focus group discussions with questions about their social and personal lives and drug use, and that would be followed by biological tests for STIs/BBIs (participants were offered pre- and posttest counseling). Those who agreed to participate in the study signed an informed consent document using aliases to further protect their identities. Those who agreed to biological testing signed an additional informed consent form. Each participant was given free counseling and testing for STIs/BBIs, free male and female condoms, and \$50 in cash as an incentive for participation in the study.

Sample

The Phoenix sample included 10 FSWs ranging in age from 28 to 50, and the Atlanta sample included 29 FSWs (24 in-depth interviews and 5 focus group participants) ranging in age from 19 to 46 ($M = 36$). Of the total sample of 39 FSWs, 43% were white, 41% were black or African American, 8% were Hispanic, and 8% were mixed race. Most of the sample had a high school diploma or General Education Development (GED) (50%), 33% of the sample did not have a high school diploma or GED; however, one participant (4%) had an associate's degree, and two (8%) participants had a bachelor's degree; one did not answer the question. Half of the sample (50%) identified their sexual orientation as "bisexual," 38% identified their sexual orientation as "straight," and 12% did not identify their sexual orientation. The number of children varied greatly: 25% had no children, 25% had 1 or 2 children, 29% had 3 or 4 children, 17% had 5 or 6 children, and 4% had more than 7 children. Our sample was relatively experienced in sex work: 42% had been engaged in sex work for 15 years or more, 33% were engaged in sex work for 10–14 years, 13% were engaged in sex work for 2–4 years, and 12% were engaged in sex work for 1

year or less. Most (58%) did not have health insurance; 38% had health insurance, and one participant's response was inaudible. Most participants in our sample had a physical examination by a healthcare provider within the past year (67%), 25% had one physical examination within the past 1–2 years, and 8% had one physical examination over 2 years ago.

Data Analysis

Interviews and focus groups with FSWs and truckers were transcribed and entered into NVivo 8.0 (QSR International, Melbourne, Australia) for textual analysis. Preliminary thematic coding was used to establish measures of relationships between FSWs and truckers within trucking contexts. An open-coding approach was used to bracket text sections into themes (Emerson, Fretz, & Shaw, 1995). The nature of the data warranted multilayered coding of text into several themes following the establishment of inter-coder reliability and validity (Denzin & Lincoln, 2000), which was repeated as new coding categories of inquiry emerged. Once preliminary thematic bracketing was completed, data analysis aimed to complete two key tasks: axial coding and memoing to explore themes and relationships between them to better understand FSWs' life circumstances, drug abuse, and poverty; choice of truckers as clients; engagement of social and sexual networks with trucking milieus; sexual behaviors of network members; and explanations of how trucking milieus and conditions influence sexual interactions and expose primarily FSWs and secondarily truckers to risk.

Results

Realities of Life as a Lot Lizard

FSWs are routinely referred to as lot lizards in the trucking environment because they move quickly in and out of parked trucks soliciting truckers for sex. These women experience precarious living conditions and struggle with risks for a multitude of intertwined epidemics, from violence and drug misuse to exposure to STIs/HIV. From a total of 39 FSWs, 30 women (77%) were homeless or semi-homeless, 7 (18%) lived in squalid motels near truckstops while struggling to pay room fees, only 1 (3%) lived in an apartment shared with her children and mother, 1 (3%) stayed with relatives, and 1 did not answer the question. Homeless FSWs created shelter out of cardboard boxes or tents, often in wooded areas or vacant lots surrounding truckstops. As said by one homeless FSW, “I live in a shack in the woods. . . . I bring dates down there, too. . . . I've had truckers for the whole weekend and then they leave” (Sex worker, 38).

Social isolation and family estrangement further exacerbate FSWs' drug dependence, ongoing struggles with life's difficulties, and transience, particularly because the lack of family connections provides no incentive to stay in one place. Many of the women had children who were taken away from them either by social services or to be raised by an ex-husband or boyfriend, parent, or relative. A few of our participants had adult children with whom they did not communicate. The shame and stigma attached to being a mother who loses her children as a result of drug use or sex work were identified as a heavy burden to carry.

Although there was some competition among truckstop FSWs to secure truckers as clients, often they found comfort in one another and were a source of support for each other. One older sex worker living off-and-on in a trailer near an urban truckstop provided support to younger sex workers in the vicinity, "I am a KMart, a nurse, a doctor, a financial advisor. . . . sometimes I am a social director and a mamma" (Sex worker, 50).

Most FSWs reported using drugs such as cocaine, crack, speed, crystal meth, and heroin via smoking, snorting, or injecting; several reported multiple heroin overdoses. For the majority, drug use was the primary pathway to entering sex work and for remaining in the business, despite its dangers. Some were initiated into drug use through close relatives or friends:

Interviewer: How long have you been working at truckstops?

Sex worker: About 20 years.

Interviewer: How old are you?

Sex worker: I'm 35.

Interviewer: So, since you were 15?

Sex worker: Yeah . . . my mother took me, who was a drug addict. . . . She lived down in a motel. . . . she said "you screw a dude, he pays you money for drugs, and you have to support us" . . . like that . . . then I started using drugs when I was 15 . . . cocaine . . . rock cocaine. (Sex worker, 35)

In addition to drug use, many FSWs struggled with various physical and mental problems. One sex worker, who described herself as a professional photographer by trade, said that she had not worked in photography in 10 years because she was on disability and had to resort to sex work to survive:

Sex worker: For the past 9 years, I've been on disability for mental and physical health.

Interviewer: Mental and physical health?

Sex worker: Yeah, I have them both . . . chronic pancreatitis and diabetes. . . . yes . . . and . . . depression, anxiety, post-traumatic stress. . . . Um, I'm an incest survivor. (Sex worker, 32)

All FSWs reported personal experiences with physical, emotional, or sexual violence. Many reported physical abuse as adults from husbands or boyfriends, and some noted that they left home to escape abusive partners or stigma they experienced in their home communities or from family. They noted childhood sexual molestation, incest, rape, initiation into prostitution by family members, and emotional abuse at the hands of those close to them:

My stepfather started molesting me at 6 . . . he was already a pimp . . . and my mom used to always beat me, every time she was angry she would whack me. . . . when I was 4 years old, they started giving me coke and I started with the weed. . . . at 8, she would shoot me up with heroin . . . I used to be tricked [forced to have sex for money] . . . I would be in and out of foster homes . . . they beat me. . . . everywhere beat me, beat me, beat me. (Sex worker, 29)

Several women reported being victims of violent crime—several were raped while working at truckstops. Others reported being afraid of rape and murder, particularly because the surroundings in which they lived were some of the roughest neighborhoods of these urban areas:

Have lived here for three weeks now coming from the shelter. . . . it's the most dangerous area. . . . killings . . . prostitution . . . one reason I left the shelter was because there was my best girlfriend, she walked past me and some guys chased her—she was calling them motherfuckers and everything—and like seven minutes later at the end of this alley, her eyes were wide open and her throat was cut and blood was gushing out her neck. (Sex worker, 29)

Some FSWs tried to avoid potentially violent situations by choosing clients more carefully, or by not entering the cab of a truck, or by carrying weapons. One sex worker showed the interviewer a curved-tipped switchblade, which she reportedly kept in her pants:

The other day I had a guy . . . jack me for my purse . . . I'm about to get this man with a baseball bat okay . . . 'cause he's gettin' a little too physical for me. . . . and there was a bat layin' up there . . . I was like "sugar, you really want me to way-lay on your head, don't ya?" (Sex worker, 34)

When FSWs were asked about their involvement with pimps, most noted that these men did not offer real protection but instead created trouble for them. Most of the interviewed sex workers reported working independently but often got tips about potential clients from intermediaries who also work at truckstops.

Interviewer: Why do you think some women work with pimps?

Sex worker: Because they think that they have protection. You know what? The only protection they got is being fucked over by the pimp. I don't do that. (Sex worker, 28)

Several FSWs discussed being on the run from the police and frequently moving from city to city to avoid arrest. Some had been recently released from jail or prison. Others reported hiding their real names and complained about ongoing problems with police, expressing their desire to avoid their continual harassment so that they could earn a living.

All of the sex workers we interviewed shared a deep hatred for sex work and expressed a desire to get out of it. As a coping mechanism, many discussed techniques they used to anesthetize themselves during sexual encounters with truckers.

I like the money . . . 'cause I know if I get that money I get to eat and I get a place to sleep . . . I don't think about it . . . it's a job . . . I go numb . . . I don't think about it. (Sex worker, 32)

Others refused to even identify as sex workers and preferred other names:

I don't consider myself a prostitute . . . 'cause I'm not a prostitute . . . I work, but I call myself . . . like, it's more like an escort service. . . . prostitutes don't have class . . . yeah . . . I ain't giving up no ass for \$10 . . . more like \$40–\$50. . . . it depends on the time, how long it takes, I don't go by bam-wham and all that you know. (Sex worker, 28)

Considering that the widely shared primary motivation was survival and drug abuse, the process used by the women to compartmentalize their work persona from their real identity while trying to conceal their work from others was a clear but not consistently successful coping mechanism.

Truckers as “Natural” Clients

Despite the stigma of sex work, truckstop FSWs have devised reasonable explanations for choosing to work with truckers and for anchoring their lives at truckstops. Many women noted finding truckstops safer environments because they are less isolated and provide a hub of activity compared with “working the streets.” In addition, truckers were considered to be safe customers because they were perceived as having something to lose—by having jobs they want to keep and by having less potential for committing acts of violence that would get them in trouble with the police. As one participant said, “their company name is on the side. . . . they don't want any problems. . . . So, they're not gonna hurt you either . . . even though I've had a couple drivers act crazy” (Sex worker, 46).

Several FSWs talked about the convenience of selling sex to truckers because they have money, they are concentrated in specific locations, and they are in a hurry. As a result, sex workers believed that they were able to make money faster from truckers:

I been working in the truckstop 4 years . . . it's easier . . . because more money really is right here with truckers . . . it's easier if I work here because you knock on the door, I don't have to go nowhere. (Sex worker, 36)

The advantage of working with truckers . . . more pay I guess. . . . They've got the money and they want the drugs and they want a little bit of company 'cause they're lonely . . . they like to talk, they have been on the road for 20 days . . . (Sex worker, 50)

Sometimes you can walk up to a trucker and he'll give you money like that, you don't even have to do nothin' . . . See I can walk up to a truck right now and you better believe it, I can walk up to any piece right? . . . and talk the way I talk with my personality and I will be able to get . . . I would even probably get a \$20 bill out of them . . . I've done it so

many times and these girls can't believe it, they say "how did you get that?" (Sex worker, 35)

FSWs revealed a range of experiences with truckers; however, the majority of FSWs spoke positively of truckers, and some were so protective of them that they, in general, did not want to reveal too much information. Other FSWs reported abuse by truckers for not complying with their requests. One participant showed the researcher numerous cigarette burns on her arms that were inflicted by a trucker angered by her refusal to give his dog "a blow job." Sex workers, who could afford to more selectively choose clients, selected them based on how the truckers treated them:

Interviewer: How do you decide which trucker to have sex with?

Sex worker: It don't matter, as long as he got the money. . . . even if he is ugly. . . . If they have attitudes, I won't get in their trucks 'cause I think they'll hurt me. . . . They have to come to me like a lady . . . if you speak to me like a woman, I'll get up in your truck. . . . But you holla' at me like that . . . I know you gonna' get violent. (Sex worker, 29)

Because truckers' work schedules take them away from their homes for weeks and even months at a time, truckers become natural clients for truckstop FSWs. Truckers themselves also realize some of the risks inherent in having sex with women who work at truckstops and have multiple sex partners. One trucker noted, "Anybody can go a week, two weeks, maybe a month . . . but some guys are gone two months, three months, so I think . . . just the lifestyle that trucking leads to . . . doing things you normally wouldn't do, probably" (Trucker, 36). Another said, "I always see females, every time I come through here standing on the ramp out there, when I get ready to go, trying to get a ride . . . the younger ones [truckers] that just started, think that trucking is just a big party and they gonna' pick that girl up, if she got any look about her . . . they gonna' pick her up" (Trucker, 47).

Social Interactions Between Truckers and FSWs

Truckstops serve multiple functions for sex work: as meeting places, as places for negotiation, parties, and sexual encounters. Truckstops include not only the actual parking lots for trucks, truckstop restaurants, and retail shops, but are also frequently surrounded by wooded lots and nearby motels and bars. Many truckstops have become notorious for easy access to sex workers and drugs. They serve as a hub of activity involving members of truckers' risk networks, including intermediaries, drug dealers, and FSWs:

Interviewer: Usually where do you get together with the truckers?

Sex worker: In their trucks.

Interviewer: Do you work in the truck or at the hotel?

Sex worker: Truck.

Interviewer: Someone told me that the “deal” often takes place at the hotel.

Sex worker: Well sometimes . . . if I meet them in the lobby or the lounge . . . and we may go up to the room . . . but, at the truckstops . . . actually most truckstops I've been, the whole deal takes place inside the truck. (Sex worker, 37)

The last row of parked trucks is often referred to as “party row” for the frequent parties that take place there, which combine alcohol, drugs, and sexual activity. Oftentimes, FSWs may have back-to-back sexual encounters with truckers and go in and out of trucks parked in the rear of truckstops:

Interviewer: What kind of parties are going on there [party row] . . . ?

Trucker: Drugs . . . sex . . . in the truck. (Trucker, 34)

As reported by another trucker, “one girl she gets in this one man's truck . . . you can sit at the truckstop and see it—she gets in one driver's truck and you can see the truck a rockin’ . . . she comes out and 10 min later she is in this next truck . . . same thing again . . . she might sleep with 10 or 15 truck drivers in one night” (Trucker, 56).

Not all interactions between FSWs and truckers are of a sexual nature. At times, truckers cope with their loneliness through social interaction with FSWs they meet at truckstops, particularly if they expect to spend several hours waiting to either deliver or pick up a load. Truckers are known to sometimes offer to pay a sex worker to sit and talk and spend time with them without requesting sex. A number of truckers try to help FSWs, by paying them some amount of money for companionship, without expecting sex in return. According to one FSW,

Truckers actually offer me money to sit and talk, and I got money from them for different things. . . . I mean, like I say, I need \$20 to put on my rent, and I mean they give it to me, you know, and I've never had to have sex, or I need to get something to eat and they take me to buy me something to eat . . . “hey man you got some money, I need me some

drugs.” . . . I never have sex with them . . . they're just enjoying the company and, hey, it's an easy way to make money . . . they'll give me money just to be there. (Sex worker, 41)

Because truckers driving on specified highways might pass through the same town and stop at the same truckstop, some are able to look up the same women each time they are in town. Some FSWs keep cards of truckers or get their cell phone numbers and arrange to meet the drivers they consider “regulars”:

Interviewer: Do you see the same drivers again and again?

Sex worker: Yeah, I have regular clients I see every other week . . . That's how I stay in a motel.

Interviewer: . . . Have you made friends with any of the truckers that you see regularly?

Sex worker: Uh, they're good friends. . . . matter of fact I got about five calling cards from each of the truckers . . . they tell me “call me baby, give me one call” and all that. (Sex worker, 32)

Lack of social connection, homelessness, legal problems, the desire to seek better circumstances, and connections with truckers often transform lot lizards into “traveling ladies” (or mobile FSWs). Mobile FSWs often travel with truckers, get off at a particular destination to spend some time working there, and perhaps hitch a ride with another trucker to go elsewhere. In other situations, it is the truckers who want to take the women along with them, often for company. Regardless of motivation, this movement significantly increases the risk for the potential transmission of infections to different populations at different trucker-related geographies ([Apostolopoulos & Sönmez, 2007](#)).

Interviewer: Have you ever traveled with truckers?

Sex worker: Yeah I've been to Chicago, uh, Tennessee, Mississippi. . . . With one trucker I usually go with . . . he brings me right back. . . . But when I'm traveling with him he puts \$500 aside for me for a week . . . he pays my sleep, my food . . . buys me anything I want. . . . By the time I come back here, I got a new wardrobe. . . . Matter of fact, he's coming up next week. . . . This time we're supposed to go to Canada. (Sex worker, 28)

Sex and Drug Exchanges With Truckers

FSWs and drug dealers who are largely dependent on them for their existence often solicit truckers who patronize truckstops in economically depressed urban areas. According to one trucker,

I have this thing about sex, so usually when I'm messing around with the girls, they're selling the drugs to truckers. . . . some drugs are at truckstops, some girls bring it with them, some is from other drivers, but most of it is at truckstops. (Trucker, 43)

You're talking about here, [name] Truckstop. . . . 80–90% truckers usin' drugs . . . use crack and speed . . . those are the only two things . . . and the other 10–20% use girls . . . that's the only reason they come here. (Trucker, 41)

Truckers purchase drugs for their personal use, to use with FSWs during sex, or to pay FSWs in return for sex services. The fact that most of the truckstop sex workers reported using drugs presents drivers with an attractive alternative.

But not all truckers use drugs . . . there are truckers who will buy drugs and don't use it . . . they buy drugs to pay the girls, it's cheaper, hello! They [truckers] like drugs . . . they learned over the years, it's cheaper if you use drugs to pay. (Intermediary, 41)

In the case that the physiological effects of some drugs may prevent an erection or inhibit sexual activity, truckers and FSWs may use drugs together, without actually having sex. Those FSWs who do not use drugs will accept drugs for payment and then sell the drugs to someone else for cash. According to truckers, drug use and solicitation of sex is common:

You get in places like Atlanta, Memphis, Philadelphia . . . they're gonna come on the CB . . . “anybody want any white dust?” . . . You know that's cocaine . . . when it gets dark all truckers do is CB . . . looking for women and drugs. (Trucker, 42)

Interviewer: Have you noticed truckers using any drugs?

Sex worker: Not all of them, but the majority do.

Interviewer: Do you have any idea what type of drugs they use?

Sex worker: Everything. Speed, heroine, rock, weed, crack . . . anything. (Sex worker, 32)

Most sexual encounters between FSWs and truckers are purely of a transactional nature. Expectations are clear from the onset. The fast pace with which the sex acts unfold is attractive for sex workers who want to get their money or drugs and then move on to the next client. Most encounters occur inside the truck cab; others occur at nearby hotels or motels:

Interviewer: How many clients do you have on average each day and how much do you charge?

Sex worker: About 50–60. . . . we charge \$20 a piece. (Sex worker, 36)

According to one trucker, “girls may have 20–30 partners a night and they're not bathing in between . . . they're jumping from truck to truck and most are drug users too, they're supporting their habits” (Trucker, 39).

Regardless of the transactional nature of the encounters, many of the women discussed what they liked or did not like about their interactions with truckers and how they preferred to be treated. One FSW said:

Of course, I'm a lady, regardless whether I'm a whore or whatever . . . and I'll tell you this . . . the better they pay me, the better attention they get. . . . Trust that. . . . They can have a blow-job or they can have their dick sucked. . . . You know what I mean? I mean, they can either be treated like a king or they could be treated like a trick. (Sex worker, 44)

Risk Perceptions and Infection

Risk perception of the FSWs in our sample varied greatly. Some simply stated that either they were not at any risk for STIs/HIV or that they were at risk only sometimes. A few others demonstrated greater awareness of their risks and reported consistent condom use; still others simply accepted having sex without any protection; others expressed their belief that the safest sex is not having any at all. Responses to the question “Do you think you are at any risk for getting STIs or HIV?” covered a wide spectrum:

Sex worker: Maybe, sometimes. (Sex worker, 32)

Sex worker: I don't think so. (Sex worker, 41)

Sex worker: Yes. (Sex worker, 27)

Sex worker: I don't think it's my association with truckers . . . it's my association with drugs . . . it started due to drugs . . . I was very young and somebody gave me a bunch of

money for having sex with them . . . I didn't even want it, I didn't even know about it. . . . and that became addictive. You do the dope . . . you're gonna do what you can do to make your money. (Sex worker, 36)

The interviewed women shared strategies used to avoid having sex altogether if possible. One sex worker described using manual masturbation as a tactic to avoid more intrusive sex acts with clients:

Interviewer: Approximately how many times in the past month did you give hand-jobs to truckers?

Sex worker: A lot . . . because they . . . we talk . . . I start with the hand-job to get the condom on . . . as the condom goes on I'm still talking with them and by the time they realize it, it's over. (Sex worker, 34)

The role of truckers' risk perceptions are important particularly because drivers have the capacity to infect their at-home partners with STIs that they obtained from those they had sex with on the road. Too often, truckers are unaware of the risks they put themselves in when they have unprotected sex with multiple partners:

About 65–70% go with the ladies . . . lots of them [truckers] have venereal diseases . . . some AIDS . . . they go home, don't tell their wives they went out with somebody else, they jump in the sack and poof! They give them what they got out on the road. (Trucker, 57)

Education is the main thing and especially on the AIDS and let these guys know they can still get it using a rubber. . . . and what's going to happen is they're going to spread it clear across the country, cause they're driving clear across the country. (Trucker, 43)

Some FSWs understand their risks and take protective action; others have no concept of their risks and repeatedly place themselves and others in danger by having unprotected sex. Still, others understand their risks but do not have the will, the desire, or the agency to take protective action. When some truckers who seek greater intimacy or sensation pay additional money for unprotected sex, the women who are desperate accommodate the drivers without much protest. Truckers often tell FSWs that they are married to convey that they are free from disease as they try to convince the women to forego condoms.

They'll, maybe one or two [truckers], bring up, "well, I don't like condoms," and I'll say well then we're not going to do nothing . . . they'll say "but I'm clean" . . . I said "well you know what, I'm clean and I'm going to stay that way." (Sex worker, 32)

Another FSW said,

I've met a few truckers down here . . . who don't want to use condoms, they won't have sex if you . . . you use . . . I say "baby, well I can't have sex with you then." Some of them don't want to have sex with condoms. (Sex worker, 34)

Some FSWs openly admitted that regardless of knowledge of the benefits of condom use, they are not always able to use them because either drug use makes it difficult, the client tries to avoid it, or he pays extra not to use it. In some cases, truckers get rough or bully the women into having unprotected sex:

You know what? I don't care how many condoms you got, if you get . . . if you're high on that dope . . . it . . . this mother fucker don't wanna' use no condom, you gonna' take that and smoke up that dope. (Sex worker, 29)

I was in the bar, I went outside, and after about four hours, I said no . . . he said I should stay the whole night, I told him no, and the issue of the condom . . . he didn't listen. I said "stop, don't do that" and I didn't want to . . . and I was hurt badly. (Sex worker, 43)

High levels of illiteracy and isolation make it difficult for many FSWs to understand even basic concepts about HIV transmission without intensive health education. Most interventions with FSWs depend on agency, self-efficacy, and self-protective impulses to use condoms. Several women at truckstops reported using different methods to protect themselves ranging from plastic wrap to baby wipes; others described determining the health of their trucker/clients simply by looking at them for obvious signs of disease:

Interviewer: What do you do when someone refuses to use a condom?

Sex worker: I make sure that I use baby wipes. (Sex worker, 37)

Interviewer: Do you use condoms for blow-jobs?

Sex worker: Yes . . . but to keep it real . . . there are times . . . but you gotta' look for stuff, like look and see if they got warts or if they got pre-ejaculation or anything like that because if they do, you have no choice but to use a condom, but sometimes, they're

absolutely like a milky-way. They're just creamy and smooth and there's no drip and there's no problem. (Sex worker, 34)

When asked about condom-use decisions in relation to types of sex acts performed, many of the FSWs reported approximate numbers of acts and condom-use frequency. The type of sex act frequently determined condom decisions:

Interviewer: Approximately how many times in the past month did you have oral sex with truckers?

Sex worker: Lots. . . . About 150.

Interviewer: From these 150, how many times did you use a condom, can you remember?

Sex worker: Twice.

Interviewer: How many times did you have straight sex [vaginal intercourse]?

Sex worker: About 100.

Interviewer: Okay, from these, how many times did the guy use a condom? Do you remember?

Sex worker: 50. (Sex worker, 29)

Many FSWs in this study at the inner-city truckstops were infected with an STI or BBI. Of the 24 Atlanta FSWs who participated in in-depth interviews and who provided serological samples in our study, 16.7% tested positive for the hepatitis C virus, 8.3% for HIV, 8.3% for syphilis, 4.1% for chlamydia, 4.1% for gonorrhea, and 4.1% for trichomoniasis.

Discussion

The experiences of FSWs who work primarily at truckstops represent considerable epidemiological and sociological interest. In particular, our findings show how mobility and transience (key characteristics of trucking milieux) as well as poverty, homelessness, and exposure to violence have the potential to exacerbate the health risks of FSWs. These findings provide initial corroboration of our hypothesis that endemic infections occur within these populations in inner-city environments, where the existence of multiple risks delivered via multiple channels within physical proximity maintains infection and transmission (Apostolopoulos & Sönmez, 2007). Our results are supported by similar findings in other

settings where lack of social capital in specific geographic units served as an indicator of increased STI prevalence rates for comparable populations (Hogben & Leichter, 2008).

Findings from this study are consistent with other studies of FSWs who use drugs, such as Jones et al. (1998) and Baseman, Ross, and Williams (1999), who found that a history of crack use was a strong predictor of trading sex for money and drugs, and that FSWs who used crack were more likely to engage in high-risk sexual behaviors. Our findings are consistent with Murphy (2010) and Baseman et al. (1999)—although not all FSWs use drugs, women who trade sex for money or drugs are at increased risk on a number of fronts. Furthermore, once established, the link between sex work and substance misuse can function as a vicious cycle that is extremely difficult to halt, in that FSWs' drug use enables them to emotionally detach themselves from the adverse repercussions of the work (Potterat, Rothenberg, Muth, Darrow, & Phillips-Plummer, 1998), a finding consistent with the current study.

The findings from our study are consistent with other ethnographic research with street FSWs that revealed that childhood environments were often characterized by parental alcoholism and drug misuse, domestic violence, parental absence and abandonment, along with multiple forms of childhood abuse (Dalla, 2001). These findings were echoed by another study on violence and post-traumatic stress disorder among 130 FSWs in San Francisco (Farley & Barkan, 1998). Our study is consistent with research that has shown associations between sex work and experiences of violence, trauma, exploitation and abuse, homelessness, and mental illness (Baker et al., 2001; Potterat et al., 1998).

Sex and drug transactions between FSWs and truckers are prevalent in many truckstops throughout the United States. In many respects, truckstop sex workers and truckers have become a part of a symbiotic social, sexual, and drug network, regardless of truckstop, city, or state. Certainly, not every truckstop possesses the same elements; many are well lit, offer security via 24-hr surveillance, and do everything possible to keep drugs and sex workers away. Nonetheless, there are others, mostly in economically depressed urban locations, which some truckers seek out, expecting lax security, FSWs, drugs, and drug dealers.

Implications

The findings from this study have implications for nurses, other healthcare providers, and public health educators. Resources that help FSWs to maintain adequate housing are fundamental because homelessness exacerbates vulnerability—homeless or marginally housed FSWs are

more likely than FSWs who have housing to engage in more risky sexual activities, particularly when they also are using drugs (Kushel, Evans, Perry, Robertson, & Moss, 2003; Surratt & Inciardi, 2004; Surratt, Inciardi, Kurtz, & Kiley, 2004). FSWs and truckers with substance use, abuse, and dependency issues need greater access to substance abuse treatment. This treatment may need to be offered in a flexible scheduling format for truckers who are away from home for several days at a time. Primary healthcare services could be co-located at truckstops, where truckers and FSWs spend much of their time. Essentially, an occupational health model could be used for this elusive population.

Greater proportions of homeless FSWs report having clients who refuse condom use. With significant variation in reported condom-use frequency and different STI prevalence rates among different FSWs (Seib, DeBattista, Fischer, Dunne, & Najman, 2009), not all the women conveyed the same level of risk perception. FSWs and truckers need more education about STI/BBI transmission risk. Truckers' wives or partners might also need education, treatment, and interventions to decrease their risk of STIs/BBIs. Nurses and public health educators are particularly well suited to provide these services.

Conclusions

Trucking milieux influence the lives of female truckstop sex workers. While there are multiple pathways to sex work, hotspots in different trucking locales, poverty, and drug misuse top the list of potential determinants. Sex workers at truckstops live and work in densely populated, depressed urban areas stricken by unemployment, residential instability, violence, drug addiction, and transience and mobility. Dangers associated with sex work in truckstop settings include, among others, risky sexual behaviors and the potential to bridge epidemiologically and socially diverse geographies and populations.

The role of illegal commercial sex at truckstops in facilitating STI/BBI transmission among sex workers and drivers remains a subject of ongoing inquiry. The marginalization of truckstop sex work to primarily industrial or economically depressed settings pushes women even further away from health and social support systems and minimizes their access to safer sex and drug-use practices. Environmental-level interventions, such as better security at truckstops and other trucking settings, better and more low-income housing, and individual-level interventions such as STI/BBI education and testing for FSWs and truckers, can contribute to safer settings for sex workers, truckers, and their sex and drug partners.

Acknowledgments.

We thank all individuals who generously shared with us personal information about their lives in the context of the Truckers and Community Health Project. We thank Caitlin Fehrenbacher for her editorial assistance on earlier drafts of this paper.

Visit the Nursing Forum blog at <http://www.respond2articles.com/NF/> to create, comment on, or participate in a discussion.

References

Apostolopoulos, Y., & Sönmez, S. (2007). Tracing the diffusion of infectious diseases in the transport sector. In Y. Apostolopoulos & S. Sönmez (Eds.), *Population mobility and infectious disease* (pp. 131–156). New York: Springer.

Apostolopoulos, Y., Sönmez, S., Kronenfeld, J., & Rothenberg, R. (2006, October). The geography of disease risk in American inner-city truckstops. Paper presented at the International Conference on Urban Health, Amsterdam, the Netherlands.

Apostolopoulos, Y., Sönmez, S., Shattell, M., Kronenfeld, J., Smith, D., & Stanton, S. (2011). Cruising for truckers on highways and the Internet: Sexual networks and infection risk. *AIDS Education and Prevention: An Interdisciplinary Journal*, 23(3), 249–266.

Apostolopoulos, Y., Sönmez, S., Shattell, M., Rothenberg, R., Kronenfeld, J., Miller, M., & Stratford, D. (2010). Sexual mixing, drug exchanges, and infection risk among truckers in the United States. Unpublished manuscript.

Apostolopoulos, Y., Sönmez, S., Shattell, M., Rothenberg, R., Weitz, R., & Smith, J. (2011). Infection risk along U.S. highways? The case of a “truckchaser” cruising for truckers. *International Journal of Sexual Health*, 22(4), 262–271.

Baker, S., Busza, J., Tienchantuk, P., Ly, S. D., Un, S., Hom, E. X., . . . Schunter, B. T. (2001, October). Promotion of community identification and participation in community activities in a population of debt-bonded sex workers in Svay Pak. Paper presented at the International Congress on AIDS in Asia and the Pacific, Melbourne, Australia.

Baseman, J., Ross, M., & Williams, M. (1999). Sale of sex for drugs and drugs for sex: An economic context of sexual risk behaviors for STDs. *Sexually Transmitted Diseases*, 26, 444–449.

- Dalla, R. (2001). Et Tu Brute? A qualitative analysis of streetwalking prostitutes' interpersonal support networks. *Journal of Family Studies*, 2, 1066–1085. doi: 10.1177/019251301022008006
- Delacoste, F., & Alexander, P. (Eds.) (1998). *Sex work: Writing by women in the sex industry*. San Francisco: Cleis Press.
- Denzin, N. K., & Lincoln, Y. S. (Eds.) (2000). *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (1995). *Writing ethnographic fieldnotes*. Chicago: University of Chicago Press.
- Farley, M., & Barkan, H. (1998). Prostitution, violence, and posttraumatic stress disorder. *Women and Health*, 27, 37–49.
- Heckathorn, D. (1997). Respondent-driven sampling: A new approach to the study of hidden populations. *Social Problems*, 44, 174–199. doi: 10.1525/sp.1997.44.2.03x0221m
- Hogben, M., & Leichter, J. S. (2008). Social determinants and sexually transmitted disease disparities. *Sexually Transmitted Diseases*, 35, S13–S18. doi: 10.1097/OLQ.0b013e3181fbc92
- Jackson, L., Bennett, C., Ryan, D., & Sowinski, B. (2001). Sex trade workers in Halifax, Nova Scotia: What are the risks of human immunodeficiency virus (HIV) at work and at home? *Canadian Woman Studies Journal*, 21(2), 44–48.
- Jones, D. L., Irwin, K. L., Inciardi, J., Bowser, B., Schilling, R., Word, C., . . . Edlin, B. R. (1998). The high-risk sexual practices of crack-smoking sex workers recruited from the streets of three American cities. The multicenter crack cocaine and HIV infection study team. *Sexually Transmitted Diseases*, 25, 187–193.
- Kushel, M. B., Evans, J. L., Perry, S., Robertson, M. J., & Moss, A. R. (2003). No door to lock: Victimization among homeless and marginally housed persons. *Archives of Internal Medicine*, 163, 2492–2499.
- Lichtenstein, B., Hook, E. W., Grimley, D. M., St Lawrence, J. S., & Bachmann, L. H. (2008). HIV risk among long-haul truckers in the USA. *Culture, Health and Sexuality*, 10, 43–56. doi: 10.1080/13691050701582936
- Lopez-Jones, N. (Ed.) (1999). *Some mother's daughter: The hidden movement of prostitute women against violence*. London: Crossroads Books.
- Murphy, L. S. (2010). Understanding the social and economic contexts surrounding women engaged in street-level prostitution. *Issues in Mental Health Nursing*, 31(12), 775–784.

Potterat, J., Rothenberg, R., Muth, S., Darrow, W., & Phillips-Plummer, L. (1998). Pathways to prostitution: The chronology of sexual and drug abuse milestones. *Journal of Sex Research*, 35, 333–340.

Romero-Daza, N., Weeks, M., & Singer, M. (2003). Nobody gives a damn if I live or die: Violence, drugs, and street-level prostitution in inner-city Hartford, Connecticut. *Medical Anthropology*, 22, 233–259. doi: 10.1080/01459740306770

Seib, C., Debattista, J., Fischer, J., Dunne, M., & Najman, J. M. (2009). Sexually transmissible Infections among sex workers and their clients: Variation in prevalence between sectors of the industry. *Sexual Health*, 6, 45–50. doi: 10.1071/SH08038

Shattell, M., Apostolopoulos, Y., Sönmez, S., & Griffin, M. (2010). Occupational stressors and the mental health of truckers. *Issues in Mental Health Nursing*, 31(9), 561–568. doi:10.3109/01612840.2010.488783

Singer, M. C., Erickson, P. I., Badiane, L., Diaz, R., Ortiz, D., Abraham, T., & Nicolaysen, A. M. (2006). Syndemics, sex and the city: Understanding STDs in social and cultural context. *Social Science and Medicine*, 63, 2010–2021. doi: 10.1016/j.socscimed.2006.05.012

Stratford, D., Ellerbrock, T. V., Akins, J. K., & Hall, H. L. (2000). Highway cowboys, old hands, and Christian truckers: Risk behaviors for HIV infection among long-haul truckers in Florida. *Social Science and Medicine*, 50, 737–749. doi: 10.1016/S0277-9536(99)00335-4

Strathdee, S. A., Philbin, M. M., Semple, S., Pu, M., Orozovich, P., . . . Patterson, T. L. (2008). Correlates of injection drug use among female sex workers in two Mexico–US border cities. *Drug and Alcohol Dependence*, 92, 132–140. doi:10.1016/j.drugalcdep.2007.07.001

Surratt, H. L. (2007). Sex work in the Caribbean basin: Patterns of substance use and HIV risk among migrant sex workers in the US Virgin islands. *AIDS Care*, 19, 1274–1282. doi: 10.1080/09540120701426490

Surratt, H. L., & Inciardi, J. A. (2004). HIV risk, seropositivity, and predictors of infection among homeless and non-homeless women sex workers in Miami, Florida. *AIDS Care*, 16, 594–604. doi: 10.1080/09540120410001716397

Surratt, H. L., Inciardi, J. A., Kurtz, S. P., & Kiley, M. C. (2004). Sex work and drug use in a subculture of violence. *Crime and Delinquency*, 50, 43–59. doi:10.1177/0011128703258875

Valway, S., Jenison, S., Keller, N., Vega-Hernandez, J., & Hubbard McCree, D. (2009). Risk assessment and screening for sexually transmitted infections, HIV, and hepatitis virus among long-distance truck drivers in New Mexico, 2004–2006. *American Journal of Public Health*, 99, 2063–2068. doi: 10.2105/ajph.2009.145383

Weitzer, R. (2009). Sociology of sex work. *Annual Review of Sociology*, 35, 213–234.
doi:10.1146/annurev-soc-070308-120025