



Garden of Truth:

The Prostitution and Trafficking of Native Women in Minnesota

By

Melissa Farley

Nicole Matthews

Sarah Deer

Guadalupe Lopez

Christine Stark

Eileen Hudon

Research by

Minnesota Indian Women's
Sexual Assault Coalition

and

Prostitution Research
& Education



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A project of Minnesota Indian Women's Sexual Assault Coalition
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Prostitution Research & Education

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Catherine Whipple, Managing Editor, The Circle: News from a Native American Perspective

Nicole Matthews (MIWSAC) is at <nmatthews@miwsac.org>
Melissa Farley (PRE) is at <mfarley@prostitutionresearch.com>

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EXECUTIVE SUMMARY

GOAL

Since Native women are at exceptionally high risk for poverty, homelessness, and sexual violence which are elements in the trafficking of women, and because the needs of Native women are generally not being met, and because prostituted women are at extremely high risk for violence and emotional trauma, our goal was to assess the life circumstances of Native women in prostitution in Minnesota, a group of women not previously studied in research such as this. We assessed their needs and the extent to which those needs are or are not being met.

METHOD

We interviewed 105 Native women in prostitution for approximately 1.5 hours each, administering 4 questionnaires that asked about family history, sexual and physical violence throughout their lifetimes, homelessness, symptoms of posttraumatic stress disorder and dissociation, use of available services such as domestic violence shelters, homeless shelters, rape crisis centers, and substance abuse treatment. We asked the women about the extent to which they connected with their cultures, and if that helped them or not. We asked about racism and colonialism. The questionnaires were both quantitative and qualitative.

FINDINGS

About half of the women met a conservative legal definition of sex trafficking which involves third-party control over the prostituting person by pimps or traffickers. Yet most (86%) interviewees felt that no women really know what they're getting into when they begin prostituting, and that there is deception and trickery involved.

- 79% of the women we interviewed had been sexually abused as children by an average of 4 perpetrators.
- More than two-thirds of the 105 women had family members who had attended boarding schools.
- 92% had been raped.
- 48% had been used by more than 200 sex buyers during their lifetimes. 16% had been used by at least 900 sex buyers.
- 84% had been physically assaulted in prostitution.
- 72% suffered traumatic brain injuries in prostitution
- 98% were currently or previously homeless.
- Racism was an emotionally damaging element in these women's lives and a source of ongoing stress.
- 62% saw a connection between prostitution and colonization, and explained that the devaluation of women in prostitution was identical to the colonizing devaluation of Native people.
- 33% spoke of Native cultural or spiritual practices as an important part of who they were.
- 52% had PTSD at the time of the interview, a rate that is in the range of PTSD among combat veterans. 71% had symptoms of dissociation.
- 80% had used outpatient substance abuse services. Many felt that they would have been helped even more by inpatient treatment. 77% had used homeless shelters. 65% had used domestic violence services. 33% had used sexual assault services.
- 92% wanted to escape prostitution
- Their most frequently stated needs were for individual counseling (75%) and peer support (73%), reflecting a need for their unique experiences as Native women in prostitution to be heard and seen by people who care about them. Two thirds needed housing and vocational counseling.
- Many of the women felt they owed their survival to Native cultural practices. Most wanted access to Native healing approaches integrated with a range of mainstream services.

RECOMMENDATIONS

Prostitution is a sexually exploitive, often violent economic option most often entered into by those with a lengthy history of sexual, racial and economic victimization. Prostitution is only now beginning to be understood as violence against women and children. It has rarely been included in discussions of sexual violence against Native women. It is crucial to understand the sexual exploitation of Native women in prostitution today in its historical context of colonial violence against nations.

In order for a woman to have the real choice to exit prostitution, a range of services must be offered yet there are currently few or no available services especially designed for Native women in prostitution.

We recommend increased state and federal funding for transitional and long term housing for Native women and others seeking to escape prostitution. We recommend increased funding for Native women's programs, including advocacy, physical and mental health care, job training and placement, legal services, and research on these topics.

We urge state, local, and tribal officials to review and reconsider their policies toward victims of prostitution and trafficking, including this new research about Native women. The arrest and prosecution of victims is counter-productive and exacerbates their problems. As a Native woman interviewed for this research study said, "We need people with hearts." Arresting sex buyers, not their victims, is a more appropriate policy.

**QUOTES FROM NATIVE AMERICAN WOMEN WHO WERE
PROSTITUTED AND TRAFFICKED IN MINNESOTA**

“It’s like incest- no one wants to talk about it.”

“As far as I’m concerned, all prostitution is rape.”

“After you get into prostitution, you get used to it; it’s like using the bathroom. You don’t think about it after a while, it takes all your feeling of being a woman away.”

“Prostitution is dangerous. It’s like suicide.”

“I wouldn’t say there are pimps anymore. Now they’re all boyfriends.”

“When a man looks at a prostitute and a Native woman, he looks at them the same: ‘dirty’.”

“There’s times I’d walk around in a space-out because when I stop and think about reality I break down and can’t handle it.”

“A john said to me, ‘I thought we killed all of you’.”

“Women like myself need someone they feel they can trust without being judged by how they lived their life. We didn’t wake up and choose to become a whore or a hooker or a ‘ho as they call us. We need someone to understand where we came from and how we lived and that half of us were raped, beat, and made to sell our bodies. We need people with hearts.”

“Back then I was not connected to my cultural identity. I thought prostitution was normal living.”

“My auntie tried to help – she would talk to me, get me involved in women’s groups, took me to sweats.”

“I’m reunited with my birth mom. I’m the only kid that dances with my mom- she made me an outfit by hand.”

“[My culture] doesn’t put you around drugs or alcohol. It teaches you different values. It gives you belonging and faith.”

“I was in the hospital. I was unstable – depression. It was a bad spirit. I wanted to smudge and was not allowed to.”

ACKNOWLEDGMENTS

This study was a joint effort by MIWSAC and PRE. The Minnesota Indian Women's Sexual Assault Coalition (MIWSAC) is a non-profit organization founded in 2001. It focuses on the special needs of Native women who are victims of sexual violence. MIWSAC does not provide direct services but provides education and information about sexual violence to Native communities and to service providers.

Prostitution Research & Education (PRE) is a nonprofit organization founded in 1996 that conducts research on prostitution, pornography and trafficking, and offers education and consultation to researchers, survivors, the public and policymakers. Our goal is to abolish the institution of prostitution while at the same time advocating for alternatives to trafficking and prostitution - including emotional and physical healthcare for women in prostitution.

Funding for this study was provided by Women's Foundation of Minnesota, Tides Foundation, Nathan Cummings Foundation, and Butler Family Foundation.

Jacqueline M. Golding conducted the data analysis and ran statistical analyses.

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Sister John Paul compiled the narrative items of questionnaires.

Jo Wang compiled the narrative items of questionnaires.

Olivia Hanning, University of California, Berkeley compiled the narrative items of questionnaires.

Sara Marie Campbell, J.D., William Mitchell College of Law, 2011 transcribed interviews.

Elizabeth Fuerst, Domestic Violence Advocate, NAYA Native American Youth and Family Center, transcribed interviews.

Heather Monasky, J.D., William Mitchell College of Law, 2011
was a research assistant for Professor Deer and edited the References section of the paper.

FORWARD BY TWO INTERVIEWERS

In 2001 when the Minnesota Indian Women's Sexual Assault Coalition (MIWSAC) was first formed, we were hearing about Native women and girls being prostituted and trafficked. We heard about how Native women and girls were prostituted on the ships in Duluth, Minnesota. We heard about Native women being trafficked to and from reservations and urban areas. We heard of the disproportionately high number of Native women being used in prostitution in the Minneapolis area (disproportionate compared to the numbers of Native women in the population). We learned a lot from these early dialogues about how to organize around this issue, and what needed to happen to help our sisters out. We realized that we didn't know enough - no one knew enough - about the unique experiences of our Native sisters. We knew that in order to make significant changes, we needed to first of all listen to the women who were harmed in prostitution.

We were happy to establish collaborations with two colleagues, Melissa Farley at Prostitution Research & Education, who has conducted research studies of prostitution in 9 countries and who facilitated the implementation of this research study. We also established a research and writing collaboration with Sarah Deer, a professor at William Mitchell College of Law who has written about historical relocation and trafficking of Native women.

As one of the interviewers for this project, I will be forever indebted to the Native women who shared their stories with me. I could have never fully comprehended the way in which my life would be changed by hearing their stories. Having never conducted research of this type before, I didn't understand the trauma I would personally struggle with as a result of these interviews. When we were initially meeting to discuss who would do the interviews, and the effects of the interviews on the interviewers, I didn't believe what I was being told. I had done advocacy for several years, and had heard many stories from women – I assumed these interviews would be much the same. I couldn't have been more wrong! After we began conducting the interviews, I began to feel a deep sadness, and would be irritable and angry with those around me. I became increasingly more distrustful of people in my community, and men who drive by my house. I was more fearful of something terrible happening to my daughters, my nieces, and myself. I felt an incredible rage at what was happening to my Native sisters, - to me; to my community; to the very life givers we hold sacred! I had dreams, and nightmares; I heard the voices of our sisters in my sleep, and I was haunted by their stories. I will never forget waiting for one of the women to show up for her interview, only to find out that she had passed away over the weekend. I am sad that I never got to meet her, and that like many of our Native sisters, her life was cut short. I grieve for her and for the other sisters that I will never have the opportunity to meet. I'm grateful to the women we interviewed for this report; for sharing a part of themselves with me, for taking a risk,

and for helping us to identify solutions that might change the future for Native women and girls!
Miigwetch!

The second interviewer explained,

When I was asked to help in the interviewing of Native women used in prostitution my first thoughts were, "What am I getting myself in to? I am an advocate, I have experience helping." Since helping my Native sisters is my life's work, I wanted to help in every way I could. At that point in time my thinking was clouded by the social mainstreaming of prostitution and even the normalization of all the violence that surrounds prostitution. I knew in my soul that it was wrong for women to be used in such a way, but as a society we are groomed to believe that as women, our bodies are commodities to be sold and we somehow always have a choice in whether or not prostitution happens.

The experience of a Native woman interviewing my own community, my sisters, was one of the most life changing experiences I have had. I compare it to a birth of a child, a death of a parent, and a spiritual assault. The interviews have forever changed me. The world does not look, feel, or taste the same, trusting people morphed into something different. There was a reward with all the pain. I was there to listen and to be present for these sisters. For some of them this was their first time anyone wanted to know what happened and for others this was the first time they shared. Chi miigwetch nimisenh.

I cannot forget the guilt that I felt and continue to feel today. I felt very emotional and was traumatized by witnessing the stories of these sisters' lives. That is the power of that kind of violence and yet that is also the power of our sisters' voices when they are allowed to speak. With the interviews came a sense of survivor guilt. I remember thinking to myself, I have made some of the same choices that were made by them and for whatever reason, my story had a different ending. Not because I was smarter. Not because I was better. Not because I didn't deserve it. NO ONE deserves to have to sell his or her body! I saw myself in them. I saw my mother, aunties, sister, and daughters in them. I find it difficult to separate myself from the women I talked with. Together we all understand what it is to be a Native woman. Our spirits feel the effects of the policies that were made to kill us off. Our backs carry the weight of racism; our wombs are empty for all of our children who were taken away. My sisters' stories of torture, pain, and survival will forever be etched in my heart and with that I have a responsibility. I feel that my responsibility is to tell the truth of what prostitution and trafficking truly is and what it does to our people and our nations.

I want to say thank you to all the people and organizations who helped in this project. We could not have done this alone.

INTRODUCTION

There is increasing public and academic awareness about violence perpetrated against American Indian and Alaska Native women.¹ This paper will address the health concerns of Native women in prostitution, including colonial history, individual history of exploitation and the harms resulting. In discussing the history of prostitution of Native women, we will discuss geopolitics and history of colonization, racism, and oppression of Native women. Native women are particularly vulnerable to sexual exploitation because of homelessness, poverty, medical problems, a lack of basic services and resulting emotional distress and mental disorders. These vulnerabilities are exacerbated by the longstanding efforts by the United States government to extinguish and/or assimilate Native people. Native women are disproportionately impacted by prostitution, and are subject to high rates of violence and assault.

Definitions

There are a variety of local, national, and international definitions of prostitution and trafficking.² Systems of prostitution include exchange of sex acts for food and shelter and other needs; outcall/escort/ cell phone; Internet advertised prostitution; massage parlors; pornography of children and adults; strip

1 Under United States law, an Indian is a person who meets two qualifications: (1) has some Indian blood, and (2) is recognized as an Indian by members of his or her tribe or community. (U.S v. Rogers, 45 U.S. 567 (1846)). The politics of Indian identity is complicated by poor terminology in English which fails in both in terms of accuracy and dignity. "American Indian" and "Native American" refer generally to the same group of people. This article will use the terms interchangeably but usually default to "Native women". See Table 2 for detailed information about the tribal identity of the women interviewed for this report.

2 Currently, the United Nations (in one of the Palermo Protocols, adopted in 2000) defines "trafficking in persons" as "the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation." Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime, pt. I, art. 3(a), Nov. 15, 2000, T.I.A.S. No. 13127, 2237 U.N.T.S. 319. Viewing trafficked women as victims, not criminals, the Protocol establishes a method of international judicial cooperation that permits prosecution of traffickers and organized criminals. It addresses a range of other forms of sexual exploitation including pornography. The Palermo Protocol makes consent irrelevant to whether or not trafficking has occurred. The most relevant federal (US) law is the Trafficking Victims Protection Act, which defines "sex trafficking" as "the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act." 22 U.S.C. Sec. 7102 (8). The federal criminal code defines "commercial sex act" as "'any sex act, on account of which anything of value is given to or received by any person". 18 U.S.C. Sec. 1591(e)(3). In Minnesota, "sex trafficking" is defined as "(1) receiving, recruiting, enticing, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual; or (2) receiving profit or anything of value, knowing or having reason to know it is derived from an act described in clause (1)." Minn. Stat. 609.321(7a). A rigorous critique of the legal definitions of prostitution and trafficking is beyond the scope of this report. Monasky (2011) provides a detailed summary of federal law and provides an overview of the merits of the Swedish model which criminalizes the behavior of johns, pimps, and traffickers but not the behavior of the victim. See also Swedish scholar Max Waltman's (2011) evaluation of the effects of the Swedish law. Catharine A. MacKinnon analyzes and deconstructs conceptual confusions that abound in current discourse in *Prostitution, Trafficking, and Inequality*, 2011.

club prostitution; sauna-or nail parlor-based prostitution; live sex shows; street prostitution; peep shows; phone sex; international and domestic trafficking; mail order bride or servile marriages; and prostitution tourism. The authors understand trafficking to be a form of prostitution that involves third party control and exploitation. However, given the multiple legal definitions at the federal, state, and tribal levels and the varying degrees of understanding among those working on social justice issues and the general population, we are using the terms "prostitution and trafficking" to refer to the experience of women being used in the aforementioned variety of contexts.

Native People in Minnesota

It is necessary to be aware of a few basic facts about colonial geopolitics in order to understand the context in which Native women are prostituted and trafficked. The state of Minnesota, officially founded as a territory of the United States in 1849 and a state in 1858, can be considered a political imposition on the lives of indigenous people. Pre-existing the state government were governments of two major cultural groups made up of numerous individual nations (Child, 2007). The most populous groups are the Dakota and Anishinaabe people (the latter are also known as Ojibwe or Chippewa). The metropolitan area of Minneapolis and St. Paul is the twelfth highest urban population of Native people in the United States and includes tribes indigenous to Minnesota and tribes from outside Minnesota. More than 83,000 Native people live in Minnesota, constituting approximately 1.6% of the state's population (Minnesota House of Representatives Research Department, 2007). Twenty-three percent of Minnesota's Indian people live in Hennepin and Ramsey counties where Minneapolis, St. Paul, and suburbs are located. (Minnesota House of Representatives Research Department, 2007).

The Anishinaabe people settled in the region now called Minnesota in the 1700s. (Tanner, 1987) Today the United States recognizes seven Anishinaabe tribes in Minnesota. The seven tribes are Bois Forte, Fond du Lac, Grand Portage, Leech Lake, Mille Lacs, White Earth, and Red Lake. The U.S. government considers each to be a "separate and distinct" nation although six of the seven tribes maintain a form of shared government, the Minnesota Chippewa Tribe.

Dakota people have inhabited the area now known as Minnesota since time immemorial (Waziyatawin, 2008). The confluence of the Minnesota and Mississippi rivers in present-day St. Paul, Minnesota is considered by many Dakota people to be the place where life began (Waziyatawin, 2008). Today the United States recognizes four sovereign Dakota tribes in Minnesota: Lower Sioux Indian Community, Upper Sioux Indian Community, Shakopee-Mdewakanton Sioux Community, and Prairie Island Indian Community. Today, most Dakota people live on reservations outside of Minnesota (Waziyatawin, 2008).

The Anishinaabe and Dakota people have survived despite repeated attempts to extinguish them by murder, land theft and cultural destruction (Wilson, 2011; Child, 2007). They continue to battle federal, state and local governments over land ownership, broken treaties, jurisdiction and racism. Today Minnesota's tribal nations continue to assert their sovereignty in the form of economic development, social services, tribal courts, and formal relationships with Minnesota and United States officials. Nonetheless, colonialism has taken its toll on all Native people, and the particular vulnerability of women who are prostituted causes them even greater harms.

Prior to contact with Europeans, Native people governed themselves quite effectively with a variety of complex kinship systems and extended confederacies (Fletcher, 2011; Richland & Deer, 2010). Oral histories and historical documents indicate that violence against Native women was extremely rare, and that it was considered by some tribes to be a capital offense (Agtuca, 2008). Cultural expectations in tribal communities resulted in very low occurrences of crimes against women and children. (Chenault, 2011; Earle, 2000; Columbus, 2000).

Colonization, which includes behavior that scholars have identified as oppressive and genocidal, has inflicted great suffering on Native people (Million, 2009; Weaver, 2008; Poupart, 2003; Nielson, 1996). The advent of European settlers resulted in military resistance of Indians to colonial United States policy. In Minnesota, after a military conflict in 1862, more than a thousand Dakota people were imprisoned in a concentration camp at Fort Snelling (Chomsky, 1990; Millikan, 2010; Monjeau-Marz, 2005). That same year, Minnesota governor Alexander Ramsey declared that, "[t]he Sioux Indians of Minnesota must be exterminated or driven forever beyond the borders of the State." (Carley, 2001). In 1863, Congress ordered all Dakota to leave the state. The federal statute, while not enforced today, has never been repealed. [12 Stat. 819 (1863)].

Like women in military conflict zones elsewhere, Native women were at high risk for rape, physical abuse, and racist verbal abuse from colonists (Pretty Sounding Flute, 2000; Smith, 2005). Historian Colette Hyman (2009) explained,

Genocidal attacks on the Dakota placed survivors in untenable situations where remaining alive meant more suffering and pain-for oneself and one's family. Certainly, Dakota women did what they could to survive illness, death, rotten and insufficient food rations, and sexual humiliation by soldiers and other white men.

Colonial abuse aimed at destroying Native cultures persisted throughout the 20th century and continues today. Native women and children "are among the most economically, socially, and politically disenfranchised groups in the United States" (Poupart, 2003).

The federal government has engaged in numerous tactics over the years to assimilate Native people (Bell & Lim, 2005). The legacies of these policies play a significant role in the lives of Native women today (Chenault, 2011; Perry, 2008). Particularly relevant to this report are periods known by Indian scholars as the "boarding school era" and "relocation era." During the "boarding school" era, the official policy of the federal government was require most Native children to off-reservation government or church-run boarding schools where sexual abuse was a common occurrence (Deer, 2004a; Perry, 2002). The policy was an effort to force assimilation (Adams 1997). Many survivors of these boarding schools have reported that they were physically assaulted for practicing their spiritual beliefs or speaking their traditional language. The policy was an effort to force assimilation. By disconnecting children from their families, there were no family members to protect them. Thus, several generations of Native people grew up in a dangerous environment which stripped them of language and culture (Smith, 2003).

During the "relocation" era (1940s-1970s), the United States adopted assimilation as its official policy (DeRosier, 1975). The Bureau of Indian Affairs (BIA) encouraged Indian people to leave their homes on reservations and move to urban areas. As a result thousands of Native people from Minnesota reservations and elsewhere migrated to large U.S. cities including Minneapolis and St. Paul (Shoemaker, 1988). Often, the United States government did not provide social services, education, or vocational training to Native people. Stranded in a culturally unfamiliar environment, often without extended family and friends, Native people were vulnerable to exploitation which included prostitution.

Overt racism and stereotyping of Native people were common attitudes held by politicians, social scientists and religious groups (Chenault, 2011; Mihesuah, 2009). For example, many social scientists viewed Native peoples as "primitive" and studied their ability to "adapt to the modern world" during the relocation era (Kuttner & Lorincz, 1970). Several studies from this era focus on Minneapolis Indian communities and reflect racist Eurocentric attitudes. At the same time, these studies also indicate an awareness of the suffering of Native peoples in urban areas and its connection to prostitution. For example, Kuttner and Lorincz (1970) observed, "until World War II the only readily available employment for Indians off reservations was prostitution for young women." United States government-funded services were not guaranteed to Native people after relocation to any urban area, including Minneapolis. The vast majority of Native women in Minneapolis did not receive any form of BIA assistance after moving from homes on reservations (Woods and Harkins, 1968).

Impact of Colonial History on Native Women

In 1999, the United States Department of Justice (Greenfeld & Smith, 1999) released a report on crime victimization in Native communities, noting that American Indians "have higher per capita rates of

violent victimizations" than other groups in the United States. The data confirmed anecdotal accounts of devastatingly high rates of violent crime. These crimes include battery, sexual assault, domestic violence, stalking and homicide. Since then, other federal compilations have come to the same conclusion (Perry, 2004; Tjaden & Thoennes, 2000). American Indians live in extremely adverse social and physical environments that place them at very high risk of exposure to traumatic experiences. Rates of violent victimization of American Indians are more than twice as high as the national average (Manson, Beals, Klein, & Croy, 2005).

Native women are subject to high rates of childhood sexual assaults, domestic violence, and rape according to researchers and advocates alike.(Chenault, 2011; Bachman, Zaykowski, Lanier, Poteyeva, & Kallmyer, 2010; Evans-Campbell, Lindhorst, Huang, & Karina L. Walters, 2006; Malcoe, Duran, & Montgomery, 2004; Saylor & Daliparthi, 2004). Violence against Native women occurs wherever they live, not only on reservations (Clark & Johnson, 2008). For example, a study of Native women in the city of New York found that over 65% had experienced some form of interpersonal violence including rape (48%), domestic violence (40%), and childhood physical abuse (28%). Forty percent of the Native women in the study had suffered multiple forms of interpersonal violence (Evans-Campbell, Lindhorst, Huang, & Walters, 2006).

Prostitution is another form of this egregious violence against Native women. An honest review of history indicates that European system of prostitution was imposed by force on tribal communities through nearly every point of contact between Europeans and Native people. It is essential to understand the history of this trafficking of Native women in order to reduce the epidemic of sexual violence against them (Deer, 2010). Yet most research on violence against Native women in the United States fails to include prostitution and sex trafficking as forms of sexual violence. Neither a 2007 Amnesty International report about sexual assault perpetrated against Native American women in the United States nor a 2010 report on sexual violence against Native American women (Bachman, Zaykowski, Lanier, Poteyeva, & Kallmyer, 2010) addressed prostitution and sex trafficking.

Many authors and researchers, however, have provided compelling evidence that the vast majority of prostituted women were sexually assaulted as children (usually by multiple perpetrators) and are re-victimized as adults in prostitution as they experience being hunted, dominated, harassed, assaulted, and battered by johns and traffickers (Baldwin, 1999, 2003; Barry, 1995; Boyer, 2008; Boyer, Chapman and Marshall, 1993; Dworkin, 1997; Farley, 2006; Farley, Cotton, Lynne, Zumbeck, Spiwak, Reyes, Alvarez, Sezgin, 2003; Farley & Kelly, 2000; Farley, Lynne, and Cotton, 2005; Giobbe, 1991, 1993; Hoigard and Finstad, 1986; Hughes, 1999; Hunter, 1994; Jeffreys, 1997; Leidholdt, 1993; MacKinnon and Dworkin, 1997; Miller and Schwartz, 1995; Raymond, 1998; Silbert.& Pines, 1982a, 1982b; Silbert, Pines, &

Lynch, 1982; Stark and Hodgson, 2003; Vanwesenbeeck, 1994.) Nelson (1993) has described the racism which is intrinsic to all forms of prostitution.

The violence of prostitution includes murder. Brewer and colleagues (2006) and Potterat and colleagues (2004) in separate studies estimated that women in prostitution were murdered more frequently than any other group of women ever studied. A study of Vancouver prostitution reported a 36% incidence of attempted murder (Cler-Cunningham & Christenson, 2001). The disappearance and murders of thousands of Aboriginal women in Canada is an ongoing example of the violence against women in prostitution. A hog butcher/john in British Columbia was charged with the murder of some of these women but many of the murders are unsolved, sometimes uninvestigated. The women who have been murdered in Vancouver are among the poorest women in prostitution, those who are bought for sexual use by johns who specifically target them because the women are considered disposable (Culhane, 2003). Aboriginal human rights groups, including the Aboriginal Women's Action Network, have criticized the inadequate police response to violence and murder against extremely poor First Nations women in Vancouver's Downtown East Side and throughout Canada (Wallace, 2010; Aboriginal Women's Action Network, 2002). Some journalists have linked the disappearances of Aboriginal women to sex trafficking (Taliman, 2010) Scholars have criticized media coverage of the women's disappearances, pointing out the sexism, racism, and prejudice against prostituted women in most news articles (Jiwani & Young, 2006).

Traumatic Antecedents to Prostitution Among Native Women

The attempt to annihilate American Indians, whether through military murders, child removal or assimilation, is central to American history. Native peoples' experience in the United States is marked by surviving subjugation, occupation, and resisting assimilation and colonization (Chenault, 2011). Native people have suffered generations of violence, emotional trauma, and enforced poverty as a result of colonization by United States (Duran, Duran, & Yellow Horse Brave Heart, 1998). This overwhelming history of trauma is associated with high rates of substance abuse, depression, and suicide (Ross, 2005; Walters & Simoni, 2002). Colonization and racism result in extensive and insidious trauma that wears away its victims' mental and physical health (Root, 1996; Kelm, 1998).

Many studies indicate that Native people suffer from higher rates of mental disorders than the general population (De Ravello, Abeita, & Brown, 2008; Gone, 2004; Beals, Manson, Whitesell, Spicer, Novins & Mitchell, 2005; Hodge, Limb, & Cross, 2009). In addition to the historical trauma, Native people suffer multiple and cumulative mental trauma in a contemporary setting when compared to other groups (Robin, Chester, & Goldman, 1996). These traumatic events, combined with the historical trauma, result in extremely high rates of mental distress and substance abuse (Bohn, 2003; Palacios & Portillo,

2009; Kirmayer, 1994). Substance abuse rates and addiction are also significantly elevated in Native populations (Whitbeck, Chen, Hoyt, & Adams, 2004).

Because of the frequency of sexual and domestic violence perpetrated against them (Hamby and Skupien, 1998), Native women have high rates of PTSD when compared to other groups of women (Gnanadesikan, Novins & Beals, 2005; Robin, Chester and Goldman, 1996). While acknowledging these high rates of trauma and mental health challenges in tribal communities, the authors also wish to emphasize that Native people retain important strengths and power, which are oftentimes not the focus of these studies. We share Denham's (2008, page 392) perspective:

Discussions concerning the consequences of colonialism and the challenges facing American Indian people frequently do not illustrate the strengths expressed by individuals and communities, as powerful stories, songs, histories and strategies for resilience are often present behind the realities of inequality, injustice and poverty. Studying the challenges American Indian people confront is helpful and needed; however, such studies provide greater benefit when combined with descriptions emphasizing the strengths of Native people.

Social Harms

In addition to mental disorders, social scientists have also documented high rates of other social harms, such as extreme poverty, homelessness, and chronic health problems in Native communities (Perry, 2008; Palacios & Portilo, 2009; Beals, Manson, Whitesell, Spicer, Novins & Mitchell, 2005). These social harms function as risk factors which create a vulnerability to trafficking for prostitution among Native women.

Homelessness, a result of poverty, is linked to prostitution and trafficking (Farley, Cotton, Lynne, Zumbeck, Spiwak & Reyes, 2003) and has been established as a primary risk factor for prostitution (Boyer et al., 1993; Silbert & Pines, 1983; Louie, Luu, & Tong, 1991). Native people are significantly over-represented in the homeless population in the United States (Zerger, 2004). When the state and private agencies fail to offer women and children shelter, pimps provide housing via prostitution. When women in prostitution are asked what they need, first on their list is housing (Farley & Barkan, 1998). Housing instability on reservations sometimes results in migration to urban areas, leaving young women vulnerable to prostitution. Although Native Americans constitute only 1% of adults and 2% of youth in the general population, they constitute 11% of homeless adults and 20% of homeless youth (Minnesota Coalition for the Homeless, 2008). In particular, Minnesota Native youth are over-represented among the homeless (Koeplinger, 2009; Wilder Research, 2010).

Organized crime groups both on and off reservations play a significant role in the trafficking of Native women. Youth gangs in Indian country are proliferating (Major, Egley, Howell, Mendenhall, & Armonstrong, 2004; Misjak, 2009). Descriptions of prostitution and trafficking in Native communities

that are run by organized criminals have been reported to staff at the Minnesota Indian Women's Sexual Assault Coalition and to the Minnesota Indian Women's Resource Center (Koepplinger, 2009; Pierce, 2009).

Since 2008 several reports have highlighted the vulnerability of Minnesota Native women to prostitution and sex trafficking. In one Minneapolis neighborhood, Native women accounted for 24% of the women on probation for prostitution despite the fact that they comprised only 2% of the overall Minneapolis population (Bortel, Ellingen, Ellison, & Thomas, 2008). Since the percentage is based on their probation status, the actual number of Native prostituting women in that neighborhood is probably higher than 24%. Many of these women had been trafficked. Collin (2011) described cases of trafficking of Native women and girls via boats out of Duluth into international waters, as well as domestic trafficking of poor young women from reservations to Minnesota and other US cities. Pierce (2009) summarized historical, social and psychological factors channeling Native American women into prostitution and trafficking. Of women in the Minnesota Indian Women's Resource Center programs, 40% of 95 women and girls had been sexually exploited in prostitution and 27% were victims of trafficking as defined by Minnesota law (Pierce, 2009).

Experts acknowledge that Native women and girls are disproportionately impacted by prostitution. The Anchorage Police Department and the Federal Bureau of Investigation found that Alaska Native women and girls are approximately 33% of all prostituted and trafficked women in Anchorage (DeMarban, 2010). Yet Alaska Native people make up slightly less than 8% of the population in that city (U.S. Census Bureau, 2010). Journalist Valerie Taliman³ stated, "In my travels, Native women have shared with me worrisome news of what is happening to their relatives in urban America and in the Southwest. Twice in 2010, I was given accounts of young Navajo women being drugged at parties they had gone to in Albuquerque and Farmington (New Mexico) and waking up in captivity and forced into prostitution for days or weeks until they escaped. How they escaped, who the perpetrators were and what happened to them was not revealed as the young women 'shut down' and refused to speak about their attacks" (Valerie Taliman, personal communication, October 21, 2011).

Research from other parts of the world clearly indicates that indigenous women are overrepresented in prostitution, reflecting a race hierarchy within the sexist and classist institution of prostitution itself. The United States and Canada share a border and similar colonial history. Native women are at greater risk for prostitution and trafficking than any other women in Canada (Lambertus,

³ Valerie Taliman is a citizen of the Navajo Nation and is West Coast Editor of *Indian Country Today Media Network* (www.ictmn.com). Her series on the missing and murdered Native women in Canada won the 2011 Richard LaCourse award for investigative reporting

2007). Studies of First Nations⁴ women in Canada have also noted that Native women are disproportionately represented in prostitution (McKeown, Reid, & Orr, 2004; Farley, Lynne & Cotton, 2005). Fifty-two percent of women in a study of Vancouver prostitution were First Nations women (Farley, Lynne & Cotton, 2005) compared to population estimates reporting that 7% of Vancouver's people are First Nations (Vancouver/Richmond Health Board, 1999). The overrepresentation of First Nations women in prostitution and prostitution's prevalence in an area of Vancouver with a high proportion of First Nations residents reflects not only their poverty, but also First Nations' women's marginalized and devalued status as Canadians. Others report similar findings. Additionally, First Nations children and youth are more than 90 % of the visible sex trade in areas where the Aboriginal population is less than 10 % (Kingsley, 2000).

In New Zealand, Plumridge and Abel (2001) observed that 7% of the Christchurch population was Maori women but 19% of those in Christchurch prostitution were Maori. Maori women in prostitution were significantly more likely than European-ancestry New Zealanders to have been re-victimized. The authors interpret this to reflect the Aboriginal women's poverty and lack of access to other opportunities because of racism (Nixon, Tuttly, Down, Gorkoff, & Ursel, 2002). In the 1990s, Atayal and other aboriginal girls comprised 70% of those in Taiwanese debt-bondage prostitution although they comprised fewer than 2% of the total population (Hwang & Bedford, 2003). The researchers noted that pathways into prostitution for aboriginal Taiwanese adolescents were similar to those pathways elsewhere: globalization of the economy, social and cultural disruption, race/ethnic discrimination, and extremely high levels of family violence.

Thus, a trend appears to be emerging from the research wherein the indigenous people of a colonized country are more likely to be victims of prostitution and trafficking than other groups. This study investigates the lives of prostituted Native women in Minnesota, asking them how they understand the circumstances of their lives. The authors think that their responses help to clarify what happens to indigenous women in a country where colonization has occurred.

⁴ "First Nations" and "Aboriginal" are commonly used terms in Canada to refer to people we call "Indian" or "Native" in the USA.

METHOD

Breaking Free, a 15 year-old St. Paul agency helping women escape prostitution, made an important contribution to starting this research project. Over the years, Breaking Free staff had worked with a number of Native women in their programs. Several of those women expressed an interest in participating in the research and were among our first interviewees at Breaking Free's offices.

Four interviewers were trained to administer the questionnaires and conduct the interviews. All interviewers had a background in sexual abuse counseling and advocacy for Native women. With the participating women's permission, demonstration interviews by an experienced researcher were observed by the interviewers. The interviewers' first interviews were also observed with feedback given. Several days of training took place during which time interviewers reviewed how to establish rapport, follow up with open-ended questions, how to support the women while they discussed painful material, and how to support the women in taking breaks or in ending the interview if needed. Interviewers had access to peer feedback during the time the interviews were conducted. The first author was available for phone consultation throughout the study.

Interviewers were Nicole Matthews, Guadalupe Lopez, Christine Stark, Eileen Hudon, and Melissa Farley. Two of the interviewers were staff members of MIWSAC; two were members of the Coalition. Four of the five interviewers identified as Native.

A number of sexual assault agencies throughout Minnesota are members of MIWSAC. We asked these member agencies to help us identify women in their communities who might want to participate in this research project. In Minneapolis, we reached out to Breaking Free and Minnesota Indian Women's Resource Center (MIWRC). In Duluth, we worked with a number of programs affiliated with MIWSAC: Mending the Sacred Hoop Coalition, Domestic Abuse Intervention Project, American Indian Community Housing Organization, Dabinoo'igan Shelter, Min-No-Aya-Win Human Services, Fond du Lac sexual assault advocate, and Program for Aid to Victims of Sexual Assault (PAVSA).

In Duluth, American Indian Community Housing Organization reached out to the community to let them know about the research, posting flyers at food shelves, homeless shelters and other locations. Mending the Sacred Hoop provided interview rooms and a welcoming atmosphere with refreshments and a smudge bowl for interviewees and interviewers. Dabinoo'igan Shelter provided transportation for the women and also was available to the women post-interview if they needed support. PAVSA and Min-No-Aya-Win offered sexual assault advocacy. The Domestic Abuse Intervention Project provided an advocate who was available to the women during the interviews and as a support resource after the interviews.

In the Bemidji area, an advocate at the Anishinaabe Equay program put up flyers in the

community, received calls from women who wished to participate in the research, and scheduled the interviews. She also served as a resource for the women in the event of emotional distress and provided ongoing support to several of the women. We also worked with the Anishinaabe Equay program of the Sexual Assault Program of Beltrami, Cass & Hubbard Counties and the Nokimagiizis Program of the Northwoods Coalition for Family Safety. Each organization provided interview space within their buildings.

Procedure

The interviews lasted between one and two hours. The study protocol was reviewed by Prostitution Research & Education's Ethics Review Committee. Each woman was read and provided with her own copy of an informed consent, which described the purpose of the research, her ability to opt out of the study at any time, risks and benefits of participating in the research, and a MIWSAC staff member contact phone number which would be answered within 24 hours if she had questions about the study or emotional distress and was in need of support. We provided each woman a \$75 Visa gift card in appreciation of her time. Many tribal spiritual beliefs include a great reverence and respect for plants, flowers, and herbs. As part of our effort to humanize the women we interviewed, we asked each participant to select a flower or plant name that would serve as her identifier. Thus, each of our interviews were identified by a flower name (in addition to a number). This has allowed us to preserve anonymity while still honoring their lives and their stories. It also provides a metaphor for how we see the women- as beautiful and worthy of support and protection.

We used four questionnaires that included both quantitative questions and structured open-ended questions. The Prostitution Questionnaire has been used previously in 9 countries (Farley, Cotton, Lynne, Zumbeck, Spiwak & Reyes, 2003) and includes questions about age of entry into prostitution, experiences of sexual and physical violence in childhood and as adults, use of pornography in prostitution, if they had been homeless; if they had physical health problems; and if they used drugs or alcohol or both. We asked whether respondents wished to leave prostitution and what they needed in order to leave. Other questions inquired about the numbers of johns who have used them in prostitution.

We included items from the Dissociation subscale of Briere's Trauma Symptom Checklist (TSC) - 40. The TSC was developed to assess trauma symptoms in survivors of childhood sexual abuse. TSC-40 total scores yield an alpha of .90, and the mean internal consistency for the subscales is .69 (Elliott & Briere, 1992). Additionally, the TSC-40 has been used to distinguish an adult sample of childhood sexual abuse survivors from a non-abused clinical sample (Briere & Runtz, 1989). The TSC-40 has empirically demonstrated differences in symptoms between adults with different child abuse histories, such as physical, sexual, and emotional abuse (Briere & Runtz, 1990).

The women we interviewed also completed the PTSD Checklist (PCL), a self-report research inventory for assessing the symptoms of PTSD (Weathers et al, 1993; Blanchard, Jones-Alexander, Buckley, & Forneris, 1996). Respondents were asked to rate symptoms of PTSD on a Likert-scored scale. PCL test-retest reliability was .96. Internal consistency, as measured by an alpha coefficient was .97. Validity of the scale was reflected in its strong correlations with the Mississippi Scale (.93); the PK scale of the MMPI-2 (.77); and the Impact of Event Scale (.90) (Weathers et al, 1993). The PCL has functioned comparably across different ethnic cultures in U.S.A. (Keane et al, 1996).

We measured symptoms of PTSD in two ways. First, using a procedure established by the authors of the scale, we generated a measure of overall PTSD symptom severity by summing respondents' ratings across all 17 items. Second, using Weathers' (1993) scoring suggestion, we considered a score of 3 or above on a given PCL item to be a symptom of PTSD. Using those scores, we then noted whether each respondent met criteria for a diagnosis of PTSD. We report the numbers and percentages of respondents who qualified for a diagnosis of PTSD.

We administered a Chronic Health Problem Questionnaire that included items developed from responses to an earlier study that used an open-ended item which inquired about health problems of women in prostitution.

We created a questionnaire, Native American Prostitution Questionnaire, to learn from interviewees how they saw culture, historical trauma, boarding schools, foster care, adoption, tribal identity, sexual violence and other concerns contributing to the exploitation of Native women in prostitution.

RESULTS

Demographics

We interviewed 105 Native women who were prostituting in Minneapolis, Duluth and Bemidji, Minnesota. The average age of the women was 35 years, (range 18-60 years, SD 11). They had been in prostitution on average 14 years (range 0-43, SD = 11). The average age when they began prostituting was 21 years (range 4-50 years, median = 18 years; SD = 8). Thirty-nine percent had been used in prostitution when they were minors (younger than 18 years of age). Tables 1, 4, and 5 provide summary information on demographics and experiences of violence during the 105 Native Minnesota women's lives compared to a 9-country study of these same variables in the lives of 854 people in prostitution in 9 countries (Farley et al., 2003).

Table 1. Age, Age of Entry and Length of Time in Prostitution of Native American Prostituted Women Compared to Those Prostituted in 9 Countries

	Native Prostituted Women in Minnesota (n=105)	9 Country Summary (n=854) (SD)
Mean age (SD)	35 (11)	28 (8)
Age range	18-60	12-68
Mean age of entry to prostitution (SD)	21 (8)	19 (6)
Years in prostitution (SD)	14 (11)	9 (8)
Percent under 18 when entered prostitution	39%	47%

At the time of these interviews, more than a third (37%) of the women had been used by more than 500 men who bought them for sexual use. Eleven percent had been used by 500-900 men; 16% of the women had been used in prostitution by 900-1000 men. At a most basic level, these numbers provide a crude index of the harms perpetrated against these Native women in Minnesota prostitution.

Prostitution is intergenerational (Pierce, 2009). Fifty-seven percent of the 105 women we interviewed had family members also involved in prostitution. These included cousins, sisters, mothers, aunts, nieces, and daughters. Brothers and fathers, possibly involved in pimping, were also mentioned. Fifty-eight percent of the women's families knew about their prostitution and in 43% of those instances, the families had tried to help the women get out of prostitution.

National and Tribal Identities

Most Native people will give an identity connected to their "reservation" identity instead of their "family heritage" identity. Virtually all Native people have multiple heritages and will also have two or more reservation identities. Identity in Indian Country, despite appearances, does not really follow the state system model. Identity follows family connections. Consequently a person who lives on White

Earth Reservation may actually be Cree, Oneida and Ojibwe. It is possible to have people living on a reservation who do not share the "tribal identity" of the majority on the reservation, but who instead have a "tribal identity" from another reservation altogether. This can be bewildering to Native Americans and non-Natives alike. We have done our best to stay as close to the women's self-identifications as possible, and have used their own categorizations, which are sometimes tribes or nations and sometimes reservations. Although usually not accurate in terms of family lineage, self-identification is the most important identity to the women. Women in this study were likely to self-identify based on whom in their family or community taught them about their ancestry. In contrast, the Bureau of Indian Affairs, operating as an arm of the United States, defines "who is an Indian" in approximately 12 different ways for the purpose of services. The BIA labeling is not related to the women's identities as Native Americans.⁵

A significant majority (81%) of women identified as Anishinaabe, also known as Ojibwe and Chippewa. Of the women who identified as Anishinaabe, 94% (77) identified as coming from an Anishinaabe nation with one tribal affiliation. Other women described additional Anishinaabe tribal affiliations. These included Leech Lake (20), Red Lake (17), White Earth (16), Mille Lacs (4), Bois Forte (4), Grand Portage (3), Fond du Lac (2), Bad River (1), and Turtle Mountain (1). One woman identified with two Anishinaabe tribal groups—Bad River and Fond du Lac, and 9 women did not further specify. The remaining 6% of women who identified as Anishinaabe also identified with another nation—Ojibwe and Sioux (2), Ojibwe and Dakota (1), and Red Lake and Dakota (1).

Less frequently, women identified themselves as Dakota/Lakota (4). These women further identified as Sisseton Wahpeton (1), Cheyenne River (1), Rosebud (1) or Pine Ridge (1). One woman identified as both Lakota and Apache. One woman each identified as Oneida, Menominee, and Menominee and Ho-Chunk. One woman each reported affiliations with the Blackfoot/Cherokee, Blackfoot/Choctaw, Ponca, Cree, and Cherokee/Sioux nations.

One woman identified as First Nations from Canada. Uncertain of her tribal affiliation, one woman reported that her people came from North Carolina and Oklahoma. Four women identified as Native American but did not provide national or tribal affiliations.

⁵ Rudolph Ryser, Ph.D., Chair, Center for World Indigenous Studies (cwis.org) contributed this section that we think so clearly explains Native identities.

Table 2. Tribal Identities of 105 Prostituted Native American Women in Minnesota**Anishinaabe***Anishinaabe Only*

Leech Lake, MN	20% (20)
Red Lake, MN	17% (17)
White Earth, MN	16% (16)
Mille Lacs, MN	4% (4)
Bois Forte, MN	4% (4)
Grand Portage, MN	3% (3)
Fond du Lac, MN	2% (2)
Bad River, WI	1% (1)
Turtle Mountain, ND	1% (1)
Not Specified	9% (9)

More Than One Anishinaabe Tribe

Bad River (WI) and Fond du Lac (MN)	1% (1)
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More Than One Tribal Affiliation (w/ Anishinaabe)

Ojibwe and Dakota	1% (1)
Ojibwe and Sioux	2% (2)
Red Lake and Dakota	1% (1)

Total **81% (82)**

Tribal Affiliation Outside Minnesota

Dakota - Sisseton Wahpeton (SD)	1% (1)
Lakota - Cheyenne River (SD)	1% (1)
Lakota - Rosebud (SD)	1% (1)
Lakota - Pine Ridge (SD)	1% (1)
Lakota/Apache	1% (1)
Blackfoot/Cherokee	1% (1)
Blackfoot/Choctaw	1% (1)
Ponca	1% (1)
Cree (Montana)	1% (1)
Cherokee and Sioux	1% (1)

Total **10% (10)**

Regional Affiliations

Oneida	1% (1)
Menominee (Wisconsin)	1% (1)
Menominee and Ho-Chunk (Wisconsin)	1% (1)

Total **3% (3)**

Canadian First Nations

Total **1% (1)**

Uncertain of Affiliation or No Affiliation Given

Uncertain of Affiliation	1% (1)
No Tribal Affiliation Given	4% (4)

Total **5% (5)**

A large majority (88%) of the women we interviewed grew up in Minnesota. Forty-four percent grew up on reservations which were most often located in Minnesota (Leech Lake, White Earth, Red Lake, Fond du Lac, Mille Lacs, Grand Portage, and Bois Forte). Fourteen percent of the reservations were located outside Minnesota in South Dakota (Pine Ridge, Rosebud and Cheyenne River), Wisconsin (Menominee), and Oklahoma (Ponca). Eleven percent of the women we interviewed grew up states other than Minnesota (South Dakota, Oklahoma, Illinois, Wisconsin, North Dakota, and West Virginia), and 1% grew up overseas (location unspecified).

At the time of the interview, all of the women currently lived in Minnesota. Most lived in either Duluth (49%) or Minneapolis (27%). Only 6% currently live on reservations: Leech Lake (4%) or Fond du Lac (2%). The remaining 19% lived in other Minnesota cities.

Locations Where Women Were Prostituted and Trafficked

The Minnesota women were prostituted in multiple locations. Eighty-five percent of the women were used in street prostitution. Eighty-three percent were prostituted in private residences. Sixty-nine percent had been prostituted at private parties, hotels or nightclubs and 68% were prostituted at bars. Thirty-six percent were prostituted via outcall or escort services, 26% via phone sex businesses, 24% via the Internet and 21% from reservations. The women also were prostituted at strip clubs (20%), casinos (19%), saunas (16%), massage parlors (14%), for use in pornography (10%), peep shows (8%), brothels (8%), farms (8%), live video chat (8%), church (2%), and cults (1%).

Most of the women had been prostituted in urban areas (77%). A significant majority (75%) had engaged in prostitution in exchange for food, shelter, or drugs. Forty-five percent of the women had been trafficked for the purpose of prostitution. While most were trafficked from Minneapolis/St Paul or Duluth, they were also trafficked from the White Earth and the Menominee reservations and from Chicago and Albuquerque. The women mentioned 32 states where they were transported for prostitution. Sethi (2007) has described the methods used by domestic traffickers against Aboriginal girls in Canada which are similar to those used in recruitment of Native women to prostitution in the United States. Recruitment methods of pimps include enticement at schools or bars, recruitment as dancers, hitchhiking, gang coercion, and enticement into prostitution via the Internet.

We think that the women's definitions of trafficking meet legal definitions of trafficking, in that they were referring to third-party exploitation or pimp-controlled prostitution. The women often assumed that trafficking only occurred when they were transported by pimps from one location to another for prostitution. Transportation or movement from one place to another is a commonly misunderstood notion of trafficking. Under most legal definitions, no transportation is required to have been trafficked (see footnote 2, above). Eighty-six percent of our interviewees believed that most women do not know what

prostitution is really like when they begin prostituting. In other words, they think that there is deception or trickery involved in prostitution which are critical elements in most definitions of trafficking.

The women were frequently domestically trafficked under brutal pimp control.

My dad was very abusive to my mother and I ended up running away to Chicago. When I was 17 I was stranded in Chicago and had to get home to Wisconsin. I went to a party, there were lots of drugs, I got left there, and I was roaming around. A pimp was nice to me, he gave me this, gave me that. Then he took me to someone's place and he said this guy – age 40 – he's interested in you. Then he started hitting me after I said no. I was so scared I just did it. After that I kept doing it because I was afraid to get hit.

Another woman described being prostituted and trafficked in Las Vegas by her pimp, “The men just kept coming and coming and I never slept or ate, I just had sex all the time. My pimp used the back of the van [the location where johns used her for sex].” Another woman described her prostitution on ships out of the port of Duluth which has been a site for the trafficking of Native women for decades (Pierce, 2009; Scheffler, 2010). Transporting U.S. citizens for prostitution from Duluth across international boundary waters between the U.S. and Canada meets the legal definition of international sex trafficking. Duluth police in 2002 found evidence that three traffickers had prostituted up to 10 women and girls on foreign ships in the port. Collin (2011) noted that approximately 1,000 ships a year dock at the Duluth harbor and also described reports of women and children trafficked to ships' crews who are disappeared for months before returning. Intergenerational harms persist in that some girls whose mothers were prostituted on the boats were conceived during prostitution (Baran, 2009).

The women we interviewed noted where trafficking of others for prostitution had occurred. Of the 74% (75) who knew of others being trafficked, 60% said they knew of others being trafficked in strip clubs. 59% knew of others prostituted at outcall and escort prostitution agencies, phone sex agencies, via the Internet, on reservations, casinos, saunas, massage parlors, in pornography, peep shows, brothels, and farms. See Table 3.

Table 3. Locations Where 105 Minnesota Native Women Were Prostituted and Knew of Others Prostituting

Location	Women who were Interviewed	Others Known to Interviewees
Street	85% (89)	77% (58)
Private Home or Apartment	83% (87)	77% (58)
Private Parties/Hotels/Nightclubs	69% (72)	73% (55)
Bar	68% (71)	67% (50)
Outcall/Escort	36% (38)	59% (44)
Internet or Live Video Chat	32% (33)	64% (48)
Phone Sex Line	26% (27)	43% (32)
Reservation	21% (22)	36% (27)
Strip Club	20% (21)	60% (45)
Casino	19% (20)	35% (26)
Sauna	16% (17)	37% (28)
Massage Parlor	14% (15)	35% (26)
Pornography	10% (11)	29% (22)
Peep Show	8% (8)	28% (21)
Brothel	8% (8)	31% (23)
Farm	8% (8)	13% (10)
Church	2% (2)	1% (1)
Cult	1% (1)	1% (1)
Ship in Duluth Harbor	1% (1)	0

Native American Women in Prostitution are Frequently Pimped

About half (49%) of our interviewees gave most of their money from prostitution to pimps. The women's mothers, children and other family members were named as recipients of the women's prostitution monies 27% of the time. Forty-two percent of the time, the pimp/boyfriend who received the prostitution money was gang-affiliated. The women named the gangs that their pimps were involved with, frequently mentioning five Chicago-based gangs: Gangster Disciples, Black Gangsters, Four Corner Hustlers, Stone Gang, and Vice Lords. The women also mentioned trafficking by Bloods, Sureños, and Native Mob gangs, as well as an unnamed biker gang.

Ethnicity of Men Who Buy Native Women for Use in Prostitution

We asked the women about the ethnicity of their sex buyers. Of the men who bought them for sexual use, a majority were White European-American (78%) or African American (65%) but also Latino (44%), Native American (24%), or less frequently Asian (9%). These percentages are consistent with other research on sexual violence against Native women which shows that most perpetrators of other kinds of sexual violence against the women are also non-Native (Perry, 2004).

VIOLENCE IN THE LIVES OF NATIVE WOMEN IN PROSTITUTION

Extreme and frequent violence was committed against these Native women in prostitution over the course of their lives. Seventy-nine percent of the women we interviewed had been sexually assaulted as children, by an average of 4 perpetrators. More than half (56%) had been physically abused by caregivers.

Ninety-two percent of the Native women we interviewed had been raped in prostitution. More than half of the women (53%) were raped 5-10 times, and 15% had been raped more than 20 times in prostitution. Nearly half of the women (48%) had been used by more than 200 sex buyers during their lifetimes. Sixteen percent estimated that they had been used by at least 900 sex buyers in their lifetimes.

Eighty-four percent of the women we interviewed had been physically assaulted while prostituting. Most frequently the person who assaulted them was a john (44%), but the batterers were also pimps (15%) or someone else (27%). More than half (52%) of the women we interviewed had been physically threatened in the month prior to our interviewing them. Seventy-eight percent of the women had been threatened with a gun, knife, or other weapon, 21% within the past month.

Ninety-eight percent of these Native women in prostitution were currently or previously homeless, a fact that provides compelling evidence of the lack of alternatives for the women, as well as the connection between poverty and prostitution.

**Table 4. Violence in Prostitution of Native American Women
and in a Study of Prostitution in 9 Countries**

	Minnesota Native Women in Prostitution (n=105)	9 Country Summary (n=854)
Threatened with a weapon in prostitution	78% (73)	64% (503)
Physically assaulted in prostitution	84% (85)	73% (595)
Raped in prostitution	92% (92)	57% (483)
(Of those raped) raped more than five times in prostitution	68% (50)	59% (286)
Current or past homelessness	98% (97)	75% (571)
As a child, was hit or beaten by caregiver until injured or bruised	56% (55)	59% (448)
Sexual abuse as a child	79% (78)	63% (508)
Mean number of childhood sexual abuse perpetrators	4	4
Median number of childhood sexual abuse perpetrators	2	1
Current or Past Homelessness	98% (99)	75% (571)

We asked the women about their experiences of four types of lifetime violence: childhood sexual abuse, childhood physical abuse, rape as adults, and physical assault as adults. We then looked at how many of the women had experienced none, one, two, three, or all four of these types of violence during their lifetimes. Seventy-six percent of the women had experienced three or four types of violence, an extremely high level of violence, even when compared that same level of violence among 854 people in prostitution from nine countries. See Table 5.

Table 5. Number of Types of Lifetime Violence of 105 Native American Women in Prostitution Compared to Those Prostituted in 9 Countries

Number of Types of Lifetime Violence	Native American Women in Prostitution (MN) (n=105)	9 Country Summary (n=854)
0 Types of Violence	2% (2)	13% (110)
1 Type of Violence	4% (4)	16% (133)
2 Types of Violence	29% (19)	20% (171)
3 Types of Violence	36% (36)	26% (222)
4 Types of Violence	40% (40)	25% (218)

Physical and Mental Health Problems

More than half (51%) of the women we interviewed had been diagnosed with a physical health problem. The most commonly cited diagnoses were diabetes (13%), asthma (7%) and high blood pressure (7%). The women also reported back injuries, hepatitis A and hepatitis C, and arthritis. Other problems included anxiety, heart disease, stomach cancer, hypothyroidism, fibromyalgia, kidney disease, incontinence, pancreatitis, neck, knee and heel injuries, phobia, hepatitis, anemia, blood clots, blood disorder, deafness, pseudo-tumor cerebri, chronic pain, narcolepsy, scoliosis.

When asked about chronic health problems on the Chronic Health Problems Questionnaire (CHPQ), more than half of the women reported muscle aches or pains (72%), memory problems (69%), trouble concentrating (69%), headaches or migraines (57%), vision problems (55%), and joint pain (52%). A third of the women stated that they experienced including stomach pain or bloating (48%), neck pain (44%), shortness of breath (39%), allergies (38%), nausea (35%), pain or numbness in hands or feet (33%), asthma (32%), and dizziness (30%). The women also reported experiencing a variety of other chronic health problems, including constipation or diarrhea (28%), rapid or irregular heartbeat (28%), trouble with balance or walking (27%), swelling of arms, hands, legs, or feet (27%), carpal tunnel (27%), painful menstruation (25%), muscle weakness or paralysis (25%), chest pain (24%), vomiting (24%), hearing problems (23%), trembling (22%), sweaty hands (22%), skin problems (20%), jaw or throat pain (19%), cold or flu-like symptoms (19%), vaginal pain (13%), loss of feeling on skin (13%), pain in breasts (12%), pelvic pain (10%), and difficulty swallowing (6%).

Table 6. Chronic Health Problems of 105 Native American Women in Minnesota Prostitution

Chronic Health Problem	Percent (n)
Muscle aches or pains	72% (76)
Memory problems	69% (72)
Trouble concentrating	69% (72)
Headaches or Migraines	57% (60)
Vision problems	55% (58)
Joint pain	52% (52)
Stomach ache or upset stomach or bloating	48% (50)
Neck pain	44% (44)
Shortness of breath	39% (41)
Allergies	38% (40)
Nausea	36% (36)
Pain or numbness in hands or feet	33% (34)
Asthma	32% (33)
Dizziness	30% (31)
Constipation or diarrhea	28% (29)
Rapid or irregular heart beat	28% (29)
Trouble with balance or walking	27% (28)
Swelling of arms, hands, legs, or feet	27% (28)
Carpal tunnel	27% (26)
Painful menstruation	25% (26)
Muscle weakness or paralysis	25% (25)
Chest pain	24% (25)
Vomiting	24% (25)
Hearing problems	23% (24)
Trembling	22% (23)
Sweaty hands	22% (23)
Skin problems	20% (21)
Jaw or throat pain	19% (20)
Cold or flu-like symptoms	19% (20)
Vaginal pain	13% (14)
Loss of feeling on skin	13% (14)
Pain in breasts	12% (13)
Pelvic pain	10% (10)
Difficulty swallowing	6% (6)

Almost three-fourths of the women (72%) had suffered head injuries which can be described as traumatic brain injury (TBI). These included the following symptoms and sequelae: broken jaws, fractured cheekbones, missing teeth, punched lips, black eyes, blood clots in the head, hearing loss, memory loss, headaches, and neck problems. Additional violent injuries suffered by the women included flesh wounds, broken bones, arm/shoulder injuries, scars or bruises, knee/ankle injuries, being raped, kicked, strangled,

burned or shot. One woman said, "I had a broken nose from being beaten by a pimp. [I experienced] sexual torture from my boyfriend so I have problems in my left hip. How do you tell a doctor about this?" Obviously, the women have urgent health concerns that need to be addressed by specialists who approach the women in an accepting, nonjudgmental manner.

Sixty-five percent of the women had been diagnosed with a mental health problem. Three-fourths (78%) of those women had been diagnosed with depression. Seventy-one percent had been diagnosed with anxiety disorders (including generalized anxiety, panic attacks, phobias, PTSD (28%), and obsessive compulsive disorder). Another 33% of the women had been diagnosed with bipolar disorder. Less commonly reported were attention deficit hyperactivity disorder, learning disorders (20%), sleep problems (6%), schizophrenia, and dissociative identity disorder.

Forty percent of the women had been psychiatrically hospitalized. Family members of 49% of the women had been psychiatrically hospitalized. Most often these were mothers, sisters or grandmothers, but also brothers, cousins, fathers, and son or daughters.

Several women had struggled to use traditional spiritual healing practices for their mental problems, but their physicians had objected to these practices. "I was in the hospital. I was unstable – depression. It was a bad spirit. I wanted to smudge and was not allowed to." Another woman told her physicians that she suffered from bad dreams and was subsequently diagnosed with schizophrenia. Her doctor prescribed medicine to stop the bad dreams but, she said, "I know that our dreams mean something so I don't take the meds. I need those dreams."

Fifty-six percent of the women were taking medications at the time of their interviews. Of these women, 80% were prescribed medication to manage a psychological condition. Fourteen percent took sleeping pills regularly, and 11% were medicated for chronic pain. Sixty-one percent of respondents used medications for chronic medical disease such as diabetes or high blood pressure.

The Emotional Reality of Prostitution

We asked the women we interviewed to list five words that described their feelings during prostitution. Of the 456 responses 90% (412) were negative words, 7% (32) were positive, and the remaining 3% (12) were neutral. Some words were used by many of the women to describe their feelings during their prostitution. The word "dirty" was used by more than a third of the women (36%) of the women to indicate how they felt during prostitution. This word sadly reflects the women's internalization of johns' vicious and humiliating judgments of the women they buy for sexual use. Additional frequently used words were sad, lonely, scared, disgusted, angry, numb, ashamed, guilty, nasty, ugly, depressed, and used. Many of these words are the same words used by incest survivors and rape survivors to describe their feelings about themselves (Herman, 1992).

Racism

Race and ethnic prejudice is integral to prostitution. Sex buyers purchase women in prostitution on the basis of the buyer's ethnic stereotypes; in this study, stereotypes about Native women. *"When a man looks at a prostitute and a Native woman, he looks at them the same: 'dirty'."* Prostituting women in this study felt the same pain that women everywhere suffer in response to verbal abuse. The prejudicial words caused them greater pain than the physical assaults and rapes, and the damage lasts longer. As one of our interviewees said, *"You can get over the hit, the pain, but the words keep lingering on."*

Forty-two percent of the prostituted women we interviewed had been racially insulted by sex buyers and/or pimps. The racist verbal abuse (savage, squaw) was linked to sexist verbal abuse (whore, slut). Racist generalizations about alcohol abuse were common. Hatred of the women's skin color was reflected in comments such as *"Why don't you go back to the rez – go wash the brown off you."* Other racist remarks by johns were homicidal. *"I thought we killed all of you."* These racist remarks were the ones that could be written down. Some were unprintable. For some sex buyers, the racist degradation was sexually arousing and was integral to his sexual use of Native women. One woman noted that johns often "would say degrading things during and after" prostitution. Another woman said that it was expected of her to tolerate the racist verbal abuse. *"You don't get paid if you talk back."*

Native American women were fetishized as exotic others. One woman we interviewed described johns' obsessive attraction to Native women. *"It was taboo to be with a Native woman. When guys asked my ethnicity and I said [Native], they wanted to come right there on the spot."* In some cases, johns wanted to role-play colonist and colonized as part of prostitution, *"He likes my hair down and sometimes he calls me Pocahontas. He likes to role play like that. He wants me to call him John"*

On occasion, the women had been racially and sexually harassed by police officers. *"The police harass me a lot. They see me riding up on the sidewalk and assume I'm drunk. They assume Native Americans are all drunk."* Another woman described racist prejudice against Native cultural practices in Catholic schools where *"the nuns tried to beat my culture out of me."*

Connecting Colonization and Prostitution

A majority of the women we interviewed (62%) saw the connection between colonization and prostitution of Native women. Some women observed the profound inequality produced by both institutions. One way of understanding colonization is that it removed Native peoples' life options, with prostitution being one of the few options left for some women. *"I'm doing what I can to survive, just the way Native Americans did what they could to survive with what was given to them by the government: disease, alcohol, violence."* Other women described the common losses of basic human rights resulting from colonization and from prostitution: loss of traditional ways of living, loss of social status, and loss

of self-respect. *"The living conditions. I see a connection to poverty and public housing. I'm put down anyway, so why not prostitution? I'm called a 'squaw', so why not?"* The devaluation of women in prostitution was seen as identical to devaluation of colonized Native people. *"Back then they treated us like nothing. And when I was out there [prostituting] I felt like nothing."*

Several women explained that the concepts of sexism and prostitution were unfamiliar to Native people until contact with colonists. For example, *"Our Native people weren't aware of anything about prostitution until the British came and started raping our Native women and had them as slaves and using them for sex."* Another woman said that white European colonists brought with them a *"culture of prostitution"* and imposed it on Native women. Another woman saw the sexism of colonists toward their own women and compared it to prostitution. *"The way that the white people treated their women is the same way that pimps treat their hoes. And then Native men started treating us like that."* Expanding the colonist/pimp analogy, another woman saw United States itself as pimp. *"The government was the pimp to the Indians"*

Others saw the commonality between colonization and prostitution of Native women in the desire to subordinate another person. *"It's how they treat you. Like cowboys and Indians. They'd rape the women and take them and sell them. Just like Black people and slavery. We're not supposed to have anything. Not supposed to say anything. Not supposed to look them in the eye or be disrespectful."* Another woman saw that colonists and johns *"have to have somebody to make feel inferior. To make themselves feel better."* The process of colonization, one woman said, reduced Native women to commodities to be bought and used. She saw the same commodification in today's sexual objectification of Native women. *"You can't walk down the streets anymore because they're pulling people over asking 'how much you worth?'"*

When discussing their cultural identities, racism was mentioned by some interviewees. Several women were frustrated that not only did they experience racism from non-Native Americans (one woman was called "dirty Indian" by white European American women), but they also experienced racism from their own communities. Several women said that because they were "mixed race" and not full-blooded Indians, members of their own communities rejected them. One woman who sought help on her reservation was rejected because her daughter appeared too "white." Several women felt alienated from all communities: *"I identify as Native when johns call me a Black bitch. I tell my Native sisters that you can't treat me bad because you look like a full Native and I don't. I'm half Native too and we should all get along and love each other and help each other. You can't treat somebody different just because they look different."* Another woman, whose family included both Native American and African American ancestors, explained her sense of disempowerment in the community. *"I'm just as much this part as that*

part, even though I'm separated out as African or Black. Don't cut me up and divide me in half. Respect me as a woman, as a whole person. Give me my props. Give me my worth." Another woman explained, "I've been too light for the Black side, and too White for the Native side of the family." Referring to her multiracial identity, another woman said, "It seems like my whole life, I have lived in two worlds...I don't have any sense of belonging".

The Women's Connections and Disconnections with their Cultural Identities

Many women felt disconnected from Native cultures. Some were not taught about their traditions by their families (*"I was not brought up knowing anything about my culture"*), others felt that city living made it more difficult to connect with their histories and cultures (*"I have never learned anything about our history and culture. Living in the cities, none of these were available to me"*). A number of women felt that prostitution and substance abuse disconnected them from their cultural identities. Other women saw the disconnection from their cultural identity as being directly related to their prostitution (*"Now I feel distant. It has a lot to do with the prostitution"*) or to substance use (*"While I was using, I put my spirituality on the back burner because I didn't want to be a hypocrite and use the sacred things we use to purify ourselves"*). A feeling of shame sometimes prevented these women from connecting with their culture or with other Native Americans. One woman explained, *"I'm such an embarrassment to my race. A lot of people know what I do, so I stay away."* One woman stated that she wanted to reconnect with her culture but felt that she was *"dirty"* and did not belong there.

Some women were rejected by their communities because of their involvement in prostitution. One woman said that her father was embarrassed by her prostitution and that *"I'm a disgrace to him."* Several women were shunned in their communities sometimes by being denied enrollment. *"They're not accepting about the prostitution,"* said one woman. Another sought help from her tribe but was rejected because, she said, *"people from the reservation don't support people like me."* Pierce (2009) noted a similar judgmental attitude on the part of some elders in some communities and a reluctance to openly discuss sexual violence.

While many interviewees felt a sense of distance from their cultural identities, many spoke of a desire to reconnect to their cultures or to connect with it for the first time. *"I'm still trying to find myself...being more connected to my cultural identity would help me find my path."* Some women felt that being more connected with their cultures would help them recover from prostitution (*"I would like to learn more about ways to help me heal"*). Many women wanted a connection with their cultures in order *"to belong. Maybe that's just it. I'd have somewhere to belong."*

Their children helped the women connect with their cultures. *"Just having people come into my life with traditional ways like sweats, ceremonies, and pow wow. I have faith now and my children helped*

me a lot because I don't want them to grow up the way I did." "The only way (kids) can survive in this world is if they have our culture and our ways. My kids are learning the language and they go to pow wows. They pray and smudge every day. They're not around any of the stuff I was around when I was little."

Some of the women we interviewed already had a strong connection with their cultural identity. Feeling understood and supported by other Native Americans was often cited as a way that cultural identity helped the women survive prostitution. *"Pray together, burn sage, pray. Confide in one another, open and embrace each other."* Others spoke of the importance of having Native American people that they could look up to and seek advice from: *"Just knowing that there's healthy Native ladies out here that I can talk to." "I see a Native therapist and she helps me." "I've had to go to medicine men to get doctored because the white field cannot help you. Because they cannot see it." Some women told us how important it was for them to feel the strength of a shared history and shared strength with other Native Americans. "Just believing, and knowing that our people had made it before, through everything."*

Some women credit their survival to their cultural identity and find strength in spiritual practices. A third (34) of our interviewees described specific Native cultural or spiritual practices as an important part of who they were, including sweats, smudging, pow wows, dancing, using tobacco, and praying. One woman incorporated cultural practices into substance abuse treatment that ultimately helped her escape prostitution: *"When I got into treatment I went through a pipe ceremony and sought to find myself again. It took me two weeks to come back to reality...From the treatment center, I entered my first sweat lodge. That's what opened my eyes. I made it all the way through. I knew I wasn't alone."* Finally, one woman explained, *"My spirituality helped me survive. If I didn't have that I wouldn't have had anything to fall on to keep me sane and give me hope that tomorrow is going to be a better day. And there is something in store for us, each and every one of us. My mother instilled that in me since I was young – how the tribes spiritually worked."*

Posttraumatic Stress Disorder

Posttraumatic stress disorder (PTSD) can result when people have experienced

...extreme traumatic stressors involving direct personal experience of an event that involves actual or threatened death or serious injury; threat to one's personal integrity; witnessing an event that involves death, injury or a threat to the physical integrity of another person; learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (American Psychiatric Association, 1994).

Most prostitution, most of the time includes these traumatic stressors. In response to these events, the person with PTSD experiences fear and powerlessness, oscillating between emotional numbing to

emotional/physiologic hyperarousal. PTSD is likely to be especially severe or long lasting when the stressor is planned and implemented by humans (as in war, rape, incest, battering, torture, or prostitution) rather than being a natural catastrophe.

Exposure to paid or unpaid sexual violence may result in symptoms of PTSD. Symptoms are grouped into three categories: B) traumatic re-experiencing of events, or flashbacks; C) avoidance of situations which are reminiscent of the traumatic events, and a protective emotional numbing of responsiveness; and D) autonomic nervous system hyper arousal (such as jittery irritability, being super-alert, or insomnia). The symptoms of PTSD may accumulate over one's lifetime. Many studies report a positive correlation between a history of childhood sexual assault and symptoms of PTSD in adult women (Friedman & Schnurr, 1995; Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003; Ullman, Naidowski & Filipas, 2009). Since almost all prostituted women have histories of childhood sexual abuse, this undoubtedly contributes to their symptoms of posttraumatic stress. PTSD is not only related to the overall number of traumatic events, but it is also directly related to the severity of that violence (Housekamp & Foy, 1991).

The incidence of PTSD has been investigated among battered women and ranges from 45% to as high as 84% (Housekamp and Foy, 1991; Saunders, 1994; Kemp et al, 1991). The prevalence of PTSD among prostituted people from 9 countries was 68% (Farley, Cotton, Lynne, Zumbeck, Spiwak, & Reyes, 2003) which is in the same range as that of combat veterans (Weathers, Litz, Herman, Huska, & Keane, 1993). For comparison, we note that the incidence of PTSD in the adult population of the United States is 8% (Kessler, Sonnega, Bromet, Hughes, and Nelson, 1995).

In this study, 70% of the women met the criterion for symptom-level traumatic re-experiencing of events, or flashbacks; 61% met symptom-level criteria for avoidance and numbing symptoms (avoidance of situations which are reminiscent of the traumatic events and a protective emotional numbing of responsiveness), and 74% met symptom-level criteria for autonomic nervous system hyperarousal (such as jittery irritability, being super-alert or insomnia). Fifty-two percent of these Native women in prostitution met all three criteria for a diagnosis of PTSD.

We also asked about the severity of each woman's symptoms of PTSD. The average severity of PTSD for women without a childhood abuse history is 24 (SD=7) and for women with both childhood physical and sexual abuse, the average PTSD severity is 37 (SD=15) (Farley & Patsalides, 2001). The average severity of the Native women we interviewed was 51 (SD=19). This severity of PTSD is in the range of combat veterans seeking treatment (51, SD=20), and Persian Gulf war veterans (35, SD=16) (Weathers et al., 1993). In another study (of military veterans), PTSD severity scores above 50, such as these women's, were associated with poorer health and functional impairment (Dobie, Kivlahan, Maynard, Bush, Davis, & Bradley, 2004).

We looked at the impact of PTSD on women's physical health, using their self-ratings of overall health, a measure known to be valid and positively correlated with physician assessment of physical health (Erikssona, Undena, and Elofssonb, 2001; Miyamichi, R., Mayumi, T., Asaoka, M., Matsuda, N., 2011). The more severe the women's symptoms of PTSD, the poorer their health ratings ($r = .22$, $p = .024$, $N = 101$). Women with PTSD were more likely to report poor or fair health and much less likely to report very good or excellent health than women without PTSD ($\chi^2(2, N = 103) = 8.244$, $p = .016$). Furthermore, when we looked at the three components of PTSD, criterion B (re-experiencing traumatic memories or flashbacks) was not statistically significant with respect to its association with self-health ratings. PTSD Criterion C symptoms (avoidance of reminders of traumatic memories) was however significantly related to the women's health. Women who have criterion C symptoms are more likely to report poor/fair health and less likely to report good/excellent health than women without PTSD ($\chi^2(2, N = 103) = 6.508$, $p = .039$). Similarly, women who had symptoms of PTSD criterion D (autonomic nervous system hyperarousal) were more likely to report poor/fair health and less likely to report good/excellent health than women without PTSD ($\chi^2(2, N = 103) = 7.362$, $p = .025$). See Table 9.

**Table 7. PTSD Diagnosis and Self-Health Ratings of
Native Women in Minnesota Prostitution**

	Women with PTSD (n=54)	Women without PTSD (n=49)
Health Rating		
Poor/Fair	48%	31%
Good	39%	33%
Very good/Excellent	13%	37%

Dissociation

Dissociation permits psychological survival, whether the traumatic event(s) are slavery, military combat, incest, or prostitution. Dissociation is an elaborate escape and avoidance strategy in which overwhelming human cruelty results in fragmentation of the mind into different parts of the self that observe, experience, react, as well as those that do not know about the harm. A primary function of dissociation is to handle the overwhelming fear, pain and to deal with the encounter with systematized cruelty that is experienced during prostitution (and earlier abuse), by splitting that off from the rest of the self. Given overwhelming and cumulative trauma experienced by Native women in prostitution, their extended use of dissociation is easy to understand (Ross, Farley, and Schwartz, 2003).

The dissociative response to prostitution is an extreme version of the denial that occurs daily in all sectors of society: bad things are ignored, or we pretend they will go away, or we call them by another name (Schwartz, 2000). Paradoxically, although the dissociative adaptation protects the person from the

emotional impact of trauma, it increases the risk of further victimization since the survivor tends to dissociate in response to actual danger cues that are similar to the original trauma.

We asked the women in this study about their current symptoms of dissociation, using the Dissociation Subscale of the Trauma Symptom Checklist (TSC-40). Scores of 2 or 3 indicate a clinically significant frequency of dissociative symptoms. Table 8 indicates the percentages of women we interviewed who had clinically significant symptoms of dissociation. Almost three-quarters (71%) of the women we interviewed had clinically significant symptoms of "spacing out," a colloquial description of dissociation itself. Extremely common among people with symptoms of dissociation, the women also reported memory problems (68%). More than half of the women had breakthrough symptoms of PTSD - flashbacks - (64%) and derealization (59%). Half of the women felt that they were not in their bodies. Twenty-eight percent reported dizziness at a clinically symptomatic level.

Table 8. Symptoms of Dissociation in Native Women Prostituting in Minnesota

Symptom	Mean	SD	Range	Percentage (n) Rating Symptom at Clinical Level
Flashbacks	1.8	1.0	0-3	65% (65)
Spacing Out	2.0	1.0	0-3	71% (72)
Dizziness	0.9	1.0	0-3	28% (29)
Memory Problems	1.9	1.1	0-3	68% (69)
Derealization	1.7	1.0	0-3	59% (60)
Not in Your Body	1.4	1.1	0-3	50% (51)

The severity of the women's dissociation was highly correlated with their health status. The more severe her dissociative symptoms, the more likely the women were to report fair/poor health ($r = .35$, $p=.0003$, $N=102$). Another way of looking at this relationship between dissociation and physical health problems was also significant. We compared women reporting poor/fair health with those reporting good/very good/excellent health. Of 54 women who were above the median on dissociation, 56% reported poor/fair health, compared to only 25% of the 48 women below the median on dissociation ($\text{chisq} (1, N=102) = 9.795$, $p = .002$).

The women eloquently explained how dissociation helped them survive prostitution.

"If you're having sex with someone you don't want to, you leave."

"When the johns were sexually assaulting me, I could be in England or somewhere else until they were done."

"There's times I'd walk around in a space-out because when I stop and think about reality I break down and can't handle it."

"[Dissociation is] cutting myself off from my body. I think of it like a game. Then it's [the prostitution] done and over with."

"It's a way of blocking memories...leading a double life within."

Several women spoke of learning to dissociate during sexual assaults when they were children, *"I learned how to do that [dissociate] when I was a child being raped."* Another woman spoke of dissociating when she *"was nine years old and being raped, my mind left my body and was looking down from the ceiling. I don't want to be that person on the streets worrying about where the next hit is coming from, losing my kids, hurting them. I'll tell you one thing: I'm a strong woman to survive all the shit I've survived from the age of two."* Several women described their drug abuse as a means of chemically dissociating painful, traumatic events. For example, one woman said, *"...that's why I did a lot of drugs - to numb myself- so I didn't know what was going on and I could just leave my body."* Another woman said, *"When I smoked weed, I was able to shut everything down and not think about anything."*

Substance Abuse

Two-thirds (67%) of the women we interviewed used alcohol and more than half (59%) used drugs. The women's average age was 35 years, with a range of 18 to 60 years old. They had used drugs or alcohol on average for 18 years, with a range of 2 to 57 years (median = 15, SD =12).

Approximately equal percentages of the women (slightly less than one-fourth of those using drugs and/or alcohol) began using those substances *before* prostituting and *after* prostituting. *"Being dependent on [drugs] made me vulnerable to prostitution."*

A majority of the women (61%) who used drugs or alcohol described the need to chemically dissociate or numb themselves from the physical and emotional pain *during* prostitution. One woman explained that she used drugs *"so it can numb me, so I can do what they want me to do."* Another woman said *"It made it easier to lay down with somebody, and it made me not care."* *"I would want to be high to perform any kind of sex. I didn't want to be sober."*

Many women (43%) also used drugs or alcohol *after* prostituting in order to blank out traumatic flashbacks or memories of prostitution. *"I drank to take away the memory,"* and *"Sometimes I get depressed and I think about some of the stuff I did and I want to drink,"* and *"I guess I use drugs to make my body not care so much about what I did."* This type of use of substance abuse to numb traumatic memories is typical of other populations with PTSD, for example combat veterans and survivors of sexual and domestic violence (McFarlane, 2001; Stewart, Ouimette, and Brown, 2002; Norris, Foster & Weishaar, 2002).

Some women described how drugs and alcohol helped them cope with other traumatic events in their lives such as loss of custody of children, loss of a relationship, physical and sexual violence. *"When*

I first got raped was when I started alcohol.” Others began using drugs or alcohol in childhood. Several interviewees described how substance abuse affected their psychosocial development, for example, “My thought process really came to a halt at the age I started using. I started smoking marijuana at age 10, and started cocaine at age 15.”

More than a quarter (27%) of our interviewees had been deliberately addicted by pimp/boyfriend/husband (less frequently family member or dealer) in order to coerce them into prostitution.

More than a half (61%) of the women had been introduced to drugs or alcohol by family members. Sometimes parents gave them alcohol or drugs as entertainment (“*My mom thought it would be funny to give us wine coolers and stuff when we were 10*”) or as a sedative (“*My brother and I were forced to smoke weed [at ages five and six] by family members to go to sleep.*”) In this interviewee's life, sadly, she had done the same with her daughter. Substance abuse was sometimes considered a normal part of family life. “*When I was little, my dad gave me a beer. My mom would teach me how to smoke weed,*” and “*Alcohol was always part of the family.*” Siblings, cousins, and grandparents less frequently provided our interviewees drugs or alcohol when they were children. “*My grandfather gave me Crown Royal when I was two.*”

Crack/cocaine was the drug of choice for 35% of the women, and marijuana was drug of choice for 28%. Methamphetamine/speed (9%), pain pills/Vicodin/Lortab (7%), and heroin, Oxycontin, MDMA (ecstasy), LSD, morphine, PCP, Xanax, downers, nicotine, and Methadone were also mentioned as preferred drugs.

ANTECEDENTS TO PROSTITUTION IN THE LIVES OF NATIVE WOMEN

Childhood Sexual Abuse

Seventy-nine percent of our interviewees had been sexually abused as children, by an average of four men (range 1-40, median = 2, SD = 6.3). Childhood sexual abuse was a critical factor in these women's later prostitution. In some women's lives, the sexual abuse they experienced as children was prostitution or pimping by family members. “*My dad sold us to his friends when I was younger,*” said one woman. Another woman's father offered her up for sexual abuse when she was four years old in exchange for his receiving a tattoo.

Rape As Adults

Rape as adults contributed to the women's entry into prostitution. After one respondent was raped, she acceded to prostitution: “*I figured why not get paid for acting out, it's being taken anyway.*” Another

interviewee explained that being sexually assaulted numbed her to prostitution, *“It was easier to prostitute after the sexual assault.”* The same dissociative responses that women develop to survive the trauma of rapes as children and rapes as adults, is used to survive the paid rapes of prostitution.

Boarding Schools

More than two-thirds (69%) of the 105 women we interviewed had family members who attended boarding schools. The relatives who attended boarding schools were grandmothers (42%), mothers (35%), grandfathers (26%), sisters (17%), fathers (17%), cousins (17%), brothers (14%), great grandmothers (7%), great grandfathers (6%), aunts or uncles (6%), and a daughter (1%). Another 7% were unsure whether or not family members attended boarding schools. Boarding schools were located in South Dakota (Flandreau Industrial School, Marty Mission, St. Francis, Stephan), Minnesota (Mission School, Red Lake School, Shattuck), Oklahoma (Riverside, Oaks Mission School, Chilocco Indian School, River), North Dakota (Wahpeton), California (Sherman), Kansas (Haskell Indian Junior College), Arizona (GMA), Idaho, Wisconsin, and Canada.

Of relatives who attended boarding schools, more than two-thirds (69%) were known by the women to have been abused there. All were verbally or mentally abused, most (94%) of those abused were spiritually or culturally abused, most (94%) were physically abused, and 27% of the women's relatives were known to also have been sexually abused in boarding schools. The boarding school abuse was perpetrated by teachers, church officials, and government officials. Nine percent of the women we interviewed had themselves attended boarding schools.

Foster And Adoptive Care

Forty-six percent (48) of the women we interviewed had been in foster care. They had been in an average of 5 different foster homes (range = 1-20, median = 3, SD = 4.8). By the age of five, 34% of the women had been in an average of 3.7 foster homes. Of those women, they had been in an average of 3.7 foster homes when younger than 5 (range = 1-10, median = 3, SD = 3.3). Between age six and ten, 53% had been in an average of 3.4 foster homes (range = 0-14, median = 2, SD = 4.1). Between eleven and eighteen years of age, 73% of the women had been in an average of 2.8 foster homes (range 0-16, median = 1, SD = 3.5). The children were placed in Native American foster homes 36% of the time.

Immediately prior to being placed (of the 46% of the women we interviewed who had been in foster care), 89% of those women were living in Minnesota, 7% lived in Wisconsin and 4% lived in South Dakota. Twenty percent of the women were living on reservations prior to being placed in foster care. These included Red Lake, Bois Fort, and Leech Lake (in Minnesota) and Rosebud and Pine Ridge in South Dakota.

The 87 foster care locations were most often in Duluth, St Paul or Minneapolis (38), other Minnesota locations (30), and less frequently on Minnesota reservations (7) or a South Dakota reservation (1).

Several women spoke to interviewers about the reasons for their foster care or adoptive placement. They were children of alcoholics or drug addicts, often running away from home or "delinquent," both of which can be seen as help-seeking behavior in children. They took care of mothers who were emotionally incapacitated, homeless or addicted. All the women were attempting to escape abuse from male relatives or neglect/abandonment from family. Several were placed in foster care upon the death of grandparents.

Almost half (46%) of the women in foster care had been abused, most often verbally or mentally abused (86%), spiritually abused (81%), culturally abused (76%), physically abused (67%), and sexually abused (38%). Most frequently the abuser was the foster mother (57%), foster brother (52%), or foster father (45%). Twenty-nine percent of the time, the abuser was a foster sister or others in the extended family.

Of the five interviewees who were adopted, all were abused spiritually or culturally in their adoptive family. As with the women who lived in foster homes, the adoptees reported verbal abuse, physical abuse, and sexual abuse. The most frequent abuser was the adoptive mother and slightly less frequently the adoptive father. One woman's story was illuminating. Violet (name changed) had been raised in several foster homes. In one of the foster homes, missionary foster parents called Violet and her sisters "little savages" and frequently reminded them that they should be grateful to have a home. Violet was sexually abused as a child by adult male relatives and family friends. Kidnapped at age 12 and trafficked to a Midwest City, she was beaten, raped, forcibly addicted to drugs, and sold into prostitution. It was difficult to escape prostitution, and until she found support and services at Breaking Free (Minneapolis agency for women escaping prostitution) she was not able to get out. She now connects her own prostitution with a multigenerational history of injustice and abuse, including her mom's abuse in a boarding school, alcoholism of many family members, and family members' prostitution. Violet said that finding her cultural identity was part of the path of her escape from prostitution. This included learning her people's 'old ways' of praying and dancing.

Arrests As Children And As Adults

More than half (52%) of the women were arrested as minors an average of 8 times (range 1-60 times, median = 3, SD = 12). Several had been arrested for prostitution as children, rather than their prostitution understood either by the police or by social services as sexual assault on a child. The most commonly reported arrests for the women as minors included assault and battery (17%), underaged

drinking (15%), truancy (14%), and theft (9%). Eighty-nine percent of their arrests as children resulted in convictions.

Eighty-eight percent of the women were arrested as adults an average of 4 times (range = 1-39, median = 2, SD = 6). The most commonly reported arrests by the women when they were 18 or older included drunk driving or DUI (14%), prostitution (12%), theft (10%), and assault and battery (8%). Eighty-four percent of the women's arrests resulted in convictions.

Table 9. Arrests of Minnesota Native Prostituted Women as Minors and as Adults

Type of Crime	Under Age 18	Age 18 or Older
Assault		
Murder	0	1
Attempted Murder	0	1
Assault & Battery	24	19
Assault & Battery w/ Weapon	0	6
Terroristic Threats	0	3
Possession of Dangerous Weapon	0	1
<i>Total</i>	<i>24</i>	<i>31</i>
Domestic Violence and Crimes Against Children		
Domestic Violence/Assault	0	9
Violation of Restraining Order	0	1
Promoting Prostitution of Minor	0	1
Endangering Unborn Fetus/Child Endangerment	0	2
<i>Total</i>	<i>0</i>	<i>13</i>
Robbery/Burglary		
Attempted Robbery/Robbery	1	2
Breaking & Entering	2	3
<i>Total</i>	<i>3</i>	<i>5</i>
Property Crimes		
Theft/Shoplifting	29	29
Larceny by Check Bouncing	0	5
Forgery	1	3
Trespassing	0	3
Property Damage	3	2
Tampering w/ a Vehicle	0	1
Larceny by Trick	0	1
Welfare Fraud	0	1
<i>Total</i>	<i>33</i>	<i>45</i>
Probable Accessorial Conduct to Crime by Dominant Partner		
Obstruction of Justice	0	1
Aiding and Abetting Murder	0	1
Aiding and Abetting	0	1
Receiving and Concealing False Information	0	1
<i>Total</i>	<i>0</i>	<i>4</i>

continued on next page

Table 9 cont. Arrests of Minnesota Native Prostituted Women as Minors and as Adults

Type of Crime	Under Age 18	Age 18 or Older
Crimes Against Authority - Police/Courts		
Assault & Battery on Police Officer	0	2
Resisting Arrest/Fleeing Police Officer	0	2
Probation Violation	3	3
High Speed Chase	1	0
Escape	0	1
Protesting	2	0
<i>Total</i>	<i>6</i>	<i>8</i>
Crimes Against Authority - Disorderly Conduct		
Disorderly Conduct	5	13
Loitering	1	2
Jaywalking	0	1
Disturbing the Peace	0	1
<i>Total</i>	<i>6</i>	<i>17</i>
Crimes Against Authority - Driving Infractions		
Drunk Driving or DUI/DWI	0	35
Driving After Revocation of License	0	9
Driving Without a License	1	6
Traffic Violation	1	4
Driving Without Insurance	0	4
Reckless Driving	0	1
<i>Total</i>	<i>2</i>	<i>59</i>
Substance Abuse		
Drug Raid	0	5
Drug Sales - Marijuana	0	1
Drug Possession - Cocaine	0	1
Drug Possession - Marijuana	1	2
Drug Possession	1	5
Drug Possession w/ Attempt to Distribute	1	1
Possession of Drug Paraphernalia	1	2
Drunk in Public	0	4
Open Container	0	1
Underaged Drinking	21	6
Sniffing/Spray Painting	1	0
<i>Total</i>	<i>26</i>	<i>28</i>
Prostitution		
Prostitution	5	29
Disorderly House	0	1
<i>Total</i>	<i>5</i>	<i>30</i>
Status Crimes: Juveniles		
Running Away/Truancy	32	0
Breaking Curfew	2	0
Not Finishing Court-Ordered Treatment	1	0
<i>Total</i>	<i>35</i>	<i>0</i>

The women's arrests can be understood in part as reflecting the conditions of their lives, their lack of security and alternatives to prostitution, homelessness, their substance abuse, and their resistance to

authority. In many categories of crimes such as assaults, crimes against authority, substance abuse, and property crimes, the children committed almost as many crimes as the adult women, suggesting that early in their lives they may have lacked access to adult protection, substance abuse treatment, housing, and effective psychological counseling. Several of the women were convicted of crimes that were likely committed while they were under the control of a dominant partner, such as a pimp. The multiple arrests of these women serve as a barrier to escape from prostitution. Once a woman has an arrest on her record, especially if she is older than age 18, a criminal record is a barrier to obtaining affordable housing, employment, and frequently even essential social services.

SERVICES USED BY NATIVE WOMEN IN PROSTITUTION

Substance Abuse Programs

Eighty percent of the women we interviewed had used outpatient substance abuse treatment programs and most of those women (85%) found the experience helpful. Yet many felt that they needed inpatient substance abuse treatment. Almost all (91%) of the substance abuse programs used by the women were located in Minnesota and the remaining 9% were in other states including South Dakota, Michigan, Virginia, North Dakota, and Wisconsin. Nine percent of the women had used substance abuse programs on reservations, including Fond du Lac, Leech Lake, Mille Lacs, Red Lake and Cass Lake which is part of Leech Lake. Two percent of respondents were denied services to substance abuse programs.

Many of the women said they appreciated the emotional support received in substance abuse programs. *“I got to talk about a lot of stuff that happened and got to alleviate some of that pain”* Several women said that the substance abuse services they received were *“culturally Native specific”* and felt that it was a place to speak, to be heard, and to be with people who were also recovering addicts who could understand their experiences.

Of those who did not feel that the substance abuse treatment was helpful, several blamed their own lack of motivation and another woman stated that sobriety made traumatic memories intolerable. Another woman felt that her medical problems were not cared for. One woman stated that the substance abuse treatment program she attended was not culturally relevant for her.

Homeless Shelters

Seventy-seven percent (65) of the women we interviewed had used homeless shelters. Most (75%) of these women found the experience helpful. The women had used homeless shelters an average of 4.8 times (median = 2, range from 1 to 100). Sixty-three percent of the homeless shelters used by our

interviewees were located in Minneapolis or Duluth. Ten percent of the women used homeless shelters on reservations, including Red Lake and Cass Lake on the Leech Lake reservation.

The women most frequently appreciated the provision of shelter, food, and showers. They appreciated the additional services provided by some shelters such as help in locating housing. The women appreciated emotional support and physical protection from pimps and batterers. For one respondent, a homeless shelter became her *“home away from home,”* and she had *“lots of good memories”* about her 18 different stays there. She became so close to the staff of that shelter, that they attended her graduations from treatment, and remain friends today. A few women also acknowledged the importance of the safety that was provided by homeless shelters (*“They protect women from pimps and women beaters”*) but others felt that services were lacking for certain women (*“If you’re battered it seems you get more help”*).

Twenty-five percent of the women who had used homeless shelters did not find them helpful. Some were denied services because they had used the shelter previously, other shelters were full. One woman felt that she was denied services at a homeless shelter because of racism. Several women felt that shelter staff failed to provide emotional support. Several women felt unsafe in the shelter. *“Everything I was involved with in the streets was going on right inside the shelter: drugs, alcohol. You could go out front and turn a trick.”* Three women had been solicited for prostitution inside or in front of the homeless shelter. *“Because I had been in prostitution it was hard. They tried to solicit and threaten me – they conned me.”* Some women felt that there was a general lack of resources to provide longer term housing assistance.

Domestic Violence Programs

A majority (63%) of the women we interviewed had used domestic violence services and 95% of those women found the programs helpful in that they provided housing, safety, and emotional support. *“They listened. They provided me with resources. They didn’t make you feel like a bad person. They were kind hearted people”* *“[Shelter] was helpful just hearing the other women’s stories. Just knowing that you can get out of [prostitution] if you had the right resources and if you want to.”* Several women noted that some shelters provided legal services such as restraining orders and divorce papers.

Ninety percent of the DV programs used by the women were in Minnesota. Ten percent were in other states including North Dakota, South Dakota, and Wisconsin. Two women had attended programs on the Leech Lake reservation.

Only two women responded when we asked why they believed they had been denied domestic violence services. One reason was that the program the woman went to was full. The other respondent said that the program was too overbearing and the staff at the program did not connect well to the people

they were serving. “DV programs are overbearing where I felt like everything was my fault. They are just there because they are getting paid. It didn’t feel a connection.”

Several women explained how some programs were not helpful, including a lack of resources and referrals, a lack of individual counseling. One woman had been evicted from a shelter because she got drunk. Finally, one interviewee said that the shelter was too physically close to her abuser, *"It was hard because the person I was scared of lived one block away."*

Sexual Assault Programs

Thirty-three percent of the women we interviewed had used sexual assault services since they had been in prostitution, and most (86%) had found the programs useful because they were listened to, received support, and realized they were not alone. One woman said, *"It just felt good to tell my story. I didn't know that so many other people have been sexually assaulted."* The prostituted women we interviewed particularly appreciated the therapy and the sexual assault counseling they received. One woman said, *"It stopped me from doing drugs and prostitution... My basic needs were met by them."* The women appreciated having received legal services, information about sexual assault, and medical services.

Many (40%) of the women used sexual assault programs in Duluth and 20% had used programs in Minneapolis. Others used programs in St. Paul, Bemidji, Detroit Lakes, Superior, Crow Wing, and Cloquet. Only one woman accessed a sexual assault program on the Fond du Lac reservation.

Of the several women who did not find the sexual assault program helpful, two felt discriminated against because they were prostituting. Others felt the staff failed to understand them or that they looked down on the women. One woman said, *"[sexual assault services] is on [] Street. Pimps hang out in front – they know if you go there you are trying to escape, so they are threatening us with violence if you go there and they see you coming out. We need sexual assault services that pimps don't know the location of."*

Other Services

The women also described receiving helpful services from public health clinics, food programs and programs that helped them transition out of prostitution such as Breaking Free in St. Paul.

Urgent Needs of Native Women Who Seek to Escape Prostitution

We asked the women what they needed. Ninety-two percent of our interviewees wanted to escape prostitution. Individual counseling (endorsed by 75%) and peer support (73%) were most frequently mentioned, reflecting these women's need for their unique experiences as Native women in prostitution to be heard and seen by people who care about them. Two-thirds (68%) of the women said that they needed

vocational training and housing (67%). Fifty-eight percent of the women needed substance abuse treatment. Half of them needed self-defense training, presumably because of the frequent violence of prostitution. They also expressed a need for health care (48%), legal assistance (45%), physical protection from a pimp (26%), and childcare (26%). See Table 10.

Table 10. Needs of 105 Prostituted Native American Women

Need	Native Minnesota Women (n=105)	Prostituted Women in 9 Countries (n=854)
Individual Counseling	75% (79)	56%(431)
Peer Support	73% (77)	51%(393)
Vocational Training	68% (72)	76% (600)
Home or Safe Place	67% (71)	75%(618)
Substance Abuse Treatment	58% (62)	47%(356)
Self-Defense Training	50% (53)	45%(340)
Health Care	48% (51)	61%(480)
Legal Assistance	34% (36)	51%(366)
Physical Protection From a Pimp	26% (28)	23%(157)
Childcare	26% (28)	44%(335)
Legalized Prostitution	10% (11)	34%(251)

Although it is sometimes assumed that legalization of prostitution would decrease its violence, many of our interviewees did not think that they would be safer from physical and sexual assault if prostitution were legal. Only 10% of the 106 women thought that legal prostitution would help resolve some of the problems encountered in their lives. This one in ten contrasts with one in three (34%) women in the international study of prostitution who felt that legal prostitution would protect them from violence. We also asked the women a follow-up question regarding their opinion with respect to whether or not legal prostitution would make it safer for sex workers. We deliberately used an expression (sex work) that reflected a prostitution-industry advocacy perspective. Only 17% of the women thought that legal sex work would increase their safety.

A number of the women said that if they were out of prostitution, they would like return to school and to be in one of the helping professions such as nursing or social work. Many wanted to help other women get out of prostitution, like this woman who said, *"At the hotel there were other women in prostitution. The vice were in the room next to me. An officer who knew my younger daughter and said you are so much better than this. I told him I was in it for my kids. He didn't arrest me; he referred me to Breaking Free. I would love to go with the police when they go to bust these girls and talk to them about a better way."*

SUMMARY AND RECOMMENDATIONS

Expressing his concern about sexual violence in Indian Country, President Barack Obama said, "When one in three Native American women will be raped in their lifetimes, that is an assault on our national conscience; it is an affront to our shared humanity; it is something that we cannot allow to continue" (Administration of Barack Obama, 2010). A fourth-generation survivor of prostitution, interviewed for this study, lived under the shadow of 500 years of colonial oppression. Sexual violence - which includes prostitution and trafficking - against Native women is a deeply-rooted phenomenon. It is not a new problem. Like many of the women we interviewed, she spoke about the rapes of women in her family and her resignation to sexual violence in her community. Some of the women viewed their oppression as Native women in and of itself as a primary reason they were targeted by sexually predatory johns, pimps, and traffickers. The racist and sexist verbal abuse described here provides some confirmation for this violent predation of Native women as hated/eroticized objects.

The Minnesota Native women we interviewed were in an almost constant state of revictimization. The assaults against them were part of a lifetime surround of exploitation and abuse. Seventy-nine percent of our interviewees had been sexually abused as children by an average of four men. Other research has also found that a history of sexual assaults is a common precursor to prostitution. One young woman told Silbert and Pines (1982a, p. 488), "I started turning tricks to show my father what he made me." Dworkin (1997, p. 143) described incest as 'boot camp' for prostitution.

Native Americans have experienced high rates of not only current traumatic events but historical trauma that impacts them today. More than a third of the women we interviewed had mothers or grandmothers who were placed in boarding schools, and a fourth of their grandfathers had been in boarding schools. Two thirds of these relatives were known to have been abused in the schools, and many of them, according to the women we interviewed, were physically or sexually abused in the schools and were culturally or spiritually abused. The brutal school/government/church practices aimed at destroying cultures have resulted in generations of harms to individuals and tribes. For readers unfamiliar with how the schools operated, we cite at length from a report addressing the effects of boarding schools on Native peoples and their cultures,

Beginning in the late 1800s, U.S. government policy toward Native American people emphasized forced assimilation into the world of the white man. The Indian boarding school was designed to remove children from the influence of their parents and Tribe and create a new social environment where they could be civilized. Discipline in these schools was harsh and the daily routine rigid. Children were required to speak only English and were punished for using their native language. Their hair, an important cultural symbol, was cut short. Uniforms replaced individually created and uniquely decorated native

clothes. Visits home were few and far between. Clearly, the boarding school was an effort to destroy cultural identity; unfortunately, it was quite successful. Many who attended these schools lost touch with their tribal language, religious beliefs, customs, and social norms.

The boarding school experience has had a far-reaching effect on Native American culture and family structure. Those people who spent much of their childhood in boarding schools were deprived of an opportunity to experience family life, and many reached their adulthood with no clear concept of parenting behavior and family functioning. The boarding school effectively destroyed the intergenerational transmission of family and parenting knowledge and behaviors. Now, one or more generations after the boarding school era, many Native Americans are ill-prepared for the parent role.

The boarding schools not only destroyed or distorted the intergenerational (cultural) transmission of family and parenting knowledge and behavior, but they also introduced new and dysfunctional behaviors, such as the use of severe punishment in child rearing. Parents who had as children been spanked and hit while attending boarding school responded similarly to their own children. Before the boarding school era, the use of physical discipline was uncommon in most Tribes.

Even worse, a report published by the National Resource Center on Child Sexual Abuse [1990] cites evidence that many Native American children were sexually abused while attending boarding schools. The introduction of child sexual abuse into tribal communities, where it had not existed before, is especially troublesome: Native American people tend not to talk openly about sex because sexual matters are highly private matters. This cultural taboo prevents the sexually abused child from reporting the offense. For the same reason, adults troubled by childhood sexual abuse avoid using professional services to cope with unresolved issues. When cases of child sexual abuse are disclosed, the tribal community is thrown into conflict and is often unable or unwilling to deal with the problem.

The boarding schools also disrupted the cultural transmission of parent-child attachment behaviors, which has created personal and family problems that have persisted over as many as three generations. As a sad aftereffect of these disruptions, we now see many Native American children being raised by biological parents with few parenting skills; some children are being raised by grandparents who lack real attachment to their own children, the parents of their grandchildren. The lack of parenting skills and the problems in attachment place children at risk of abuse or neglect. Unless these problems are dealt with, each new generation is at risk of repeating this dysfunction cycle. (Horejsi, Craig, & Pablo, 1992).

While not all boarding schools were abusive and mandatory attendance was discontinued by the late 1960s, many Native people still suffer from the intergenerational impact of systemic abuse and forced assimilation (Yellow Horse Brave Heart & DeBruyn, 1998). In the last five years, several victims of boarding school abuse have filed civil tort lawsuits in federal and state court to seek remedies for the violence they experienced in the 1950s and 1960s (Woodard, 2011). In 2010, a Catholic diocese in Alaska issued a formal apology for sexual abuse perpetrated by priests in Catholic schools in remote Native villages (Trahan, 2011). Government-run boarding schools for Native people continue to exist today, and the United States acknowledges that it is not doing a good enough job policing the background checks of employees (Deer, 2004b).

The violence (incest, rape, domestic violence, verbal abuse) against these women in prostitution were part of a lifetime surround of exploitation and abuse. Of the women we interviewed, ninety-two percent had been raped. More than half of the women we interviewed met diagnostic criteria for posttraumatic stress disorder (PTSD). The PTSD of these women is associated with the violence experienced by these women as children, as adults, and throughout their lives in prostitution. Campbell, Greeson, Bybee, and Raja (2008) summarized the multiplicity of health effects caused by violence especially after PTSD occurs. Sexual assaults as children placed women at risk for revictimization just as their rapes as adults increase the vulnerability to prostitution (West, Williams, and Siegel, 2000). Our findings that both PTSD and dissociation were associated with poorer health is consistent with others' findings (Dobie, Kivlahan, Maynard, Bush, Davis, and Bradley, 2004; Frayne, Seaver, Loveland, Christiansen, Spiro, Parker, and Skinner, 2004; Schnurr & Green, 2004;).

Experiences of violence over the course of one's lifetime have a cumulative effect on PTSD symptoms (Follette, Polusny, Bechtle, & Naugle, 1996). Historical trauma as experienced by Indian people has been known to cause symptoms of PTSD and other mental disorders such as depression (Cole, 2006). West (2004) has pointed out that the low socioeconomic status of African American women puts them at risk for future interpersonal violence. We suggest that a history of colonization, itself creating socioeconomic losses and barriers (among other harms), operates similarly with Native women, increasing their vulnerability to sexual violence. American Indian children and adolescents who experience sexual trauma and multiple traumatic experiences are at high risk for developing PTSD (Gnanadesikan, Novins, & Beals, 2005). The insidious trauma of racism is another cause of these women's emotional distress and disorders (Root, 1996). The severity of the violence in trafficking for prostitution and the length of time the woman was in prostitution are also strongly related to incidence of PTSD (Hossain, Zimmerman, Abas, Light, and Watts, 2010). Unfortunately the numbing symptoms typical of both PTSD and dissociation were found by Ullman and colleagues (2009) to increase the likelihood of revictimization. The revictimization of Native survivors of prostitution requires sophisticated assessment of clients who seek services at public health agencies, agencies providing Native-focused services, or specialized centers such as rape crisis or domestic violence centers. Symptoms from recent traumatic experiences may not only cause distress in and of themselves, but may amplify symptoms from earlier violence and abuse (Follette, Polusny, Bechtle, & Naugle, 1996).

Women in prostitution self-medicate for depression and PTSD with drugs and alcohol. A need for drug and alcohol addiction treatment was voiced by more than half (58%) of those we interviewed. An approach that simultaneously treats substance abuse and PTSD has proven more effective than treatment that only treats substance abuse and fails to address PTSD (Epstein, Saunders, Kilpatrick, & Resnick,

1998; Najavits, Weiss, Shaw, & Muenz, 1998; Ouimette, Kimerling, Shaw, & Moos, 2000).

We also noted a high incidence (71%) of symptoms of dissociation among these Native women in prostitution. They told us how essential dissociation was to their survival during prostitution and in some instances how they had learned to dissociate during childhood sexual assaults. Psychological symptoms, including dissociative symptoms, can be understood in cultural perspective (Kirmayer, Young, and Robbins, 1994). Gingrich (2006) investigated the ways that dissociative symptoms are seen in indigenous Filipino culture. Most dissociative symptoms that other cultures would see as pathological were also considered pathological by indigenous Filipinos, with the exception of amnesia. Kirmayer suggested that dissociative phenomena can be seen as the result of an interaction between psychological and social processes that are affected by culture. He observed, "In a culture where mechanical time is not valued to the same extent that it is in the Western world, an individual may be incorrectly identified as having amnesia, when not knowing, not remembering, and involuntariness are socially sanctioned or normative. In such a culture, experiences of amnesia can be seen as socially embedded and therefore not pathological" (Kirmayer, 1994). Both LaPointe (2008) and Pierce (2009) offer anecdotal support for the ways in which some dissociative symptoms promote spiritual healing among Native women.

Prostitution is a sexually exploitive, often violent economic option most often entered into by those with a lengthy history of sexual, racial and economic victimization. Prostitution is only now beginning to be understood as violence against women and children. It has rarely been included in discussions of sexual violence against Native women. It is crucial to understand the sexual exploitation of Native women in prostitution today in its historical context of colonial violence against nations (Frideres, 1993; Ryser, 1995; Waldram, 1997).

Women who are marginalized because of colonialism's devastating historical impact, because of their lack of opportunities and education, because of race and ethnic discrimination, poverty, previous physical and emotional harm and abandonment *are* the people purchased in prostitution. Women who have the fewest real choices available to them are those who are in prostitution. The critical question to ask with respect to the women we interviewed is not "did she consent?" but "has she been offered the real choice to exist *without* prostituting?"

Ninety-two percent of the Native women we interviewed wanted to escape prostitution. In order for a woman to have the real choice to exit prostitution, a range services must be offered. Any intervention for those in prostitution must first acknowledge prostitution as a form of violence. As with battered women, physical safety is a critical concern. In order to address the harm of prostitution it is necessary to use education, prevention and intervention strategies similar to those dedicated to other forms of gender based abuse such as rape and intimate partner violence. This understanding of

prostitution as violence against women must then become a part of public policy and it must be structurally implemented in public health care, mental health services, substance abuse treatment, homeless shelters, rape crisis centers and battered women's shelters (Stark & Hodgson, 2003). The health provider must become not only culturally competent regarding differences between nations in culture and language but also acquainted with community services, anti-violence resources, and agencies specifically dedicated to offering services to women in prostitution (Polacca, 2003). Specialized training of health care providers and advocates in service provision to women in prostitution is essential. Peer support and program development and implementation by survivors of prostitution, Native and non-Native alike, is essential. Two-thirds of the women we interviewed expressed a need for vocational training. Specialized training in providing vocational rehabilitation for prostitution survivors is crucial (Baldwin, 2003).

The women we interviewed for this study were clear that they wanted to escape prostitution and that their primary need in that exiting process was for emotional and social support. Despite their lack of stable housing, poverty, and need for medical care including substance abuse, they most frequently endorsed needs for individual counseling and peer support. They used homeless shelters, substance abuse treatment programs, domestic violence programs, and rape crisis centers and were generally satisfied with these. However, the women regularly noted that they wanted more individual counseling and wanted Native-focused programs integrated within all of these services.

A general health strategy for Native women should involve equitable access to health services, Native control of services, and diverse approaches that respond to cultural priorities and community needs (Royal Commission on Aboriginal Peoples, 1996). Health care practitioners, especially those in the field of mental health, as well as advocates in related fields, need to apply a holistic healing approach to Native American women that embraces traditional healing (Hodge, Limb, & Cross, 2009). Models for healing of Native women in prostitution would include a decolonizing perspective that analyzes historical trauma, violent crimes, family violence, child abuse and neglect, discrimination, unresolved grief and mourning. Cultural moderators of these traumatic experiences that would promote healing include family/community support, traditional spiritual practices and medicine, and a positive Native identity (Walters, Simoni & Evans-Campbell, 2002). A study of the needs of Vancouver prostituted women underscores these recommendations (Benoit, Carroll & Chaudhry, 2002). Willmon-Haque & Bigfoot (2008) and Gone (2004) describe a number of culturally relevant trauma treatment programs for American Indians and Alaska Natives.

Unfortunately, mental health programs for Native people are inadequate and underfunded. A Department of Health and Human Services report concluded that shortages of highly skilled providers limit American Indians' and Alaska Natives' access to mental health services (Office of Evaluation and

Inspection Services, 2011). This finding is consistent with the general dilemma of underfunding vital services for Native people. Another U.S. report also concluded that critical services for Native people were underfunded, concluding in 2003 that this failure was a "crisis" and urged immediate action (Alba & Zieseness, 2003).

The Spirit Catches You and You Fall Down (Fadiman, 1992), a groundbreaking book about the need for culturally relevant and inclusive healing, described the clash of Hmong and U.S. cultures with tragic consequences in the life of one little girl. The same phenomenon has been observed among Native people in the United States. Western-trained practitioners and advocates are often untrained to provide competent services for Native people which honor their belief systems and history (Grandbois, 2005).

A specific set of provider requirements for cultural competency in mental health care of Native Americans has been published. Requirements include a recognition of the ways that Eurocentric professional values may conflict with or be responsible to the needs of Native Americans seeking mental health treatment; a recognition of differences in symptom expression, symptom language, and symptomatic patterns in Native Americans with mental illness/emotional disturbance; a recognition of differences in thresholds of individual and social distress in Native American consumers and tolerance of symptoms by their natural support systems. This would include the individual, the family, their informal and formal social context; a recognition of differences in the attribution of mental illness and issues around stigma specific to Native American cultures; a recognition of differences in the acceptability and effectiveness of different treatment modalities in Native American populations; a recognition of culture-bound syndromes associated with the Native American populations and subcultures being served; the need for formally trained interpreters by clinicians who are not bilingual; a recognition of the effects of class and ethnicity on behavior, attitudes, and values; awareness of help seeking behaviors of Native Americans; recognition of self treatment behaviors of Native American which includes the abuse of alcohol and other substances as 'medication;' recognition of the role and manifestation of spirituality, cultural traditions, and faith in Native American families; recognition of the role of verbal and nonverbal language, speech patterns, and communication styles in Native American communities; recognition of the effects of human service policies on Native American and reduction of barriers through informed participation in systems change efforts; awareness of resources (agencies, persons, informal helping networks, research) that can be used by or on behalf of Native American consumers and communities; a recognition of the role and types of power relationships within the community, agency, or institution and their impact on Native Americans (Western Interstate Commission for Higher Education, 1998).

Many of the women in this study expressed a longing to connect or reconnect with Native cultural and spiritual traditions. These cultural practices should be made available to them by nonjudgmental

people who are educated about the devastating impact of prostitution. Although most women wanted the opportunity to use traditional healing methods, we note that some women did not want to do that. They did not want to participate in Native cultural practices, yet they identified as Native women. We respect these women's choices - and their mistrust - just as we respect women who want more opportunities to connect with their cultures. It is extremely important that no woman be pressured to participate in any spiritual practice if she is uncomfortable. Women in prostitution have been manipulated, coerced, and betrayed by johns and pimps, sometimes by government agencies and health providers. They must be fully accepted as Native women whose choice not to participate in cultural practices is honored.

In our opinion, western medical treatment of PTSD and dissociation is best combined with traditional healing for Native women who want to escape prostitution. The Peguis First Nation community in Manitoba found that a combination of traditional and western healing approaches was especially effective for those who suffer from emotional problems, including those related to alcohol and drug abuse, violence, and suicide (Cohen as cited in Royal Commission on Aboriginal Peoples, 1996). We note with optimism that a recent report on combat veterans with PTSD found that vets who were awarded disability benefits had significantly lower rates of poverty and homelessness than those who were denied these services (Murdoch, Sayer, Spont, Rosenheck, Noorbaloochi, Griffin, Arbisi & Hagel, 2011). Our point here is that the provision of culturally relevant services and healthcare is very likely to reduce the appalling levels of poverty and homelessness among Native women in prostitution.

Many of the women we interviewed would benefit from legal services, including family law (divorce and child custody), criminal expungement, disability law and benefits law. Johnson (in press) provides policy reform recommendations to ensure that Native women who have been trafficked have the same access to services as do international victims of trafficking.

We recommend that Congress immediately increase funding for Native women's programs, including advocacy, physical and mental health care, job training and placement, legal services, and research on these topics. Ideally, the Senate Committee on Indian Affairs and relevant House Committees will hold field hearings to listen directly to the voices of Native women and their advocates about the devastating impact of prostitution and trafficking.

We recommend that federal and state funding be provided for both emergency/transitional housing and also for long-term housing for these women, 98% of whom have been or are homeless.

We recommend that state officials provide funding to both reservation-based and urban-based Native programs that offer health services, advocacy, and counseling to Native women and girls in prostitution and trafficking.

We recommend that homeless shelters, sexual assault programs, domestic violence programs, and Native women's programs, both urban and reservation-based, educate their staff members to recognize, empathize, and support victims of prostitution and trafficking.

We recommend that educational institutions, including those providing training in law, medicine, the social sciences, and substance abuse, include the voices of Native women in their curricula.

We urge state, local, and tribal officials to review and reconsider their policies toward victims of prostitution and trafficking. For example the arrest and prosecution of victims is counter-productive and exacerbates the problems. As Native woman interviewed for this research study said, "We need people with hearts." Arresting sex buyers, not their victims, is a more appropriate policy.

We urge all readers of this research to listen to the voices of Native women to provide guidance for solutions to these problems. Many Native women's voices are quoted here.

We close by turning to the wisdom and strength of Native people.

Each tribal culture offers unique perspectives on trauma, violence, loss, and healing. Because most of the women in this study identified as Anishinaabe or Dakota, we reference the spiritual philosophy of these two cultures. As we make changes that benefit Native women and generations to come, these key principles, summarized by Benton-Benai (1988) are essential:

In the Anishinaabe culture, it is said that the Creator appointed seven grandfathers to watch over the Earth's people. Each of the seven grandfathers provided a gift to the people: to cherish knowledge is to know wisdom; to know love is to know peace; to honor all of Creation is to have respect; bravery is to face the foe with integrity; honesty in facing a situation is to be brave; humility is to know yourself as a sacred part of the Creation; truth is to know all of these things.

Dakota culture is epitomized by twelve fundamental values that are essential to the traditional Dakota way of life and may themselves function as resources for healing. As summarized by Garrett, White, Galovan, Akipa, & Rensink (2009) Dakota values include:

unsiiciyapi (humility), wowacintanka (perseverance), wowoohola (respect), wayuonihan (honour), cantoknake (love), icicupi (sacrifice), wowicake (truth), waunsilapi (compassion), woohitike (bravery), cantewasake (fortitude), canteyuke (generosity), and woksape (wisdom).

Miigwetch!

Pidamaya!

Mvto!

Thank you!

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