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Experiences of Racism and Racial Tensions Among African American Women Impacted by Commercial Sexual Exploitation in Practice: A Qualitative Study

Lara B. Gerassi[1]

Abstract

Barriers faced by Black women when navigating commercial sexual exploitation (CSE)-related services remain understudied. This qualitative study explores (a) Black women's experiences of racism when accessing services in CSE-related organizations and (b) the existence and manifestation of racial tensions in practice. In-depth interviews were conducted with 30 adult women who traded sex as adults and 20 CSE-related service providers. Findings suggest that Black women perceive preferential treatment given to White women. Racial tensions between women accessing programs were identified, as well as a promising practice of intergroup dialogue groups addressing racism, privilege, and oppression. Implications are discussed.

Keywords

racism, racial tensions, commercial sexual exploitation, sex trafficking, micro practice

Commercial sexual exploitation (CSE) inclusively refers to any type of sex trading (including sex trafficking and prostitution) that occurs when a vulnerability is present and/or that was induced through force, fraud, or coercion. Vulnerabilities can include issues related to substance use, experiences of abuse, poverty or low socioeconomic status, homelessness, intellectual disabilities, oppressed racial or other identities, and

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more (Curtis, Terry, & Dank, 2008; Heil & Nichols, 2015; Oselin, 2014; Raphael, Reichert, & Powers, 2010; Reid, 2010). Individuals who experience these vulnerabilities may be particularly exploitable by buyers as well as traffickers. Women affected by CSE can experience challenging mental and physical health consequences, ranging from substance use, trauma, posttraumatic stress disorder (PTSD), and depression to sexually transmitted infections including HIV (Burnette et al., 2008; Hossain, Zimmerman, Abas, Light, & Watts, 2010; Murphy, 2010; Raiford, Seth, & DiClemente, 2013; Surratt & Inciardi, 2004; Syvertsen et al., 2013; Tolou-shams, Brown, Houck, & Lescano, 2008). They are also at high risk of poverty and homelessness (Surratt & Inciardi, 2004; Walls & Bell, 2011). As such, service providers often come into contact with women who trade sex through a variety of organizations that address homelessness, release and reentry, intimate partner violence (IPV), sexual violence (SV), trafficking, prostitution, and addiction.[1]

Although anyone can be affected by sex trading and CSE, evidence from multiple research studies, federally prosecuted cases, and reports from social service organizations suggest that African American/Black women and girls are at highest risk (Banks & Kyckelhahn, 2011; Martin & Pierce, 2014). Research suggests that there are race-specific barriers to address in service provision, such as the individual and systematic factors in serving African American/Black women who are survivors of IPV, SV, and trauma (Long & Ullman, 2013; Potter, 2008; Valandra, 2007; Valandra, Murphy-Erby, Higgins, & Brown, 2016). However, little research has revealed specific barriers that African American women experience when navigating services. As such, the analysis from this grounded theory study conducted with adult women who trade sex as adults, as well as the providers who serve this population, explores African American/Black women's experiences with racism while navigating services, and the racial tensions that manifest among women in social services.

Background and Significance

The U.S. Trafficking Victims Protection Act of 2000 stipulated that adult sex trafficking occurs when an individual of majority age is induced by force, fraud, or coercion to perform a commercial sex act (22 U.S.C. §7102). However, many adults who sell sex are not trafficked but do engage in selling sex and, as such, may be charged with prostitution in the United States if a trafficker or pimp utilizing force, fraud, or coercion is not present or identified (Farley, 2004). Survival sex may also occur, which typically refers to sex trading to meet basic survival needs (Greene, Ennett, & Ringwalt, 1999; Reid, 2016; Warf et al., 2013) and/or through the exploitation of a particular vulnerability (including poverty, addiction, intellectual disability, or homelessness). It is important to note that some individuals participate in the sex trade to various capacities without experiences of exploitation or to survive/meet basic needs.

Women who trade sex come into contact with critically important social services, such as addiction treatment, homeless services, IPV/SV services, sex trafficking/prostitution organizations, and criminal justice services. In addition to organizations that exclusively serve survivors of sex trafficking or women exiting prostitution,

organizations that serve women recovering from addiction, survivors of IPV or SV, or women released from jail or prison are likely to encounter a population of women who have experiences of sex trading. For example, more than 50% of women entering substance abuse treatment in the United States reported having traded sex for money or drugs (Burnette et al., 2008). In addition, women affected by CSE experience high rates of trauma, including child sexual abuse (33-84%), physical abuse (51%), and emotional abuse (65%; Ahrens, Katon, McCarty, Richardson, & Courtney, 2012; Clawson, Dutch, Solomon, & Grace, 2009; Fong & Berger Cardoso, 2010; Simons & Whitbeck, 1991; Vranceanu, Hobfoll, & Johnson, 2007). Such factors further increase women's risk of PTSD and depression and need for mental health treatment (Roe-Sepowitz, 2012) and addiction treatment. Providers at IPV or SV organizations will also encounter women who have traded sex. For example, in a study of 100 women controlled by pimps in Chicago, 64 women described their current relationship with their pimp as a boyfriend, and of the 71 women recruited into prostitution by a pimp, 23 of them indicated their partner/boyfriend served as their primary recruiter (Raphael et al., 2010). Providers in release and reentry programs or criminal justice–related programs may encounter women affected by CSE because of crimes related to prostitution, as well as drug use, robbery, or other offenses (Batsyukova, 2007; Clawson et al., 2009), or prostitution diversion programs (Shdaimah & Wiechelt, 2012; Wahab, 2006). Finally, women trading sex to meet basic needs can encounter shelter or housing services targeting homelessness (Brown, Cavanaugh, Penniman, & Latimer, 2012; Watson, 2011).

Barriers to Engaging in Services for African American/Black Women

Studies suggest there may be additional barriers for African American/Black women accessing and engaging with services broadly based on identity-based oppression (Donnelly, Cook, van Ausdale, & Foley, 2005; Nichols, 2013; Sokoloff & Dupont, 2005; Valandra et al., 2016). For example, Valandra's (2007) study indicates that African American women experience a prism of oppression through racism, sexism, and classism that influence their experiences in breaking free from prostitution. Other work has found that African American/Black women's disclosure of SV or IPV may be influenced by witnessing community violence, dissuading them from disclosing trauma or SV (Long & Ullman, 2013; Potter, 2008). In addition, African American/Black women may experience culture-specific barriers to disclosing violence, including stereotypes about African American sexuality and perceived cultural mandates to protect African American (when applicable) perpetrators of sexual assault (Tillman, 2009). African American/Black women may also be held to a stereotype of "strong Black women," which may dissuade them from accessing IPV-related services (Potter, 2008).

In therapeutic settings, microaggressions, particularly between White therapists and African American/Black clients, may play a role in preventing African American/Black women's engagement in services. Racial microaggressions are "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional

or unintentional, that communicate hostile, derogatory or negative racial slights and insults toward people of color" (Sue et al., 2007, p. 271). Examples can often include colorblindness or denial of racism, among others. Evidence from the fields of IPV and SV suggests that women may experience colorblind language and rhetoric in organizations, which may not be helpful to engaging women of color. One study found that executive directors of IPV shelters often claimed colorblindness, which resulted in viewing White women as the norm and othering women of color (Donnelly et al., 2005). Another study found that clients were more likely to be satisfied with their therapists if they demonstrated skills in navigating racial/cultural dynamics and awareness of the importance of race and culture in shaping individual experience and identity in individual sessions (Chang & Berk, 2009). Another study found that colorblind racial beliefs were significantly associated with perceived blame of African Americans themselves for economic and social disparities and justification of social hierarchy between races (Neville, Coleman, Falconer, & Holmes, 2005). Acknowledging the effects of racism and sociopolitical dynamics in IPV are important to enhancing the helping relationship (Kasturirangan, Krishnan, & Riger, 2004). However, such dynamics remain underexplored, and even less research has examined dynamics regarding racial tensions in group work focusing on CSE-related issues (e.g., addiction, trauma, violence).

Small groups, particularly those of mixed races, can replicate many of the social, structural, and political dynamics that are evident in the wider society (Cohen & Mullender, 2005). Although some evidence suggests that groups only for African American/Black women may help unify group members with issues of racial identity and experiences of racism, such groups may be less likely to occur in practice, particularly in services women affected by CSE are likely to encounter (Cohen & Mullender, 2005; Donnelly et al., 2005; Zlotnick, Tam, & Zerger, 2012). In CSE-related services, there may be a need to affirm African American/Black women's experiences of sex trading, which can differ from those of White women because of racism and racial oppression (Valandra, 2007). However, little is known about barriers specific to African American women when navigating CSE-related services and the dynamics with regard to racial tensions that may occur in group practice during service provision. As such, the analysis from this grounded theory study conducted with adult women who trade sex as adults, as well as the service providers who work with them, explores the impact of race and racism on African American women and the racial tensions that manifest in group work in mixed racial settings within the context of critically important services.

Method

The data for this analysis are part of a larger grounded theory study, which was conducted between May and December 2016. Grounded theory is a qualitative method that "focuses on creating conceptual frameworks or theories through building inductive analysis from the data" (Charmaz, 2006, p. 187). This study used a constructivist approach, which attends to contexts and implicit meanings and is used to "interpret

how subjects construct their realities" (Charmaz, 2006, p. 524). This study resulted in the development of emerging themes that were continually refined throughout data collection and analysis processes. The larger study sought to identify perceived barriers and facilitators to access and engagement with social services among women who traded sex as adults. This article specifically focuses on themes that emerged regarding African American/Black women's experiences with racism and racial tensions between African American/Black and White women in the course of CSE-related service provision. Women with experiences of sex trading, and the service providers who worked with them, were interviewed using two mirrored, semistructured interview guides. The guides were left free flowing to incorporate narrative storytelling and data emerging in the interview (Charmaz, 1995, 2006). Interviews were audiorecorded, transcribed by an outside company, checked for accuracy, and deidentified before imported into Dedoose for analysis. It is important to note that this study occurred in a southern, Midwestern city, which is 46.8% White, 47.2% Black or African American, and 3.3% Asian (U.S. Census Bureau, 2016). At the time of the study, racial tensions were also high in the study site, as evidenced by heightened attention to police brutality directed toward African Americans, and related social movement activism. As such, the racial demographics and related regional contexts may have affected participants' perceptions in this study.

Recruitment and Sampling

This study collaborated with two community partners: an antitrafficking coalition, which will be referred to by the pseudonym Anti Sex Trafficking and Exploitation (ASTE) coalition, and a women's-only addiction treatment center, which will be referred to by the pseudonym Women's Addiction Center (WAC). Establishing rapport with providers was an important step to facilitating the entryway to the population (Gerassi, Edmond, & Nichols, 2016; Gerassi, Colegrove, & McPherson, 2018). ASTE is comprised of representatives from approximately 20 organizations in the area who work directly or come into contact with individuals involved in CSE and trafficking. The author has more than 6 years of experience attending ASTE meetings, as a service provider then researcher, which helped to facilitate the partnership with ASTE. WAC provides evidence-based addiction treatment (specifically utilizing the trauma recovery empowerment model) and supportive services to adult women and their children. The author met with the WAC executive team and direct service staff to establish rapport with them. Institutional review board approval and a Federal Certificate of Confidentiality were both obtained for this study.

Women who traded sex as adults. To participate in this study, women must have been 18 years old or older and have traded sex as adults (18 and older). The author collaborated with ASTE and WAC service providers to post flyers at their organizations, which described the study's purpose. Women were asked to phone or email the author, who then provided them with additional information about the study, and if the participant indicated she was still interested, set up an appointment time.

Interviews took place at a private office in either ASTE or WAC and ranged in duration from 45-90 min. Women were offered US$25 for their participation in this study.

Twenty-four women accessing social services were recruited via maximum variation sampling, which served to capture heterogeneity across a sample population (Padgett, 2008). This also ensured that women with varied experiences of accessing social services were represented in the sample. Through snowball sampling, another six participants, who were not connected to any services at the time of the interview, were recruited. Snowball sampling is a nonrandomized sampling strategy involving participant-driven referrals (Charmaz, 2006; Padgett, 2008) that is often used with hidden populations that are difficult to access (Gerassi, Edmond, & Nichols, 2016; Martin, 2013). As such, a total of 30 women were interviewed in this study. All women in the sample identified forms of vulnerabilities such as substance use, homelessness, poverty, and others and, as such, experienced CSE. Twelve women identified as White, 17 as African American/Black, and one as biracial (Black and White). The women ranged in age from 18-63 years and the plurality of participants were in their 30s ($n = 9$). They had experiences of accessing services addressing addiction ($n = 23$), homelessness ($n = 7$), IPV ($n = 7$), criminal justice ($n = 4$), trafficking/prostitution ($n = 3$), mental health counseling ($n = 2$), and SV ($n = 1$). Six participants were not currently accessing any type of services, and two of those six had never accessed services.

Service providers. Service providers who encountered women who traded sex as adults were recruited through purposive sampling through ASTE. To participate, service providers must have provided direct services to women aged 18 and older who had traded sex as adults and were recruited through ASTE emails and meeting announcements. Purposive sampling is defined as the "deliberate process of selecting respondents based on their ability to provide the needed information" (Padgett, 2008, p. 53). Consequently, 10 service providers were recruited and also asked whom else they refer out to and who refers to them (for this service population). Through nominations sampling (Padgett, 2008), another 10 providers were interviewed. Nominations sampling differs from other sampling strategies, in that it "asks knowledgeable persons to name or select eligible persons based on the study criteria" (Padgett, 2008, p. 54), including professional expertise based on experiences with women who trade sex. This method is appropriate when interviewed participants are knowledgeable about recruiting individuals who meet established inclusion criteria (Padgett, 2008). These additional 10 service providers encountered women who traded sex as adults but did not attend ASTE and, therefore, were less likely to be as informed about the dynamics of sex trading. In sum, 20 service providers were interviewed, of whom 15 identified as White and five identified as African American/Black. Providers ranged in age from 23-63 years and represented organizations that address addiction ($n = 3$), the criminal justice system ($n = 4$), homelessness ($n = 4$), prostitution/trafficking ($n = 4$), SV ($n = 2$), IPV ($n = 2$), and mental health counseling ($n = 1$).

Data Analysis

Interviews were transcribed by a professional company and imported into Dedoose (7.5.9), a software program used to conduct qualitative analysis. The research team, consisting of the author and a research assistant, independently conducted open coding to uncover preliminary themes. A coding schematic was created and discussed with the research team, which was then used for focused coding. Themes were continually defined in the coding schematic and compared within the research team, as is consistent with grounded theory methodology. Taxonomic coding—i.e., the formal system of classifying multifaceted complex phenomena according to a set of common conceptual domains—was also conducted to examine key relationships between themes within narrative accounts (Spradley, 1979). Discrepancies within the research team were few, found to be relatively minor, and recoded according to an inclusive and agreed-upon label.

Enhancements to Methodological and Analytic Rigor

We sought to enhance methodological and analytic rigor in a number of ways. We sought to reduce overrepresentation of visible participants through collaboration with multiple key stakeholders (as previously described), snowball sampling of women to capture the voices of those not currently connected to services, and used nonstigmatizing language in recruitment materials (i.e., "women who traded or sold sex" as compared with "prostitutes"; Martin, 2013). We sought to increase awareness of analytic focus through self-reflexivity processes. This was done to take "stock of their [our] actions and their [our] role in the research process" and obtain the "same critical scrutiny as the rest of 'data'" (Mason, 1996, p. 6). We also increased the confirmability and credibility of findings through an independent cocoding process, analytic memo writing (Charmaz, 1995, 2006), and multiphase member checking with both samples. Member checking occurred with service providers, including eight research participants, and women who traded sex, including three participants. Participants generally confirmed findings. Service providers engaged in discussion regarding the complexity of addressing the findings in practice. The women who attended member checking, who all identified as African American/Black, affirmed their experiences of racism and racial tensions and gave positive feedback about practice recommendations.

Findings

Women who identified as Black/African American generally described experiences of racism and preferential treatment for White clients when receiving services. In addition, racial tensions between White and African American/Black women were considered common by the women. Providers also described their own challenges in addressing racial tensions as they occurred in groups. Notably, women who attended specific groups focused on privilege, oppression, and racism, offered at two organizations, described the positive impact the groups had on themselves and their relationships with other women in treatment.

Women's Experiences With Perceived Racism From Providers

Several women who identified as African American/Black described incidents of preferential treatment given to White clients by providers. As one such participant stated when describing her current and prior experiences with substance use treatment groups,

> Well, it looks like the White girl gets to come in late and do whatever she want to do. She can go to sleep and she can have her phone and she can be unfocused and move around and say what . . . she want to do and leave when she wants to. Let a [n-word] try it and, bitch, you going to be put out. . . . Yes, I've seen it at every treatment center I've been to. All the White people get treated differently.

Some African American/Black women felt that both African American/Black and White providers were more responsive to White women's needs in services. As another participant indicated of her experience in a substance use treatment center,

> She [the provider] would give them [Whites] opportunities. She would open doors. This one White girl, she got her into a place over there where she could work and live there. . . . I would ask to talk to [the provider] and she's like, "Well, you have to schedule an appointment." This other girl . . . she say, "I need to talk to you." "Well, come on into my office." That's when I knew that she didn't like me . . .

This participant's story underscored the perception that other women, who were White, would have more opportunities available to them than women like her who identified as African American/Black. Similarly, another African American/Black participant described the differences in a residential IPV program with regard to chore assignments. As she reflected,

> There's a lady up there—she's White—she has a son that's five months, and her daughter's like seven. [The providers] wouldn't give her no chores because of her baby, and this other lady up there, same [White] race, she has a nine-year-old and a sixteen-year-old. She ain't got no chores. . . . [But] I have a one-year-old and yelling at me to sweep the hall upstairs. Want me to work the kitchen, I work the kitchen, and she's sitting there in the high chair, just sitting there while I work in the kitchen. But they don't give this job to them. I see a lot of ladies of color and kids having to do certain chores.

Such experiences furthered African American/Black women's distrust of their providers as well as of the other White women in groups.

Perceived Racial Tensions Among Women in Services

Women who participated in the study also described racial tensions among the women themselves who attended services. Such racial tensions manifested in the form of racist name calling. As one African American/Black woman described of her experiences

in transitional housing for women exiting prostitution, "Because it was some things this one female that lived here was saying and then she was constantly using the n-word and things like that. It just made me uncomfortable." White women described instances of being called names by women of color, such as one incident in which a White woman was referred to as a "pop face, poor, White trashy bitch" in a substance use treatment group. Such derogatory name calling was also sometimes observed by providers. As a White addiction counselor commented,

> I've heard Black people call White people honkeys. I've heard White people call people the n-word. . . . I don't think there's been any times in group that people have . . . directly [had] tension[s], I just noticed always the separation.

The separation noted by the provider above was also described by women. As one African American/Black participant observed of groups in substance use treatment and IPV services, "there are things I've noticed in groups where it will be the White girls sitting together and then all the Black women sitting [together]." Another African American/Black woman indicated that it was safest to separate oneself from White women in various groups she attended and stated, "You have to ignore it. Just don't sit on the same end of the table they sit on. Sit way down there." In addition, African American/Black women felt as though White women did not want to socialize with them because of their race. As another African American/Black participant described with regard to past groups services she attended,

> [White people] don't really want to talk to you. They always with the same White people. They give you this look and you don't know really what she's saying but you can tell it's not good because by the time you get up there by them, they shut up. So you can't never hear what they're saying, but you know they talking about you.

Women also described their purposefully avoiding physical conflict (specifically about racial tensions) in front of service providers. This was emphasized by one African American/Black woman who discussed her prior experiences with a program for women reentering the community from prison/jail, which she no longer attends. She stated,

> You have had a couple of people get reprimanded on the simple fact of them "White bitch," and just calling people anything racial out their name, the n-word. . . . You have had people getting put on restriction or something as far as calling people White girls or the n-word or Black or anything. As far as it come to the point of blows, no.

Physical conflict was commonly avoided to avoid dismissal from the program, as one participant noted of a sober living residential program, "They're careful not to fight because they wanted to be in the program. Fighting is immediate discharge, so they're careful not to fight." Women indicated that the tensions were often less likely to be overt but rather expressed through body language. For example,

> I don't think anybody's openly said, "Well, you wouldn't know. You're White. Well, you're Black." Or anything like that. I think it's just been non-verbals and within the context of whatever we were talking about. I was like, "Gosh. Are we going to have some problems here?" We didn't that I know of.

The purposeful separation, name calling, and nonverbal cues contributed to heightened racial tensions women experienced in services and negatively made many Black women ostracized.

Ostensibly, providers may be missing particular manifestations of racial tensions, as some indicated that they did not have them in their groups or at their organizations. This is demonstrated by an IPV provider who said, "I never really thought about [racial tensions] to be honest, because we really don't see it."

Colorblindness. African American/Black and White women also described their attitudes of perceived colorblindness. As a White woman who traded sex and was engaging in residential services for women exiting prostitution described,

> In a sense they [white people] came up with this consciousness of colorblindness, and that's kind of how my mom raised me. She's like, "You don't see people's color. Just because they have different colored skin doesn't make them any different from you."

As this participant describes, White women like her saw colorblindness as a way of not being racist. This was not limited to White women, as one African American/Black woman engaging in services described, "Racial tensions don't really bother me. I don't see color. I see it, but it doesn't matter because I like people for people and I dislike people for people."

However, other African American/Black women with experiences engaging in services indicated how colorblind language was harmful to them and wanted people to understand how their racial identities had affected their experiences. As one African American/Black woman stated of her experiences in substance use treatments and residential housing, "My Black heritage is part of me, and for you to act like you don't see that is offensive." Another African American/Black woman who participated in addiction treatment and residential programs indicated that it was important that the Black women be recognized generally for all that they have experienced by being Black women. She stated,

> I feel like as a Black woman we've endured so much. . . . Don't get me wrong; I know we're wrong sometimes, too. . . . We've gone through a lot and we've helped to solidify this country and make it what it is. Everything was built on our backs, so I don't think that we get enough credit. I don't feel like racism will ever end. I think there always will be racism.

As this sentiment demonstrates, some Black/African American women described needing to be validated and feel respected by providers and other White women for their experiences of racial oppression, which varied from the experiences of White women.

Strategies (or Lack Thereof) to Address Racism and Racial Tensions in Practice

Racial tensions commonly went unaddressed in practice, particularly when they involved nonverbal cues. Providers tended to intervene when the tensions escalated to the point of fearing verbal or physical conflict. In such cases, providers sometimes focused on diffusing the situation and sometimes separating the participants, rather than delving into the root issue. As one White service provider at a program for incarcerated women described,

> Well, the first time we'll sit down and talk to both sides say, "This isn't allowed here. You're not going to be allowed to do this. Are you guys going to be able to get along?" And if they say no, then they're going to be put on our enemies list which means they can never go to classes together . . . and it causes a lot of difficulty for them because they're going to be very limited on what they can do.

Separating women also occurred when African American/Black and White participants who shared rooms in residential programs engaged in conflicts based on race. As one White participant in an IPV shelter described,

> This [Black] girl would, she sits up on the phone until three or four o'clock in the morning. I don't know how many comments I've heard her make about effing White people. I don't need to listen to that. I don't want to hear any. . . . "Excuse me, I am one and I'm right here." Just that little bit of what she said that started to make me really uncomfortable. I happened to mention it to one of the workers. It was taken very seriously. I never guessed that it would be. . . . She was moved immediately. Once she got up there and got everything moved, she came back down and she said, "Did I ever seem prejudice to you?" I wasn't about to tell her the truth. Because I'm in a room, way down at the other end of the hall from anybody, alone with this girl. I don't know her. She's Black . . . I don't have anything against [that] but when they use [that] to intimidate me, I don't like it.

As demonstrated by this story, the challenge between these two participants was addressed by shelter staff by moving the African American/Black woman out of the room (rather than moving the White client).

Other providers described responding to incidents of racial tensions by reminding participants of the group rules with regard to maintaining general respect for one another. As one African American/Black addiction counselor indicated,

> First, I say, "Ladies, let's be respectful. Is this something that we can talk about right now?" Somebody may say, "Yeah," so then I say, "Can I ask you first what's going on? What can I do?" They may say something like, "I wasn't even talking to her, and she got in my conversation. I was talking to her." I say, "First of all, we shouldn't be having side conversations. Second of all, if you are saying something and you say her name, it's kind of normal to respond. Would you respond? That's kind of normal behavior to expect."

This example demonstrates the process by which providers would reiterate the rules and guidelines for participating in groups rather than addressing the underlying racial tensions. Announcements with similar messaging would also occur in residential services. For example, one African American/Black woman described an incident in which a few White women had used the n-word in passing at her residential addiction treatment program. She then described how staff addressed the situation,

> They called a house meeting. They brought it up and they were just saying that, "There should be no racial remarks or any racial feelings in this house. Everybody's the same," just saying it. But it didn't change nothing . . . it was like a conversation and that everybody should respect everybody who lives here and blah blah. It still the same. It never change.

As incidents or tensions occurred in groups, some providers would respond by describing the impact of the trans-Atlantic slave trade on society today. As a White IPV provider described,

> Sometimes you can look at the old rules and say that . . . This is something we're still digging our way out of basically . . . I said, "That's what they used to do with slaves." I don't remember what it was now but I was trying to make the emphasis that human beings used to be bought and sold and this is still running subconsciously through our society.

These previously described responses occurred only when racial tensions or resulting conflicts emerged in groups.

In contrast, a few providers incorporated diversity group programming that directly focused on race, racism, and oppression into their organization's preexisting group curriculum. As one White CSE provider who facilitated such groups indicated,

> The conversations right now are a lot about understanding privilege and oppression. There's a lot of racism that's within the women, because they're struggling to identify their own oppressions, so they don't necessarily see the other layers. . . . We told them that we're going to do the [diversity] group, because it's important.

When asked whether they used a preexisting antioppression module or curriculum, the provider stated,

> No, because it's not really out yet. I don't want to make it super academic for them. The struggle is more for them understanding the day-to-day things . . . so we just talk with them about everyday experiences that they're seeing, example of things with to try to change that. I don't think you can really get that from a curriculum.

As described by this provider, anti-oppression curricula were viewed as impractically academic and inappropriate for participants living in residential services designed for women involved in CSE.

African American/Black women who had attended antioppression groups described the benefits of the group facilitations. For example,

> It's been pretty good because we actually do diversity class here. It's pretty good because nowadays you have to talk about racism and stuff like that with everything that's going on. . . . [It has changed] my relationship with the other women in the house. I feel more comfortable with the rest of these women. . . . I've started learning that color matters and that until we learn how to stop being colorblind and learn how to be more color brave, nothing's going to change.

Another African American woman who participated in a different anti-oppression group offered at another organization described how helpful the group was for her and her relationship with other women in the program, including White women. For instance,

> We did talk about White privilege in one of our classes. It was racism, stigmas, sexism, and something else. It was brought up. My roommate was speaking on White privilege and how she didn't know that she had it. I was looking around like, "Girl, yeah you do." At 34, you know about your White privilege. [It was] helpful because you've got to hear . . . different people's opinions and you could form your opinion on where their mind is at as far as . . . different cultures, periods, how they look at different people.

Positive accounts of the benefits and lessons learned in diversity classes were also expressed by women who identified as White. As one White participant describes,

> White people came up with this concept that we shouldn't see color anymore and that color doesn't matter and that we're all equal. That's the furthest thing from the truth . . . so coming here and going through these diversity classes . . . and I'm learning that color matters.

Groups that addressed privilege, oppression, and the dynamics of race and racism were seen as helpful in addressing the complicated dynamics stemming from such systemic issues.

Discussion

Our study adds to the literature in finding that women affected by CSE who engage in services experience racial tensions, and African American/Black women report incidents of preferential treatment for White women and exposure to racist comments. This can be detrimental to women's experiences and may lead to disengagement from services. Whereas some providers report not noticing and/or addressing such tensions at all, others report varied strategies to address these dynamics, including diffusing the situation, describing the impact of slavery, or conducting an anti-oppression dialogue. This study's findings indicate that racism and racial tensions may influence African American/Black women affected by CSE when engaging

with critically important services. Prior work has shown that the stereotype of "Strong Black Women" prevented some women from seeking services (Potter, 2008), and the challenging dynamics of advocates stereotyping African American/Black women as more resilient and in less need of protection from abuse, resulting in the othering of African American/Black women (Donnelly et al., 2005). This study adds to the literature in showing the manifestation of racism and racial tensions in CSE-related services as well as additional barriers African American/Black women face in interacting with White women in services. Racial tensions and dynamics can affect women's ability to engage in services and, consequently, should be addressed in individual and group practice as well as within organizations that are likely to encounter this population.

Implications for Providers in Individual and Group Practice

This study found that African American/Black women perceived preferential treatment for White women over them in programming. This finding is consistent with prior work in the juvenile justice literature indicating that White girls were more likely to be recommended for treatment-oriented placements as opposed to detention (Chesney-Lind, 1999; Ward, Kupchik, Parker, & Starks, 2011). Such findings may be consistent with the evolving face of racism in the United States, which is "more likely than ever to be disguised and covert and . . . a more ambiguous and nebulous form that is more difficult to identify and acknowledge" (Sue et al., 2007, p. 272). Although overt acts of racism do occur, this study finds that African American/Black women may additionally experience microaggressions in services from providers. Existing literature suggests that such microaggressions are likely to go unrecognized by clinicians or providers, particularly without effort to identify and monitor microaggressions (Sue et al., 2007; Sue, Zane, Hall, & Berger, 2009). Sue and colleagues (2007) recommend that processes to recognize and address microaggressions be similar to ongoing efforts to raise awareness of any transference and countertransference issues between therapists and clients. In addition, ongoing anti-oppression and diversity trainings for staff may be essential for training and reminding providers to engage in this process (see "Organizational Implications" below).

It also may be essential for providers to note that racial tensions between African American/Black and White program participants occur, even if providers do not directly observe them. Our study found that racial tensions manifested in multiple forms, including comments, nonverbal cues, and conversations that were purposefully kept from providers, so that participants would stay in the program. This may be particularly true in residential settings in which women often have time with other participants in the program without a provider present (e.g., sharing a room in shelter). In addition, attempts to address racial tensions in practice that do not name and acknowledge the impact of race and racism on African American/Black women's life experiences may be detrimental and contribute to perceived colorblindness (Chang & Berk, 2009; Erskine, 2002). This may be especially important in the context of organizations whose staff is made up of mosty White service providers who predominantly serve

women of color. This study's sample (majority African American clients and majority White service providers) is reflective of both the racial demographics of multiple organizations in this area and the extant literature in IPV and other related fields (Danzer et al., 2017; Donnelly et al., 2005). Existence of racial tensions may serve as evidence of the need for diversity and anti-oppression work with clients in addition to service providers to name the problem, and provide an avenue to address it in practice. Acknowledgment of racism and racial oppression may serve to create a safer environment, enhance a woman's relationship with her provider, and ultimately increase her likelihood to remain engaged in services.

Intergroup dialogues focusing on racism,White privilege, and racial oppression. An emerging theme of this study suggests that anti-oppression groups or intergroup dialogues that focused on understanding privilege and oppression and refuting the concepts of colorblindness were helpful for the women who participated. This is important for mixed race groups, which women seeking services related to CSE are likely to encounter (Donnelly et al., 2005; Zlotnick et al., 2012). Such groups increased understanding with the other group of participants and residents, thereby strengthening the relationships with the other women in their programs. As such, the promising practice of facilitating anti-oppression groups should be considered for integration into services for this population. This is important in services that address trauma or other problems in group settings, as experiences of racism can affect one's experiences of trauma. In addition, experiences of preferential treatment toward White women in services and within the commercial sex industry are important to acknowledge when specifically working with women who trade sex, to better recognize and explore the related triggers that may occur. As such, group facilitators should provide women with an introduction to an anti-oppression framework by providing definitions of power, privilege, and oppression. To that end, dialogues must name, describe, and provide examples of privilege and oppression, broadly, as well as sexism and racism, specifically. Women can be encouraged to share examples of sexism from their lives, which can validate the commonalities women in the group share, in contrast to those who hold male privilege. Then, women's contrasting experiences of White privilege and racial oppression should be explored and group facilitators must validate the different experiences women of color have in contrast to White women. Doing so may address some of the racial tensions that this study found existed among mixed-race groups. However, group facilitators must be sure not to tokenize African American/Black women by having them teach White women the impact of racism and racial oppression (Bograd, 1999; Herring, Spangaro, Lauw, & Mcnamara, 2013). Rather, the dialogue's goals should be to focus on affirming the intersecting oppressions that African American/Black women face, the impact on their lives including CSE-related experiences, and the commonalities and differences they may share with women of other races. Such dialogues may work to address existing barriers for African American/Black women (such as colorblindness), thus enhancing engagement in services. Future research should explore whether such groups are helpful in enhancing engagement with services.

Organizational Implications

Practice implications that have been discussed here will be difficult or almost impossible to implement without organizational support. Training and dialogue to address issues of racial oppression and White privilege in practice are encouraged. Anti-oppression work will likely require facilitated dialogues with providers and executive teams to work on their own biases as well as the influence they may have on their work. Existing diversity organizations such as the National Conference for Community and Justice (NCCJ) or the Diversity Awareness Project (DAP) may be useful resources in partnering with organizations to help providers strengthen their skills on intergroup dialogue facilitation. In addition, the White Privilege Conference may also be helpful, particularly to enhance White providers' self-awareness in working with individuals of color. Resources such as NCCJ and DAP may be helpful in providing a starting point or local trainers to facilitate such dialogues among staff themselves.

Limitations

There are some important limitations to consider. In this study, the majority of the participants who traded sex as adults (28 out of 30) identified as heterosexual and cisgender women, thus the impact of queer identities and related oppression among women who traded sex as adults was generally left unexplored in this study and remains an area for future research. Similarly, the sample's racial composition reflects the racial demographics of the location and social service participants in the southern, Midwestern city but is not inclusive of all racial and ethnic groups. Future research is needed to address the dynamics of other racial groups, particularly Asian, Latinx, and American Indian women. Furthermore, this study did not explore any dynamics related to colorism, the skin color stratification that privileges light-skinned people of color over dark (Hunter, 2007), in service access and engagement. Collectively, future research to understand the role of intersectional identities may be crucial to creating tailored interventions for sub-populations of women impacted by CSE.

In addition, this study's findings are not generalizable. However, they are potentially transferable to situations that have similar contextual dynamics. Organizations that address issues of addiction, mental health, IPV, SV, CSE, and women exiting prostitution can examine the contextual dynamics of their organization when determining if the findings and subsequent recommendations apply to that particular organization.

Conclusion

This study found that African American/Black women impacted by CSE experienced additional barriers related to racial oppression when engaging with critically important services individually and in groups. Failure to address systemic issues of racial oppression in individual and group practice may be disserving to African American/Black women and may lead to increased stigmatization and disengagement from services. As such, initiatives to cease colorblind language and intergroup dialogues that focus on

the impact of multiple oppressions that affirm African American/Black women's experiences of racism without tokenizing their voices in groups with White women may be important to further holistic engagement in services.

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Note

1. It is important to note that some individuals, often referred to as sex workers, choose to participate in the sex trade without any type of vulnerability present and express free agency. Sex work can overlap with CSE but sex workers are involved as an autonomous choice.

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