

Sex-for-Crack-Cocaine Exchange, Poor Black Women, and Pregnancy

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A sample of 34 poor Black women who exchanged sex for crack was screened to discover if sex-for-crack exchanges resulted in pregnancies. Ethnographic interviews were conducted with women who became pregnant this way. Out of the 34 women, 18 reported sex-for-crack pregnancies, and more than half of that number became pregnant this way more than once. Twenty-nine pregnancies were reported. Only 2 women chose to have abortions. Interview transcripts were analyzed using qualitative data analytical procedures. The following three issues shaped the women's responses to sex-for-crack pregnancies: (a) severity of crack use, (b) religious beliefs, and (c) social organization patterns within poor Black communities. The findings have implications for drug treatment and child welfare policy.

The baby I am carrying now, I don't know who the father is. There are a few [men] that I had sex with around the time I got pregnant, that day. But which one it is, I don't know who.

—1998 interview with a poor Black female crack user

Crack cocaine has dramatically changed the lives of many poor Black women in cities. The emergent sex-for-crack-cocaine barter system in which women participate after other economic resources have been exhausted has contributed to a shift in the balance of power between men and women in this context. Marginalized women, desperate for the drug, will engage in unprotected vaginal sex with many different men simply because they have access to quantities of crack (Inciardi, Lockwood, & Pottieger, 1993; Ratner, 1993). Failure to use condoms during these encounters is largely dependent on the man's resistance or the woman's haste to complete the act to continue drug use. The increases in sexually transmitted diseases, including HIV infection, have been linked to this behavior (Booth, Watters, & Chitwood, 1993; Forney, Inciardi, & Lockwood, 1992; Fullilove, Lown, & Fullilove, 1992; Marx, Aral, Rolfs, Sterk, & Kahn, 1990; Sterk, 1988). The other consequence of high frequency of unprotected sex is pregnancy. This pilot study is a precursor to a larger project on sex-for-crack exchange, poor Black women, and reproduction. The purpose of this research is twofold. First, social epidemiological procedures were used

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to recruit a sample of 41 poor Black female crack users, determine which ones engaged in crack prostitution, and identify those women who became pregnant by exchanging sex for crack. Similar to epidemiology in medicine, social epidemiology tracks the spread of impairments or medical conditions within a population. However, social epidemiology emphasizes the social or cultural characteristics of a population that are related to the medical condition under study (Weiss & Lonnquist, 1999). A full-scale epidemiology requires a much larger sample size than possible in the present study. Techniques similar to those used in larger studies were used in this research. Second, ethnographic interviews were conducted with a theoretical sample of women who had become pregnant by exchanging sex for crack to answer the following research questions: How do women respond to a pregnancy conceived in this manner, and what influences decisions about such pregnancies?

BACKGROUND

The Precursors of Crack Cocaine Use

Complex and interrelated social forces in the past 30 years created the optimum conditions for a crack stronghold among inner-city residents (Dunlap & Johnson, 1992). The two industries, manufacturing and agriculture, that provided unskilled breadwinner jobs in the past were about to change in ways that would affect the opportunity structure for poor Blacks and alter the demographic makeup of inner cities. Assemblyline manufacturing jobs provided adequate incomes for Black families in cities during America's industrial boom from 1900 to about 1950. During these years, many Black people left their ancestral homes in the South in search of the competitive wages offered by manufacturing plants. Families able to obtain education for their children and a measure of economic stability through these opportunities were in a good position to take advantage of the coming change in social policy toward Blacks. The shift in the political climate created a narrow window of opportunity for specific groups of Blacks (Wilson, 1987, 1996).

Before the elimination of Jim Crow policy and institutional apartheid, opportunities for all Blacks, regardless of education and economic status, were held in check. Following landmark civil rights legislation in the 1960s, educationally prepared and socially connected Blacks made significant gains in economic prosperity, strengthening the Black middle class. These fortunate individuals began a slow but steady exodus away from formerly segregated neighborhoods and into prosperous suburbs (Coontz, 1992; Wilson, 1987, 1996). Poor and marginalized Blacks and those left in agricultural work were not able to take advantage of these opportunities (Wilson, 1987). The agricultural industry became highly mechanized during the 1970s, decreasing the need for manual labor. Traditionally, as indicated earlier, displaced workers in the agricultural industry found refuge in a plethora of blue-collar jobs formerly available in urban manufacturing plants. However, the pool of manufacturing jobs diminished as the American economy shifted toward a highly technical service base (Wilson, 1987). Unemployed agricultural workers from rural areas flooded inner cities at a time when plants were closing, relocating to the suburbs, or moving to other countries. Thus, a large pool of superfluous, unskilled Black male

workers became concentrated in urban centers (Wilson, 1996). The change in demographic composition affected the tax base and therefore negatively affected inner-city schools. Concomitantly, the relaxed sexual codes of the larger society during the 1970s were adopted by the young people of inner cities, resulting in an explosion of out-of-wedlock teenage pregnancies. Massive numbers of female-headed families became welfare dependent. Furthermore, teenage pregnancy shortened the years between generations and thereby changed the age structure of inner-city residents toward younger age (Wilson, 1987). In this context, marriage is nearly nonexistent, and the single-parent, female-headed household has become the prototypical family structure (Staples, 1994). It is not surprising that crime and gang activity increased under these conditions. During the late 1970s and early 1980s, inner-city conditions were much worse than they were in the 1960s (Devine & Wright, 1993; Wilson, 1996). At this critical juncture, social policy toward Blacks shifted again in the early 1980s. Ignoring historical discrimination and the results of economic restructuring, a modern group of social Darwinists and neo-eugenics proponents such as Charles Murray (1984), J. Phillippe Rushton (1996), and others suggested that the problems experienced by inner-city Blacks were largely due to inherent intellectual and cultural inferiority. Following the dubious findings of these scholars, conservative politicians pushed to dismantle Great Society programs to aid and train the poor (Wilson, 1987). Into this volatile set of circumstances the crack phenomenon evolved.

The final piece of this disturbing picture occurred in the early 1980s. Before then, cocaine was considered a recreational drug for the upper and middle classes. The cost of the drug was prohibitive for the poverty stricken (Dembo, 1993; Hamid, 1991; Williams, 1989). The cocaine-producing countries (Chile, Bolivia, and Peru) experienced a cocaine glut in the early 1980s that resulted in two consequences. First, stockpiled quantities of cocaine invited experimentation with ingestion methods. It was discovered that a smokeable cocaine precipitate could be produced by "cooking" cocaine powder together with baking soda and water. Smoking cocaine, rather than its intranasal inhalation, spared the user of damage to the sinus passages frequently associated with cocaine abuse and was found to produce a quicker and more intense high (Waldorf, Reinerman, & Murphy, 1991; Williams, 1989). The solid form of cocaine was called crack because of the crackling sound it made when smoked (Williams, 1989). Second, the diminished street value of powder cocaine influenced drug dealers to search for new markets. Free samples of crack were then distributed in predominantly Black, inner-city, poor neighborhoods and housing projects. With addiction assured, the dealers then marketed the drug in affordable \$5 and \$10 prepackaged quantities (Williams, 1989). This clever marketing strategy dramatically changed the lives of the urban Black poor economically, socially, and culturally. Unprecedented numbers of people have become addicted, windows of opportunity have been opened for the masses of unemployed youth to become drug dealers, inner-city neighborhoods have become centers of drug sales and consumption, and the community's weak links to the mainstream society have been nearly severed. At the same time, venerated social institutions such as the church and the extended family system, which supported impoverished Blacks since slavery, have been severely strained or dismantled completely (Staples, 1991).

CRACK USE AND WOMEN

Before the introduction of crack, illicit drug abuse was commonly associated with men (Anderson, 1978; Becker, 1953). In 1968, male drug addicts outnumbered women by a 5-to-1 margin (Rosenbaum, 1981). By the 1970s, there was a slow but steady increase in female drug users of heroin and marijuana (Inciardi et al., 1993). However, after the appearance of crack cocaine in inner cities, unprecedented numbers of women have become addicted (Inciardi et al., 1993; Ratner, 1993). The well-documented link between sexual activities and crack cocaine has complicated the lives of these women and their children (Anderson, 1990; Forney et al., 1992; Inciardi, 1989; Inciardi et al., 1993; Minkler & Roe, 1993; Ratner, 1993).

The literature on women and crack use highlights the prevalence of exchanging sex for crack as a means of habit support among economically deprived and socially isolated demographic groups that make up the urban poor (Forney et al., 1992; Fullilove et al., 1992; Inciardi et al., 1993; Ratner, 1993; Williams, 1989). These exchanges, characterized by high levels of sexual activity and numerous partners, have been the subject of many studies (Fullilove et al., 1992; Inciardi, 1989; Inciardi et al., 1993; Mahan, 1996; Ratner, 1993; Williams, 1989). It is not unusual for crack-using females to engage in unprotected sex with anonymous partners in the genre of crack houses that has emerged (Ratner, 1993). These are houses or, more commonly, apartments in public housing where people can either purchase the drug, use the drug, engage in sex, or a combination of all three for various monetary charges. The compulsive nature of crack use leads to irresponsible risk-taking behavior in which condom use is inconsistent (Kenen & Armstrong, 1992; Ratner, 1993). The dramatic rise in sexually transmitted disease, including HIV infection, among the urban poor is a result of widespread crack addiction, as is the related increase in prostitution (Booth et al., 1993; Forney et al., 1992; Fullilove et al., 1992; Marx et al., 1990; Sterk, 1988).

Furthermore, the use of other contraceptives or prophylactic devices, for example, birth control pills or diaphragms, has also been demonstrated to be inconsistent among crack users (Booth et al., 1993; Inciardi et al., 1993; Kenen & Armstrong, 1992; Ratner, 1993). Oral sex is the act that occurs most frequently, and vaginal intercourse is not uncommon (Inciardi et al., 1993; Ratner, 1993).

A number of key issues have received attention since the beginning of the crack epidemic among inner-city women. The increase in sexually transmitted diseases linked to crack-related sex has been the subject of numerous studies (Booth et al., 1993; Forney et al., 1992; Fullilove et al., 1992; Marx et al., 1990; Sterk, 1988). But the link between exchanging sex for crack and pregnancies has not been explored. The literature on crack use and pregnancy has been limited to crack use during pregnancy and intrauterine drug exposure (Bateman, Ng, Hansen, & Heagarty, 1993), the criminalization of pregnancy and fetal rights (Elshtain, 1990; Maher, 1990; Palthrow, 1990; Schedler, 1992), and teenage pregnancies (Marques & McKnight, 1991).

Two very recent studies have addressed pregnancies among female crack users in the context of the drug street culture (Kearney, Murphy, & Rosenbaum, 1994a; Pursley-Crotteau & Stern, 1996). In addition, Murphy and Rosenbaum (1999)

explored the effect of pregnancies on the lives of female drug users. In this study, a number of poor Black female crack users were included in the sample. However, trading sex for crack as a mechanism for producing pregnancies has not been considered. Moreover, because the samples of the previously mentioned studies have been extracted from inner-city neighborhoods and their participants are predominantly poor and Black, the relationship between the cultural factors and crack use should be explored more fully. Cultural background and socioeconomic status are important variables that predict the vulnerability to illicit drug use and the social devastation that accompanies it (Elwood, Williams, Bell, & Richard, 1997).

Marsha Rosenbaum's (1981) groundbreaking study of female heroin addicts described the process of "narrowing options" for the women in her sample. As women become more involved in heroin use, life options become increasingly scarce for a stable home life, employment prospects, and relationships with people who do not use drugs. Furthermore, she argued that minority women who use heroin begin this process with fewer life options initially (Rosenbaum, 1981). Similarly, her colleague Margaret Kearney argued that for female crack users, the narrowing of life options is prevalent before the onset of crack cocaine use (Kearney, Murphy, & Rosenbaum, 1994b). Following these lines of reasoning, the effect of race, class, and gender marginalization among inner-city poor Black women placed them in a social position to be exploited by the male-dominated crack culture. The set of dangerous behaviors associated with crack use has been especially damaging to poor Black women due to chronic unemployment and the absence of meaningful social roles. Crack use is highly compulsive and leads users to spend large amounts of money over time by spending small amounts repeatedly until all resources are gone. More affluent crack users may tap into larger pools of resources and have access to more material goods that can be liquidated if cash flow becomes a problem. Conversely, poor Black women have limited income-generating power and fewer economic resources, which can be exhausted quickly by crack use. Furthermore, in the absence of careers outside the home, many are vulnerable to lapses in activity. The cycle of crack addiction fills the void in the lives of many disenfranchised women. Therefore, poor Black women are disproportionately at risk for engaging in sex-for-crack exchanges to support their drug habits.

The literature on women and crack use reveals a disproportionate inclusion of poor Black females in nearly all study populations (Bateman et al., 1993; Forney et al., 1992; Fullilove et al., 1992; Inciardi, 1989; Inciardi et al., 1993; Kearney et al., 1994a, 1994b; Mahan, 1996; Maher, 1990; Minkler & Roe, 1993; Pursley-Crotteau & Stern, 1996; Ratner, 1993). This pattern is typical of Ratner's (1993) study. Based on aggregated data drawn from major cities in the nation, Ratner's sample of 340 participants was 72% Black and 69% female. Likewise, out of 14 female crack users in Fullilove and colleagues' (1992) study, 10 were Black. Seventy-two percent of 68 women were Black in Kearney et al.'s (1994a) study on mothering and crack. In Pursley-Crotteau and Stern's (1996) study of perinatal crack users, 81% of the 19 women were Black. Sixty-seven percent of the 27 adolescent females in Inciardi's (1989) study population were also Black. The population in Inciardi et al.'s (1993) larger study on women and crack cocaine was predominantly Black as well. In addition, all of the aforementioned samples were drawn from inner-city poor neighborhoods. Cultural background and socioeconomic status are important variables that predict the vulnerability to illicit drug use and the social devastation that accompanies it (Elwood et al., 1997).

Exchanging sex for crack among poor Black women is complex for several reasons. First, women who exchange sex for crack are denigrated within the androcentric crack street culture. They are termed *hos*, *skeezers*, *strawberries*, and a variety of other pejorative names (Elwood et al., 1997; Fullilove et al., 1992; Inciardi et al., 1993; Mahan, 1996; Ratner, 1993). Trading sex for crack has further emphasized their marginal position in society at large. More important, becoming a crack ho greatly diminishes gender-specific social power within their own communities. Second, crack-induced craving produces an urgency in which common sense and self-protecting strategies, such as condom use, are literally abandoned. This behavior is prevalent for most users but is especially troubling for poor Black women. As a demographic group, poor Black women are the least likely to choose an abortion when faced with an unplanned pregnancy (Radecki & Beckman, 1992; Rainwater, 1960; Robbins, 1981; Ward, 1986). Third, motherhood is prescribed for inner-city poor women and is often one of the few sources of life satisfaction. Black motherhood is an institution in and of itself and is a symbol of power in Black communities (Hill-Collins, 1991). Becoming pregnant by exchanging sex for crack threatens an established social status. Thus, this research addresses a unique kind of pregnancy produced within the experience of crack use, juxtaposed on a specific cultural and socioeconomic backdrop.

METHOD

Informal and formal screening processes were used to locate Black female crack users and identify women who exchanged sex for crack on a regular basis and those who had become pregnant in the process. Forty-one Black female crack users were formally screened with a coded instrument to identify qualified research participants. Thirty-four women met all of the following project criteria: American-born Black, poor (earn less than \$10,000 per year at a legitimate job), age 18 to 50, and exchanged sex for crack to support the drug habit. Seven women were eliminated from the screening sample because they did not meet at least one of the qualifications.

Key informants from previous studies conducted the informal screening by identifying and recruiting poor Black women who were either currently addicted to crack or were participants in drug treatment for less than 6 months. Women were recruited from three inner-city poor neighborhoods or treatment facilities that serve the people in these areas. The women were screened using a brief but detailed instrument designed to capture coded demographic information, drug use and sex-for-crack frequency, sexually transmitted disease history (including HIV testing and results), condom and other birth control use, drug treatment involvement, and homeless status. The women were also asked, "Have you ever become pregnant in a sex-for-crack exchange?" and "What was (were) the outcome(s) of the pregnancy (pregnancies)?" The pregnancy outcomes were coded as follows: (1) abortion, (2) miscarriage, (3) live birth, (4) still birth, (5) tubal pregnancy, and (6) pregnant now. Women who had become pregnant were offered to participate in a paid, in-depth interview. The screening instrument was used to provide an initial assessment of pregnancies conceived in sex-for-crack exchange and to ensure that background data were collected from every woman contacted.

The ethnographic component of the project required the utility of a theoretical sample of women determined to have conceived pregnancies by sex for crack. After the administration of the formal screening questionnaire, women who reported that they had become pregnant this way were asked to participate in a longer, in-depth interview. Women who agreed were interviewed with a semistructured instrument designed to capture coded demographic data and ethnographic descriptions of behaviors, relationships, and cultural patterns within the crack world. This instrument included questions concerning pregnancy risk awareness, drug use during pregnancy, family structure, prostitution history, and a detailed analysis of each sex-for-crack pregnancy. The outcome of each pregnancy was ascertained. The mother was asked why she decided to carry the pregnancy to term or why she decided to have an abortion. In addition, the women were asked to conceptualize the forces that influenced their decisions about the pregnancy. If the pregnancy resulted in the birth of a child, the details of the child's life circumstances were probed (e.g., who had custody). The mother was asked to describe her relationship with the child and report if she thought the child was treated differently than other children not conceived by sex for crack. The interviews, each approximately 1 hour in length, were audiotaped, transcribed, and erased. Subjects were given a preinterview briefing about the nature of the research, their rights, and confidentiality concerns. Informed consent was administered before each interview. Participants were compensated \$20 for the completion of the in-depth interview. The women were given a thank-you letter in the same envelope that contained the money. This letter stressed the importance of using the money to buy food or for some other constructive purpose rather than to purchase drugs.

A focus group was conducted with the first 8 participants, all of whom exchanged sex for crack. The focus group served an additional purpose of informing the development of the final draft of the in-depth interview guide.

Interview and focus group transcripts were entered into a textual database and rigorously analyzed with the qualitative data analysis techniques suggested by Lofland and Lofland (1995), Strauss and Glaser (1967), and Strauss and Corbin (1990). These procedures allow the researcher to discover themes and patterns in qualitative data during the entire process of the research. Qualitative data analysis techniques such as these emphasize making comparisons with previously conducted interviews as each subsequent interview is conducted and as each tape is transcribed. Analytical memos that link the women's experiences with sex-for-crack pregnancies or contrasted descriptions of crack-related phenomena were noted and maintained in a logbook for this purpose.

SAMPLE DESCRIPTION

All ($N = 34$) women who met project criteria reported that they exchanged sex for crack cocaine a minimum of once per week. Eleven women reported exchanging sex for crack daily.

Sixteen women reported three to five sex-for-crack exchanges per week, and 7 women reported that they exchanged sex for crack once or twice per week. Their ages ranged from 26 to 47, with a mean age of 33.56. Their education levels ranged from Grades 7 to 16. However, level of education was split between 19 women who had not completed high school and 15 women who received high school diplomas,

TABLE 1: Sex-for-Crack Pregnancy Outcomes

	<i>Frequency</i>	<i>Percentage</i>	<i>Cumulative Percentage</i>
Live births	11	37.9	37.9
Pregnant now	3	10.3	48.3
Still births	3	10.3	58.6
Tubal pregnancies	3	10.3	69.0
Miscarriages	3	10.3	79.3
Abortions	6	20.7	100.0
Total	29		

high school equivalency, or higher. A majority of women reported multiple incidences of an array of sexually transmitted diseases including syphilis, gonorrhea, herpes, genital warts, chlamydia, pelvic inflammatory disease, and trichomoniasis. Only 3 women never contracted any sexually transmitted disease. Twenty-seven of the women reported that they had been tested for HIV infection. Five were currently HIV positive. Most of the women used birth control methods inconsistently while exchanging sex for crack, and a majority (19 women) neglected to use any form of birth control or protection while engaging in this behavior.

RESULTS

Within the sample of 34 women who exchanged sex for crack cocaine at least once per week, 18 women reported the incidence of a sex-for-crack-exchange conceived pregnancy in their reproductive histories. More than half (11) of the 18 reported that they became pregnant more than once by exchange. Six had become pregnant twice, 4 had become pregnant three times, and 1 woman had become pregnant four times. A total of 29 pregnancies was reported. Six pregnancies were terminated by elective abortion, 3 pregnancies were terminated by spontaneous abortion, 3 pregnancies were tubal pregnancies, 3 resulted in still births, 11 resulted in live births, and 3 women were pregnant at the time of contact with the intent to deliver (see Table 1). Abortions were chosen by 2 women only. Each had three aborted sex-for-crack pregnancies.

A majority of women who had become pregnant were more likely to have engaged in high-volume crack use than those who had not become pregnant. Thirteen reported daily crack consumption. These women also exchanged sex for crack more often. Sixteen women exchanged sex for crack three times per week or more, and half of that number (8) reported daily sex-for-crack exchanges. Twelve out of the 18 women who became pregnant by exchange did not use any form of birth control during sex-for-crack encounters. The remaining 6 designated condoms as their primary means of preventing pregnancies, although their use was inconsistent. There were no notable differences in age or education between the women who became pregnant and those who did not. Recall that only 2 women chose to have abortions. Each aborted three sex-for-crack pregnancies. Interestingly, these women were polar opposites in terms of education level: One woman received several years of education beyond high school, and the other had completed Grade 10 only.

ETHNOGRAPHIC FINDINGS

The 18 women who became pregnant via sex-for-crack exchange made up a theoretical sample for the ethnographic part of the study. Sixteen of these women were interviewed with the in-depth, semistructured instrument. Two women who became pregnant this way were not available for the in-depth interview. Both disappeared in the underground drug scene before interviews could be completed.

Among the women in this study, exchanging sex for crack cocaine is indeed associated with pregnancies and the fact that these pregnancies result in the birth of offspring. Out of 29 sex-for-crack induced pregnancies, only 6 were electively aborted. Probing deeper, the following three issues shape responses to sex-for-crack pregnancies: (a) severity of crack use, (b) religious beliefs, and (c) the social organization within inner-city poor Black communities.

First, severity of crack use appears to be the primary driving force in determining the outcome of a pregnancy. Preceding pregnancy, severity of crack consumption influences the prevalence of sex-for-crack pregnancies as well. As indicated earlier, daily crack use was commonplace for most women. One of the major difficulties for these women was focusing on anything other than the immediate need for the drug. In the absence of crack or any other addiction, the harsh realities of poverty will often keep individuals focused on day-to-day survival. Crack use has exacerbated the daily survival mentality by shifting the focus on moment-to-moment survival. Crack use is associated with compulsive, repetitive behavior that functions to impair the ability to think beyond achieving the next high. Crack use truncates thought processes to immediate phenomena.

The repetitive cycle of geeking and freaking—using crack (geeking), followed by performing sexual acts (freaking), and followed by more crack use—eventually consumes all or nearly all of the drug users' time. Crack-using women are constantly on the go for days at a time, either using crack, finding someone who will give them crack or the money to buy crack, or performing sexual acts until their bodies are exhausted. This cycle makes it difficult for women to manage their bodies, their lives, and the lives of their children. The drive to get high again and again motivates women to take unacceptable risks. One such risk is performing sex without the benefit of condoms.

The women report that while engaging in unprotected vaginal sex for crack cocaine, the thought of the consequences of such behavior, pregnancy or sexually transmitted diseases, is lost in the anticipation of experiencing the immediate reward. One of my respondents describes her experience: "You don't be thinking about that I might get pregnant or that he might have the clap. You only think about, 'Come on, so I can go and get my rock!'"

The crack high is a powerful motivator for users to do what they must to get the drug. The fast-rising HIV epidemic among Black women in general may be linked to increases in transmission of the infection among poor Black female crack users who engage in drug-related prostitution. Crack use creates such an urgency that self-protection strategies are rarely invoked. Another respondent explains why condoms are not used on a consistent basis:

I didn't use a condom with every trick. One, because you're ready to smoke crack and two, because you don't have one and he [the man] don't have one. Or the guy

don't want to use one. And you are willing to let him go ahead and do it because you want a hit, you want a smoke real bad.

Focus on the euphoria that the crack will bring motivates women to complete the sexual act as quickly as possible in order to continue drug use. The future consequences of such acts are not acknowledged in favor of concentration on the immediate reward, another crack cocaine rock. Another respondent explains,

When you do use [crack], you just want that hit [smoke of crack] then and there and you ain't got time to get no condom. You just want to get this [sex] over with so you can get your next hit. You say [to the man], "Hurry up and get this over with and get up off me so I can get my next hit."

In the beginning of the crack epidemic, oral sex was the act most frequently requested by men on the streets. However, currently more demands are made on women and often for much less cash or crack cocaine. Another woman explains the crack prostitution situation as it exists in the late 1990s:

Actually, practically every man would say, "You've got to get it up first." By that, they meant that you would have to suck it first. That was just the norm. They wanted both [vaginal and oral sex]. The main line was, "You've got to get it up first." That means you got to suck it first. They wanted vaginal sex every time.

Under these conditions—the age of the women, high-volume vaginal sex, and no protection—pregnancies are inevitable. Severity of crack use interferes with responses to the physical condition of pregnancy also. After becoming pregnant by exchange, one of the most common responses to the situation is to ignore the pregnancy and increase crack use. Moreover, some women continue to manage their lives moment by moment and fail to make decisions about the pregnancy. A respondent explains how this occurred in her life:

It wasn't planned for me to keep the baby. . . . I was supposed to be having an abortion. But by me smoking crack every day, I just couldn't seem to get myself to the doctor. I kept saying, "I'm going tomorrow to have an abortion." I kept putting it off until I just kept getting bigger and bigger. Then I was too far gone. . . . I don't know who the father is.

This woman did not desire to be pregnant under these circumstances and wanted to terminate the pregnancy, but her addiction held her captive in the repetitive cycle of crack-related activity. This made it difficult to take action to prevent the birth of an unplanned child of unknown paternity. She went on to deliver her child although she used crack during a significant portion of her pregnancy. She managed to obtain custody of her sex-for-crack conceived baby by remaining clean in the last trimester of her pregnancy. Her two other children were in the custody of others, one with a relative and the other in state-ordered foster care.

Another response to becoming pregnant by sex-for-crack exchange linked to severe crack consumption involves the physiology of a woman's body and the pregnancy itself. Some women believe that becoming pregnant can provide a relief from having monthly menses and give more time for exchanging sex for crack. When individuals engage in sex as often as these women, having a menstrual cycle can be

a challenge. A number of women report that they simply continue to have unprotected vaginal sex during their periods and invent creative explanations to appease the men. But most acknowledge that their lifestyle makes it difficult to manage the female reproductive bodily functions. Cessation of the monthly discharge brought on by pregnancy may be considered a means to provide more time to exchange sex for crack. A respondent shares her view on this subject:

I got sick and didn't know I was pregnant until I was about 3 months. I was too busy smoking. I didn't care about the sick symptoms. I didn't pay it no attention. I was still trying to get out money to get crack. I didn't pay none of it [menstrual cycle] any attention. That made it better on me. Not having a period, I could go out and get more money to get crack.

This respondent also suggests that discomfort associated with morning sickness did not deter the pursuit of the crack high. During the early months of pregnancy, ignoring the symptoms and continuing the crack-user lifestyle are easier. Once a pregnancy is obvious, denial is no longer possible. Even after a pregnancy is very obvious, some women continue to focus on using crack rather than coping with their physical conditions. One of my respondents shares her experience:

I delivered my baby in a crack house. I still have a problem dealing with that. Her head was coming out and I was steady trying to buy me another rock. And now she suffer with asthma real bad and I know it is my fault. That will be with me until the day I die, because I did that. Crack cocaine messes up and destroys and takes away a lot of stuff. The hardest part about it is that you want to keep getting high thinking that's going to ease the pain. And it helps a little bit. But once it's down, and speaking for myself, that's why I keep constantly wanting to get high. Because the problems still be there. A lot of things that I didn't want to deal with that was happening in my life because of that. So I steadily kept smoking to ease the pain.

This extreme case demonstrates the power of crack and shows how it is used to temporarily shut out reality. After it was clear to this woman that she was in labor, she had a choice of going to the hospital or going to a crack house. She chose the latter. The impending birth of her child was not enough to stop the desire to be high again. This particular woman became pregnant by sex-for-crack exchange three times and carried each pregnancy to term. These children's ages are 7, 6, and 2 years. She also has three older children. All of her children except the youngest are in the custody of her relatives. At the time of the interview, she had the custody of her 2-year-old. The act of delivering a child in a crack house demonstrates the power of crack to strip women of ordinary commonsense practices.

A different woman shares a similar experience concerning the delivery of her sex-for-crack baby and her inability to stop crack use: "I used crack all the while I was pregnant. I was in labor, my water broke and I was still trying to smoke. That is so sick. I feel so guilty."

These examples demonstrate the severe nature of crack addiction for poor Black women and the dangerous consequences of crack addiction on reproductive potential and on children.

The two women who chose to have abortions indicated that intense crack use was closely connected to their decision to take action. One of the women explains,

I had abortions because I didn't want the babies. I wanted to continue to smoke dope. I didn't want the responsibility. Matter of fact, it was so hard for me to stop smoking to go and have an abortion. . . . The dope boy was the father of all three pregnancies.

The controlling influence of crack is demonstrated by the woman's experience, but she managed to break free of the cycle on three occasions and aborted the sex-for-crack pregnancies. Her desire to continue smoking was a powerful motivation, although she acknowledges that making the move to go to the abortion clinic was not easy to accomplish while addicted to crack. For this woman and for most of the other women in the present analysis, severity of crack use played a critical role in the prevalence of sex-for-crack pregnancies and served as a major influence on their outcomes as well.

Sex-for-crack pregnancy outcomes are also influenced by religious beliefs. Deeply rooted spirituality deterred obtaining abortions for some. All of the women who participated in the ethnographic interviews reported belief in God. Most believe that God provided protection for them in spite of their behavior. When faced with a drug-trade conception, divine inspiration sometimes motivates women to carry the baby to term. A respondent shares her experience:

I never thought about getting pregnant. I didn't want no baby from those men. I just didn't care. . . . I was too busy trying to smoke, getting money to get crack or get crack to smoke. Yes it bothered me, but when I did get pregnant, it was what the Lord wanted. If the Lord didn't want me to get pregnant, I wouldn't have gotten pregnant.

Religious beliefs and church activities have long been associated with the Black life in America. Traditionally, Black women have occupied central roles in church organizations and ceremonies. One of the consequences of the migration of middle- and working-class Blacks out of inner-city neighborhoods is the change in church accessibility for poor Blacks remaining in inner cities. Churches that formerly served Black neighborhoods during segregation have either moved to suburbs or gradually become commuter churches. The commuter church phenomenon is a critical development in the current city social conditions all over the country. A commuter church is generally a religious institution with a significant history in a Black neighborhood (Collins & Williams, 1994). Although these churches are located in inner cities, the majority of their congregations live in the suburbs and commute on Sundays to attend services. Many middle- and working-class Blacks maintain ties to their families and ancestral spiritual roots by attending the churches of their childhood. The congregations of these churches, for the most part, are not the impoverished current city dwellers (Collins & Williams, 1994). There are exceptions to this trend, for example, the Nation of Islam, which concentrates outreach efforts to the poor, but the pattern of traditional Black church gentrification is clear.

Poor Black female crack users are frequently estranged from their churches. Nevertheless, church affiliation and denomination membership remain an important part of their self-definitions. Furthermore, women invoke the religion-based definitions of self when faced with a sex-for-crack pregnancy. One respondent vividly emphasizes this definition:

I was fucking everything and not using no condoms. I had the baby because I am Baptist and I don't believe in killing. . . . When I found out [I was pregnant], I said "God." But I constantly kept getting high. I don't want no abortion. I don't know who the daddy is. I didn't want to kill it because I don't believe in abortion.

The third influence on the outcome of sex-for-crack pregnancies is the social organization of poor Black communities. Only 4 women in the theoretical sample (18 women who reported sex-for-crack pregnancies) were ever married. Only 2 were currently legally married; however, both were estranged from their husbands. As discussed earlier, social and economic pressures on poor Black men have contributed to their decline in family life participation. Before the introduction of crack, the tension between men and women in this context increased as marriage rates decreased. Sexual conquest without commitment became a primary goal for many young men. Conversely, achieving commitment from men through sexual favors became the hope of young women. These conflicting goals have the socially devastating consequence of children born without the benefit of a supporting family network to young, ill-prepared parents. Married couples with children are now the exception rather than the rule for family composition among this demographic group. Women generally bear the sole responsibility for supporting and caring for children. Fatherhood for many men is a status in name only. The gender roles associated with fatherhood—for example, provider, disciplinarian, and masculine role model—are intermittent, transitory, and ambiguous. Thus, women have low expectations for the men in their lives. A respondent sheds light on the meaning of fatherhood in a brief comment: "I don't even know what it means to be a good father."

The sex-for-crack-cocaine barter system and the resulting pregnancies have taken the ambiguity of male gender roles in family life to an extreme low. Controlling crack possession enhanced the social power of jobless men and boys in the inner city. Men who possess crack have the power to demand sex from any crack-using woman without responsibility, commitment, or respect. Most women report having sex with men with whom they would ordinarily not associate. For men, achieving sexual conquests is just a matter of obtaining crack cocaine. Inner-city men have used crack to exploit and humiliate female crack users and have further strained the tense relationships between men and women. As the word spread that inner-city neighborhoods were sources of budget prostitution (\$2 or less), the pool of men desiring sex for either crack or money widened to include suburban Black men, White men, and many others. Thus, sources of male genetic material for sex-for-crack pregnancies are broad, but sources of male economic and social support are narrow or nonexistent. Having a child conceived through sex-for-crack exchange emphasizes the lack of concern for the biological paternity. Women prefer to concentrate on the child and not the conception. One woman is concerned about her children having a legal father, although the actual paternity of each child is unknown:

I have two of them [sex-for-crack conceived children]. I got pregnant and I don't know who their fathers is. I thank God that my husband and I were still married so they're still in his name and he claims them. But up to this day, I don't know who they [the fathers] was because there were so many of them.

Because this woman was separated from her husband but still legally married to him, she could place his name on the birth certificate of these children and

legitimize their births. Women sometimes feel trapped between two conflicting sets of cultural norms, the norms of the mainstream society and those within the inner-city community. The norms of the larger society stress the importance of marriage for the well-being of children. The realities of inner-city poverty make marriage for most Black women difficult to achieve and maintain. However, as the earlier quote indicates, women may harbor ideals about marriage and desire legitimacy for their children, but they are resigned to the limitations of their circumstances.

The research participants were asked if a child conceived by sex for crack is treated differently than other children. Most women answered that question with "No!" One of my respondents made that very clear:

I love him [the baby]. I am just a mother and he is my son, I guess. Ain't gon' be no difference. I don't have no kind of resentment [toward the baby], whatsoever. I love him just like the other ones. . . . They [my family] know [that he was conceived by sex for crack]. They say they still love him. It wasn't no shocker.

Social and economic changes in inner cities that occurred over the past 30 years established the single-parent, female-headed household as the predominant family composition pattern and exacerbated male disengagement from procreative responsibility among poor Blacks. Having a child by an absent father has become the norm rather than the exception. This phenomenon is independent of drug use. Thus, poor Black women who become pregnant by sex-for-crack exchange live within a sociocultural system in which the role of a child's biological father is not of primary importance. The importance of children is stressed, not the circumstances of their conception. For these women, having a child by an unknown father appears to be no more irresponsible than the mainstream practice of having a child by artificial insemination.

DISCUSSION

Crack addiction had unforeseen consequences for poor Black women. Women witnessed the rapid erosion of personal, social, and economic resources as they became involved in the sex-for-crack bartering. Formerly powerless, men could now obtain unearned deference and sexual favors by controlling drug possession. The manic nature of crack addiction makes condom use difficult and renders women vulnerable to unwanted, unplanned pregnancies by sperm of unknown origin. These findings suggest that women do not take control or responsibility over their reproductive capability while using crack. Neither do they fear becoming pregnant. Furthermore, crack use appears to keep women focused on the moment only. They have difficulty getting beyond the immediate craving for the drug. Satisfaction of that craving becomes the major life pursuit to the exclusion of taking care of the self and offspring. Reduction of the experience of life to minutes and seconds rather than months and years makes it difficult to conceptualize a future. This phenomenon is inconsistent with human reproductive patterns, which require long periods of intense parental investment before, during, and after pregnancy.

The facts of female physiology require that numerous body functions are maintained and monitored simultaneously. Women must cope with menstrual cycles

and are responsible for prenatal support of children. Also, they are often solely responsible for postnatal nurturing of children. In this context, women are required to assume numerous roles in the absence of viable male partners, including the role of breadwinner. Crack use makes it nearly impossible to accomplish any of these things.

In the analyzed sample of women, exchanging sex for crack indeed results in pregnancies. Abortion of a sex-for-crack pregnancy is rarely a chosen option. A common initial response to the pregnancy is denial. It is clear that the women do not desire to become pregnant by a prostitution client, but they do little to prevent this from occurring. When it does happen, they continue to use crack, sometimes up to the very point of delivery, placing themselves and the baby in jeopardy. The way these women embrace the crack high, as though they have nothing to lose, highlights the interacting dynamics of race, class, and gender marginalization among this group and the powerful appeal of crack for uplifting the spirits, if only for a few moments. They have become accustomed to a limited range of choices, constrained by poverty, female sex, and Black ethnicity.

Motherhood is often their only source of life satisfaction. In Black communities, especially poor ones, motherhood is endowed with power, status, and strength. Becoming a crack ho greatly diminishes this culturally based social power. The large numbers of women who exchange sex for crack in the inner city, and in particular the significant numbers of those with children, have damaged motherhood as a status in these communities. Having children by prostitution customers may have damaged motherhood as well. One literature source, Inciardi et al.'s (1993) *Women and Crack Cocaine*, suggested that in some cases, sex-for-crack conceived children are referred to as "trick babies" on the street. The interviewed women strongly identify with motherhood, but a number of paradoxes are made clear by this research.

Some of the women interviewed express guilt about using crack during pregnancy; however, they continue to do it. The feelings of guilt increase rather than deter crack consumption. In addition, they do not desire to be pregnant through sex-for-crack exchange; however, no action is taken to prevent this from happening. One could conclude that these women feel that they have little control over their life circumstances. Ideally, women everywhere should be personally responsible for their sexual and reproductive behavior. But among the inner-city poor, the guidelines for social and personal responsibility have become blurred due to the migration of positive mainstream role models away from marginalized groups and several generations of teenage pregnancies. The latter has resulted in increasing immaturity at onset of parenting with each subsequent generation. Whereas the demands of today's complex society require more maturation time and more education, as a rule, this group has received less of both. It is interesting to note that more than half of the women in the screening sample completed high school or better. This may be an indication that inner-city schools are not effective, or it may suggest that poor Black women benefit less from obtaining education. With these things in mind, the relationship between structural vulnerability and crack use prevalence cannot be overemphasized.

The importance of religion in determining the outcome of sex-for-crack pregnancies is also paradoxical. Abortion is considered killing by a majority of women who became pregnant; however, they continue to use drugs and exchange sex for crack while pregnant, placing the baby at risk for birth defects and/or sexually transmitted diseases.

Finally, the acceptance of a sex-for-crack conceived pregnancy and the acceptance of the child in the family may be an indication that male disengagement from family life is nearly complete. Inner-city women have such low expectations for the men in their lives that the paternity of children may no longer be a major consideration.

Policy Suggestions

The behaviors of compulsive crack smokers have challenged conventional treatment applications, overwhelmed social service industry, and shocked the nation with sensational stories of abuse and neglect, especially of children. The combination of risky sexual activity and crack use lies close to the heart of the breakdown in socializing mechanisms that characterize many inner-city poor communities. The rapidity with which the introduction of crack to these communities has changed them underscores their vulnerability and the need for comprehensive and culturally competent strategies to address the myriad of social pathologies that plague poor Black communities.

The lack of consideration for the cultural characteristics and social circumstances of addicted persons in treatment is a major reason for program failure and substance abuse recidivism. Crack addiction and the sex-for-crack-cocaine barter system are symptoms of underlying issues that have been ignored or minimally addressed by social policy.

The findings of this research have implications for policy formation in the following two areas: (a) drug treatment modification and (b) child welfare caseload evaluation.

First, the data suggest that drug treatment for poor Black women of childbearing years should be modified substantially. Conventional treatment applications, such as 12-step programs, have not been adequate to cope with their comprehensive problems. From a broad perspective, poor Black female crack users suffer from societal exclusion, with marginal educational and career opportunities. Life without these kinds of support systems in place makes recovery from drug abuse more difficult. More specifically, the Black female crack user's experience is further complicated by the physical and social consequences of her gender. Sex-for-crack pregnancies provide evidence of those complications.

The findings support the need for drug treatment modification specifically designed for the unique characteristics of Black women who exchange sex for crack. The findings demonstrate that the knowledge these women have about their own bodies is limited. Furthermore, the findings highlight the need for more comprehensive treatment that includes education seminars in human reproduction, pregnancy awareness training, and birth control methodology. Treatment components should include discussions of issues such as hormonal fluctuations and fertility. The findings also suggest that treatment facilities should include historical information on the Black family and the importance of motherhood as a socializing mechanism and conduit for cultural stability. The importance of female gender roles in family life for the well-being of children should be stressed in treatment applications. This information may demonstrate that the violation of these traditions by crack use among poor Black women and by sex-for-crack pregnancies affects the individuals involved as well as society. Furthermore, culture-based treatment components may

help addicted women place their behavior in a larger context and stimulate thought processes that may serve as a guide to more responsible actions.

These discussions may help women understand the complex physical and social drives that influence women to become mothers. The treatment model may include suggestions for personal strategies to separate these drives from the context of sex-for-crack exchange. Such education may empower the women and enable them to make more informed choices about their lives and the lives of their children. Furthermore, sex education provided in treatment facilities could be passed on to their daughters. In addition, general education and job training are required as well. The data suggest that obtaining an education is problematic for a notable number of women. All of the women who participated in the ethnography were channeled into very low-paying jobs that provided only subsistence wages. These findings make clear that in addition to drug treatment, some women will require opportunities to finish high school, and others will need to learn skills that can be marketed in the emerging highly technical economy.

Second, the baseline data presented here may benefit child welfare agencies by providing empirical evidence that some women are becoming pregnant by exchanging sex for crack and that children are produced in this way. This information should enhance the ability to evaluate their caseloads more efficiently. Children with this background may be more at risk for placement in foster care. Having the knowledge that a child was conceived in a sex-for-crack transaction may aid in the development of specific early intervention strategies geared to address his or her unique problems. Foster care placement may not be sufficient to meet these children's needs. Additional services may be indicated, such as mental health therapy, self-esteem and conflict resolution training, and developmental therapy. These agencies may also use the data to assist in developing a profile of children at risk for abuse, neglect, or abandonment. Although no incidents of deliberate child abuse were discovered here, I believe the potential for abuse exists.

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