ENGAGEMENT AND PERSISTENCE IN PROSTITUTION:

UNDERSTANDING THE INFLUENCE OF SEXUAL VICTIMIZATION,

MENTAL HEALTH, AND DRUG USE

by

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DEDICATION

This thesis, as the first formal document of my career, is dedicated with love to my

cousin Lindsey Bonistall. After her life was violently taken from her, I vowed to

spend my career studying violence against women to help further our understanding of

the topic in order to better help victims and their loved ones. This thesis is a small

step in that direction. When the process seemed too heavy to continue, Lindsey was

the drive I needed to maintain passionate purpose. May she continue to serve that role

for me as I continue to serve others in my career.

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ABSTRACT

Using a sample of incarcerated drug involved women, this research investigates the factors related to women engaging in prostitution with a primary focus on the effect of sexual violence as a primary trauma that influences drug use, mental health, and prostitution. Specifically, several research questions are examined. First, what predicts prostitution behaviors? Second, are drug use and mental health conditions mediating factors that influence the effects of early sexual violence trauma on prostitution behaviors? And finally, what predicts persistence in prostitution? By looking at prostitution behaviors and changes in this behavior over time, we can uncover the influence of primary trauma on the initiation and persistence of prostitution behaviors.

SECTION 1

INTRODUCTION

Many scholars have noted the relationship between prostitution and other types of deviance, such as drug use, running away, and victimizations, particularly sexual abuse (Center for Disease Control, 1987; Chesney-Lind, 1997, 2001; James, 1978; Savitz & Rosen, 1988; Sable, Fieberg, Martin & Kupper, 1999; Silbert & Pines, 1981). However, very few have examined these relationships with prostitution behavior over time. Do the same factors that affect the initiation into prostitution also affect the persistence of such behavior over time? Using a sample of incarcerated drug involved women, this research first seeks to determine the factors related to a woman's decision to sell her body. Specifically, it will first be determined whether previous sexual victimization acts as a primary trauma that mediates the effects of drug use, mental health and prostitution. Second, this research will examine whether the same factors related to the initiation of prostitution are also related to the persistence of prostitution over time. Finally, because the sample includes women who were differentially involved in drug/alcohol treatment, this study will also reveal any effect of treatment on prostitution net of the other independent variables.

These research questions have clear policy relevance. By examining prostitution behaviors over time, we can uncover the influence of the primary trauma of sexual victimization and whether drug treatment in general helps women desist from prostitution. Policies designed to better serve the needs of female offenders has been called for by scholars in the past (Henderson, 1998), however, this concern is even more urgent given the increasing number of female offenders serving time in American prisons today (Glaze & Bonczar, 2007; Richie, 2001; Scroggins & Malley, 2010).

SECTION 2

LITERATURE REVIEW

It is imperative to study prostitution through a gendered lens because of the gendered

nature of the behavior. Past perspectives of understanding gender treated gender as an

individual attribute and would approach a gendered perspective of prostitution as a

crime perpetrated by predominately females. A newer approach views gender as a

process embedded throughout social life (Risman, 2004). Looking at gender as a

process recognizes that gender is constantly created and re-created through the actions

and interactions of men and women (West and Zimmerman, 1987). It is important to

understand gender within the context of other axes of oppression (Collins, 2000), so

that gender can be seen as a fluid social process that exists on its own, but also one

that coexists with every other social process and system of inequality. Using this new

approach to understanding gender shows how gender inequality influences females to

engage in criminality because "patriarchal power relations shape gender differences in

crime, pushing women into crime through victimization, role entrapment, economic

marginality, and survival needs" (Steffensmeier & Allan, 1996: 470). These varying

forms of inequality, coupled with gender inequality, show how studying prostitution

through a gendered lens means much more than taking an individualized approach to

gender; it means we must see how women's social position influence their pathway to prostitution.

There is much extant literature that has found a relationship between prostitution and sexual victimization, drug use, and mental health.   Many researchers have found a great deal of evidence that these variables are correlated. Table 1 provides an overview of literature that has found relationships between mental health, sexual victimization, drug use, and prostitution.

Table 1 • *Established Connections*

Sexual Victimization & Prostitution	Sexual Victimization & Mental Health	Sexual Victimization & Drug Use
Silbert & Pines, 1981, 1982, 1983; James, 1976; Hagan & McCarthy, 1997; Dalla, 2003; Inciardi, 1993; Morrison, McGee, & Ruben, 1995; Maher & Daly, 1996; Erickson, Butters, McGillicuddy, Hallgren, 2000; Fagan, 1994; Sterk, Dolan & Hatch, 1999; Miller, 1993; Miller, 1995; Williamson & Folaron, 2001	Silbert & Pines 1981, 1982, 1983; Jaffe, 1975; James, 1976; Gagnon, 1965; Weiner, 1964; Saunders, 1992; McGuigan, 2005; Bland & Orn, 1986; Campbell, Sullivan, & Davidson, 1995; Jaffe, Wolfe, Wilson & Zak, 1986; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988; Menard, 2001; White, Halpin, Strom & Santilli, 1988; Arditti, 2006	Messman-Moore and Long 2002; Bagley, Bolitho, & Bertrand, 1997; Bagley & Ramsey, 1986; Conte & Schuerman, 1987;

Table 1 *continued*

Drug Use & Mental Health	Prostitution & Drug Use	Prostitution & Mental Health
Silbert, Pines & Lynch, 1982; Gossop et. al, 1994; James, 1976; Young, Boyd & Hubbell, 2000	Silbert & Pines, 1982; Goldstein, 1979;McKegany and Barnard, 1992; Graham and Wish, 1994; Potterat, Rothenberg, Muth, Darrow, and Phillips-Plummer, 1998; Dalla, 2000; Young, Boyd & Hubbell, 2000; Kuhns, Heide, & Silverman, 1992; El-Bassel et al, 1997; Nadon, Koverola, & Schludermann, 1998; Potterat, Rothenberg, Muth, Darrow & Phillips-Plummer, 1998; Weeks, Grier, Romero-Daza, & Puglisi-Vasquez, 1998; Gossop, Powis, Griffiths, & Strang, 1994	Farley & Barkan, 1998; El-Bassel, 1997; James, 1976; Silbert, Pines & Lynch, 1982; Feucht, 1993; Gossop et. al, 1994; Young, Boyd & Hubbell, 2000

Some scholars have focused primarily on the effect of childhood sexual victimization and women's engagement in prostitution (Silbert and Pines 1981, 1982, 1983). Silbert and Pine's study (1982) of 200 juvenile and current and former street prostitutes found that 61% had childhood sexual abuse in their histories and nearly 70% of the women reported that their becoming a prostitute was definitely affected by their sexual victimization. Dalla's (2003) mixed-methods study confirmed this finding by discovering lifelong patterns of victimization among prostitutes that continued into their adult lives. Even higher than the percentage found in Silbert and Pines (1982),

Bagley and Young (1987) found that 70% of the prostitutes they interviewed had experienced childhood sexual abuse.

Despite these consistent findings of sexual abuse in the histories of prostitutes, some scholars believe this connection between sexual victimization and prostitution is indirect and is mediated by runaway behavior (Nandon, Koverola, & Schuldermann, 1998). Others contend that victims of physical and sexual abuse, especially childhood abuse, have an increased prevalence of mental illness symptoms such as anxiety, depression, poor self-esteem, sexual dysfunction, and symptoms of PTSD (Burnam et. al, 1988; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988; Menard, 2001; Messman-Moore & Long, 2002; White, Halpin, Stromg & Santilli, 1988). Other maladies have been connected to sexual victimization as well. These conditions may also affect the relationship between child abuse and prostitution. For example, Saunders et al. (1992) found that victims of child rape were more likely than non-victims to experience a depressive episode, obsessive-compulsive disorders, social phobia, and sexual disorders. McGuigan's (2005) study, which utilized a sample of mostly African American women, discovered that those who experienced both sexual abuse in childhood and interpersonal violence in adulthood had higher frequencies of depressive symptoms. These findings are supported by consistent results of various instruments that women who suffer interpersonal violence, or battered women, are more likely to suffer depression compared to those who have no history of abuse

(Bland & Orn, 1986; Campbell, Sullivan & Davidson, 1995; Jaffe, Wolfe, Wilson & Zak, 1986).

Scholars find that the trauma experienced from sexual victimization leaves victims feeling guilty, shameful, having low self-esteem, and willing to engage in rebellious behavior, including prostitution (Jaffe, 1975; James, 1976; Gagnon, 1965; Weiner, 1964). James (1976) argues that the feelings of guilt, shame, and lowered self-esteem may aid in viewing themselves as a commodity for sale. Some scholars argue that it is the concurrent nature of many of these variables that influences the emergence of these mental illness symptoms. For example, Farley and Barkan (1998) explain that it is also the lifetime experiences of violence, not simply the engagement in prostitution, which led 68% of prostitutes to meet the criteria for a diagnosis of PTSD.

Some scholars have examined these concurrent effects with consequent maladaptive outcomes such as drug and alcohol use. Of course, uncovering the correct time-order between these variables is important. Feelings of depression, anxiety, and psychological distress can be caused from the degrading circumstances of prostitution (El-Bassel et al., 1997; Inciardi, Lockwood, & Pottieger, 1993; Young, Boyd & Hubbell, 2000). Many scholars have found that prostitutes turn to drugs to help them detach, cope with the stress, decrease their feelings of guilt and sexual distress (Gossop et al, 1994; Graham & Wish, 1994; James, 1976; Silbert, Pines, and Lynch,

1982; Young, Boyd & Hubbell, 2000), similar to the way survivors of sexual victimization use antisocial behaviors such as drug and alcohol abuse to cope (Bagley & Young, 1987; Bagley, Bolitho & Bertrand, 1997; Conte & Schuermann, 1987). Additionally, it has been found that women who are engaged in prostitution also use drugs to increase feelings of confidence, sense of control, and feelings of closeness (Young, Boyd & Hubbell, 2000).

Although much research has shown that women engage in drug use in order to cope with the circumstances of prostitution, other scholars argue that women enter prostitution to fund their drug habits (Goldstein, 1979; James, 1976; Potterat, Rothernberg, Muth, Darrow, Phillips-Plummer, 1998). This argument is often tied to the rise of crack cocaine in the 1980's and the economic influence it had on women's engagement in prostitution. Erickson et al (2000) discovered that the crack-addicted prostitutes in their sample "work in the sex trade to get money and/or crack to support their own usage" (784). This process of addiction preceding prostitution where prostitution becomes the means to meet the economic demands of addiction was coined by Goldstein (1979) as the Enslavement Theory of prostitution. Although Goldstein's (1979) theory referred to heroin addiction, many scholars have found the process to be true for crack cocaine. In addition, scholars have found that crack changed the way women engaged in prostitution by compelling them to make just enough money for their next hit, and engaging in dangerous tricks in order to get a hit of crack (Bourgois & Dunlap, 1993; Inciardi, 1993; Pottieger & Tressell, 1999; Maher

& Daly, 1996). As can be seen, the correct time order between prostitution and drug use is not clear. As such, conceptualizing the drug-prostitution connection as cyclical behavior in which engaging in one increases the likelihood of the other behavior may more validly reflect reality (Young, Boyd, & Hubbell, 2000).

By using a longitudinal data set that tracked female offenders two years after release from prison, the present paper will more adequately control for the proper time order between prostitution, sexual victimization, mental health, and drug use. The purpose of this paper is to uncover the ways in which these variables interact to predict a woman's initiation into prostitution and the persistence of this behavior over time.

SECTION 3

METHODOLOGY

3.1   Sample

The data set utilized for this study is a subset of data collected by the Center for

Drug and Alcohol Studies in 1999 and which consists of 748 incarcerated drug

offenders who were interviewed prior to their release from prison and again at twelve

and twenty-four months after release (see Inciardi et al, 2004; Inciardi et al., 2006;

O'Connell et al., 2007). Due to the present paper's focus on female prostitution

behaviors, a sub-sample of 162 female offenders which includes three waves of data

totaling 486 person-waves will be utilized. The research protocol included three fixed

choice survey interviews, with the first administered while the respondent was in

prison and both follow-ups conducted in the community.

3.2   Dependent Variable

The variable of interest in this analysis is engagement in prostitution behavior.

Variables were created to account for engagement in prostitution between 1980 and

the time of the first interview, as well as prostitution behaviors 6 months prior to the

first interview, and the 12 months between the second and third interviews. The first

variable, engaging in prostitution behaviors between 1980 and the time of the first

interview, was created by combining three questions. When the women in this sample

were asked at what age they engaged in prostitution for the first time (whether or not they were arrested), 26 of 162 (16.0%) provided ages, indicating that 26 of them had engaged in prostitution. Another question asked respondents whether they had sex to get money and 69 of them (42.6%) responded affirmatively. And finally, 56 of the women (34.6%) said they had engaged in sex to get drugs. Relying on Goldstein's (1979) definition of prostitution that includes bartering sex for drugs, women who answered affirmatively to any of these three questions were coded as engaging in prostitution behaviors (*pastprostitution,* coded 1 and 0 for those who had not). In this sample, 47.5% of the women had engaged in prostitution behaviors at baseline.

In order to account for the persistence of prostitution behaviors, variables were created to account for recent engagement in prostitution. In each wave of interviews, the women were asked about their sexual activity; specifically they were asked whether they had given sex for money, and whether they had given sex for drugs. Women who answered affirmatively to either question were coded as engaging in prostitution behaviors (*prostitution,* coded 1 and 0 for those who had not). In this sample, 16.67% engaged in prostitution behaviors in the 6 months prior to the first interview, 7.41% did so in the 12 months between the first and second interviews, and 2.76% did so in the 12 months between the second and third interviews.

3.3   Independent Variables

Table 2 • *Descriptive Statistics for Variables Used In Logistic Regressions*

Variable Name	Variable Description	Mean or Percent	Std. Deviation
Pastprostitution	Engagement in prostitution behavior from 1980 until first interview (1 = did engage)	47.17%	.49
Runaway	The respondent ran away from home (1=ran away)	37.27%	.48
Haskids	The respondent has children (1=has children)	86.34%	.34
Age	Respondent's age	33.01	7.54
Race	The respondent's race (1 = minority)	6.22%	.48
Education	The respondent's education level (1= hs diploma, some college, college degree)	59.63%	.49
Childtrauma	Sexual victimization in childhood scale (1 no victimization to 5 high victimization)	1.94%	1.38
Depression	Mental health scale (0 poor mental health to 3 strong mental health)	1.31	.71
Selfesteem	Self-esteem scale (.5 low self-esteem to 1.5 high self-esteem)	1.26	.27
Rape	Respondent's recent sexual victimization (1=raped since last interview)	1.75%	.13
Employment	Respondent's employment history (1= was employed)	.71	.76
Everheroin	Respondent's use of heroin (1 = used heroin)	14.29 %	. 35
Freqheroin	Respondent's frequency of heroin use (1= heavy user)	8.07%	.27
Everalcmarj	Respondent's use of alcohol and marijuana (1 = used alcohol or marijuana)	52.59 %	.49
Freqalcmarj	Respondent's frequency of alcohol and marijuana (1= heavy user)	24.02%	.43

Table 2 *continued*

Evercocaine	Respondent's use of cocaine (1=used cocaine)	35.82%	.48
Freqcocaine	Respondent's frequency of cocaine (1=heavy user)	13.25%	.34
Prostitution	Respondent's current prostitution behaviors (1= engaged in prostitution since last interview)	9.32%	.29

This study includes both time invariant and time varying independent variables. First, time invariant variables were asked only at the baseline interview. Respondents were asked how often they ran away from home (*runaway,* where any response other than 0 indicated they had run away and were coded 1, and 0 for those who had not), and 37.7% of them responded that they had run away from home. Additionally, when asked if they had children, (*haskids,* coded 1 for those who have children and 0 for those who do not), 86.4% of them had at least one child. Education level was accounted for by creating a variable that coded 1 for individuals who had a high school diploma or GED, attended some amount of college or received a college degree (*education,* and 0 for those who did not achieve a high school diploma or GED); 59.88% of the sample had achieved at least a high school diploma. Other demographic information was also controlled including the respondent's age (*age*) and race (*race,* coded 0 for white and 1 for minority). Finally, although sexual victimization was accounted for in each wave of data, a scale was created to account for the primary trauma of childhood sexual abuse. The scale (*alpha reliability=.9594)*

consists of five questions about whether the respondents had been touched in a sexual way while growing up, whether someone threatened to hurt them unless they did something sexual, whether someone tried to make them do sexual things or watch sexual things, whether the respondent believed they had been molested, and whether the respondent believed they were sexually abused.

Time-varying variables could vary over the three waves of data. In the first wave, respondents were asked about their employment history over the last three months on the street, specifically whether they had a legal job, (*employment*)[1], which 66.25% of them had a part or full time legal job. At the second and third interview, respondents were asked if they were currently employed since the last interview. At the second interview, 45.53% of the respondents were employed and 43.12% were employed at the third interview.

Respondents' drug use was measured using both type and frequency information: (1) whether the respondent had ever used cocaine, heroin or alcohol and marijuana, and (2) the frequency of use of each. To create variables that accounted for whether respondents had used heroin, cocaine or alcohol/marijuana in the three months prior to each of the three interviews, responses to three questions were

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[1] The wording of the question regarding employment changed from wave one to wave two, where wave one asked specifically about whether they were engaged in a legal job, and waves two and three simply asked if they were employed. Although the wording is not exact between the waves, the intention and interpretation of the variables are very similar. Therefore, the variables are coded the same to allow for longitudinal analysis of the respondent's employment.

combined. Regarding heroin, the respondents were asked "About how often did you

use heroin in the last 3 months you were on the street before you were arrested?" The

three questions asked how often did they "smoke heroin," "inject heroin," and "sniff,

snort, swallow or other use of heroin." Respondents who answered affirmatively to

any of these three questions were coded as using heroin at least once (*everheroin,*

coded 1 and 0 for those who had not). In this sample, 31.06% had used heroin at least

once in the three months prior to the first interview, 8.64 % had done so between the

first and second interviews, and 3.7% had done so between the second and third

interviews.   The same strategy was used to create a variable regarding alcohol and

marijuana use (*everalcmarj*) where respondents who answered affirmatively to how

often they drank or used marijuana were coded 1 and 0 for those who had not. In this

sample, 98.75% had drank or smoked marijuana at least once in the three months prior

to the first interview, 30.25% had done so between the first and second interviews, and

29.01% had done so between the second and third interviews.   Finally, a variable

(*evercocaine*) was created that accounted for cocaine use which followed the same

process outlined above so that respondents who answered affirmatively to using

cocaine were coded 1 and those who did not were coded 0. In this sample, 80.63%

had used cocaine at least once in the three months prior to the first interview, 17.90%

had done so between the first and second interviews, and 9.26% had done so between

the second and third interviews.

The frequency of drug and alcohol/marijuana use was also taken into account by creating variables that coded for heavy users versus other users. The various ways that individuals used heroin (smoke, inject, other) were combined and coded so that those who reported using heroin once a day or several times a day were coded 1, and those who had never, rarely or used heroin a few times a month were coded 0 (*freqheroin*). In the sample, 16.15% had used heroin daily or multiple times a day in the three months prior to the first interview, 5.56% had done so between the first and second interviews, and 2.47% had done so between the second and third interviews. The same process was used for cocaine use (*freqcocaine*), where 27.95% of the respondents had used cocaine daily or multiple times a day prior to the first interview, 7.41% had done so between the first and second interviews, and 4.32% had done so between the second and third interviews. Finally, respondents' frequency of alcohol and marijuana use was created from the same process (*freqalcmarj*); 48.13% of the respondents drank alcohol or smoked marijuana daily or multiple times a day prior to the first interview, 12.35% did so between the first and second interviews, and 11.11% did so between the second and third interviews.

Indexes were created to encompass other variables of interest including mental health, self esteem, and sexual victimization. Guided from the literature, the mental health issues that need to be addressed are respondents' levels of depression and self esteem. Therefore, a depression scale was created (*depression*) using questions that addressed the symptoms on the DSM-IV's requirements for depression. This scale

combined responses from questions about whether the respondents' blamed themselves, felt lonely, felt blue, worried too much about things, felt fearful, had difficulty making decisions, felt hopeless about the future, had trouble concentrating, felt that everything was an effort and feelings of worthlessness. This scale was created at each wave of data where the first wave's scale *alpha reliability=.8440*, second wave's scale *alpha reliability=.9115,* and the third wave's scale *alpha reliability=.8939.* The self esteem index (*selfesteem*) combined respondents' responses of "agree or disagree" to six statements which said they feel they are a failure, they do not have much to be proud of, they are satisfied with themselves, they wish they had more respect for themselves, they feel useless at times, and they think they are no good at all. This scale was created at each wave of data where the first wave's scale *alpha reliability=.7240*, second wave's scale *alpha reliability=.7328,* and the third wave's scale *alpha reliability=.7878.*

An index was also created to account for sexual victimization that occurred within the 6 months prior to the interview. For each wave, respondents who had been forced against their will to have vaginal or anal sex since the last interview were coded 1 and 0 for those who had not experienced sexual victimization *(rape).* Four women (2.52%) reported that they had been raped in the six months prior to the first interview, 2 women (1.85%) reported at the second interview that they had been raped since the first interview, and no women reported being raped after the second interview.

To determine any influence of drug treatment on respondents' persistence in prostitution post release, a dichotomous variable was created to capture individuals who participated in drug treatment voluntarily, including AA, NA, CA or a methadone program (*treatment*, coded 1 for those who have and 0 for those who have not). In this sample, all of the women had gone through drug treatment at baseline, although only 35.19% did so voluntarily (*voldrgtrt*). Respondents were asked at the second and third interview whether they had been to any kind of treatment program since the last interview; 57.72% of them had gone between the first and second interviews, and 35.78% of the respondents had gone to some kind of treatment program between the second and third interviews.

Concluding the data manipulation stage of this project was the reshaping of the dataset from wide to long which strung the variables across the three waves of data, thus, allowing for longitudinal data analysis. Hence, while variables were created for each wave (i.e., *prostitution1, prostitution2, and prostitution3*), in the final dataset they were strung together to account for each wave of data within the variable *prostitution*. This process leverages the variant aspect of the data and allows the analysis to take into account the 450+ person-waves that were created. Table 2 provides an overview of the independent variables, many of which were dichotomous, thus permitting the interpretation of the mean coefficients as frequency percentages.

SECTION 4

DATA ANALYSIS STRATEGY

As noted above, this research project examines two research questions that each call

for specific statistical techniques. In order to answer the first question, "What predicts

prostitution behaviors at baseline?" a logistic regression was used to predict whether

respondents engaged in prostitution prior to prison. To examine the second question,

"What predicts persistence in prostitution behaviors?" a longitudinal random

intercepts logistic regression was used that accounted for changes in the women's

prostitution behavior over time. Utilizing a random intercepts logistic regression

model with this data is superior to other model choices because longitudinal studies

such as this repeatedly measure responses on the same subject over time creating

correlated errors (Rabes-Hesketh & Skrondal, 2008). Without accounting for these

correlated errors, standard errors are inevitably biased and correct conclusions are not

guaranteed; utilizing a random intercepts logistic regression model alleviates these

issues.

The variables included in the final model of each analysis were determined

using a nested model approach. This approach was utilized to address issues of

multicollinearity since diagnostics for addressing between-variable collinearity are not

as developed for longitudinal data. Thus, a stepwise model approach shows which significant results are consistent while illuminating potential multi-collinearity issues for variables whose statistical significance drops off due to the inclusion of other variables. Issues of within-subject collinearity were addressed by using the random intercept model described above.

SECTION 5

RESULTS

The first model determined what independent variables predicted the

dependent variable, *pastprostitution.* Since the dependent variable measured

prostitution behaviors over the past twenty years, using current measures (such as

those measuring the respondent's mental health or drug use at the time of the survey)

would provide an inaccurate picture of the hypothesized causal process. Therefore,

after the nested model approach[2], only four demographic variables (*runaway, age,

race, education*), and the child sexual victimization variable (*childtrauma*) were

included in the final model. Results from the logistic regression yielded that all five

variables were significant at $a \leq .05$. For full results, please see Table 3. Results show

that women who had experienced childhood victimization were more likely than

women who had not to engage in prostitution. Similarly, women who had run away

from home were more likely to engage in prostitution than women who had not.

Minority women were also more likely to engage in prostitution compared to white

women. Older women and women with at least a high school education were less

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[2] The variable *haskids* was dropped from analysis because of its consistent non-significance.

likely to engage in prostitution compared to younger women and those without a high school degree.

Table 3 • *Results from Model 1 where the DV is pastprostitution*

Variable	Coefficient	Standard Error	Odds Ratio
childtrauma	.47***	.08	1.60
runaway	.43*	.21	1.54
Age	-.023*	.01	.97
Race	.52*	.22	1.69
education	-.50*	.21	.61
LR chi2 = 68.33**	Log likelihood = -291.15		N= 471

*p<.05; **p<.01; ***p<.001

Although all of the variables included in the first model were significant predictors of whether a woman would engage in prostitution behaviors, when controlling for the other variables the strongest predictors of that behavior were childhood sexual victimization and race. Results show that the odds of a woman engaging in prostitution behaviors increased by 69% when the woman was a minority. Additionally, when a woman had experienced childhood sexual victimization, the odds of engaging in prostitution behaviors increased by 59.74%, which is well supported in the literature (Jaffe, 1975; James, 1976; Gagnon, 1965; Weiner, 1964).

Table 4 • *Results from Model 2: Independent Variables Effects on Prostitution*

Variable	Coefficient	Standard Error	Odds Ratio
Runaway	1.07	.83	2.91
Age	.08	.067	1.08
Race	.84	.85	2.31
Education	-.06	.75	.94
Childtrauma	.27	.25	1.31
Pastprostitution	3.73***	1.21	41.85
Rape	3.60	2.11	36.69
Evercocaine	2.26*	.95	9.56
Everheroin	-.37	.99	.69
Everalcmarj	.41	.97	1.51
Freqcocaine	-.64	.78	.52
Freqheroin	2.23	1.22	9.29
Freqalcmarj	.62	.71	1.86
Depression	.14	.617	1.15
Selfesteem	-2.51	1.37	.081

Likelihood-ratio test of rho=0: 11.14***   N=447

*p<.05; **p<.01; ***p<.001

The purpose of the second model was to determine what independent variables

predicted the dependent variable of persistence in prostitution (*prostitution)*. The

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results of the model are presented in Table 4. This model used an xtlogit command, the longitudinal version of a logistic regression. The significance of the log likelihood (p< .001) on the model indicates that the longitudinal analysis fits the data better than a non-longitudinal model would. Results yielded two variables significant at the $a \leq .05$ level: past engagement in prostitution behavior (p<.001) and cocaine use (p<.05). Those who had engaged in prostitution prior to prison were more likely to do so post release. The only other factor that increased the probability of prostitution behavior over time once other variables were controlled was a history of cocaine use. It should be noted, however, that several variables including childhood trauma remained significant when predicting post-release prostitution until prior prostitution and cocaine use were added to the model. While it is logical to assume that past prostitution will be related to post prostitution, it was important to determine that these results were valid and not the result of a statistical aberration. One factor that may be responsible for these two variables eroding the significance of the other variables is a lack of variation at the bivariate level, that is, if all of those who had engaged in post prostitution also engaged in prostitution before prison. Results of Crosstabulations indicated that of the forty-five women whose prostitution behaviors persisted, only three of them had not engaged in prostitution prior to imprisonment. The bi-variate relationship between cocaine use and persistence in prostitution showed more variation, where 20% of the women who were persisting in prostitution had never used

cocaine compared to the 80% who had. However, due to the sample size, this means only 9 of the 45 women had ever not used cocaine.

This lack of variability, particularly in the relationship between previous and post-prostitution, may be unduly influencing the null hypothesis tests of other independent variables in the model. Table 5 presents the results of a model predicting post-release prostitution with previous prostitution and cocaine use excluded. Four variables emerged as significant: childhood sexual trauma, rape, alcohol and marijuana use, and self esteem. Those who had experienced childhood sexual trauma, rape as an adult, had lower levels of self esteem, and used alcohol and marijuana were more likely to engage in prostitution after release from prison.

T**able 5 •** *Results from Model 2a: Independent Variables Effects on Prostitution*

Variable	Coefficient	Standard Error	Odds Ratio
Runaway	.84	.79	2.41
Age	.05	.06	1.06
Race	.1.42	.84	3.81
Education	-.36	.74	.73
Childtrauma	.55*	.27	1.77
Rape	4.43*	2.06	74.34
Everheroin	.29	.97	1.48
Everalcmarj	1.58*	.77	5.32

Table 5 *continued*

Freqcocaine	.05	.70	1.17
Freqheroin	2.38	1.23	11.81
Freqalcmarj	.64	.68	1.99
Depression	.13	.57	1.15
Selfesteem	-3.11*	1.26	.05

Likelihood-ratio test of rho=0: 11.14***   N=447

SECTION 6

DISCUSSION

The results of this paper illuminate the fact that those factors that may be responsible for a woman to engage in prostitution initially may not be related to her persistence in prostitution. Consistent with the extant literature, childhood sexual victimization was significantly related to prostitution prior to prison (Jaffe, 1975; James, 1976; Gagnon, 1965; Weiner, 1964). However, the only variables that significantly affected prostitution behavior post release were past prostitution behavior and a history of cocaine use. When these variables were excluded from the model, however, childhood sexual trauma, self esteem, experiencing rape as an adult, and alcohol and marijuana use each predicted engaging in prostitution over time. Given the small sample size, it is not clear whether the two variables' (past prostitution behavior and cocaine use) overwhelming significance over the other variables is due to their true influence or to the low variation of the data.   Despite the lack of significance in the longitudinal model that included past prostitution and cocaine use, childhood sexual victimization did predict the onset of engaging in prostitution, and this trajectory increased the probability of the persistence in the behavior. This finding is a direct benefit of the longitudinal nature of this dataset because it provides context that

is otherwise lost in a cross-sectional analysis. A time-specific look at these data would disregard childhood sexual victimization as a predictor of persistence in prostitution because it lacks the contextual influence of the past; the longitudinal nature of this provides another explanation. This finding supports the extant literature (for example, Jaffe, 1975; James, 1976; Gagnon, 1965; and Weiner, 1964) that experiences of sexual victimization, especially in childhood, can increase the likelihood that victims will engage in prostitution. Although women with higher depression scores and lower levels of self-esteem were more likely to persist in prostitution, these factors were not significant once the other variables were controlled. As such, we can only speculate about the causal mechanism between childhood trauma and prostitution.

Finally, the finding that cocaine use was a significant predictor of persistence in prostitution behaviors is not surprising since this connection has been previously established in the literature (Bourgois & Dunlap, 1993; Inciardi, 1993; Pottieger & Tressell, 1999; Maher & Daly, 1996). However, the non-significance of heroin use as a predictor of the dependent variable is an interesting finding, especially considering Goldstein's (1979) Enslavement Theory was established on the strong connection between heroin use and prostitution. In the nested model approach, heroin use was significant in the model for heavy users but once cocaine use was put into the model it became non-significant. This finding supports the extant literature that cocaine was a predictor of prostitution behaviors. However, to explore Young, Boyd, and Hubbell's (2000) conceptualization of this relationship as cyclical, an additional model was run

to see whether prostitution had an effect on drug use. Results showed that just as

heroin use was not a significant predictor of prostitution, prostitution was neither a

significant predictor of heroin use, when controlling all other variables. However, as

cocaine use was a significant predictor of prostitution, prostitution was a significant

predictor of cocaine use ($p<.05$) even after all other variables were controlled. This

finding supports Young et al's (2000) cyclical approach to understanding the

relationship between drug use and prostitution.

SECTION 7

LIMITATIONS

As with any research, the present study has limitations. The cyclical approach
that was confirmed in the results is both a strength and limitation of this study. One of
the major discrepancies within the extant literature is the causal direction of the
prostitution-drug use connection. Although current findings indicate that cocaine use
affects persistence in prostitution, causality is still undeterminable. Other limitations
include the limited sample size. With a larger sample size, some of the other
coefficients in the model may have achieved significance despite the lack of variation
between past prostitution and prostitution after release from prison. Moreover, because
the sample was interviewed over a decade ago, the findings may not reflect the
etiology of prostitution today. And finally, this research was not able to include a
measure of income from illicit activities. In wave one, the respondents were asked
how much of their expenses were paid for by crimes. In the second and third
interviews, respondents were asked how much of their income came from crime.
Although the intention of the question was to measure income from illicit activities,
they were not similar enough to be able to link them throughout the waves.

SECTION 8

IMPLICATIONS AND CONCLUSIONS

The findings of this research have both theoretical and policy implications. Understanding the long term effects of childhood sexual victimization supports the need for therapy in general, but especially in coordination with drug treatment in prison. If childhood victimization is the primary trauma that influences whether a woman will both begin to engage in prostitution and persist in this behavior over time, therapeutic intervention may stop the trajectory. Providing female offenders with drug treatment is necessary but not enough; this research calls for the addition of female-centered treatment. Moreover, the direct relationship between past prostitution and prostitution after release from prison indicates that policies should be directed at harm reduction for women who are more likely to engage in this high risk behavior. For example, programs that equip them with the knowledge to to use safe sex practices combined with curricula that simultaneously increase their motivation to do so would appear to be urgently needed. Finally, the research illuminates the importance of longitudinal analysis of prostitution over time as it provides necessary context to be able to understand persistence. Future longitudinal research should continue to examine the factors related to prostitution over the lifecourse.

SECTION 9

REFERENCES

Alterman, A., Cacciola, J., Ivey, M., Coviello, D., and Lynch, K. 2010. Relationship of mental health and illness in substance abuse patients. *Personality and Individual Differences* 49: 880-84.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC.

Anderson, T. & Bondi, L. 1998. Exiting the Drug-Addict Role: Variations by Race and Gender. *Symbolic Interaction* 21.2: 155-74.

Arditti, J. (2006). Mother's reentry into family life following incarceration. *Criminal Justice Policy Review, 17(1),* 103-123.

Bagley, C., Bolitho, F., & Bertrand, L. (1997). Sexual assault in school, mental health, and suicidal behaviors in adolescent women in Canada. *Adolescence,* 32: 341-366.

Bagley, C., & Ramsey, R. (1986). Sexual abuse in childhood: Psycho social outcomes and implications for social work practice. *Journal of Social Work and Human Sexuality, 4*: 33-47.

Becker, H. 1963. Outsiders: Studies in the sociology of deviance. London: Free of Glencoe.

Bennett, Holloway & Farrington. 2008. The statistical association between drug misuse and crime: A meta-analysis. *Aggression and Violent Behavior* 13: 107-118.

Bland, R., & Orn, H. (1986). Family violence and psychiatric disorder. *The Canadian Journal of Psychiatry, 31(2),* 129-137.

Bourgois, P., & Dunlap, E. (1993). Exorcising sex-for-crack: An ethnographic perspective from Harlem. In M. Ratner (Ed.), *Crack pipe as pimp: An*

ethnographic investigation of sex-for-crack exchanges. New York: Lexington Books.

Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal of Law Psychiatry,* 22: 301-322.

Campbell, R., Sullivan, C. M. and Davidson, W. S. (1995), Women who use domestic violence shelters: *Changes in Depression Over Time*. Psychology of Women Quarterly, 19: 237–255.

Center for Disease Control. (1987). Antibody to human immunodeficiency virus on female prostitutes. *Morbidity and Mortality Weekly Report,* 6.11: 158-161.

Chesney-Lind, M. (1997). Patriarchy, prisons and jails: A critical look at trends in women's incarceration. *The Philosophy and Practice of Corrections*. By M. D. McShane and F. P. Williams. New York: Garland Pub.

Cohen, S.,& Wills, T. 1985. Stress, social support, and the buffering hypothesis. *Psychological Bulletin* 98.2: 310-57.

Collins, P. (2000). Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment. New York: Routledge.

Conte, J.R., & Schuerman, J. R. (1987). Factors associated with an increased impact of child sexual abuse. *Chidl Abuse & Neglect, 11*: 201-211.

Dalla, R. (2000). Exposing the "pretty woman" myth: A qualitative investigation of the lives of female streetwalkers. *Journal of Sex Research,* 37: 344-353.

Dalla, R., Xia, Y., Kennedy, H. (2003). "You Just Give them what they Want and Pray they don't Kill You" : Street-Level Sex Workers' Reports of Victimization, Personal Resources, and Coping Strategies. *Violence Against Women:* 9: 1367-1394.

Diagnostic and Statistical Manual of Mental Disorders: DSM-IV. (1994). Washington, DC: American Psychiatric Association.

El-Bassel, N., Schilling, R., Irwin, K., Faruque, S., Gilbert, L., Von Bargen, J., Serrano, Y., & Edlin, B. (1997). "Sex trading and psychological distress among women recruited from the streets of Harlem." *American Journal of Public Health, 87 (1),* 66-70.

Erickson, P., Butters, J., McGillicuddy, P., & Hallgren, A. (2000). "Crack and prostitution: Gender, myths, and experiences." *Journal of Drug Issues 30(4)*, 767-788.

Fagan, J. (1994). Women and drugs revisited: Female participation in the cocaine economy. *Journal of Drug Issues 24:* 179-226.

Farley, M., & Barkan, H. (1998). Prostitution, violence, and posttraumatic stress disorder. *Women & Health, 27:* 37-49.

Feucht, T.E. (1993). Prostitutes on crack cocaine: Addiction, utility, and marketplace economics. *Deviant Behavior*, 14: 91-108.

Jaffe, A., Dynneson, L., & Ten Bensel, R. (1975). Sexual abuse of children. *American Journal of Diseases of Children* 129: 689-692.

Jaffe, P., Wolfe, D., Wilson, S. and Zak, L. (1986). Similarities in behavior and social maladjustment among child victims and witnesses to family violence. *American Journal of Orthopsychiatry,* 56: 142–146.

James, J. (1976). Motivations for entrance into prostitution. In Crites, L. (ed.), *The Female Offender,* Lexington Books, Lexington, Massachussets, 177-205.

James, J. (1978). Early sexual experience as a factor in prostitution. *Archives of Sexual Behavior,* 7.1: 31-42.

Gagnon, J. (1965). Female child victims of sex offenses. *Social Problems* 13: 176-192.

Glaze, L.& Bonczar, T. (2007). *Probation and parole in the United States, 2007* (NCJ-220218). Washington, DC: Bureau of Justice Statistics.

Graham, N.. & Wish, E.D. (1994). Drug use among female arrestees: Onset, patterns, and relationships to prostitution. *Journal of Drug Issues, 24*: 315-329.

Goffman, E. 1963. Stigma: notes on the management of spoiled identity. Englewood Cliffs, NJ: Prentice-Hall.

Goldstein, P. 1979. Prostitution and drugs. Lexington, MA: Lexington.

Gossop, M., Powes, B., Griffiths, P., & Strang, J. (1994). "Sexual behavior and its relationship to drug-taking among prostitutes in South London." *Addiction, 89,* 961-970.

Hagan, J., & McCarthy, B. (1997). *Mean streets: Youth crime and homelessness.* New York: Cambridge University Press.

Henderson, D. (1998). Drug abuse and incarcerated women: A research review. *Journal of Substance Abuse Treatment, 15(6),* 579-587.

Inciardi, J. (1993). Kingrats, chicken heads, slow necks, freaks and blood suckers; A glimpse of Miami sex-for-crack market. In M. Ratner (Ed.), *Crack pipe as pimp: An ethnographic investigation of sex-for-crack exchanges.* New York: Lexington Books.

Inciardi, J.A., Lockwood, D., & Pottieger, A.,E. (1993). *Women and crack cocaine.* New York: Macmillan.

Inciardi, James A., Steven S. Martin and Clifford A. Butzin. (2004). "Five-Year Outcomes of Therepeutic Community Treatment of Drug-Involved Offenders after Release from Prison." Crime and Delinquency 50 (1): 88-107.

Inciardi, James A., Steven S. Martin, Clifford A. Butzin, Ronald A. Beard and Daniel J. O'Connell. (2006). "A Model for Successful Correctional Drug Treatment: From Prison to Community." Counselor: 20-26.

Kuhns, J., Heide, K., Silverman, I. (1992). Substance use/misuse among female prostitutes and female arrestees. *The International Journal of the Addictions, 27(11),* 1283-1292.

Messman-Moore, T., & Long, P. (2002). Alcohol and substance use disorders as predictors of child to adult sexual revictimization in a sample of community women. *Violence and Victims, 17(3),* 319-340.

McGuigan, W. (2005). Sexual abuse in childhood and interpersonal violence in adulthood: A cumulative impact on depressive symptoms in women. *Journal of Interpersonal Violence* 20.10: 1271-287.

McKeganey, N., & Barnard, M. (1992). AIDS, Drugs, and Sexual Risk: Lives in the Balance. Buckingham, U.K.: Open University Press.

McLeer, S., Deblinger, E., Atkins, M., Foa, E., & Ralphe, D. (1988). Post-traumatic stress disorder in sexually abused children. *Journal of the American Academy of Child and Adolescent Psychiatry, 27:* 650-654.

Maher, L. (1996). Hidden in the light: Occupational norms among crack-using street-level sex workers. *Journal of Drug Issues, 26:* 143-173.

Maher, L., & Daly, K. (1996). Women in the street-level drug economy: Continuity or change? *Criminology, 34,* 465-491.

Menard, S. (2001). Short and long term consequences of criminal victimization. In S. Menard, D. Huizinga, & D. Elliot (Eds), *Violent Behavior in the life course (*pp.110-126). Thousand Oaks, CA: Sage.

Miller, J. (1993). "Your life is on the line every night you're on the streets": Victimization and resistance among street prostitutes. *Humanity & Society,* 17: 422-445.

Miller, J (1995). Gender and power on the streets: Street prostitution in the era of crack cocaine. *Journal of Contemporary Ethnography,* 23: 427-452.

Morrison, C., McGee, A., & Ruben, S. (1995). Alcohol and drug misuse in prostitutes. *Addiction, 90(2),* 292-293.

Nadon, S.M., Koverola, C., & Schludermann, E.H. (1998). Antecedents to prostitution: Childhood victimization. *Journal of Interpersonal Violence, 13:* 206-221.

Nagle, J. 1997. Whores and other feminists. New York: Routledge.

O'Connell, Daniel J., Tikomir N. Enev, Steven S. Martin and James A. Inciardi. (2007). Working Toward Recovery: The Interplay of Part Treatment and Economic Status in Long Term Outcomes for Drug Involved Offenders. *Substance Use and Misuse 42:* 1089 – 1107.

Pheterson, G. 1996. The prostitution prism. Amsterdam: Amsterdam University Press.

Pottieger, A., & Tressell, P. (1999). Dimensions of sex trading among women cocaine users. Paper presented at the Annual Meeting of the American Society of Criminology, Washington, D.C., November 1998.

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

Rabes-Hesketh, S., & Skrondal, A. (2008). Multilevel and longitudinal modeling using Stata. College Station, Texas: Stata Press.

Richie, B. (2001). Challenges Incarcerated Women Face as They Return to Their
Communities: Findings from Life History Interviews. *Crime and Delinquency.*

Risman, B.J. 2004. Gender as a social structure: Theory wrestling with activism.
Gender & Society 18:429-50.

Ruggiero, K., Smith, D., Hanson, R., Resnick, H., Saunders, B., Kilpatrick, D., &
Best, C. (2004). Is disclosure of childhood rape associated with mental health
outcome? Results from the national women's study. *Child Maltreatment* 9.1:
62-77.

Sable, M., J. Fieberg, S. Martin, and L. Kupper. (1997). Violence victimization
experiences of pregnant prisoners. *American Journal of Orthopsychiatry* 69.3:
392-97.

Salomon, A., Bassuk, S., & Huntington, N. (2002). The relationship between intimate
partner violence and the use of addictive substances in poor and homeless
single mothers. *Violence Against Women* 8.7: 785-815.

Saunders, B., Villeponteaux, L., Lipovsky, J., Kilpatrick, D., & Veronen, L. (1992).
Child sexual assault as a risk factor for mental disorders among women: A
community survey. *Journal of Interpersonal Violence* 7.2: 189-204.

Savitz, L., & Rosen, L. (1988). The sexuality of prostitutes: Sexual enjoyment reported
by 'streetwalkers.' *The Journal of Sex Research,* 24: 200-208.

Scroggins, J., & Malley, S. (2010). Reentry and the (Unmet) needs of women. *Journal
of Offender Rehabilitation, 49:* 146-163.

Silbert, M., & Pines, A. (1981). Sexual child abuse as an antecedent to prostitution.
Child Abuse and Neglect, 5: 407-411.

Silbert, M., & Pines, A. (1982). Entrance into prostitution. *Youth & Society* 13.4: 471-
500.

Silbert, M., & Pines, A. (1983). Early sexual exploitation as an influence in
prostitution. *Social Work* 28.4: 285-289.

Sorbello, L., Eccleston, L., Ward, T., Jones, R. (2002). Treatment needs of female
offenders: A Review. *Australian Psychologist, 37(3),* 198-205.

Steffensmeier, D., & Allan, E. (1996). Gender and crime: Toward a gendered theory of
female offending. *Annual Review of Sociology, 22:* 459-487.

Sterk, C., Dolan, K., & Hatch, S. (1999). Epistemological indicators and ethnographic realities of female cocaine use. *Substance Use and Misuse, 34,* 2057-2072.

Visher, C., & Travis, J. 2003. Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology* 29.1 (2003): 89-113.

Weeks, M., Grier, M., Romero-Daza, N., Puglisi-Vasquez, m., & Singer, M. (1998). Streets, drugs, and the economy of sex in the age of AIDS. In S.J. Stevens, S. Tortu, & S.L. Coyle (Eds.), *Women, drug use, and HIV infection* (pp.205-229). New York: Haworth Medical Press.

Weiner, I. (1964). On incest: A survey. *Exerpta Criminology* 4: 137-155.
West, C., and. Zimmerman. 1987. Doing Gender. *Gender & Society* 1:125-151.

White, S., Halpin, B., Strom, G., & Santilli, G. (1988). Behavioral comparisons of young sexually abused, neglected, and nonreferred children. *Journal of Clinical Child Psychology, 17:* 53-61.

Williamson, C., & Folaron, G. (2001). Violence, risk and survival strategies of street prostitution. *Western Journal of Nursing Research, 23(5),* 463-475.

Woolston, 1969. Prostitution in the United States. New York: The Century Co., 1921; Reprinted, Montclair, New Jersey; p. 35.

Williamson, C., & Folaron, G. (2001). Violence, risk, and survival strategies of street prostitution. *Western Journal of Nursing Research, 23: 463-475.*

Young, Boyd, & Hubbell, (2000). Prostitution, drug use, and coping with psychological distress. *Journal of Drug Issues.*