Predictors of Involvement in Acts of Prostitution among Substance Using, High-Risk Women

THESIS

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By

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Abstract

An estimated two million women in the United States work as prostitutes (National Task Force for Prostitution, 2008), with prostitution defined as any behavior that involves the direct exchange of sex for drugs, money or needed resources such as food or shelter (Murphy, 2010). As an understudied and underserved population, these women are at high risk for a range of adverse outcomes. Women who prostitute often have histories of childhood physical and/or sexual abuse (Dalla, 2006; Silbert & Pines, 1983), intimate partner violence (Williamson & Folaron, 2001), homelessness, and alcohol and drug use (Dalla, 2000). They are at high risk for the human immunodeficiency virus (HIV) (Bhunu, 2012) and death, with homicide being the leading cause of death (Ward et al., 1999). Using data from a larger randomized clinical trial testing family systems therapy with (N=183) women seeking treatment for a substance use disorder. Using a social ecological framework, this study investigated the relationship of substance use, family of origin, childhood experiences, and micro-system involvement. This study addresses several limitation and gaps in the literature by testing commonly reported factors associated with prostitution, such as the use of alcohol and illicit drugs (cocaine & opiates), familial substance use, and micro-system interactions with school, family, and the foster care system. Additionally, the current study utilized a unique sample entirely comprised of mothers with a substance use disorder. Findings showed that running away from home during childhood, as well as lifetime use of alcohol and opiates predicted women’s involvement in prostitution. Identifying predictors of involvement in prostitution is essential for guiding preventative efforts.
Acknowledgements

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Major Field: Human Development and Family Science
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Chapter 1: Introduction

An estimated two million women in the United States work as prostitutes (National Task Force for Prostitution, 2008), with prostitution defined as any behavior that involves the direct exchange of sex for drugs, money or needed resources such as food or shelter (Murphy, 2010). As an understudied and underserved population, these women are at high risk for a range of adverse outcomes. Women who prostitute often have histories of childhood physical and/or sexual abuse (Dalla, 2006; Silbert & Pines, 1983; Williamson & Prior, 2009), intimate partner violence (Williamson & Folaron, 2001), homelessness, and alcohol and drug use (Dalla, 2000). They are at high risk for the human immunodeficiency virus (HIV) (Bhunu, 2012) and death, with homicide being the leading cause (Ward et al., 1999). Even so, very little research has characterized women with histories of prostitution or identified predictors of their sexual exploitation. Such research is a necessary first-step in order to effectively target future prevention and intervention efforts. The current study will identify individual, familial, and social factors that predict later involvement in prostitution among a sample of high-risk women seeking substance use treatment.

The Social Ecological Model

This study is informed by the social ecological model of development (Bronfenbrenner, 1979). At the center of this model is the belief that behavior trajectories and outcomes (such as prostitution) are shaped to meet the demand of the specific settings in which they occur, with these specific settings described as micro-systems. Micro-systems are defined by the network of relationships an individual has with persons surrounding them in a specific ecological context (such as family members, friends, and neighbors). These relationships are defined and guided by the ecological system in which they occur.

A single micro-system does not exist in a vacuum, however, individuals are influenced by multiple micro-systems at any given time. Individuals interact simultaneously with various micro-systems such family, school, and neighborhood systems. It is expected that by better understanding the systems
surrounding women prior to their initiation into prostitution, better guidance can be offered to future intervention and prevention efforts.

**Correlates of Prostitution**

Research studies have largely focused on characterizing women who prostitute. This research has identified disproportionate numbers of African American prostitutes entering into prostitution prior to the age of 18 (Clark et al., 2012;). Even so, race/ethnicity has not been found to increase the risk of an individual entering into prostitution (Reid & Piquero, 2014). Women who engage in acts of prostitution are largely from extreme poverty and have low socio-economic status (Willis & Levy, 2002). Studies have also shown that these women often have experienced childhood sexual abuse (Dalla, 2000; Silbert & Pines, 1983), involvement with foster care (Williamson & Prior, 2009), and were raised by family members who had substance use disorders and/or histories of criminal behavior (Kramer & Berg, 2003; Medrano et al., 2003; Silbert & Pines, 1981). In addition, women who exchange sex for money have histories of running away from home during childhood (Estes & Weiner, 2001; Silbert & Pines, 1981; Williamson & Prior, 2009) and disengagement from school, including school drop-out (Kaestle, 2012).

**Substance Use**

Women who prostitute typically report extensive substance use, including higher levels (frequency and quantity) of alcohol, cocaine and opiate use than women who do not have histories of prostitution (Dalla, 2006). Studies estimate that 90% of women who prostitute have illicit drug and/or alcohol use problems (Chudakov et al., 2002; Dalla, 2006; National Institute of Justice, 1998). Only one study has examined substance use as a predictor for involvement in prostitution, but the findings were not significant (Weber et al., 2004). The study’s sample was comprised of Canadian female homeless youth and was not a representative sample of women who prostitute. Although Weber and colleagues (2004), measured present substance use, they did not include measures of past alcohol or substance use. Thus, the temporal relationship between the frequency of using alcohol and drugs on prostitution, as well as, relationship between specific drugs of abuse and prostitution remain unknown. Past studies also have shown that
women engaging in prostitution report that the prevalence of substance use among their childhood caregivers is very high, with 89% - 92% of their caretakers having alcohol or drug problems (Medrano et al., 2003; Silbert & Pines, 1981). Therefore, the current study will examine whether women’s substance use, as well as their parent’s substance use predicts prostitution.

*Education*

Women who are involved in prostitution have fewer years of education than women who do not prostitute (Silbert & Pines, 1981). In fact, education has been identified as a protective factor in keeping women from engaging in prostitution by connecting individuals to positive school community norms, improving social confidence and behavioral control, and fostering relationships with non-parental adults who may serve as positive role-models (Henry et al., 2005; Kaestle, 2012). Involvement with school also has been shown to reduce levels of delinquency, drug use, and risky sexual behaviors (Beam et al., 2002; Zimmerman & Bingenheimer, 2002). One study has shown dropping out of school increases the chances that a woman will become involved in prostitution and women who have more years of education are less likely to prostitute (Silbert & Pines, 1981).

*Runaway Behavior and Foster Care*

Women involved in prostitution typically have histories of runaway behavior prior to the age of 18. Studies report that 94% of women report running away from home during their childhood (Medrano et al., 2003; Silbert & Pines, 1981). Women engaging in prostitution may run away from home to escape dysfunctional families and perpetual sexual abuse (Clark, Clark, Roe-Sepowitz, Fey, 2012) or may be lured away from home by individuals seeking to exploit them (Kennedy et al., 2007; Morsell & Gargiso, 2014; Williamson & Cluse-Toler, 2002). Once away from home, these women exhibit more substance use, depressive symptoms, and are forty times more likely to begin prostituting (Estes & Weiner, 2001; McClahren, McClelland, Abram & Teplin, 1999). In line with past studies, running away from home during childhood, specifically the number of runaway attempts, will be investigated as a predictor of prostituting behavior will be investigated in the current study.
The majority of women with histories of prostitution also report past involvement with foster care (Williamson & Prior, 2009). Among a representative sample of homeless youth, Hudson & Nandy (2012) found that women who were involved with foster care were more likely to exchange sex for money and drugs. Furthermore, the women with histories of foster care involvement were more likely to have symptoms associated with prostitution, such as elevated alcohol and drug use and increased suicide ideation. However, Hudson and Nandy’s (2012) analysis did not include an examination of the relationship between foster care and acts of prostitution beyond the correlation of the two. Additionally, the study only examined the correlation between foster care and prostitution among a sample of homeless youth.

Current Study

In summary, despite cross-sectional information regarding the prevalence of substance use, lack of education, parental substance use, and demographic characteristics of women involved in prostitution, no study to date has used a longitudinal design to examine the predictive nature of these variables on prostitution. The proposed study is a secondary data analysis of a randomized clinical trial with substance use disordered women. It is predicted that 1) alcohol and drug use, including lifetime frequency and age at first use, 2) parental substance use, 3) number of childhood runaway episodes, 4) placement in foster care, and 5) years of education will predict increased prostitution. This study addresses several limitations and gaps in the literature by further investigating the relationship between characteristics identified as common within the population of women who engage in prostitution, such as the use of specific substances (cocaine, opiates, and alcohol), familial substance use, and micro-system interactions (with school, family, and the foster care system).
Chapter 2: Methods

Participants

This study utilized data from a larger randomized clinical trial testing family systems therapy with women seeking treatment for a substance use disorder. Women ($N=183$) were eligible to participate if they: 1) had a child between the ages of 8 and 16 years who lived with them at least 50% of the time and 2) met diagnostic criteria for an alcohol or drug use disorder. Participants were recruited through a larger community treatment program. Additional recruitment was carried out through the local newspaper and Craigslist ads.

As presented in Table 1, women’s ages ranged from 22 to 54 years ($M = 33.9$ years) and 66 women (36.1%) identified as having engaged in acts of prostitution. Years of education within the sample ranged from 7 to 16 ($M = 11.81; SD = 2.35$) and 16.4% of women reported having been placed in foster care ($n=30$). The majority of the sample was low-income with about 60% of families having annual incomes of $15,000 and only about 10% of families having annual incomes greater than $30,000. Nearly half of the women reported opiates as their drug of choice (89 women, 48.6%), 60 women (32.8%) reported alcohol and 34 women (18.6%) reported cocaine as their drug of choice. Self-reported race/ethnicity of the sample was as follows: African American/Black ($n = 78$), 42.4%; White ($n = 98$), 53.6%; Hispanic ($n = 1$), .5%; American Indian ($n = 1$), .5%, and other ($n = 5$), 2.7%, see Table 1.
Table 1. Demographic Characteristics of the Current Sample

<table>
<thead>
<tr>
<th>Variables</th>
<th>n (%)</th>
<th>Mean (S.D.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>33.92 (6.32)</td>
</tr>
</tbody>
</table>

Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>1 (0.5%)</td>
</tr>
<tr>
<td>Asian, Asian-American, or Pacific Islander</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>78 (42.6%)</td>
</tr>
<tr>
<td>Hispanic, Mexican</td>
<td>1 (0.5%)</td>
</tr>
<tr>
<td>White, not of Hispanic Origin</td>
<td>98 (53.6%)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (2.7%)</td>
</tr>
</tbody>
</table>

Involvement with Prostitution         68 (37.2%)

Involvement with Foster Care          30 (16.4%)

Years of Education                    11.81 (2.35)

Procedures

Women were engaged and screened at the substance use treatment facility in private conference rooms by study research assistants (RAs). The initial screening was followed by a formal screening, signing of the informed consent, and completion of the baseline assessment. Participants were randomly assigned to one of three treatment groups: 1) treatment as usual (TAU) + in-home Ecologically-Based Family Therapy (EBFT), 2) TAU + in-office EBFT, 3) TAU + Women’s Health Education (intervention for mothers only) using a computerized randomization process. Follow-up assessments were administered at 3, 6, 12, and 18 months post-baseline. Participating mothers received a $75 dollar gift card for Walmart upon completion of the assessment. The Ohio State University Institutional Review Board approved all study procedures.
Measures

A demographic questionnaire assessing a set of core variables necessary to characterize and compare samples was administered. Comparisons between women on several continuous variables were conducted, including age, years of education, number of family members with substance use related problems, past involvement with foster care, and number of runaway attempts as a minor. In regards to familial substance abuse, participants were asked about the extent to which various family members, including aunts, uncles, brothers, sisters, grandparents, and parents experienced problems as a result of their substance use. Additionally, women were compared on several categorical and binary variables, including ethnicity and history of involvement with foster care.

The Form-90 (Miller, 1996), was used to measure participant’s drug of choice, lifetime weeks of use, and age of first use for alcohol and illicit substances (such as cocaine and opiates). The Form-90 is a structured interview that measures daily drug and alcohol use for the past 90 days using a timeline follow back approach (Sobell & Sobell, 1992). A comprehensive report of women’s alcohol and drug use was generated that included both the types of drugs used as well as percent days of use between assessments. Additionally, the Form 90 measures age at first use for alcohol, cocaine, and opiates. The Form-90 has demonstrated high test-retest reliability for indices of drug use among runaway adolescents (Slesnick & Tonigan, 2004) and adult substance users (Tonigan, Miller, & Brown, 1997; Westerberg, Tonigan & Miller, 1998).

Statistical Analysis Plan

Involvement in acts of prostitution from baseline to the 18-month follow-up was analyzed using a logistic regression model, this model was used because the outcome variable is binary (0 = no involvement in acts of prostitution, 1 = involvement in acts of prostitution). Demographic variables shown to have significant association with involvement in prostitution at baseline were used as predictors of the intercept. At baseline, variables such as women’s substance use and runaway behavior, significantly associated with involvement in prostitution were included in the logistic regression model.
Chapter 3: Results

The means and standard deviations of the independent and demographic variables as well as the correlations bivariate correlations between variables are reported in the Table 2. Independent samples t-tests were conducted to compare women in the sample with and without histories of prostitution across key demographic variables such as age, ethnicity, and abuse history. There were no significant differences between women across these variables.

Table 2. Correlations with Involvement in Prostitution

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean (S.D.)</th>
<th>Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>33.92 (6.32)</td>
<td>$r = -.02$ ($p &gt; .05$)</td>
</tr>
<tr>
<td>Number of childhood runaway episodes</td>
<td>9.98 (20.952)</td>
<td>$r = .16$ ($p &lt; .05$) **</td>
</tr>
<tr>
<td>Family members w/ Substance problem</td>
<td>6.52 (5.65)</td>
<td>$r = -.06$ ($p &gt; .05$)</td>
</tr>
<tr>
<td>Years of Education</td>
<td>11.81 (2.351)</td>
<td>$r = -.08$ ($p &gt; .05$)</td>
</tr>
<tr>
<td>Lifetime Substance Use (Percent of Lifetime weeks used)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>.29 (.20)</td>
<td>$r = -.14$ ($p = .06$)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>.11 (.16)</td>
<td>$r = .08$ ($p &gt; .05$)</td>
</tr>
<tr>
<td>Opiates</td>
<td>.11 (.15)</td>
<td>$r = .18$ ($p &lt; .05$)</td>
</tr>
<tr>
<td>Age at First Substance Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>14.71 (3.7)</td>
<td>$r = -.11$ ($p &gt; .05$)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>21.89 (6.316)</td>
<td>$r = -.05$ ($p &gt; .05$)</td>
</tr>
<tr>
<td>Opiates</td>
<td>24.68 (7.47)</td>
<td>$r = -.03$ ($p &gt; .05$)</td>
</tr>
</tbody>
</table>
Most variables were in an acceptable range for skewness \( \pm 1.96 \). However, number of runaway episodes (skewness = 3.60) and number of family members with problem substance use (skewness = 3.47) had scores outside of this desired range. Square root transformations were performed to correct for skewness for these variables prior to running correlation analyses.

Correlation analyses were conducted to examine the relationship between variables in the model and to determine which independent variables would be entered into the logistic regression model. There was a significant correlation between number of childhood runaway attempts \((r(183) = .16, p < .05)\) and involvement in prostitution. A significant correlation between lifetime weeks of opiate use \((r(183) = .18, p < .05)\) and involvement in prostitution also was observed. Additionally, a correlation approaching significance was observed between lifetime weeks of alcohol use \((r(183) = -.14, p = .06)\) and involvement in prostitution.

Involvement in Prostitution, Lifetime Substance use and childhood runaway behavior

A hierarchical logistic regression analysis was used to investigate whether the model including number of childhood runaways and participant’s lifetime use of alcohol or opiates, was associated with involvement in prostitution (see Table 3). The model fit was significant \( (X^2 = 12.71, df = 3, p < .01) \). The full model explained 9.3% of the variance in lifetime involvement in prostitution. Specifically, a significant relationship between number of childhood runaway episodes and involvement in prostitution was observed. For each childhood runaway episode, women became 1.25 times more likely to engage in acts of prostitution \( (X^2 = 4.35, df = 1, p < .05; \text{Exp } (B) = 1.25) \). Additionally, marginally significant relationships between lifetime use of alcohol \( (X^2 = 3.35, p < .07, \text{Exp } (B) = .22) \) and lifetime use of opiates \( (X^2 = 2.93, p = .07, \text{Exp } (B) = 6.8) \) were observed with involvement in prostitution.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Wald</th>
<th>S.E.</th>
<th>Sig</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome = Involvement in acts of Prostitution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>3.35</td>
<td>0.84</td>
<td>.06</td>
<td>0.22</td>
</tr>
<tr>
<td>Opiates</td>
<td>2.93</td>
<td>1.12</td>
<td>.07</td>
<td>6.80</td>
</tr>
<tr>
<td>Childhood Runaway Episodes</td>
<td>4.35</td>
<td>0.11</td>
<td>&lt; .05</td>
<td>1.25</td>
</tr>
<tr>
<td>Age at First Alcohol Use</td>
<td>2.11</td>
<td>0.04</td>
<td>.15</td>
<td>0.94</td>
</tr>
<tr>
<td>Age at First Cocaine Use</td>
<td>0.27</td>
<td>0.3</td>
<td>.60</td>
<td>0.99</td>
</tr>
<tr>
<td>Age at First Opiate Use</td>
<td>0.07</td>
<td>0.67</td>
<td>.80</td>
<td>0.99</td>
</tr>
</tbody>
</table>
Chapter 4: Discussion

The current study utilized data collected from a sample of women seeking treatment for a substance use disorder, and this is one of very few studies to examine predictors associated with later involvement in prostitution. Findings showed that running away from home during childhood, as well as lifetime use of alcohol and opiates predicted women’s involvement in prostitution. Identifying predictors of prostitution can be useful for tailoring treatment services and preventative efforts. While previous studies have shown that women who prostitute have a history of running away from home (Clark, Clark, Roe-Sepowitz, 2012; Estes & Weiner, 2001), the current findings suggest that women who run away repeatedly are more likely to prostitute than women who run away once. That is, the risk for involvement in prostitution increases with each additional childhood runaway episode. Possibly, a single runaway experience does not predict later prostitution because it results in corrective efforts within the family system (Brakenhoff et al., 2015), while multiple runaway episodes increase exposure to illicit drugs and predators which might increase the likelihood of prostitution (Jeff, 2013; Kennedy et al., 2007; Williamson & Cluse-Toler, 2002).

Consistent with previous research (Argento et al., 2015), lifetime use of opiates tended to predict prostitution ($p = .07$). While the current study did not assess the mechanism through which opiate use impacts involvement in acts of prostitution, it is likely that increased opiate use increases involvement in a drug culture that also increases the risk for prostitution. Studies indicate that women who use opiates are more likely to exchange sex in order to obtain drugs from dealers or other suppliers as well as to avoid withdrawal symptoms (Dalla, 2006; Fresquez-Chavez & Fogger, 2015). In contrast, increased lifetime alcohol use was associated with less involvement in prostitution. This finding adds to the mix of studies with some research identifying alcohol use as a driving force for involvement in prostitution (Bhunu, 2012; Nadon et al., 1998), and other research indicating that women involved in prostitution are more likely to use cocaine and heroin than alcohol (Chudakov et al., 2002). While women engaged in prostitution report higher rates of alcohol use than women not prostituting, the findings observed here may be due to the
sample of women studied. That is, the majority of women in this study reported hard drug use which might place them at elevated risk for prostitution given that alcohol can be obtained legally and possibly more easily.

Several non-significant relationships were found. In particular, no relationship was observed between prostitution and lifetime use of cocaine, age of first substance use, involvement in foster care, or years of education. Further, family members’ substance use was unrelated to later prostitution. Consistent with previous research, a high prevalence of cocaine use was observed among women involved in prostitution, however, no significant differences were found between women involved in prostitution and their non-prostituting counterparts in lifetime weeks of cocaine use. Lifetime weeks of cocaine use also did not predict involvement in prostitution. The finding that opiate use and not cocaine use predicted involvement in prostitution is perplexing. Future research will need to identify other factors associated with cocaine use, not measured in this study, such as supplier differences or drug interaction effects, which might impact prostituting behaviors.

No significant relationship between age at first use for alcohol, cocaine, or opiates and later involvement in prostitution was found. Previous research examining the effects of age at first substance use on acts of prostitution have yielded mixed results. Some research has shown that individuals using alcohol or illicit substances at an earlier age are at elevated risk for prostitution (Weber, Boivin, Blais, Haley, & Roy, 2004). In contrast, Brawn and Roe-Sepowitz (2008) did not find an association between earlier onset of substance use and later involvement in prostitution among their sample of prostituting female youth, suggesting that family factors may be an important predictor variable given the role of family problems and early onset of substance use.

In contrast to the current findings, previous research indicates that the majority of women who prostitute have parents with problematic substance use (Kramer & Berg, 2003; Medrano et al., 2003; Silbert & Pines, 1981). In fact, among women who prostitute, parental substance use is associated with exposure to repeated trauma, abuse, and poverty that may increase risk for engaging in acts of prostitution (Willis & Levy, 2002). Additionally, previous research suggests that parental substance use significantly predicts elevated substance use and substance use disorders among offspring (Yule et al., 2013). Although
the current study did not find a relationship between parental substance use and involvement in prostitution, a ceiling effect may have obscured the relationship given the very high rates of parental substance use identified among this sample of women (Chudakov et al., 2002; Dalla, 2006).

Limitations

Some limitations of this study should be considered when interpreting the findings. First, all women in the current study were recruited from a substance use treatment facility in Columbus, Ohio, and as a result, may not represent women engaged in prostitution not seeking assistance or treatment. Second, the sensitive nature of disclosing involvement in prostitution likely lead to under-reporting of prostitution. In fact, many women disclosed current involvement in prostitution during their therapy sessions, but did not report engagement in prostitution during their assessment interviews. Additionally, a larger and more diverse sample would provide greater power to detect significant relationships that may have been unobserved in the current sample. For example, in this study, no significant relationships were found between foster care, years of education and involvement in prostitution, as demonstrated by prior studies (Silbert & Pines, 1981; Williamson & Prior, 2009).

Conclusions

Despite these limitations, this study showed that higher lifetime opiate use and lower lifetime alcohol use predicted later involvement in prostitution. Further, higher levels of childhood runaway episodes predicted later involvement in prostitution. Running away from home multiple times during childhood put young women at elevated risk for involvement in prostitution, while running away one time did not elevate risk. Although interventions for women involved in prostitution often focus on substance use treatment (Nuttbrook et al., 2004) the current study suggests that targeting adolescents who runaway from home and their families may also be an important intervention focus. In sum, more research identifying key factors associated with prostitution has the potential to guide prevention interventions with the goal to reduce premature mortality, emergency room visits, incarceration, and loss of human capital.
References


bonding and adolescents’ beliefs about the effect of substance use on future aspirations. *Prevention Science, 6*, 101-112.


