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Characteristics of adolescent females sexually exploited through prostitution

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CHARACTERISTICS OF ADOLESCENT FEMALES
SEXUALLY EXPLOITED THROUGH
PROSTITUTION

by

Alanna Candace Robinson

Bachelor of Arts
University of Nevada Las Vegas
2008

A thesis submitted in partial
fulfillment of the requirements for the

Master of Arts Degree in Criminal Justice
Department of Criminal Justice
Greenspun College of Urban Affairs

Graduate College
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THE GRADUATE COLLEGE

We recommend the thesis prepared under our supervision by

Alanna Robinson

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Prostitution**

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ABSTRACT

**Characteristics of Adolescent Females
Sexually Exploited Through
Prostitution**

By

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Adolescent females are becoming the fastest growing population amongst juveniles being held in detention and referred to juvenile courts. Unfortunately such increases are linked to a lack of alternative services available for youths during the adjudication process. Upon being arrested, delinquent girls are suffering from a host of health, emotional and social issues for which there is also a lack of programming and detailed research. However, emerging evidence indicates that female delinquency is characterized by a multitude of overlapping problems that distinguish them from male delinquents. Issues include poor mental health, history of child abuse, substance abuse among parents and family members, unstable home environments, poor academic performance, association with other deviant peers, and involvement in high-risk sexual activity. One high risk sexual activity is engaging in prostitution, a behavior often seen with youth who have a history of sexual abuse. Youth often use prostitution as a survival strategy while living on the streets after running away to escape abuse at home. This study aims to examine the extent of prostitution behaviors of adolescent girls in Clark County, Nevada and determine which characteristics can be identified as risk factors or predictors of involvement in prostitution.

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CHAPTER 1

INTRODUCTION

Females are becoming the fastest increasing population in the juvenile justice system as their arrest rates are surpassing those for boys. In 2004, girls comprised one-third of juvenile arrests compared to two decades earlier when they accounted for only one-fifth of arrests, thus representing a 42.5% increase (Chesney-Lind, Morash, & Stevens, 2008; Lederman, Dakof, Larrea, & Li, 2004). Similarly, more recent figures from 2008 FBI Uniform Crime Reports revealed that girls constituted 30% of juvenile arrests during that year (Federal Bureau of Investigation, Uniform Crime Reports, 2008). This narrowing gap between boys and girls for juvenile offending has been attributed by researchers to the relabeling of status offenses and changing policies regarding school fighting and domestic violence. Traditionally status offenses were characterized by non-criminal acts such as running away, but as more young girls become involved in domestic violence and physical disputes with their parents, their arguments are labeled as assault, and they were consequently charged and arrested (Chesney-Lind and Irwin, 2008; Shelden, 2008).

In addition to the arrest rates increasing for girls, the number of referrals for girls to juvenile courts has also increased. Between 1985 and 2005, the Office of Juvenile Justice and Delinquency Prevention estimated that the number of girls entering U.S. juvenile courts increased by 108% compared to a 32% increase for boys, with the female caseload growing at an average of 4% per year (Chesney-Lind et al., 2008; Sickmund, 2009). Among four general offense categories of person, property, drugs, and public order, there were increases in caseloads for both sexes with the exception of property

offenses, but the percent change was greater for females during that time period.

Interestingly while property offenses for females grew, they actually declined for males (Chesney-Lind et al., 2008; Sickmund, 2009). Due to such high increases in arrest rates and caseloads involving females, one could expect a growth in programs designed to prevent girls from entering the juvenile justice system; however, this is not the case.

The increase in use of juvenile detention is evidence that there is a lack of appropriate alternatives for youths during the adjudication process. To make matters worse, studies show that upon arrest delinquent females are already experiencing a vast array of problems and have risk factors for delinquency for which there are also a lack of programming. Historically, research on risk factors has focused on males with a critical lack of attention on girls. However, research has emerged providing evidence that delinquency is outlined by a pattern of interconnected problems and experiences that distinguish adolescent females from their male counterparts (Chesney-Lind et al., 2008; Gavazzi, Yarcheck, & Chesney-Lind, 2006; Goldstein et al., 2003). Girls face problems regarding school, family dysfunction, trauma, poor mental health, substance abuse, involvement in high-risk sexual activity, and high rates of physical and sexual abuse (Chesney-Lind, 2001; Lederman et al., 2004). The Office of Juvenile Justice and Delinquency Prevention report that nationally 35% of girls are victims of sexual abuse, and 40% are exposed to domestic violence. Girls often run away to escape the abuse which leads to deviant strategies for survival including theft, drug dealing, and prostitution. (Chesney-Lind, 2001; Chesney-Lind et al., 2008). Furthermore estimates reveal between 70% and 80% of girls on the streets have run away from home to escape the violence and abuse on more than one occasion (Chesney-Lind, 2001).

These statistics suggest that girls involved in the juvenile justice system lack stable family structures. These girls tend to have negative relationships with their parents and unsupportive family members. They are often shuffled between relatives, child welfare services, and temporary placements. Girls in unstable home environments are also vulnerable to outside influences such as gangs, peers, and boyfriends. They turn to these people for support and protection but are often victimized after being pressured to engage in illegal activities such as drug use or sexual “favors” (Chesney-Lind, et al., 2008). Therefore it is not surprising that substance abuse and addiction is a common issue as many girls turn to drugs and alcohol as an outlet for the trauma they experience at home. Likewise girls are also in need of psychological services to treat mental health issues such as depression, anxiety, panic disorder, separation anxiety disorder, self-harm, and possible suicidal issues (Goldstein et al., 2003; Sondheimer, 2001).

Girls’ specific needs are either shortchanged or ignored because they are outnumbered by boys in the co-ed prevention programs, and those that are single-sex provide more options for boys as well. Additionally, it has been suggested that programs fail to address the vulnerable period of adolescence during which young girls are easily influenced and struggle with self-esteem. Only a small percentage of programs provide services to girls between 9 and 15, while the majority caters to girls between 14 and 21 (Chesney-Lind, 2008; Shelden, 2008). Another issue with the few existing programs for girls is that they tend to address single problems and focus more on specific or stereotypical issues such as pregnancy or substance abuse (Chesney-Lind, 2001). Programs also tend to focus on girls who are already in trouble. The result is that girls’ overlapping issues are ignored, and those who are at risk of engaging in delinquent

behavior are neglected. This poses an additional problem because as the need for an overlap in services increase, public funding has decreased. Hence there is a great need for comprehensive programming within any given system (Shelden, 2009).

With the decrease in available public funding and lack of extensive programming, it is evident that there is a gap between the services girls need and the services they are actually receiving. When examining this gap from the girls' perspective it is apparent that they need someone with whom they feel comfortable confiding in and someone who listens to them. It has also been revealed that services are lacking in counseling for mental health, abuse, sex education, and parenting. Other unavailable services include help with anger management, problem-solving skills, family counseling, and general health education. It has been suggested that the lack of programming to suit girls' specific needs is attributed to the lack of national detailed research. What is known affirms that girls need comprehensive programs adapted to their family and social context. Furthermore, these services need to be available early on before girls become deeply entrenched in the juvenile justice system (Chesney-Lind et al., 2008)

Among the overlapping challenges that girls have which distinguish them from adolescent boys, their history of abuse is the most evident. Research provides evidence that such victimization has a strong association with subsequent involvement in prostitution (Mullis, Cornille, Mullis, & Haber, 2004). Prostitution is a serious risk behavior that needs to be examined because there are few programs to address the physical and psychological problems associated with their experiences of sexual exploitation (Shelden, 2008). Likewise young girls may turn to the streets as an escape from family dysfunction and abuse.

Homeless and delinquent youth who turn to prostitution for financial survival also tend to turn to drugs and alcohol to deal with the stressful events in their lives (Schissel & Fedec, 1999). Unfortunately, life on the streets can become more abusive and problematic than what the girls were experiencing at home, and the abuse continues if they are drawn into child sex trafficking (Schissel & Fedec, 1999). To illustrate the severity of this problem, in Nevada alone a government report on domestic minor sex trafficking revealed that over 400 prostituted children were identified on the streets of Las Vegas in May 2007 (Kennedy & Pucci, 2007). Additionally, since 1994, between 150 and 200 children have been arrested every year in Las Vegas. These children are often trafficked from other states, and a fifth of them are 15 or younger, which is below the age of sexual consent in Nevada.

As the abuse of these young females becomes a better recognized and greater priority, it is apparent that there is a lack of research into the health issues faced by this segment of the population, particularly their physical and mental health needs. The little research that has been done shows that girls have more complex needs compared to boys and ultimately their victimization and delinquent behavior becomes an endless cycle. Compared to male juvenile offenders, females tend to have higher levels of psychopathology and familial risks as well as an increased suicide risk (Alemagno, Shaffer-King, & Hammel, 2006). Furthermore, adolescent females are more likely to suffer from a series of social and interpersonal problems including trauma, involvement with other deviant peers, high-risk sexual behavior, and co-morbidity in mental health problems such as depression and anxiety disorder (Alegmano et al., 2006; Lederman et

al., 2004) As these girls' issues become more overlapping thus warranting multiple services, public funding to assist them has decreased (Shelden, 2008).

Children who run to the streets and survive through prostitution are not always recognized as victims. Those caught on the streets are arrested and locked away in detention for a variety of offenses but not offered the help they need due to a critical lack of rehabilitative programs for these girls (Kennedy & Pucci, 2007; Lederman et al., 2004). To end these cycles of abuse, it is important to examine the high-risk behavior and challenges faced by this population so professionals can develop the right programs to assist these girls and keep them off the streets and out of detention centers.

Purpose of the Study

The purpose of this study is to gain a better understanding of the population of female youth involved in the juvenile delinquency system in Clark County. More specifically the goal is to examine the extent of sexual exploitation through prostitution of these girls in crisis. While studies have shown clear differences between boys and girls in the juvenile delinquency system, this study will focus on comparing the characteristics of adolescent girls involved in prostitution to girls who are not involved, and determining which characteristics are risk factors. Few studies have examined this specific population of girls and explored possible influencers for involvement in prostitution. From a review of the literature it is apparent that victims of prostitution suffer from a multitude of issues, but as there is a lack of research detailing their specific needs, further progress into their rehabilitation is being impeded.

Research Questions

To examine the extent of sexual exploitation through prostitution of girls in Clark County the following research questions will be addressed.

- Is involvement in prostitution related to drug use including factors such as age of first use and type of drug?
- Is involvement in prostitution related to a prior history of child abuse including sexual physical abuse, emotional abuse, and or neglect?
- Are experiences of family dysfunction and upheaval - including type of guardianship when growing up, criminal history of parents, and parental substance abuse or addiction among family members– related to involvement in prostitution?
- Is having a history of poor mental health as indicated by diagnoses of mental disorders and suicidal ideation related to involvement in prostitution?

Significance of Study

The findings of this study could have important implications for future programs and services offered to assist young girls who are victims of prostitution. Additionally the study can shed some light and provide a more detailed framework on the various issues faced by this population. Furthermore these results can demonstrate the urgent need for raising the necessary funding to design successful programs and services. If however, the results of the study do not reveal any significant differences between the two groups of girls, these findings will still be beneficial in demonstrating that consolidated programs would be effective in rehabilitating the girls. If evidence

indicates that the two groups are identical across the different risk factors then consolidated programs, as opposed to having separate programs for each group, may be more efficient in offering a succinct path toward recovery. In either case the ultimate goal of this study is to gain a better understanding of adolescent girls who have become victims of prostitution.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Gender Differences

Research has consistently shown that juvenile boys and girls being held in detention drastically differ in their types of criminal offenses as well as their risk factors for delinquency including personal, educational, and family backgrounds. As the percentage of juvenile females arrests increases, the types of crimes they are committing are increasing also. In the past years female juvenile delinquency was commonly characterized by minor crimes such as running away and shoplifting or status offenses like sexual misconduct and curfew violation (Mullis, Cornille, Mullis, & Haber, 2004). However, in recent years they have had a greater involvement in violent offending including simple and aggravated assaults, armed robbery, gang activity, burglary, and prostitution (Lederman et al., 2004; Mullis, et al., 2004). Interestingly though, despite their increased involvement in these crimes they are still considered less violent and serious than offending juvenile males.

Although juvenile males and females both have risk factors that increase their probability for delinquency, those for girls are more extensive. Compared to male delinquents, females have greater family dysfunction such as parental rejection, parent-adolescent conflict and parental substance abuse. Girls also have a higher incidence of mental health problems including major depression, anxiety disorders, and substance abuse disorders. Furthermore they have more school-related problems such as higher drop-out rates and fewer grade completions. Lastly, girls engage in high-risk sexual behaviors more frequently (Lederman et al., 2004). In 2006 a research study took a closer

look at these differences by comparing males and females across a spectrum of general and mental health, substance abuse, violence, family, and sex risk. For the study 256 juveniles (146 male, 110 female) in a detention center in Ohio completed a computerized interview designed to assess ten different dimensions including risk of drug and alcohol use, symptoms of mental disorders, suicide, sexual abuse, and family support (Alemagno, Shaffer-King, & Hammel, 2006).

Results of the Alemagno et al. study revealed significant differences in mental health, substance abuse, and home environment. Females had a greater utilization of mental health services and prescription medication for emotional problems compared to the males. Females also reported suicidal thoughts and attempted suicide more frequently with rates of 37% and 26% respectively compared to only 14% and 6% for juvenile males. In regards to substance abuse, rates of drug and alcohol use were similar, but girls reported a greater likelihood of drinking alcohol at levels that disrupted their daily activities. Additionally female juveniles revealed a greater likelihood of exchanging sex for drugs and money or anything else. Consequently girls were also more likely to report having an STD within the past 6 months (Alemagno et al., 2006).

Consistent with previous research findings, the juvenile females in the Alemagno et al. study indicated more broken home environments compared to the males. Physical fights and violence in the home were more common in girls causing them to leave home more often due to fear. Related to their fear was unwanted sexual contact in which 40% of females compared to 2% of males reported this occurrence. Overall, females were fifteen times more likely to report unwanted sexual contact, bad tempers, physical violence at home, and overall less family support. Based on these results the researchers

concluded that it is important to acknowledge gender differences and create the necessary and appropriate services for women. Furthermore, due to female participants' greater likelihood of exhibiting co-existing disorders, the researchers also recommended the development of integrated services related to addiction, psychological disorders, and trauma for all female offenders (Alemagno et al.,2006).

In a more recent 2009 study, researchers took a similar approach in examining differences between gender and risk factors for delinquency, but they also explored the impact of these risk factors on serious, violent, and chronic offending (Johansson & Kempf-Leonard, 2009). The method of this study was a secondary data analysis from 10,405 youth aged 12-16 who were referred between 2002 and 2003 to a Juvenile Court in Texas. Data included information recorded by the juvenile department at intake and self-reports from youths, parents, and police documents. The independent variables and risk factors measured were child abuse, mental health problems, running away, gang involvement, and juvenile justice involvement.

Johansson and Kempf-Leonard (2009) revealed that females outnumbered and experienced more problems than males on four of the five variables. Juvenile females experienced more abuse and maltreatment, and they had more mental health problems in which they showed more symptoms of depression and anxiety. A greater percentage of females also had more suicide ideation and more runaway charges. Gang involvement was the only independent variable in which males outnumbered females, and interestingly it was only by 5%. In terms of different types of offending, researchers found that cumulatively the risk factors, with the exception of gang involvement, increased the risk of serious, violent, and chronic offending for both males and females.

Inconsistent with previous research findings however, abuse and maltreatment was negatively related to serious and or violent offending in both groups. The study still provided evidence that juvenile females have more complex needs than boys that health professionals need to recognize in order to appropriately assist in rehabilitating them (Johansson & Kempf-Leonard, 2009).

Characteristics of Female Juvenile Delinquents

When focusing on female juvenile delinquents, studies show that the challenges faced by these girls are truly multifaceted, extending far beyond just mental and physical health or family functioning. In addition to these risk factors, one study also examined the effects of trauma experiences, high-risk sexual behaviors, educational functioning and peer relations. Additionally the researchers examined the effects of being previously detained. Lederman, Dakof, Larrea, and Li (2004) recruited 493 girls between age 10 and 17 from a short-term juvenile detention facility in the U.S. who were waiting for trial or long term placement. Participants were interviewed for an hour within five days of intake in the detention center. Similar to previous research methods the interview was designed to assess specific areas in family functioning, substance abuse, sexual history, and peer relationships, but the results were far more extensive than other studies.

Lederman and colleagues (2004) found that 61% of females reported that a parent or family member had previously been involved in the criminal justice system. Thirty-two percent of the girls had family members with alcohol problems, 29% with drug problems, and 2% revealed a family history of mental health issues. Not surprisingly 44% of the girls had run away from home. When assessing the girls' experiences with trauma 84% disclosed struggling with a major trauma including witnessing a violent attack on

someone else, fear that they themselves or someone close to them was going to be hurt badly, and previously being threatened with a weapon. Twenty-five percent acknowledged being a victim of sexual abuse. Mental health examinations revealed that the girls were extremely in need of psychological services. Participants exhibited comorbidity in three different disorders including anxiety disorder, major depressive disorder, and attention deficit hyperactive disorder with rates of 59%, 36%, and 34% respectively. For substance abuse 61% reported alcohol and or drug use and 34% of the girls met criteria for substance dependence.

As noted earlier this study also revealed significant and distinguishing findings about the girls' sexual behavior, educational functioning, and peer relations (Lederman et al., 2004). Three-quarters of the girls admitted to being sexually active with 13 being the average age of their first sexual experience. Fourteen percent reported ever having an STD and 32% were previously or currently pregnant at the time of the interview. Their educational functioning was somewhat contradictory because although records indicated poor academic performance with failing GPA's, the majority of the girls reported that they liked school. Their inadequate performance in school may have been related to their association with other deviant peers. The majority of the participants' peers were also engaged in problem behaviors including having been previously arrested or detained, quitting school, having babies, or drug abuse.

Another distinguishing feature of this study was the researchers' examination of the differences between girls who had been detained for the first time and those who had been detained in the past (Lederman et al., 2004). Findings revealed that the latter group reported more family problems such as alcohol use and being victims of abuse or neglect.

These girls also admitted to more substance abuse and a greater likelihood of being sexually active. Lastly, this population had lower GPAs and lower educational goals. Researchers concluded that the higher incidence of these problems among those who had previously been detained is a strong indicator of recidivism among adolescents in general. They also suggested that differences in the two groups could be attributed to a “deeper involvement with the juvenile justice system more generally.” (p. 331) Overall the study was consistent with other findings in proving that detained girls have several related social and psychological problems in different life domains. The researchers concluded that there is a need for comprehensive, female-specific intervention programs that include family therapy, psychotherapy, sex education, and general educational services along with close judicial monitoring.

Given the vast array of problems and challenges faced by female juvenile delinquents it is no surprise that poor mental health is a common co-occurring problem. The majority of research findings indicate that girls in the juvenile justice system have far more mental health problems than boys (Alemagno et al., 2006; Goldstein et al., 2003; Johansson & Kempf-Leonard, 2009; Lederman et al., 2004; Mullis et al., 2004). Few studies however have examined the comorbidity of mental health symptoms. Common psychiatric diagnoses of female delinquents include mood disorders, major depression, anxiety, and conduct disorders. Mental health problems are highly correlated with having a history of abuse which is the most prominent risk factor for female juvenile delinquents. Furthermore, to escape abuse girls often run away from home and end up on the streets where they are often arrested and incarcerated for a status offense (Rhodes & Fischer,

1993). Thus it has been suggested that researchers address and study comorbidity to increase the effectiveness of treatment programs.

In a 2003 study, researchers examined patterns of symptom comorbidity hypothesizing that higher levels of depression and anxiety would each be associated with higher rates of substance abuse, family discord, and suicide ideation (Goldstein et al., 2003). The sample consisted of 232 females aged 12-18 years who entered one of two pretrial juvenile detention centers between January and November 1997. Girls were given two of three assessments to complete including the Massachusetts Youth Screening Instrument (MAYSI), the Millon Adolescent Clinical Inventory (MACI), and the Child Behavior Checklist-Youth Self Report. The questionnaires included a variety of scales including frequency of drug and alcohol use, depressed mood, suicide ideation, traumatic experiences, anxiety such as fearfulness or nervousness, family discord, delinquent predisposition, and both internalizing and externalizing problems.

The results of the study revealed that among substance abuse, family discord, and suicide ideation, depression was the only significant and reliable predictor compared to anxiety (Goldstein et al., 2003). However, neither depression nor anxiety predicted family discord. The researchers also discussed the role of externalizing symptoms as predictors of the three variables. For substance abuse it was suggested that the delinquent girls in the study associated with other delinquent peers who exposed them to drugs and alcohol. Furthermore consumption of the two lowers inhibitions thus leading to risky and illegal behavior. Because anxiety and depression were not predictive of family discord the researchers concluded that this was instead related to the girls externalizing symptoms such as stealing, arrests, and hyperactivity. Additionally the absence of a relationship

between internalizing symptoms and family discord was attributed to the likelihood of parents to be uninvolved in their children's lives. Parents of delinquent children are often preoccupied with their own chaotic lives characterized by substance abuse, incarcerations, or multiple jobs to deal with financial hardships. Thus, parents and other family members are less likely to notice the depression and anxiety experienced by their children. Lastly, although the researchers found depression to be a predictor of suicide ideation, no straightforward relationship was found between this variable and externalizing symptoms.

Despite the findings that anxiety and depression were not predictors of family discord, the study still supported existing literature by confirming that girls involved in the juvenile justice system suffer from a wide range of mental health problems with a large majority experiencing depression or anxiety (Goldstein et al., 2003). Also girls with both internalizing and externalizing symptoms experience additional problems such as substance abuse, family discord, and suicide ideation. Consistent with other studies the current one also demonstrated the need for designing multifaceted treatment programs for girls. The researchers also proposed that creating programs to target girls' specific needs would be more successful in reducing psychological distress and preventing recidivism.

Based on the cumulative findings of several research studies, an overall general profile of the female juvenile delinquent is revealed. Demographically, girls of this population tend to be 16 years of age or younger, of ethnic minority, and come from poor socioeconomic families (Mullis et al., 2004; Sondheimer, 2001). They have complex histories of trauma characterized by substance abuse, physical and sexual abuse which often leads to early sexual activity. These girls also have unmet mental health needs and suffer from low self-esteem, self identity issues, and depression. Academically they have

poor school performance and a greater likelihood of dropping out. In regards to their family and peers, they often alienate themselves, have unstable relationships, and are antisocial. The friendships they do have, tend to be with other deviant peers who are facing the same challenges as themselves (Sondheimer, 2001). Thus it is clear that the female juvenile delinquent population is in great need of services and programming designed to specifically target their needs.

Adolescent Prostitution

Defining Adolescent Prostitution and Sex Trafficking

As discussed earlier prostitution is a common form of delinquency that adolescent girls engage in upon running away from home and trying to escape the stressful conditions in their lives. Once on the streets selling their bodies may become their only means of survival hence this crime may also be known as “survival sex.” Adolescent or teen prostitution can be defined as the participation of those under age 18 in sexual acts and services including intercourse, oral/anal sex, and sadomasochistic activities (Flowers, 1998). These sexual favors are sold for different forms of payment including cash, drugs, shelter, clothing, food, jewelry, or other items. This definition may vary however among different agencies and jurisdictions thus making it difficult to respond to the problem with the appropriate services (Shaw & Butler, 1998). The majority of adolescent prostitutes are girls that usually work on the streets, but to avoid being conspicuous they sometimes work out of cheap motels, massage parlors, alleyways, cars, and elsewhere. This makes it difficult for law enforcement to locate them because they are often hidden and sometimes moved (Willis & Levy, 2002). In most cases they have pimps, pimp boyfriends, or someone else in authority (Finkelhor & Ormrod, 2004; Flowers, 1998).

The pimp is often seen as a source of protection from the physical violence by clients, but often times the pimp can be the source of danger themselves (Shaw & Butler, 1998).

Among runaways and homeless youth, pimps frequently recruit drug addicted teens and force them into prostitution in exchange for a place to live (Finkelhor & Ormrod, 2004).

A common denominator amongst these girls shows that a majority are racial and ethnic minorities, and come from a low socioeconomic background. Although usually recruited, young girls are sometimes acting of their own free will and engage in prostitution for the money and so called adventure. They may work individually or in groups (Finkelhor & Ormrod, 2004; Flowers, 1998). Whatever their motivation, they are ultimately selling their bodies in exchange for the things they need to live on the streets. Although it becomes their only method of survival it is still a crime, thus prostitution can be seen as a double-edged sword. Welfare and reform organizations primarily view adolescent prostitutes as victims but police and other criminal justice officials sometimes view them as willing participants of an illegal trade (Finkelhor & Ormrod, 2004). However, recording prostitution as an offense can be difficult for police officers because of the ambiguity in the adolescent's situation. Although exchanging sex for money is a criminal offense the girl may also be a victim of a statutory or other type of sex crime. Additionally when the juvenile is being pimped by an adult they are viewed as a victim, but when taking a more active role like pimping out another adolescent, they are seen as the offender (Finkelhor & Ormrod, 2004).

Sex trafficking is a form of prostitution in which adolescents under age 18 are recruited, harbored, or obtained for the purpose of commercial sexual exploitation. The adolescent is forced or coerced into prostitution, child pornography, or sexual

performance for compensation (Kennedy & Pucci, 2007). Girls are trafficked both internationally and by interstate crime operations with promises of employment and money (Finkelhor & Ormrod, 2004). Similar to adolescent prostitutes there is also ambiguity in sex trafficking. Domestic trafficked minors are usually recognized as victims, and law enforcement understand that they are suffering from severe trauma. However, the children are still arrested and placed in detention where they are often held for days before seeing a judge usually because of the lack of alternative shelter facilities (Kennedy & Pucci, 2007). For some police officers and officials, charging the juveniles with a crime and putting them in detention is the only way to keep them in a secure place (Finkelhor & Ormrod, 2004). Although separating the prostitute or trafficked minor from the pimp is a vital step in rehabilitation, the detention centers and facilities that young girls are placed in lack appropriate services and programs they need. Aside from the immediate issues of food, shelter, and clothing these girls also need medical care, psychological help, and trauma counseling (Kennedy & Pucci, 2007). Until adequate services can be provided these adolescents are at risk of being trapped in a cycle of victimization and delinquent behavior.

Prevalence of Adolescent Prostitution

Child prostitution and sex trafficking are global issues with an estimated 80,000 to 500,000 juvenile prostitutes in countries across the world including Thailand, India, the Philippines, Brazil, Canada, and Japan (Flowers, 1998). In a British study, police and Home Office revealed that there are 2,000 adolescents involved in prostitution in any one year in the U.K. (Cusick, 2002). In the U.S. sexually exploiting children is a multimillion dollar industry in which the Department of Health and Human Services estimates that

there are 300,000 prostitutes under 18. The numbers will continue to grow as the sex industry thrives and expands (Flowers, 1998).

The majority (about two-thirds) of adolescent prostitutes in the United States are females. One of the most reliable sources of statistics is the Uniform Crime Reports compiled by the FBI. In 2008 the reports revealed 849 arrests of adolescents for prostitution. Astonishingly, that same year close to 62,000 persons under 18 were also arrested as runaways. This is significant because studies indicate that a large portion of adolescent prostitutes are runaways (Federal Bureau of Investigation, Uniform Crime Reports, 2008). In a more recent government report from the U.S Department of Justice, FBI arrest statistics revealed that between the year 2000 and 2006 a total of 10,600 juveniles under 18 were arrested for prostitution and commercialized vice in the U.S. In Nevada alone, a total of 563 juveniles were arrested during the same time period (Office of Juvenile Justice and Delinquency Prevention, n.d.).

Prevalence of Sex Trafficking

Similar to prostitution the numbers for victims of sex trafficking in the U.S. are extremely high with estimates between 18,000 and 20,000 victims annually. Additionally sex trafficking generates five billion dollars a year in revenue (Kennedy, n.d.). Shared Hope International, an organization dedicated to awareness of and preventing sex trafficking, conducted a field assessment in Las Vegas and found staggering results (Kennedy & Pucci, 2007). From 1994 through July 2007 1,496 minors were charged with prostitution-related status offenses of which 1,483 were females. Additionally between 1996 and July 2007 the Las Vegas Metro Police Department arrested 435 pimps. Researchers pointed out that prosecuting the traffickers and pimps can be a formidable

task because the trafficked minors often make fragile witnesses and the pimps are rarely denied bail (Kennedy & Pucci, 2007).

Pathway of Entry

The most commonly identified form of entry into prostitution is running away. Studies indicate that a high percentage of adolescent female prostitutes run away from home to escape abusive family situations in which they have experienced trauma such as domestic violence, and physical or sexual abuse (Kaufman & Widom, 1999). Those girls who are not running away from poor living and family conditions run for the thrill or excitement and independence (Flowers, 1998). In any case the majority end up in prostitution. Studies show that over two-thirds of runaway girls end up as prostitutes and most are between age 13 and 16. Moreover, more than half of youths who runaway do so repeatedly with three or more previous occasions from anywhere between several days and several months (Flowers, 1998; Martinez, 2006). Using FBI arrest statistics again, it has been shown that between 2000 and 2006 there were 725, 000 total arrests for runaways in the U.S. (Office of Juvenile Justice and Delinquency Prevention, n.d.). This number includes both males and females but as noted earlier the majority of juvenile prostitutes are girls.

In studies examining the motivation for girls running away, some of the reasons provided included disruptive and erratic home environments, school problems, substance abuse, mental illness, pregnancy, rebellion, independence, and peer pressure. Other reasons included violence in the home, substance abuse by a parent, and just wanting to get away from their problems. The most common reason however was childhood physical or sexual abuse (Fedec, 1999; Flowers, 1998; Martinez, 2006). Martinez (2006)

also discovered that while on the run many teens use and sell drugs. The drugs are used as a coping mechanism for their harsh and stressful life situations. They serve to numb the pain associated with their depression, suicidal behavior, anxiety, and feelings of rage and anger. In the same study teens identified some of the barriers and inadequacies in the services available to them in shelters. These issues included confidentiality when disclosing personal information, failure to place them in age appropriate groups, high staff turnover leading to trust issues, and lack of assistance in general in helping them off the streets (Martinez, 2006)

While prostitution for most teens is the only way to survive and endure the harsh conditions of street life once running away from home, for some, coming to the streets is a transition from victim to perpetrator as they have to engage in different types of crime. Furthermore street life often becomes more abusive than home life as these adolescents are often lured into sex trafficking (Fedec, 1999). A 2002 study in Britain examined the mechanics of introduction into prostitution in the U.K. and found that a common route was through a boyfriend who eventually becomes the pimp. During this “transformation” the boyfriend becomes possessive, creates dependency by cutting off the girls’ other contacts, introduces drug use, and uses violence until he gains total dominance over her (Cusick, 2002). Similar to the results of the British study, in the U.S. it is believed that 90% of female teen prostitutes are coerced by a pimp or eventually develop a relationship with one (Flowers, 1998). Interestingly however, girls may also be introduced into prostitution by a relative or family acquaintance. This occurs in four out of every 100 girls. Another 20% of runaway girls become prostitutes through acquaintances with other female adolescent prostitutes who are themselves pimps, recruits, or just trying to help a

runaway survive the streets (Flowers, 1998). Given the alternative of starving to death, prostitution is an alluring way out.

Risk Factors and Challenges for Adolescent Prostitutes

Dysfunctional Family Background

The majority of adolescent prostitutes come from broken homes and dysfunctional families characterized by multiple problems including absence of one or both parents during upbringing, stressful or conflictual parental relationships, and parental neglect or rejection. Teen prostitutes also describe relationships with their parents as poor or very bad (Flowers, 1998). Cusick (2000) discovered that other family issues revealed by this population included parental promiscuity, particularly by the mother, having a mother with a history of prostitution, and poor socioeconomic background. Furthermore home environments have been described by adolescent prostitutes as chaotic characterized by defective parenting, lack of strong family ties, and parental alcohol abuse. Evidence indicates that between 35% and 58% of teen prostitutes report having parents who are alcoholics or frequently drink (Nadon, Koverola, & Schludermann, 1998).

Childhood Abuse and Victimization

It is highly common for girl prostitutes to have suffered from some form of childhood victimization including molestation, assault, familial sexual and or physical abuse, rape, and child pornography. These girls have also been known to be victims of domestic violence and child battering (Flowers, 1998; Kaufman & Widom, 1999; Kramer & Berg, 2003; Simons & Whitbeck, 1991; Widom & Ames, 1994). In 1999 a Canadian study examined the link between abuse and prostitution with the theory in mind that

childhood sexual abuse leads to future sexual exploitation because they have been made vulnerable to sexual advances. Psychologically the authors predicted that when young girls have been victimized in the past by family members they are more likely to believe that it is acceptable for strangers to exploit and abuse them also. Furthermore these girls hold a distorted view of themselves in which they define their worth by the success of using their bodies as sexual objects. They are also somewhat enticed by their ability to sexually manipulate men (Fedec, 1999).

Study data was gathered from probation files for young offenders that had been compiled by the Department of Social Services in two Canadian cities. Results revealed that greater levels of childhood physical and sexual abuse were correlated with more involvement in prostitution. The researchers also examined the relationship between the severity level of abuse and involvement in prostitutions. Findings indicated that *level* of severity however, did not make a difference, but the act of abuse itself predisposed children to prostitution (Fedec, 1999).

Substance Abuse

Drug and alcohol use is very common among prostitutes and in some cases the girl was using either one before becoming a prostitute (Brawn & Roe-Sepowitz, 2008). Findings estimate between one-fifth and one-half of underage prostitutes use drugs regularly and 70% consume alcohol (Flowers, 1998). Adolescent prostitutes are also introduced to drugs through pimps or other prostitutes which can lead to addiction, sharing dirty needles, and ultimately HIV infection. Reasons for drug use included relaxation, enhancing sexual performance, coping with fear of pimps or customers, to make the act of selling sex tolerable, maintaining an addiction, and to feel good (Flowers, 1998).

Fedec (1999) theorized that substance abuse is both a cause and effect of prostitution. It is a cause when teens use drugs or alcohol to deal the stress and anxiety in their lives and consequently engage in prostitution to financially support their habit. It is an effect when they use them as a way to endure the pain and humiliation of selling their bodies (Fedec, 1999). In the 2002 British study researchers learned that drugs also helped adolescent prostitutes bear the long and late hours of work. Although drug use seems to make prostituting more bearable it also increases the risk for violence (Cusick, 2002).

CHAPTER 3
METHODOLOGY
Collection of Data

To better understand these victims, the current study analyzed secondary data collected from the Clark County Department of Juvenile Justice Services (DDJS) for the Juvenile Detention Alternatives Initiative (JDAI). JDAI is a reform initiative designed to improve the conditions and management of juvenile justice systems. Its goals include reducing the number of children being wrongfully detained, decrease the number of youth failing to appear in court, redirect public funds toward successful reform strategies, and improving confinement conditions. The Nevada Institute for Children's Research and Policy created a 247 question survey that was administered to a total of 161 juvenile girls between March 2007 and July 2008. The survey was conducted with 116 girls being held in the Clark County Juvenile Detention Center (CCJDC) and 45 girls being held in Caliente Youth Center. This research was approved by the University of Nevada Institutional Review Board (OPRS# 0903-3072).

The CCJDC temporarily houses youth aged 8 to 18 who, pending legal action, are accused of criminal misconduct and require a secured environment for either their own safety or that of the public. Programs and services offered include medical and mental health treatment, education, self-esteem, drug awareness, gang intervention, life skills training, conflict resolution, and leisure activities. Caliente Youth Center is the Nevada state facility for female juvenile delinquents between 12 and 18, and the average stay is between 6 and 9 months. During that time the youth participate in a series of programs focusing on education, vocational studies, and interscholastic activities. Upon completion

of the programs youth are released back into the community under supervision and case management services by Youth Parole.

The surveys were administered individually with visual and hearing privacy by trained graduate students, faculty or researchers. Each survey took between 30 minutes and 3 hours to complete and they were one-on-one. The survey was composed of 12 different sections that assessed demographics, family background, education, work history, general interests, physical and mental health, abuse history, delinquency history, and substance abuse. For the purposes of this study only a few of the sections were examined.

Description of Variables

The dependent variable was involvement in prostitution, and this was measured through the respondents' disclosure of activities through a series of questions. For example, respondents were asked if they had ever been charged with prostitution or accused of the crime upon detainment, whether they had sex in exchange for something, if they had sex because someone else asked them to, if they worked in Las Vegas for clients and whether or not they identified themselves as a prostitute. All of the questions were used as an indication of involvement in prostitution. The group of girls involved in prostitution was classified as commercially sexually exploited children (CSEC) while the girls not involved were classified as non-CSEC.

The independent variables of the study were demographics, substance abuse, history of child abuse, family dysfunction, and mental health. These were also measured through disclosure of certain activities and behaviors discussed in the survey. Demographics included the respondents' age, race, length in detention, and whether or

not they have been detained before. Substance abuse was measured by the respondents' indication of using alcohol, marijuana, cocaine, methamphetamines, heroine, or prescription drugs. The study also included age of first use and type of formal or informal sanctions such as cause for arrest and accusation of drug use upon detainment. To measure history of abuse the study used respondents' answers of "yes" or "no" to questions asking if they have ever experienced physical, emotional, or sexual abuse including rape and relationship abuse. The study also examined the age of abuse and whether or not the respondent received counseling or if they would like to. Lastly, the study will explore family dysfunction in the girls' lives. This included how the girls rated their relationships with their families and the people they live with, history of juvenile detention, arrest or imprisonment amongst family members, indication of violence in the home, and history of substance and alcohol abuse by parents or guardians. Additionally the study looked at history of running away by respondents.

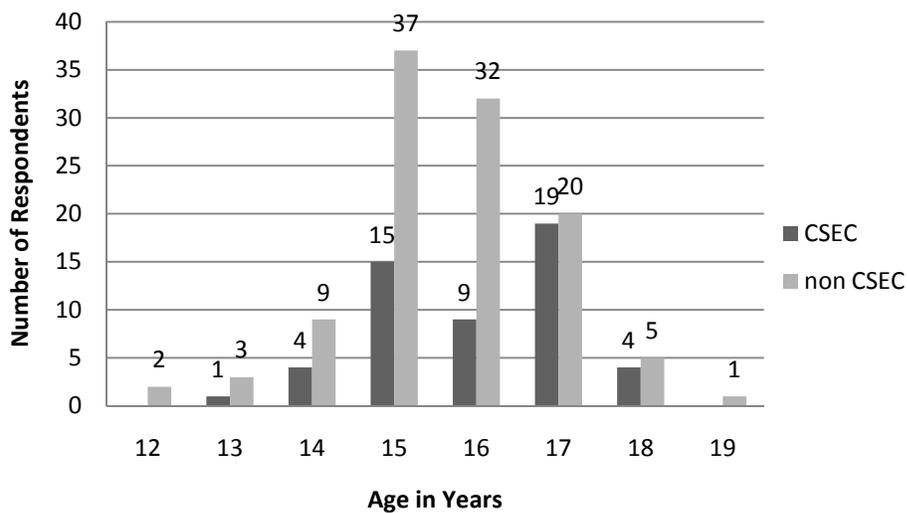
Sample

Demographics

Of the total sample of 161 girls, 52 indicated being victims of commercial sexual exploitation and 109 girls indicated not being involved in exploitation. Demographic data is presented in separate charts and graphs for each group of girls, and whether differences are significant are analyzed in the following chapter. The age of the girls in the sample refers to their age at the time of the interview. Among the girls who were not sexually exploited, both the average and the modal age were 15 years. Girls of this age represented almost half of the sample (46.8%) of those who have not been sexually exploited. The range was seven years with the youngest girl being age 12. This information is presented

in Figure 1. Among girls who had been involved in prostitution, the average age was 16 with the modal age being 17. The range for this group was only five years, but the youngest girl was 13 years old. Additionally just under 40 percent (38.5%) of this group was aged 15 or younger, which is below the age of sexual consent in Nevada. Girls who were of age to consent represented 60% of those who had been sexually exploited.

Figure 1. Age of juveniles



Ethnicity

The majority of the girls in both groups were either Caucasian or African American. However among the girls not sexually exploited the percentages of Caucasian, African American, and Hispanic girls each made up slightly more than a quarter of that population (see Figure 2). As indicated by Figure 3 the percentages for the non-CSEC girls were 26%, 28%, and 27% respectively. Among the girls who were victims of sexual

exploitation the percentage of Caucasian girls was greater than that of the African American and Hispanics. This is surprising, because several research studies indicate that the majority of adolescent girls involved in prostitution are minorities. However, the percentages of mixed girls was higher among those sexually exploited compared to the girls who were not exploited.

Figure 2. Ethnicities of CSEC

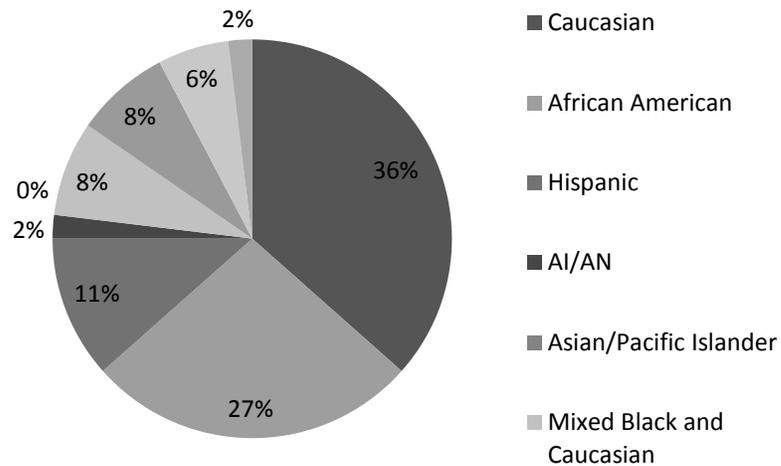
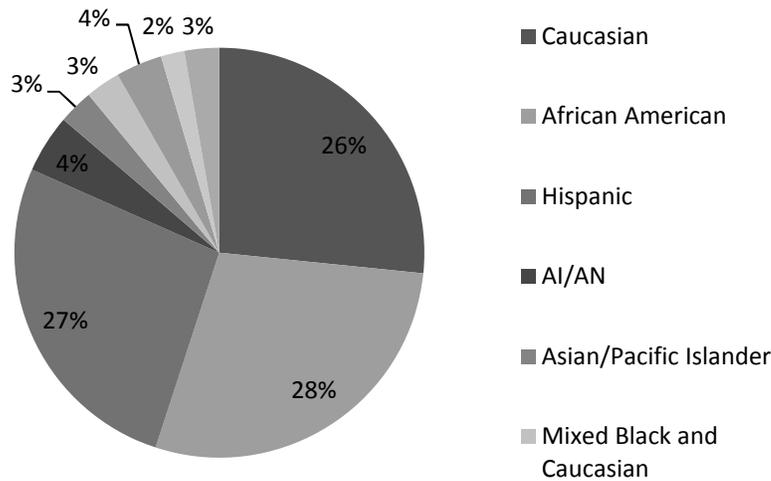


Figure 3. Ethnicities of non CSEC



The time spent in detention referred to the number of days the juvenile had been in detention during their current stay at the time of the interview. Figure 4 shows the longest time spent in detention among both groups of girls was three months or more with the shortest time being less than a week. Initially it appears that there were more sexually exploited girls who spent longer than three months in detention compared to the non-exploited girls with 15 and 11 respectively. However, the non-exploited girls spent more time in detention overall. Similarly, Figure 5 reveals that among both groups of girls the majority of them had been in detention on more than one occasion. Over half the girls in each group indicated that it was not their first time in detention at the time of the interview. This is consistent with previous research findings revealing that juvenile girls in detention have a high likelihood of returning, especially when they have a history of running away from home (Lederman et al., 2004).

Figure 4. Time spent in detention

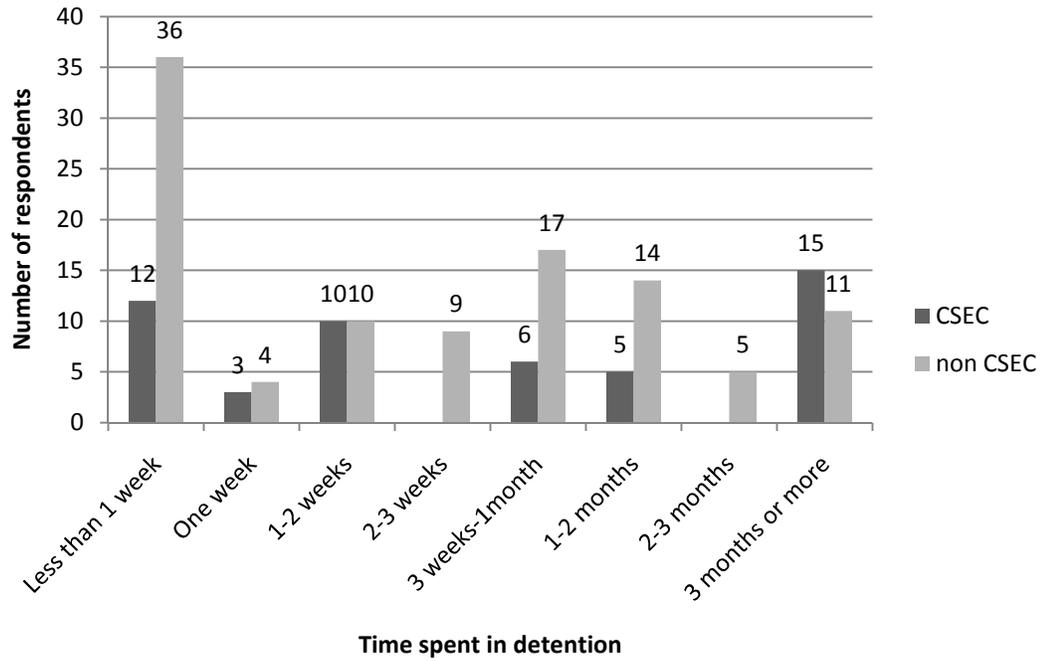
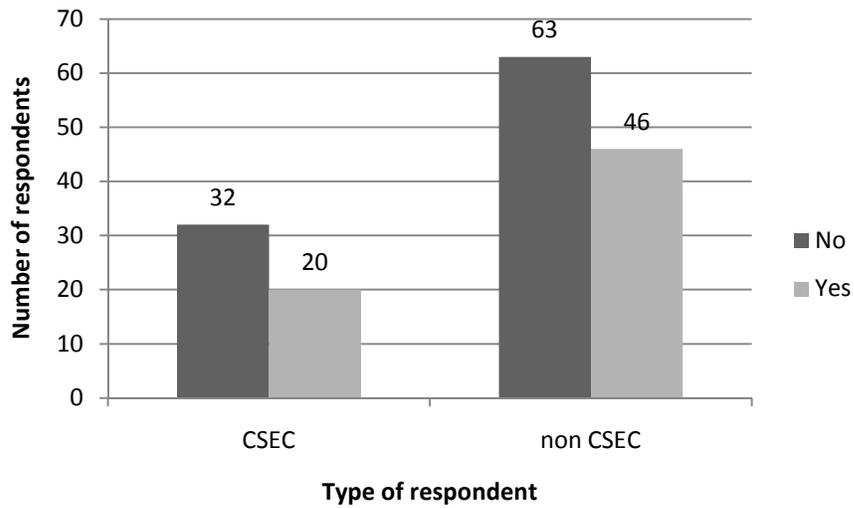


Figure 5. First time in detention



Family Dysfunction

To measure the history of family dysfunction the girls were asked questions regarding their upbringing and home environment including who they were raised by, their relationships with family members, and whether or not they had a strong support system. They were also asked about their family members' history of involvement in the criminal justice system along with their history of substance abuse. The results supported previous research in showing that juvenile girls in detention are more likely to come from single parent homes. Among both groups of girls, being raised by the mother alone was the most common with 33% for the sexually exploited girls and 43% for the non-sexually exploited. Figures 6 and 7 also show that just a little less than a quarter of the girls in each group were raised by both parents. Similarly a small percentage of girls among both groups were raised by just their fathers.

Girls were also asked about whether or not they have been taken from their parents or removed from their care by the state and placed in either a foster or group home. Figure 8 shows that a little less than half (46%) of the girls involved in prostitution (CSEC) indicated that they had been taken from their parents. Among the girls not involved in prostitution (non-CSEC) about one third of them indicated being taken also. These results make sense given that among both groups of girls the majority of them were raised by both parents, their mothers, or some other family member.

Figure 6. Who respondents were raised by among CSEC

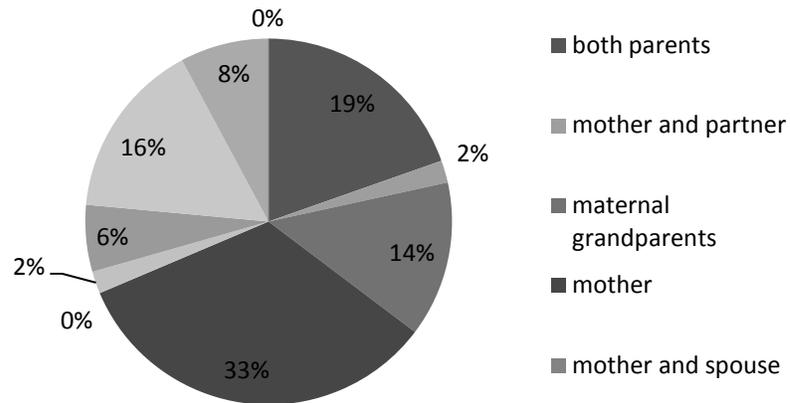


Figure 7. Who respondents were raised by among non-CSEC

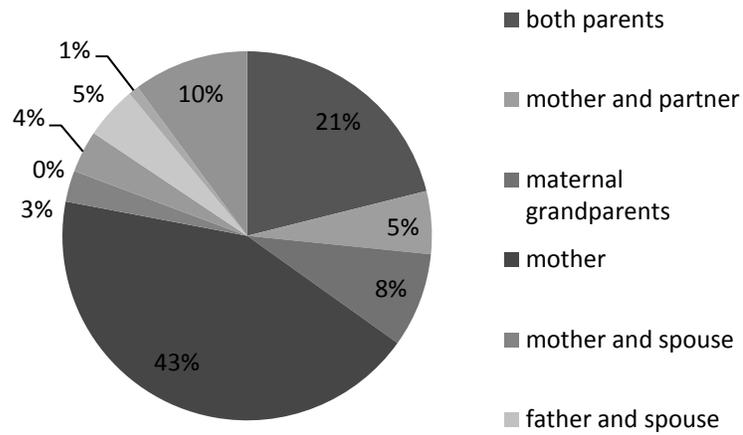
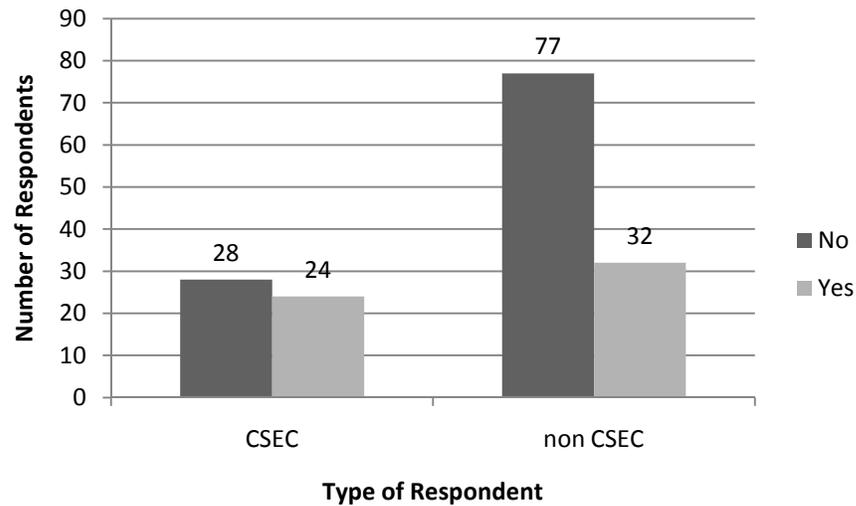
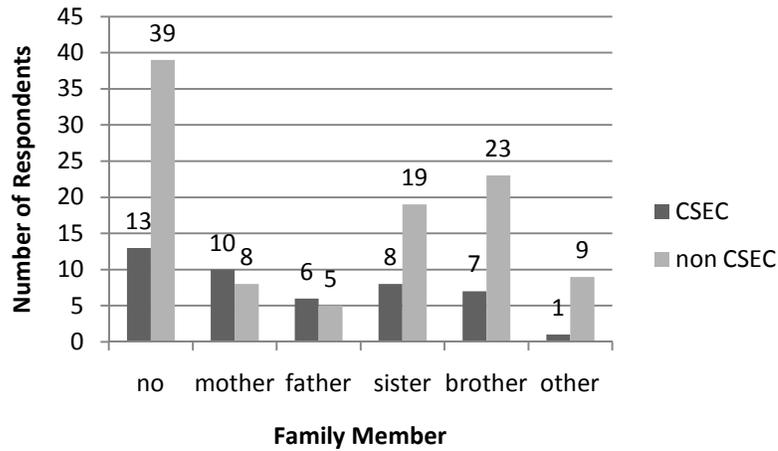


Figure 8. Previously been taken from parents



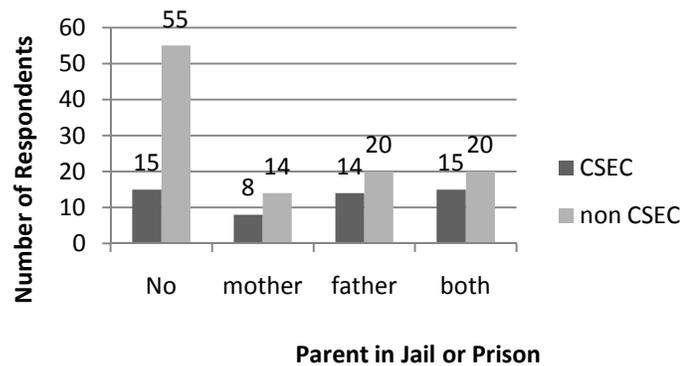
Whether or not a parent or family member had previously been involved with the criminal justice system was another indicator used to measure family dysfunction. Girls were asked if a family member had been previously involved in detention and whether or not their parents had been in jail or prison. Among both groups of girls over half of them indicated that they had a family member who was previously held in juvenile detention. The percentage for the girls involved in prostitution was 61% compared to 58% for those girls not involved. Figure 9 shows, the majority of those members among the CSEC were either the mother or a sister. The majority of the family members for the non-CSEC were siblings.

Figure 9. Family members previously held in juvenile detention



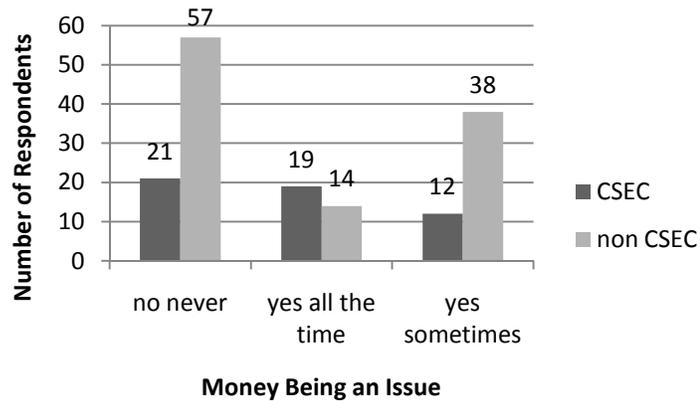
The majority of the girls indicated a parent had been in jail or prison. Seventy-one percent of the CSEC girls revealed a parent in jail while 54% of the non-CSEC had the same response. Of the girls involved in prostitution it was most common for either both parents or just the father to have previously been in jail. Among the girls not involved in prostitution the numbers for these two categories were the same. Twenty girls revealed both parents in jail while 20 girls revealed just the father. In either group, the mother being the only parent in jail was the least common scenario.

Figure 10. Parents previously been in jail or prison



To develop an idea of the financial stability in the home and whether or not this was a source of dysfunction, girls were asked if money was an issue when growing up. This was considered to be a good indicator of dysfunction given that previous research studies show that girls involved in prostitution are more likely to come from families of low socioeconomic status (Mullis et al., 2004; Sondheimer, 200). Figure 10 shows that more than half (59%) of the CSEC girls revealed that money was an issue when growing up. Furthermore the majority of this group of girls indicated that money was an issue all the time. In contrast, a little less than half (47%) of the non-CSEC girls revealed money as a problem, but more specifically only sometimes. Thus the results are consistent with other research findings.

Figure 11. Money an issue when growing up



As mentioned previously other indicators of family dysfunction included lack of close ties among family members and whether or not the girls had a strong support system. To measure family ties girls were asked if they had a responsible adult to talk to and whether their family ate together weekly. Surprisingly however, more than three quarters of both groups of girls indicated having a responsible adult to talk to as shown in Figure 11. Similarly more than half of both groups also indicated that their family eats together weekly.

Figure 12. Having a responsible adult to talk to

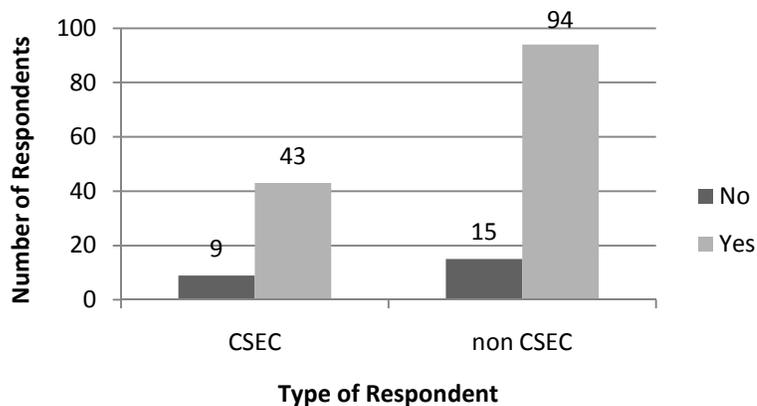
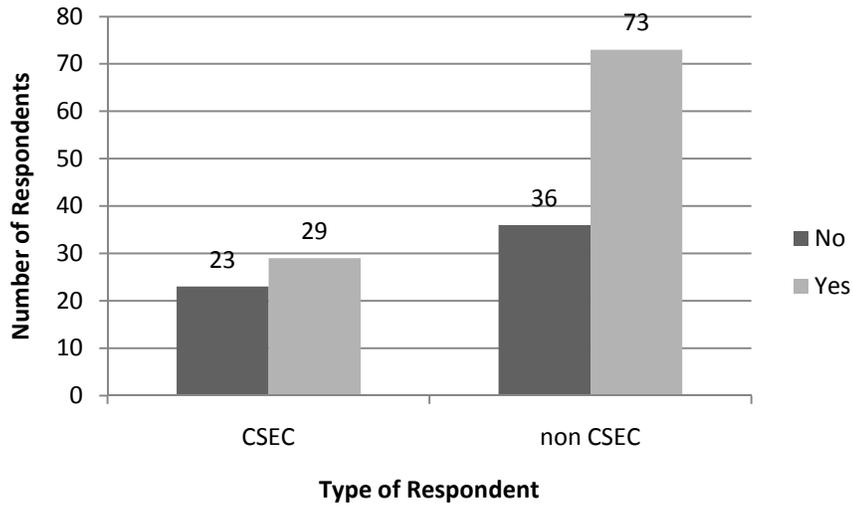
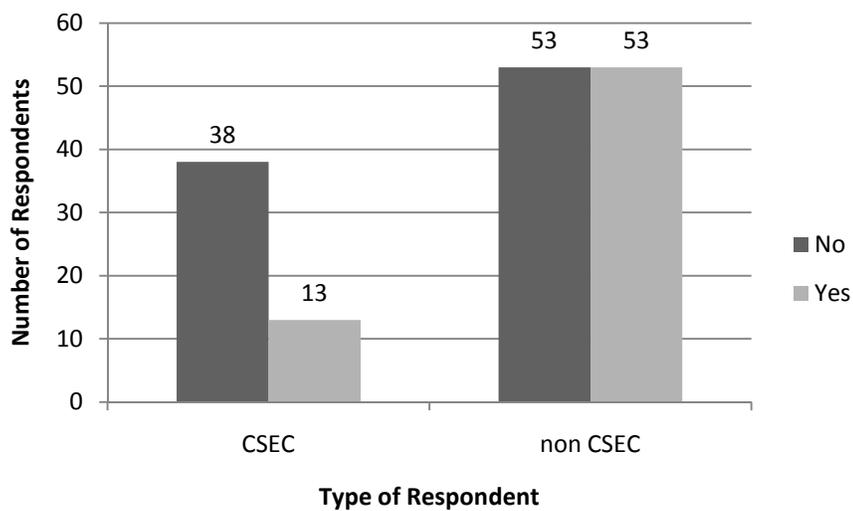


Figure 13. Family eats together weekly



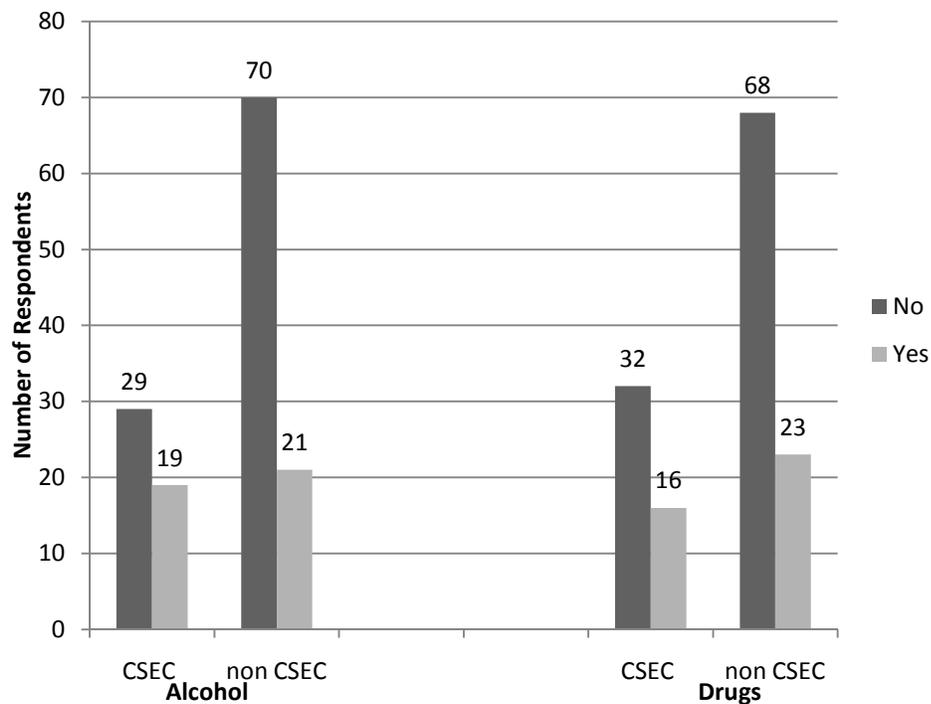
In regards to having a strong support system the girls were asked if they had family visits while being held in detention. Among the CSEC girls almost three quarters (73%) of them had not received any visits while the numbers were equal among the non-CSEC girls.

Figure 14. Received family visits while in detention



The last indicator of family dysfunction was history of substance abuse among family members. The findings of this study were not consistent however with other research studies showing that girls in juvenile detention, more specifically those involved in prostitution, have a greater likelihood of having a history of substance abuse among family members. Figure 14 illustrates that in regards to both alcohol and drugs, more than half the girls in both groups indicated that their parents or guardians did not have a problem with substance abuse.

Figure 15. Parents abuse drugs or alcohol



Mental Health

One of the biggest distinguishing issues among juvenile boys and girls is their mental health in which the vast majority of studies show that girls have significantly poorer mental health compared to their male counterparts (Chesney-Lind et al., 2008; Gavazzi et al., 2006; Goldstein et al., 2003). The current study wanted to examine whether or not mental health was also a distinguishing factor among those girls involved in prostitution compared to those who were not. When asked to rate their mental health about one-third of the girls involved in prostitution rated their mental health as fair while the other two-thirds rated it as either good or very good. Similarly, two-thirds of the girls not involved in prostitution also rated their mental health as good or very good also. Only 18% of these girls rated it as fair. Among both groups of girls however, less than 10% indicated having bad or very bad mental health.

Figure 16. Ratings of mental health among CSEC

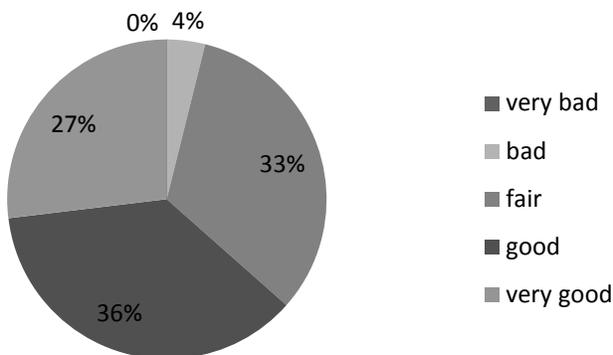
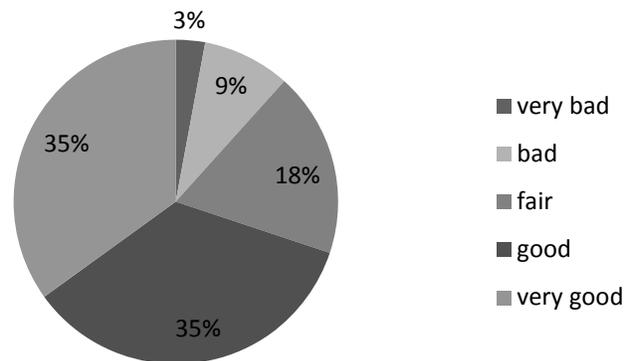


Figure 17. Ratings of mental health among non CSEC



In addition to measuring mental health based on the girls own self-ratings, it was also measured based on more clinical assessments. More specifically the girls were asked about previously receiving counseling for mental health, previous hospitalization for mental health, and actually being diagnosed with a mental illness. The results are illustrated in Figures 17-19. Among the girls not involved in prostitution their results were consistent with their self ratings of mental health. Less than half (44%) of these girls indicated receiving counseling or a previous diagnosis of a mental illness (37%). Additionally less than a quarter (19%) of them indicated being hospitalized. Among the girls that were involved with prostitution, however their results somewhat contradicted their self-reports. Sixty-five percent of these girls indicated that they had received counseling for mental health and 55% indicated being previously diagnosed with a mental illness. These results were shocking considering that 63% of these girls self-rated their mental health as good or very good. When asked about previously being hospitalized though, more than half (55%) of the girls said no.

Figure 18. Previously received counseling for mental health

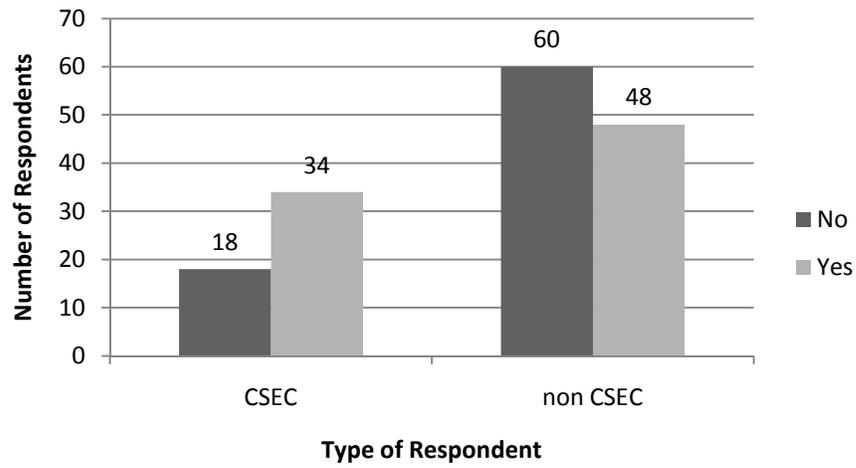


Figure 19. Previously hospitalized for mental health

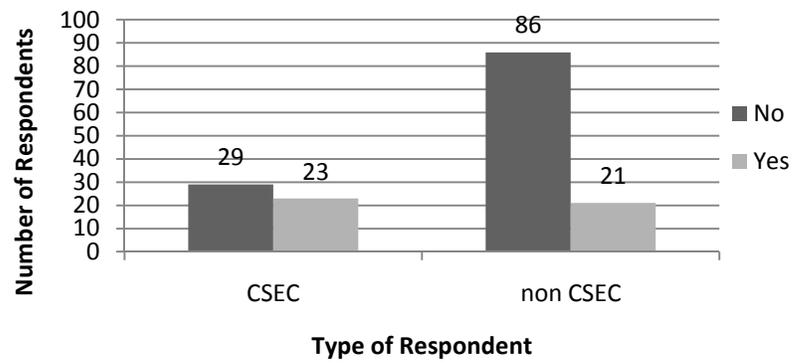
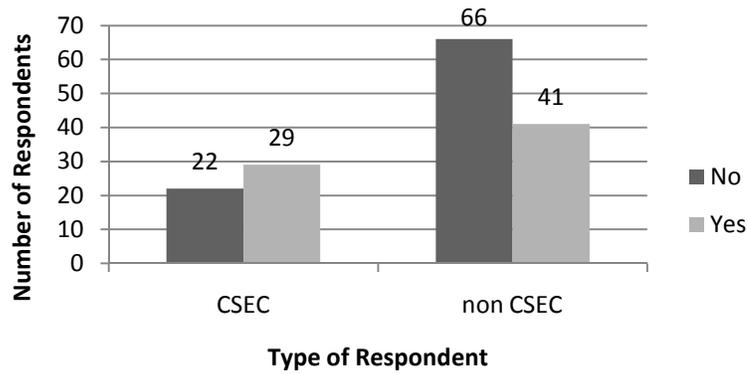


Figure 20. Previously diagnosed with mental illness



Self-harm and suicide ideations were other indicators used to measure mental health. The girls were asked to indicate if they had thoughts of harming themselves or if they ever had thoughts of committing suicide. For both indicators, more than half the girls in both groups responded no as shown in Figures 20 and 21.

Figure 21. Thoughts of harming oneself

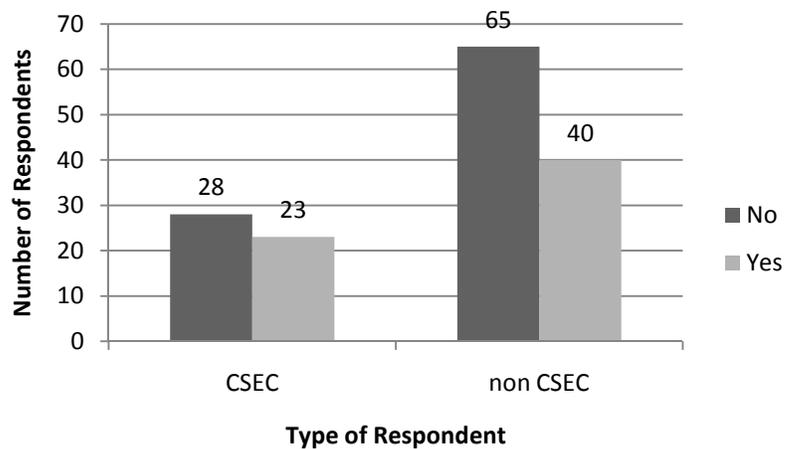
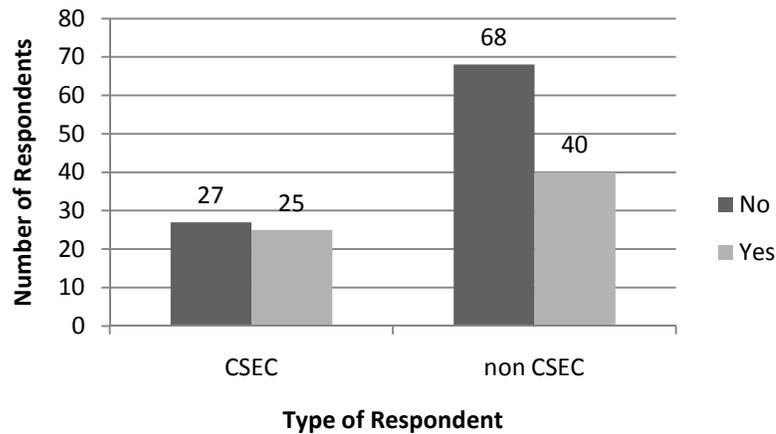


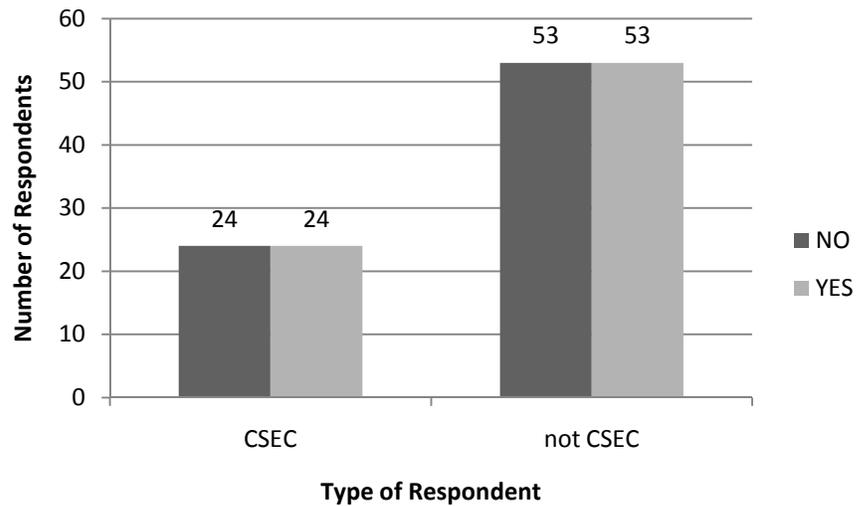
Figure 22. Thoughts of committing suicide



History of Abuse

One of the most commonly identified risk factors for adolescent prostitution is having a history of abuse with sexual abuse as the most prevalent type (Cusick, 2002; Fedec, 1999; Flowers, 1998; Martinez, 2006). Furthermore such abuse is also linked with sexual activity at an early age. The current study measured history of abuse by asking girls which types of abuse they experienced if any, whether they had been sexually assaulted or raped, and if they previously received or wanted counseling for the abuse. To gain an idea of the abuse in the home in general, girls were asked if they had ever witnessed domestic violence between their parents or other family members. Surprisingly the numbers were half and half among both groups of girls.

Figure 23. Witnessed domestic violence



The girls were asked to indicate if they have ever been victims of three different types of abuse including physical, sexual, and emotional. Among all the three types the number of girls involved in prostitution outnumbered the girls not involved in prostitution. For physical, sexual, and emotional abuse the percentages were 69%, 53%, and 73% versus 39%, 33%, and 56% respectively. Thus, the results were consistent with previous research findings that adolescent prostitutes are more likely to have a history of abuse. Interestingly though, emotional abuse was the most commonly experienced in both groups and not sexual abuse. In addition to inquiring about abuse, the interview also asked the girls about being victims of sexual assault and rape. As shown in Figure 24 a higher percentage of girls involved in prostitution testified to being sexually assaulted or raped compared to the girls not involved in prostitution. The ratio was 69% versus 44%.

Figure 24. Previously been a victim of abuse by type

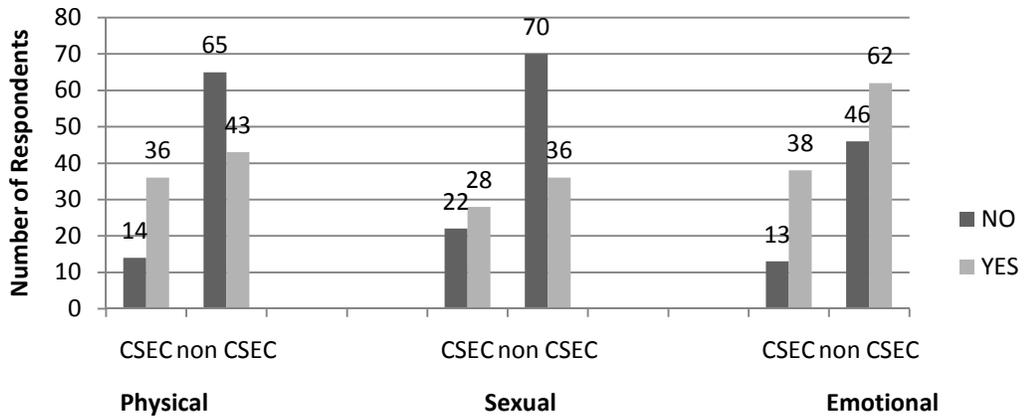
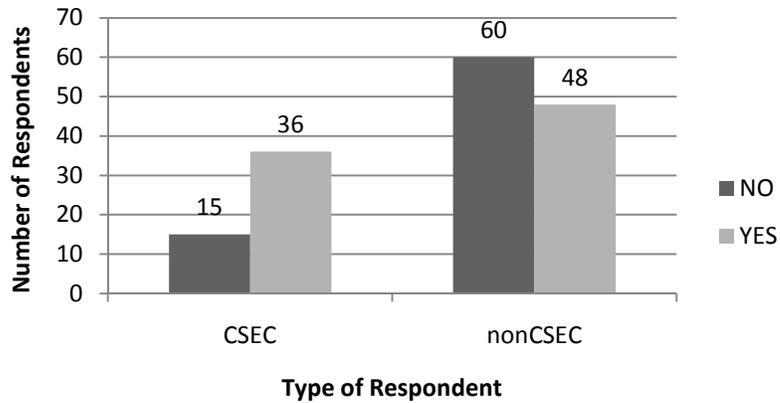


Figure 25. Previously sexually assaulted or raped



While research shows that there is a lack of adequate programming and services offered to girls to meet their specific needs, this study sought to add additional evidence. Among the girls involved in prostitution a little less than half (48%) of them received counseling for their abuse outside of detention, but less than 20% received counseling

while in detention. Similarly, among the girls not involved in prostitution less than a quarter of them received counseling either way. The low numbers of girls who received counseling while in detention is further evidence of the lack of counseling programs as neither group of girls is getting much help. To further assess the gap in programming and need for rehabilitation services the girls were also asked if they would like to receive counseling either in detention or upon their release. Interestingly, only a small number of girls among both groups requested counseling either way.

Figure 26. Previously received counseling for abuse

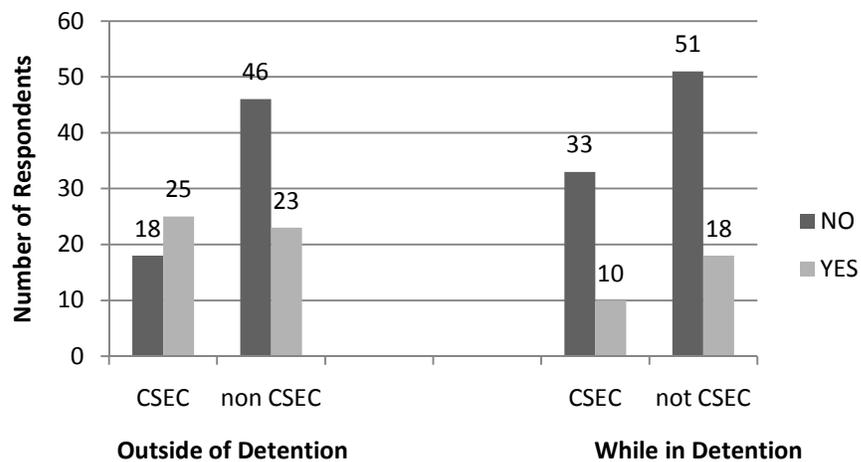
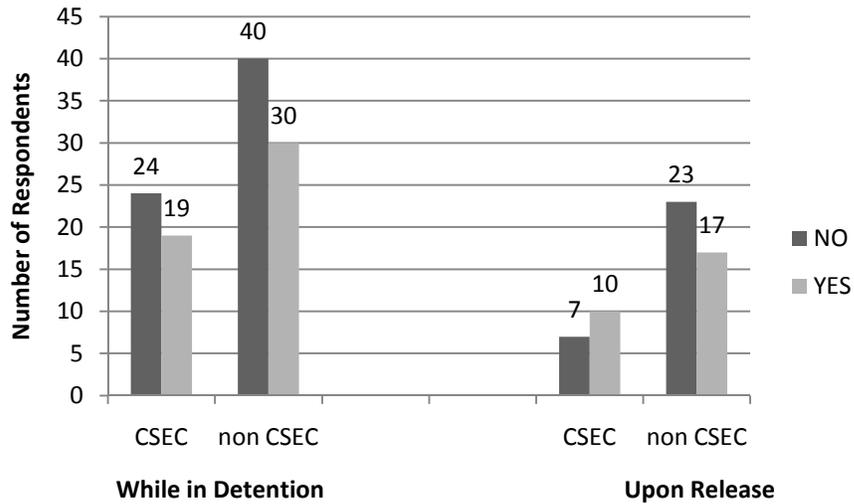
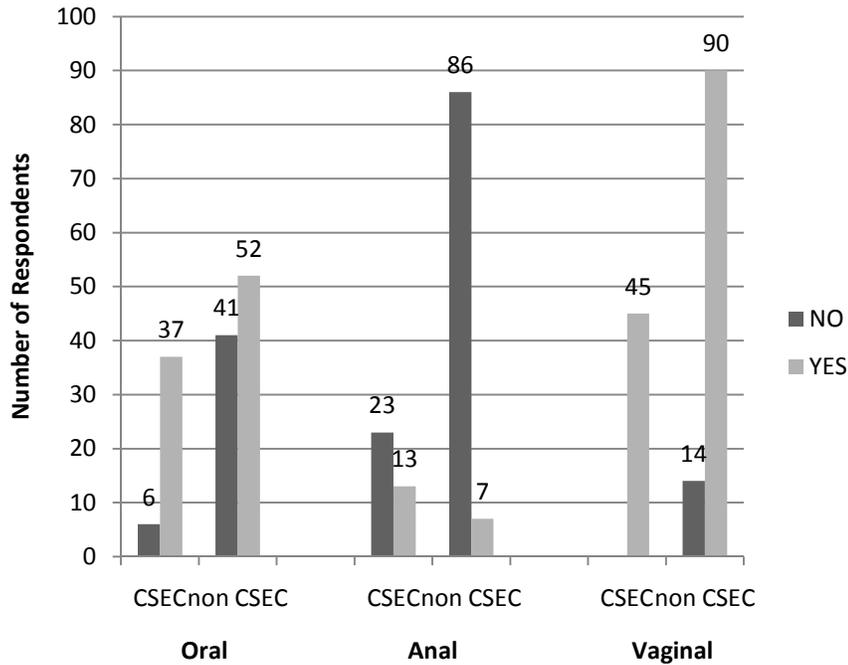


Figure 27. Would like to receive counseling



In relation to having a history of abuse the current study also examined sexual activity among the girls. Respondents were asked if they had previously engaged in oral, anal, and or vaginal sex. Among both groups of girls the most common type of sexual activity was vaginal with 86% of the CSEC girls and 82% of the non CSEC. Although it was expected that 100% of the CSEC girls would engage in vaginal sex, the remaining 18% consisted of girls who did not respond. Anal sex was the least common type represented by less than a quarter of girls in both groups. The percentage for oral sex was higher among the girls involved in prostitution (71%) compared to the girls not involved in prostitution (47%). This result is not surprising though as prostitution includes different forms of sexual favors other than vaginal intercourse.

Figure 28. Previously had sex by type



Substance Abuse

Having a history of substance abuse is another common risk factor among adolescent prostitutes (Flowers, 1998; Martinez, 2006; Schissel & Fedec, 1999;). Drugs have been identified as both a cause and an effect of prostitution. They are a cause when girls use drugs as a coping mechanism for their unstable home environment. They are an effect when used to endure the humiliation and trauma of engaging in prostitution (Fedec, 1999). For the current study type of drug use, age of first use, and motivation for use, were all measured. Figures 28 and 29 show a breakdown of different drug types among each group of girls. Among both groups of girls crack cocaine and heroin were the least types of drugs identified. Alcohol and marijuana were the most commonly used drugs while crystal meth was used by less than half of the girls in both groups. Furthermore the

percentages of girls using alcohol and marijuana were higher among those involved in prostitution. All of the girls in prostitution revealed drinking alcohol compared to 80% of the girls not involved in prostitution. Similarly 96% of the CSEC girls indicated using marijuana compared to 85% of the non-CSEC girls. In regards to age of first drug use Figures 30 and 31 illustrate that majority of girls in both groups started using groups somewhere between 12 and 14 years of age.

Figure 29. Drug use by type among CSEC

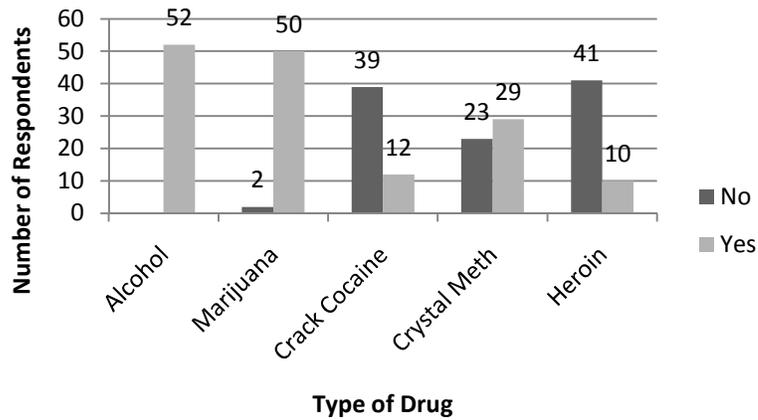


Figure 30. Drug use by type among non-CSEC

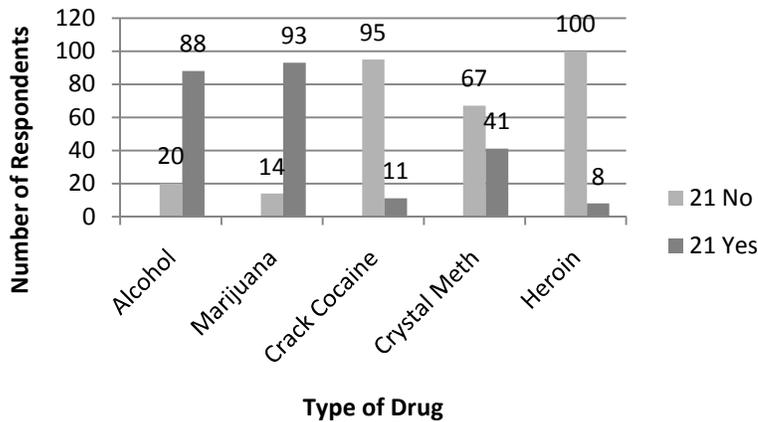


Figure 31. Age of 1st drug among CSEC

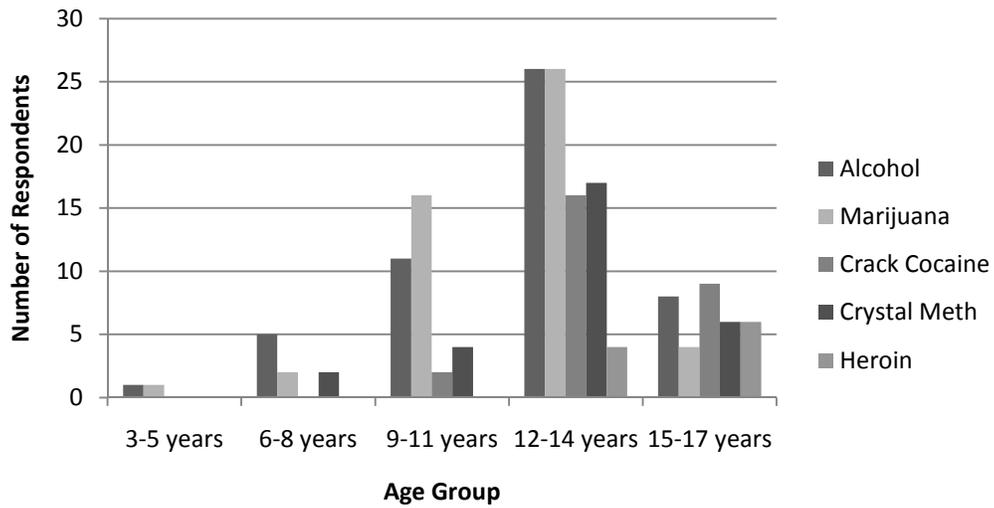
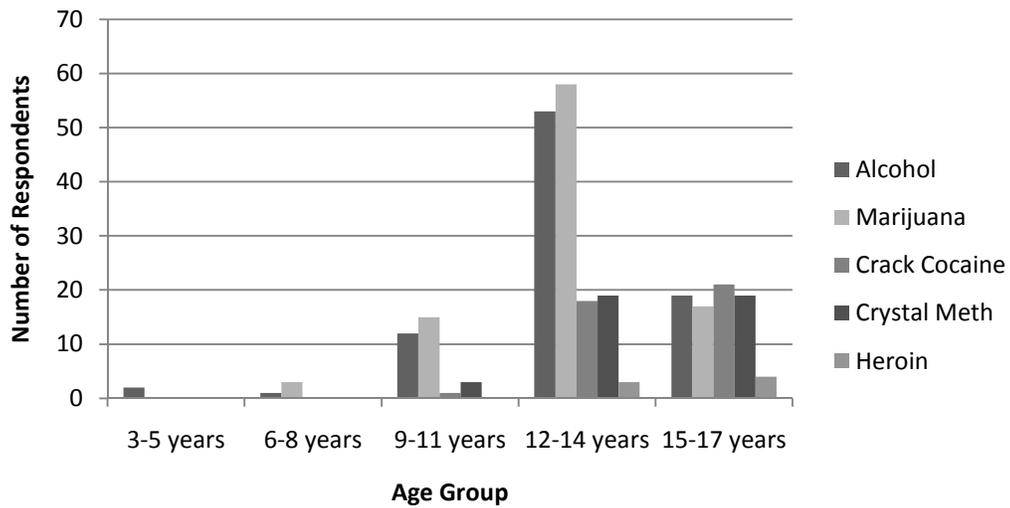


Figure 32. Age of 1st drug use among non-CSEC



Girls were also asked if they had used any other type of illegal drug or prescription drugs to get high. Compared to girls not involved in prostitution, the percentage of CSEC girls using other illegal drugs was much higher with 65% and 39%

respectively. However, the percentages of both the CSEC and non-CSEC girls using prescription drugs to get high were less than half.

Figure 33. Previously used other illegal drugs

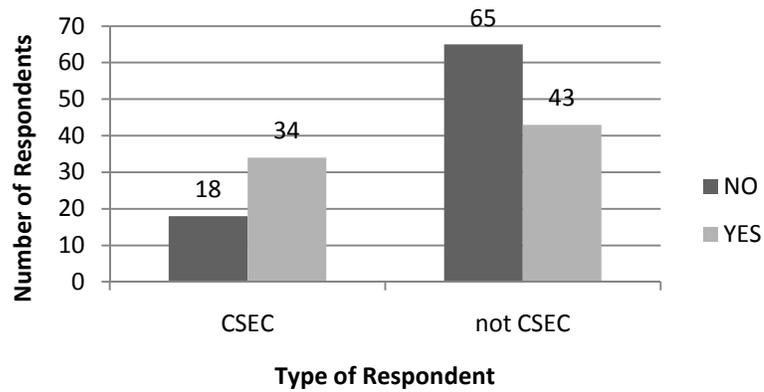
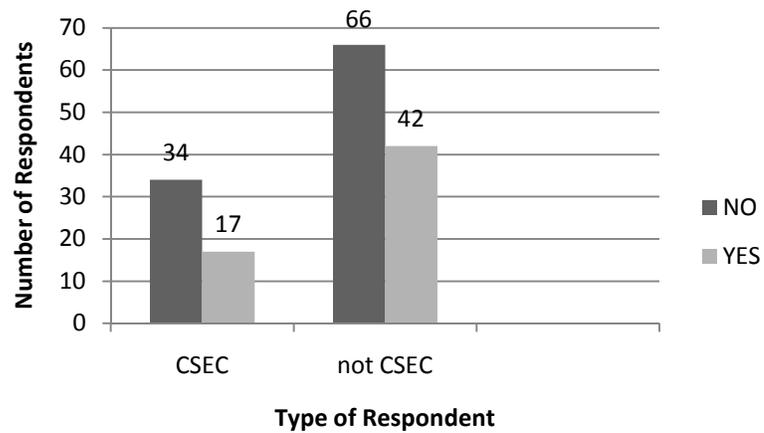


Figure 34. Previously used prescription drugs to get high



Motivation for drug use was the final indicator used to measure substance abuse and respondents were given three main reasons to choose from or they could provide

their own. Among the girls involved in prostitution the most common reason provided was to escape problems (31%), a result supportive of other research findings that female juveniles turn to drugs and alcohol to either cope with or forget their stresses at home. Peer pressure was the least commonly reported reason for using drugs in this group. Among the girls not involved in prostitution the most frequent response was “other.” Among the three choices provided socially to have fun was the most common while peer pressure was the least common.

Figure 35. Reason for drug use among CSEC

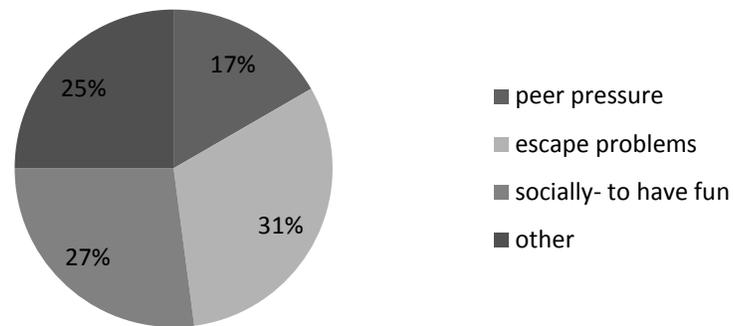
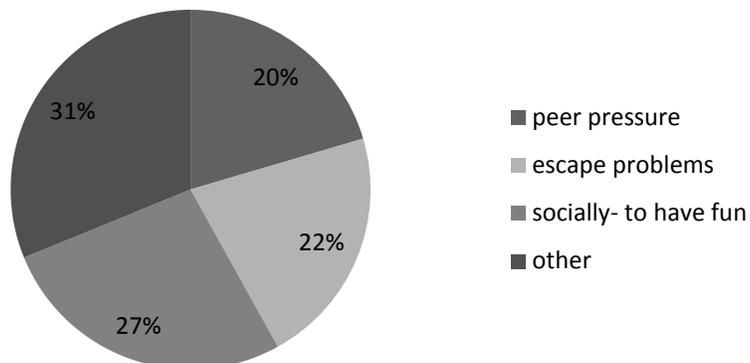


Figure 36. Reason for drug use among non-CSEC



CHAPTER 4

FINDINGS OF THE STUDY

Analysis of Differentiating Characteristics

The first set of analyses conducted was to determine whether or not the two groups of girls (CSEC and non-CSEC) were significantly different from each other among the four main independent variables: family dysfunction, mental health, history of abuse, and substance abuse. Crosstabs and regression analyses were done to determine which of the indicators within each variable were statistically significant in distinguishing the two groups. In Tables 1-4 the first three columns show the numbers and percentages of girls within each group who qualified for the given characteristics. The odds ratio columns indicate the likelihood of being a candidate for one of the independent variables given that they were involved in prostitution or not involved. The p value indicates whether or not the differences between the two groups were significant.

Table 1 presents how the girls differed in their histories of substance abuse. As illustrated, the girls significantly differed from each other in all categories of drug use with the exception of prescription drugs and marijuana. For marijuana use the percentages of girls who indicated “yes” was over three quarters for both groups. For prescription drug use, over half the girls in both groups indicated “no.” Also, the odds ratios revealed that the girls involved in prostitution were two and three times more likely to use crack, cocaine, crystal meth, heroin, or other illegal drugs compared to the girls not involved in prostitution. Because none of the girls answered “no” to alcohol use, and there was a zero figure, a Fisher’s exact test was conducted for this characteristic. Because the p value was less than .05, it was also found to be significant thus indicating a

Table 1

Substance abuse characteristics associated with commercial sexual exploitation among female juvenile delinquents (n=161)

Characteristic	Commercial Sexual Exploitation		Odd ratio (95% CI)	P value
	Non- CSEC (%) N=109	CSEC (%) N=52		
Alcohol Use				
Yes	88 (81.5)	52 (100)		< .001 ^a
No	20 (18.5)	0 (0)		
Marijuana				
Yes	93 (86.9)	50 (96.2)	3.76 (0.82-17.22)	.088
No	14 (13.1)	2 (3.8)		
Cocaine				
Yes	39 (36.8)	28 (53.8)	2.00 (1.02-3.93)	.043
No	67 (63.2)	24 (46.2)		
Crack				
Yes	11 (10.4)	12 (23.5)	2.66 (1.08-6.53)	.033
No	95 (89.6)	39 (76.5)		
Crystal Meth				
Yes	41 (38.0)	29 (55.8)	2.06 (1.05-4.03)	.035
No	67 (62.0)	23 (44.2)		
Heroin				
Yes	8 (7.4)	10 (19.6)	3.05 (1.12-8.27)	.029
No	100 (92.6)	41 (80.4)		
Illegal Drugs				
Yes	43 (39.8)	34 (65.4)	2.86 (1.43-5.68)	.003
No	65 (60.2)	18 (34.6)		
Prescription Drugs				
Yes	42 (38.9)	17 (33.3)	.789 (.39- 1.58)	.499
No	66 (61.1)	34 (66.7)		

^aFisher's exact test (two-tailed) was used due to zero counts and small numbers.

Note: Some cells do not add up to 161 as participants may decline to answer sensitive questions

statistically significant association between alcohol and involvement in prostitution.

These findings supports previous research studies showing that adolescent girls involved in prostitution have a greater likelihood of having a history of substance abuse.

Among the characteristics for family dysfunction a little less than half of them were found to be statistically significant in distinguishing the two groups of girls as shown in Table 2. These included having a mother involved in their upbringing, previously being taken away from their parents, having a parent in jail, receiving family visits while in detention, and a parent with a history of alcohol abuse. All of these were significant at the .05 level. It was expected that girls involved in prostitution would be more likely to be raised by a single parent, have a parent previously in jail, and a parent with alcohol abuse. The results however were not consistent with this expectation. First, it is important to note that although the characteristic of having a single parent involved was not statistically significant this category included having *either* parent involved. When just looking at having the mother solely involved, this was found to be a significant difference between the two groups of girls. Interestingly though a higher percentage of girls *not* involved in sexual exploitation indicated having a mother involved contrary to what was predicted.

The results for having a parent in jail were as expected because a greater number of girls involved in prostitution fell into this category. Having a parent with a history of drug abuse or having a family member in jail surprisingly, were not statistically significant as expected. The majority of both groups of girls acknowledged that their parents did not abuse drugs, and equal percentages of the girls revealed having a family member in jail. Although research has consistently shown that parental drug abuse is a

Table 2

Family dysfunction characteristics associated with commercial sexual exploitation among female juvenile delinquents (n=161)

Characteristic	Commercial Sexual Exploitation		Odd ratio (95% CI)	P value
	Non- CSEC (%) N=109	CSEC (%) N=52		
Mother Involved				
Yes	79 (72.5)	28 (54.9)	.46 (.23-.92)	.029
No	30 (27.5)	23 (45.1)		
Father Involved				
Yes	28 (25.7)	19 (37.3)	1.78 (.84-3.50)	.136
No	81 (74.3)	32 (62.7)		
Parent Involved				
Yes	84 (77.1)	37 (72.5)	.79 (.37-1.68)	.536
No	25 (22.9)	14 (27.5)		
Single Parent Involved				
Yes	52 (47.7)	25 (49.0)	1.05 (.54-2.05)	.877
No	57 (52.3)	26 (51.0)		
Taken from parents				
Yes	32 (29.4)	24 (46.2)	2.06 (1.04-4.06)	.038
No	77 (70.6)	28 (53.8)		
Family member in detention				
Yes	64 (62.1)	32 (71.1)	1.50 (.70-3.20)	.294
No	39 (37.9)	13 (28.9)		
Family member in jail				
Yes	86 (78.9)	41 (78.8)	.99 (.44-2.24)	.994
No	23 (21.1)	11 (21.2)		
Parent in jail				
Yes	54 (49.5)	37 (71.2)	2.51 (1.24-5.10)	.011
No	55 (50.5)	15 (28.8)		
Responsible Adult to talk to				
Yes	94 (86.2)	43 (82.7)	.76 (.31-1.88)	.555
No	15 (13.8)	9 (17.3)		
Family eats together weekly				
Yes	73 (67.0)	29 (55.8)	.62 (.32-1.22)	.169
No	36 (33.0)	23 (44.2)		

Table 2 (Con't)

Family dysfunction characteristics associated with commercial sexual exploitation among female juvenile delinquents (n=161)

Characteristic	Commercial Sexual Exploitation		Odd ratio (95% CI)	P value
	Non- CSEC (%) N=109	CSEC (%) N=52		
Received visits in detention				
Yes	53 (50.0)	13 (25.5)	.34 (.16-.71)	.004
No	53 (50.0)	38 (74.5)		
Parents/ guardians abuse alcohol				
Yes	21 (23.1)	19 (39.6)	2.18(1.03-4.65)	.043
No	70 (76.9)	29 (60.4)		
Parents/ guardians abuse drugs				
Yes	23 (25.3)	16 (33.3)	1.48 (.69-3.17)	.316
No	68 (74.7)	32 (66.7)		

common characteristic of adolescents involved in prostitution, the findings of the current study did not support this. The remaining characteristics of having a parent or single parent involved, a family member in detention , a responsible adult to talk to, and a family that eats together were not found to be statistically significant as expected because the percentages of girls who indicated “yes” or “no” to these characteristics were too close together.

Table 3 displays the distribution of mental health characteristics associated with involvement in commercial sexual exploitation. Receiving counseling for mental health, previous hospitalization, and diagnosis of a mental illness were all significant in differentiating the girls. Girls involved in prostitution were more likely to have received counseling and to have been diagnosed with a mental illness. Nonetheless, previous hospitalization was unlikely in both groups because the majority of both groups indicated

Table 3

Mental health characteristics associated with commercial sexual exploitation among female juvenile delinquents (n=161)

Characteristic	Commercial Sexual Exploitation		Odd ratio (95% CI)	P value
	Non- CSEC (%) N=109	CSEC (%) N=52		
Received counseling				
Yes	48 (44.4)	34 (65.4)	2.36 (1.19-4.69)	.014
No	60 (55.6)	18 (34.6)		
Previously hospitalized				
Yes	21 (19.6)	23 (44.2)	3.25 (1.57-6.71)	.001
No	86 (80.4)	29 (55.8)		
Diagnosed with mental illness				
Yes	41 (38.3)	29 (56.9)	2.12 (1.08-4.18)	.030
No	66 (61.7)	22 (43.1)		
Thought of harming oneself				
Yes	40 (38.1)	23 (45.1)	1.34 (.68-2.63)	.404
No	65 (61.9)	28 (54.9)		
Thought of suicide				
Yes	40 (37.0)	25 (48.1)	1.57 (.81-3.08)	.184
No	68 (63.0)	27 (51.9)		
Attempted suicide				
Yes	22 (21.0)	18 (34.6)	1.10 (.95-4.18)	.067
No	83 (79.0)	34 (65.4)		

“no.” There was no significant association however, found between thoughts of harming oneself, suicide ideation, and attempted suicide with subsequent involvement in prostitution. In fact, over half the girls in both groups indicated no for all three characteristics. Thus the results of the current study for mental health were also

somewhat inconsistent with other research studies. The findings did not support evidence that female juvenile delinquents in general have extremely poor mental health because the majority of girls not involved in prostitution denied receiving counseling for mental health or being diagnosed with a mental illness. Furthermore the results did not support the claim that suicide ideation is also highly common among this population (Alemagno et al., 2006; Chesney-Lind, 2001; Lederman et al., 2004).

Amid the characteristics of abuse associated with sexual exploitation, all of them were found to be statistically significant with the exception of witnessing domestic violence. The percentages of girls who acknowledged being a witness to domestic violence in their homes were split evenly among both groups. For the remaining characteristics there was a significant relationship between having a history of abuse and being involved in prostitution. As predicted, the percentages of girls who were involved in prostitution outweighed the percentages for girls who were not involved in each of these characteristics. These girls were two and three times more likely to be victims of emotional abuse, physical abuse, sexual assault or abuse, and rape. Interestingly, among the girls *not* involved in prostitution more than half of them denied being victims of physical or sexual abuse despite research claims that these types of abuse are highly prevalent among juvenile girls in detention in general.

Table 4

Abuse characteristics associated with commercial sexual exploitation among female juvenile delinquents (n=161)

Characteristic	Commercial Sexual Exploitation		Odd ratio (95% CI)	P value
	Non- CSEC (%) N=109	CSEC (%) N=52		
Witnessed domestic violence				
Yes	53 (50.0)	24 (50.0)	1.00 (.51-1.98)	1.000
No	53 (50.0)	24 (50.0)		
Physically abused				
Yes	43 (39.8)	36 (72.0)	3.89 (1.88-8.05)	.000
No	65 (60.2)	14 (28.0)		
Emotionally abused				
Yes	62 (57.4)	38 (74.5)	2.17 (1.04-4.53)	.039
No	46 (42.6)	13 (25.5)		
Sexually assaulted/raped				
Yes	48 (44.4)	36 (70.6)	3.00 (1.47-6.11)	.002
No	60 (55.6)	15 (29.4)		
Been sexually abused				
Yes	36 (34.0)	28 (56.0)	2.48 (1.24-4.92)	.010
No	70 (66.0)	22 (44.0)		
Victim of sexual assault or abuse				
Yes	56 (51.9)	37 (72.5)	2.45 (1.19-5.05)	.015
No	52 (48.1)	14 (27.5)		

Predictors of Involvement in Prostitution

The second set of analyses conducted was a series of logistic regressions to determine if any of the independent variables were predictors of the dependent variable. More specifically the goal was determine if having a history of family dysfunction, poor mental health, a history of abuse, and or history of substance abuse were predictors of subsequent involvement in adolescent prostitution. The results for the analyses of each independent variable are presented in Tables 5 through 8.

Family Dysfunction

Surprisingly the only indicators of family dysfunction that were found to be significant were having a parent or guardian previously held in jail and whether or not the girls received family visits while being held in detention. Although it has been evidenced that family involvement with the criminal justice system and lack of strong relationships with family members are common characteristics of adolescents involved in prostitution, it was expected that other indicators of family dysfunction would be significant (Cusick, 2000; Flowers, 1998). Based on previous research findings that girls involved in prostitution are likely to come from broken homes, single-parent households, parents with a history of substance abuse, and families of low socioeconomic backgrounds, it was expected that these would also be significant predictors. Similarly because a majority of the girls indicated that they were raised by a single parent in a home where money was an issue growing up, these were expected to be predictors as well, but this was not the case. Because over half the girls in each group of the current study indicated that their parents did not abuse drugs or alcohol, it was not shocking that substance abuse was not a significant predictor.

Table 5

Logistic Regression for family dysfunction

Variable	B	Sig.	Exp (B)
Mother involved	-.742	.550	.476
Father involved	.661	.523	1.937
Raised by parents	.091	.964	1.095
Raise by single parent	.270	.774	1.311
Previously taken from parents	.328	.504	1.388
Family member previously in juvenile detention	-.102	.844	.903
Family member previously in jail	-.804	.364	.448
Parent previously in jail	1.796	.017	6.026*
Have responsible adult to talk to	.259-	.691	1.296
Family eats dinner together weekly	-.615	.195	.540
Received visits from family while in detention	-1.342	.009	.261**
Parents abuse alcohol	.579	.310	1.785
Parents abuse drugs	-.705	.260	.494

*Predictor is significant at the 0.05 level, **Predictor is significant at the 0.01 level

The only indicator of poor mental health found to be a significant predictor of involvement in prostitution was previous hospitalization, but this significance is questionable, because over half the girls in each group indicated that they had *not* been previously hospitalized for their mental health. Although the crosstabs in Table 3 showed that the difference in numbers were statistically significant (19.6 of girls not involved in

prostitution vs. 44.2% of girls involved) the logistic regression analysis in Table 6 seems meaningless given that small percentages of girls in both groups admitted to being previously hospitalized. It appears that not being previously hospitalized was a significant predictor of prostitution involvement. The remaining indicators of mental health were not found to be significant predictors despite what was expected and what other research studies have found.

Table 6

Logistic Regression of Mental Health

Variable	B	Sig.	Exp (B)
Received counseling for mental health problems	.575	.227	1.777
Previously hospitalized for mental health problems	1.116	.034	3.054*
Previously diagnosed with mental illness	-.175	.729	.839
Previously thought of harming oneself	-.577	.330	.562
Previously thought about suicide	.052	.936	1.054
Previously attempted suicide	.477	.407	1.612

*Predictor is significant at the 0.05 level, **Predictor is significant at the 0.01 level

Among the indicators of history of abuse, Table 7 shows that being a victim of physical abuse was the single significant predictor of involvement in prostitution. Given that 72% of the girls involved in prostitution revealed being a victim compared to only 39% of the girls not involved in prostitution, this was a logical finding. It was shocking however that being a victim of sexual assault or abuse were not significant predictors.

Almost three-quarters of the girls involved in prostitution compared to just a little over half of the girls not involved revealed being victims of assault or abuse. Similarly, several research studies have found sexual abuse to be one of the most prevalent precursors to involvement in prostitution (Fedec, 1999; Flowers, 1998; Kramer & Berg, 2003; Simons & Whitbeck, 1991; Widom & Ames, 1994). Domestic violence was not expected to be a significant predictor in this study because the number girls who indicated “yes” was split equally among both groups.

Table 7

Logistic regression of history of abuse

Variable	B	Sig.	Exp (B)
Previously witnessed parents hurt each other when growing up	-.264	.510	.768
Previously been physically abused	1.096	.040	2.99*
Previously been emotionally abused	-.059	.910	.942
Previously been sexually assaulted or raped	1.714	.124	5.553
Previously been sexually abused or touched against will	.287	.595	1.333
Victim of sexual assault or sexual abuse	-1.447	.242	.235

*Predictor is significant at the 0.05 level

Table 8 presents the results of the logistic regression for drug use, in which previous use of prescription drugs to get high was the only significant predictor for prostitution also. Interestingly, this finding was inconsistent with the previous result from Table 1 indicating that prescription drug use was not significantly associated with

involvement in prostitution. Alcohol and illegal drug use with the exception of marijuana, were all found to be insignificant predictors of prostitution, thus contradicting other research findings that substance abuse is a prominent risk factor among adolescents engaged in prostitution.

Table 8

Logistic regression of drug use

Variable	B	Sig.	Exp (B)
Previously used alcohol	20.057	.998	5.138
Previously used marijuana	.515	.659	1.674
Previously used cocaine	.363	.509	1.438
Previously used crack cocaine	.486	.383	1.626
Previously used crystal meth	.224	.635	1.251
Previously used heroin	.779	.198	2.179
Previously used other illegal drugs	.677	.129	1.969
Previously used prescription drugs to get high	-1.331	.008	.264**

**Predictor is significant at the 0.01 level

CHAPTER 5

DISCUSSION AND CONCLUSIONS

In partial support of the findings of the literature review, this current study revealed that being a victim of commercial sexual exploitation is significantly related to drug use, having a prior history of child abuse, experiences of family dysfunction or upheaval, and having a history of poor mental health. However, the study failed to show that these characteristics are predictors for subsequent involvement in prostitution. More specifically, the findings disprove the assumption that given these precursors, an adolescent will become a victim of sexual exploitation in the future. Instead, the findings illustrate that when comparing a female juvenile involved in prostitution to one who is not involved, the girl involved will be more likely to exhibit these characteristics and risk factors.

Risk Factors Associated with Commercial Sexual Exploitation

Family Dysfunction

When examining the indicators of family dysfunction and upheaval, four were found to be statistically significant in which the percentages of the CSEC girls outweighed the non-CSEC girls. These included being removed from their parents at some point in their lives, having a parent who was previously in jail, having a parent with a history of alcohol abuse, and receiving little to no visits in detention. Additionally having a parent in jail and receiving family visits in detention were the only significant predictors of prostitution. Another characteristic found to be significant was having a mother involved, but the non-CSEC girls surprisingly outweighed the CSEC girls. Having a parent with a history of drug abuse was surprisingly not associated with

prostitution as high percentages among both group of girls failed to report this characteristic. This contradicts research evidence that parental drug abuse is a common risk factor for adolescent prostitution.

Among the remaining characteristics there were little to no differences in the percentages of the two groups, thus suggesting that prostitution itself is just another risk factor of being a female juvenile delinquent. In other words, instead of prostitution being a distinct risk factor it could just be among the many that are faced by female juvenile delinquents. Another interesting finding worth pointing out is that over three quarters of both groups of girls indicated that they had a responsible adult to talk to. This was surprising given that research shows that one of the major areas lacking in programs and services offered to girls is a good support system of adults with whom the girls can confide in. Similarly it has also been shown that young girls involved in the juvenile justice system lack a supportive system among their family members (Chesney-Lind et al., 2008; Flowers, 1998).

Substance Abuse

The influence of drug use showed mixed findings. There was a significant association between all types of illegal drug use and prostitution with the exception of marijuana. In contrast, prescription drug use was not found to be associated with prostitution, but the logistic regression analysis revealed this to be the only significant predictor of prostitution. In other words, the findings suggest that prescription drug use can predict non- involvement in prostitution. It was unexpected that non-cases would have a significant higher bad behavior, in this case prescription drug use. Although use of cocaine, crack, crystal meth, heroin and other illegal drugs failed to predict

involvement in prostitution, the strong association shows that compared to non-victims of sexual exploitation, those who are have a greater likelihood of using these drugs. Age of first drug use was not included in the regression analysis because it is not a nominal variable, however, the percentages of first drug uses were highest among girls between ages twelve and fourteen. Furthermore there were girls in this study among both groups using alcohol and marijuana as early as somewhere between nine and eleven years of age.

This finding of drug and alcohol use at such an early age is extremely critical because research has shown that drug use for female juveniles is a common escape and coping mechanism for problems at home. Furthermore, drug use and dealing is also a survival technique on the streets and a form of payment in prostitution (Chesney-Lind, et al., 2008; Finkelhor & Ormrod, 2004; Flowers, 1998; Goldstein et al., 2003; Sondheimer, 2001). Thus substance abuse counseling and treatments programs are an integral part in rehabilitating adolescents who are victims of prostitution and female juvenile delinquents in general.

Mental Health

The influence of mental health partially supported existing research findings. Receiving counseling and prior diagnosis of a mental illness were the only characteristics significantly associated with prostitution. The only predictor of prostitution however was previous hospitalization, but the majority of both groups of girls failed to report this. Contrary to other studies, self-harm and suicide ideation were not only insignificantly associated with prostitution, but they also failed to predict it. Furthermore, over half the girls in each group responded “no” to these characteristics. The finding that victims of prostitution were more likely to receive counseling or be diagnosed with a mental illness

is noteworthy because one-third of the girls involved in prostitution and two-thirds of the girls not involved in prostitution self-rated their mental health as either good or very good. This could be attributed to the counseling they received. Although counseling and diagnosis were the only significant indicators associated with prostitution they are still important findings because they support evidence that juvenile girls, especially those involved in prostitution suffer from mental health problems. They also support the need for counseling services offered to girls within the juvenile justice system.

Abuse

Results for history of abuse were consistent with the studies in the literature review and with the expected outcomes. Being a victim of physical, emotional, sexual or abuse and or sexual assault were all extremely associated with prostitution. The percentage of CSEC girls who revealed experiencing abuse outweighed the percentages of the non-CSEC girls for all three types. Victimization through physical abuse was the only predictor of prostitution though. Thus it is only plausible to say that girls involved in prostitution are more likely to also be victims of abuse compare to those girls who aren't involved further illustrating the need for counseling services and effective rehabilitation programs.

Limitations

The major limitation to this study was the small sample of girls who acknowledged their involvement in prostitution. There were only 52 of these girls compared to the 109 who denied involvement. Although there were higher percentages of CSEC girls among some of the characteristics including having a parent in jail, a parent with a history of alcohol abuse, receiving counseling, prior diagnosis of mental illness,

illegal drugs use, and being a victim of various types of abuse, it is possible that these numbers were so high because the sample size was so big. For example, while the percentage of CSEC girls who indicated they had not received family visits in detention (a sign of detached and unsupportive familial relationships) was 74% compared to 50% non-CSEC girls, this high percentage is reflective of the fact that of the 52 girls, the majority responded “no.”

Another limitation to this study, related to the previously discussed one, is that involvement in prostitution is a sensitive issue, and thus the girls in this study may have under-reported or felt uncomfortable disclosing about their involvement. Upon admission to the detention center these girls were already experiencing a vast array of issues including the need for mental health counseling, substance abuse at an early age, family dysfunction, and being victims of abuse. These are in addition to the possible traumas of being victimized through prostitution itself. Coupled with feelings of shame, guilt, embarrassment, and the frustration of being tossed in a detention center, it is understandable that a young girl would be hesitant to share her experiences with a complete stranger. This is especially expected when there is a gap of available and effective programming where girls feel like they have nobody to turn to and that their only way out of a life of abuse and trauma is to be locked away in a detention center.

A third limitation to the study was its use of a secondary data analysis. The questionnaire was predetermined and did not allow for adjustments to the measurements of different variables, more specifically prostitution. In other words the questions could not be customized to determine more underlying factors of prostitution. Although the girls were asked a series of questions to determine their involvement in prostitution the

interview did not question their motivations for involvement, duration, frequency, desire for treatment, and whether or not they wanted help out of the trade. These questions would have been beneficial in gaining a better understanding of the extent of prostitution involvement. Additionally it would have provided more material in making comparisons to the girls who indicated that they had not been involved in prostitution.

Implications and Suggestions for Future Research

The findings of this study support research evidence that adolescent girls who have been exploited through prostitution are more likely to have an unstable background characterized by family dysfunction, substance abuse, poor mental health, and victimization of physical, sexual, or emotional abuse. Future research should address these issues and why they are more common among girls involved in prostitution compared to those who aren't. Once researchers can address the issues faced by this population they can move forward in developing effective programs to assist in rehabilitating them. Additionally professionals in the juvenile justice system will be more readily able discern and take appropriate action in getting these girls the help they need. The gap in services between what the girls need and what they are receiving needs to be narrowed if professionals want to be successful in rehabilitating them and getting them off the streets. Otherwise they will continue to spiral out of control and seek a way out of their destructive lives in the form of risky sexual behavior on the streets.

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