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Studying Personality In Juvenile Prostitutes: Aren't All Delinquents The Same?

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STUDYING PERSONALITY IN JUVENILE PROSTITUTES:
AREN'T ALL DELINQUENTS THE SAME?

by

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Bachelor of Arts
Binghamton University

2002

Master of Arts

John Jay College of Criminal Justice

2004

A thesis submitted in partial fulfillment
of the requirements for the

Master of Arts Degree in Psychology
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ABSTRACT

Studying Personality in Juvenile Prostitutes: Aren't all Delinquents the Same?

by

Nina S. Brathwaite

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The purpose of this study was to test whether specific personality traits differentiate juveniles who engage in prostitution from those who do not. Juvenile prostitutes ($n = 34$) and delinquent non-prostitutes ($n = 33$) being detained in the Clark County Juvenile Detention Center were compared on a number of personality variables and offender subtype classifications measured by the Jesness Inventory-Revised (Jesness, 1988). It was hypothesized that the prostitution group would score significantly higher on scales closely related to immaturity, depression, denial, and sensation-seeking. Results of MANOVA and chi square indicated that the two groups did not differ significantly with regard to their personality traits or subtype classifications. Some demographic differences emerged between groups. Results are discussed with regard to study limitations, practical and clinical implications, and future directions.

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INTRODUCTION

According to the Federal Bureau of Investigation, the average age of a new juvenile prostitution recruit is 13 (Federal Bureau of Investigation, 2000; Smalley, 2003). The age of some prostitutes has been documented to be as young as nine (Smalley). Defined as the act or practice of engaging in sex acts for money or its equivalent (Garner, 1999), prostitution is an age-old profession that, historically, has been comprised mainly of runaways, illegal immigrants, and children from impoverished neighborhoods (Lucas, 2005; Smalley). However, the demographics of teen prostitutes are changing. In 2003, there was a 70% increase in middle class youth engaging in prostitution, many of whom did not endorse a history of physical or sexual abuse (an experience often reported by prostitutes) (Smalley). Furthermore, teen prostitution and the sex industry are becoming more visible and accessible worldwide through venues such as internet chat rooms, malls and arcades, which may lure demographically diverse youth into this vocation.

Prostitution, particularly in juveniles, is essential to study because of the detrimental costs of this behavior to those directly involved and to society as a whole. The toll on society can be evaluated by the cost of treating the physical (e.g., physical violence, HIV and sexually transmitted diseases) and mental health of prostitutes. As of 1994, larger cities spent an average of \$7.5 million dollars on prostitution law enforcement each year (Special Investigation Bureau, 1994). Government funds are used to fund the vice squads of police departments, which are primarily responsible for the

control and arresting of prostitutes. Arrested prostitutes often spend time in jail before being released because of past failures to appear in court (Special Investigation Bureau). Public defenders handle the majority of adult and juvenile prostitution cases.

With an average prostitution case requiring five appearances, the overall cost to taxpayers and the government are staggering.

In addition to the cost of law enforcement personnel, the medical and psychological costs incurred for the treatment of prostitute's health is high. Prostitution carries inherent risks to the prostitute and her customer. It is not surprising, then, that sexually transmitted diseases (STDs) are common among the population, especially HIV/AIDS. The estimated lifetime cost of treatment for someone infected with HIV alone falls between \$405,000 and \$648,000 (Schackman, 2005). In 1994, the Special Investigation Bureau reported violence against street prostitutes to be near 80%, with incidence of rape and sexual assault occurring between 8 to 10 times per year per prostitute. Treatment and rehabilitation includes treating the physical health problems as well as mental health conditions, such as post traumatic stress disorder, drug and alcohol addictions, depression, and anxiety (Special Investigation Bureau).

Given the costs of prostitution, it is critical to understand what differentiates who engages in juvenile prostitution. Most existing prostitution research focuses solely on demographic variables associated with prostitutes and fails to examine other factors, such as personality variables. Given the limited research formally evaluating personality traits associated with prostitution, particularly in juveniles, this project aimed to investigate those personality traits associated with adolescents engaging in prostitution. Building on relevant existing literature on adult and adolescent prostitution, this project collected data

from a sample of adolescents engaging in or who previously engaged in prostitution and compare them with delinquent adolescents who have not reported engaging in prostitution with the goal of clarifying the relationship between juvenile prostitution and specific personality traits.

CHAPTER 1

LITERATURE REVIEW

Juvenile and adult prostitution research produces exploratory writings and research across a variety of disciplines, and has done so for many decades. These include, but are not limited to, legal argumentation, autobiographical accounts, medically oriented studies, therapeutic intervention, scientific study, psychoanalytic interpretations, and a myriad of psychosocial and demographic reviews (Earls & David, 1989; Lucas, 2005; O’Sullivan, Zuckerman, & Kraft, 1996; Vanwesenbeeck, 2001). Although much of the literature exploring both adult and juvenile prostitution is reasonably broad and extensive, it remains controversial and contradictory (Exner, Wylie, Leura, & Parrill, 1977; O’Sullivan et al.). Furthermore, the research is inconclusive and is often fraught with methodological problems. Some early psychologists described adult prostitutes as having a confused self image, an inability to establish warm personal and interpersonal relationships, feelings of loneliness and worthlessness, and possessing limited emotional controls (Agotson, 1945; Exner et al.; Greenwald, 1958). Others reported that prostitutes experienced little to no discontent or unhappiness as compared to women with traditional occupations (Exner et al.; Hirschi, 1962; Lucas). Still others found prostitutes described making a rational choice to participate in the sex industry because it provided them with a stable and flourishing occupation (Exner et al.; Lucas; Roebuck & MacNamara, 1973).

One problem with existing research is that, for the most part, it has failed to empirically evaluate factors that may differentiate prostitutes from individuals with similar demographic characteristics that do not engage in prostitution. Most existing research highlights the demographic and psychosocial characteristics associated with prostitution (e.g., drug use, early sexual experiences, low socioeconomic status, money and a history of running away (Lucas; Vanwesenbeeck, 2001). These characteristics, although important, are not necessarily characteristics or experiences specific to prostitutes. For example, a large proportion of prostitutes report previous childhood physical or sexual abuse (Lucas; Vanwesenbeeck). However, many people with abuse histories do not engage in prostitution. Therefore, differentiating between individuals who engage in prostitution from those with similar demographic features and backgrounds who do not engage in prostitution, is a goal of both current and future research because that information is critical to prevention of such behaviors and the development of effective treatment.

Although research has shown many of the situational and demographic variables associated with prostitution, to develop a clearer picture we must understand what differentiates prostitutes from girls with similar histories who do not go down the same path. Given the social stigma and perceived negativity associated with prostitution, one may question whether there are other factors, such as personality traits, associated with individuals who engage in sex work. In other words, personality could be a factor important to determining whether one with certain risk factors would be more likely to engage in or continue working as a prostitute.

A Brief Review of Demographic and Psychosocial Research

To better understand prostitutes, some researchers examined the demographic, background, motivational, and situational variables associated with prostitution (Cusick, 2002; Shaw & Butler, 1998; Vanwesenbeeck, 2001). Across studies, research consistently suggests that prostitutes share some general characteristics. These include, but are not limited to, a history of running away, institutionalization, childhood sexual abuse, acquaintance with pimps, a need for money, homelessness, drug use and addiction, a need to support family, curiosity regarding sex, and a proclivity towards sensation seeking (Cusick; Shaw & Butler; Vanwesenbeeck). According to Shaw and Butler (1998), any explanation of people's involvement in prostitution must include the aforementioned characteristics, personal development, previous life experiences, and situational factors (such as housing, unemployment and peer group association). This study exemplified the importance of a comprehensive examination of all factors associated with prostitution.

The method by which adult prostitutes engage in prostitution has also received considerable attention, and appears to be motivated by a variety of factors. The group most researched are those referred to as streetwalkers, defined as women who operate almost exclusively on street corners and truck stops and in bars (Cusick, 2002; Vanwesenbeeck). Streetwalkers are the group considered to be more vulnerable to occupational victimization (Cusick, 2002). The characteristics associated with this group are often noted in the overall review literature (e.g., abuse history, addictions), despite the fact that there seem to be other groups of prostitutes that differ substantially from streetwalkers (discussed in a subsequent section). For example, much of the literature has

noted higher levels of economic hardship and sexual risk-taking, homelessness, and drug abuse (Cusick; Vanwesenbeeck) whereas few studies examined the lives of women referred to as “elite prostitutes” (i.e. call girls and escorts).

Through detailed interviews, Lucas (2005) studied the underlying motivations for elite prostitutes and their perceptions about their occupations. Lucas likens elite prostitution to other non-sex industry professions because this group of prostitutes tend to have times of uneven demand, flexibility, autonomy, financial insecurity, and more room for economic specialization. Additionally, there appears to be less victimization in the more elite forms of prostitution, although many of the women in Lucas’ study describe similar events leading to their prostituting behavior, such as economic hardship, early drug use and a history of running away (Cusick, 2002; Vanwesenbeeck, 2001). Consequently, individuals who engage in street prostitution as compared to indoor prostitution may do so for a variety of reasons ranging from socioeconomic status to a preference for higher risk situations. This aspect of prostitution (the method of operation) is difficult to study due to the transience of prostitutes and the tendency to transition from being a streetwalker to a call girl (and vice versa).

In summary, the conclusions drawn about the nature and demographics of the typical prostitute vary substantially by author, location and research orientation (i.e., psychological, anthropological, legal, medical, etc.), yielding a rich body of diverse ideas and data. What is clear from the literature is that the majority of prostitutes appear to experience a great deal of turmoil and trauma at an early age and often endure financial demands that contribute to their involvement in sex work. The demographic and situational factors do not differentiate prostitutes from other populations with similar

backgrounds, giving rise to the possibility of another factor influencing prostituting behavior.

Personality

Why might personality be a central factor in differentiating those who engage in sex work from those who do not? To explore this question it is critical to examine the construct of personality and how it influences human experience. Allport (1937) suggested that the construct of personality is the dynamic organization within the individual of those psychophysical systems that determine one's unique adjustments to his or her environment. Youniss and Lorr (1972) further developed Allport's definition in which they described personality as a dynamic, organized constellation of characteristic ways of relating interpersonally, of affective and psychomotor styles of response, and level of ego maturity. Psychiatry represents personality as a well-established object, fixed by endowment and experience (Rosenman & Rodgers, 2006). Therefore, across disciplines, there appears to be an overall consensus regarding *what* personality broadly entails: characteristic ways of experiencing and relating to one's self and one's environment that remains stable over time (Ardelt, 2000; Costa & McCrae, 1997; McCrae & Costa, 1982; Miller & Lyman, 2001) and directly affects one's inner experience, interpersonal relationships, and behavior (APA, 2000; Clifton, Turkheimer, & Oltmanns, 2005; Youniss & Lorr, 1972).

Given the profound, characterological nature of personality and its influence on human experience, personality researchers attempt to conceptualize and identify the most basic, fundamental building blocks for personality. This large body of research has

produced various different structural approaches (see Appendix A.1). Although a comprehensive evaluation of the various models is beyond the scope of this study, it is important to discuss some of the most prevalent and extensively researched theories of personality to date (Saulsman & Page, 2004). Despite some disagreement about the structure (in terms of the number and composition of the basic dimensions), many researchers agree that an individual's personality is made up of five broad dimensions, referred to as the five-factor model (FFM) or the 'Big Five' (Cale, 2006; Costa & McCrae, 1990; Digman, 1990; Costa & McCrae, 1992; Miller & Lynam, 2001; Saulsman & Page; Widiger & Trull, 1992). The FFM, as well as other structural models, all share some fundamental assumptions, including (a) that traits are the primary building blocks of personality, (b) there are an infinite number of traits providing comprehensive coverage of human personality (Miller & Lynam). The term "structural" indicates that each model uses multiple dimensions, domains, or "superfactors" to organize the vast array of personality traits according to their intercorrelations (Wiggins & Pincus, 1993).

Derived from numerous factor analyses, the FFM arguably represents a general consensus as to the structure of normal personality (Costa & McCrae, 1992a; Digman, 1990; Saulsman & Page, 2004). The FFM provides a dimensional account of the structure of normal personality traits, dividing personality into the five broad dimensions of Neuroticism, Extroversion, Openness to Experience, Agreeableness, and Conscientiousness (Costa & McCrae, 1992b). The FFM is a hierarchical model, where more specific personality traits or facets are classified under each broad trait dimension. For example, the dimension of Neuroticism is composed of the facets of anxiety, angry hostility, depression, self-consciousness, impulsiveness and vulnerability (Costa &

McCrae, 1992b). Therefore, Neuroticism assesses emotional adjustment and stability. The domain of Extroversion assesses an individual's tendency to experience positive emotions and sociability. Agreeableness is concerned with an individual's interpersonal relationships and strategies; people high in Agreeableness tend to be trusting, straightforward, and empathic. Conscientiousness refers to a person's ability to control his or her impulses, as well as to differences in the ability to plan, organize, and complete behavioral tasks. The final domain, Openness to Experience, is often debated with regard to its validity and components. This domain is intended to refer to an individual's interest in culture and to the preference for new activities and emotions (Miller & Lynam, 2001).

The comprehensiveness of the FFM allows researchers and clinicians to conceptualize and understand how personality develops. The FFM has been applied to the conceptualization of personality disorder development, psychopathology, and quality of life (Cale, 2006; Krueger, Caspi, Moffitt, Silva & McGee, 1996; Lilienfeld, 2005; Livesley & Jang, 2005; McCrae et al., 2001; Miller, Lynam, 2001, Widiger & Leukefeld, 2001; Rosenman & Rodgers, 2006; Saulsman & Page, 2005; Watson, Clark & Harkness, 1994; Widiger & Trull, 1992). The Diagnostic and Statistical Manual of Mental Disorders, 4th ed. Text revision (DSM-IV-TR) (APA, 2000) describes personality disorder as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual culture. The pattern is pervasive and inflexible, and stable over time and its onset can be traced back at least to adolescence or early adulthood (APA). As Widiger (1994) noted, everyone shows some degree of maladaptive expressions of basic traits. Researchers supporting the FFM as the structural

model for personality consider personality disorder and psychopathology to be extreme variants of the sub-traits that make up the broad domains (Livesley & Jang). However, traits represent proclivities, not competencies (Livesley & Jang). Therefore, extreme levels of a trait may increase the risk of psychopathology, but they are not necessarily maladaptive. Livesley and Jang utilize this rationale in clarifying the distinction between normal personality function and personality disorder, in which personality disorder is seen as a harmful dysfunction in the normal adaptive functions of the personality system. A personality disorder can be diagnosed as the point on the FFM continuum at which these traits are associated with clinically significant impairment involving dyscontrolled impairment or maladaptivity in psychological functioning (Livesley & Jang).

Extensive studies reviewed structural models and their association with criminal and antisocial behavior and sexual risk-taking (Eysenck, 1977; Hoyle, Fejar, & Miller, 2000; Krueger et al., 1996; Miller & Lynam, 2001; Miller et al., 2001; Miller et al. 2004). Although personality disorders and psychopathology are important to an individual's daily functioning and quality of life, antisocial and risky behaviors often negatively effect and endanger the person, as well as society. Therefore, the application of the FFM helps to underscore the importance of understanding the personality traits associated with such behaviors. Hoyle and colleagues (2000) summarized the relationship between both psychobiological and taxonomic models of personality and risky sex variables. Several findings emerged from their review: (1) sensation-seeking was significantly related to a number of risky sexual behaviors; (2) measures of impulsivity and low conscientiousness were significantly related to risky sex (especially unprotected sex); and, (3) there was a consistent relationship between low agreeableness and several risky sex behaviors

(Hoyle, et al.; Miller et al., 2004). Research has also shown that substance use has a similar personality and behavioral pattern (Miller & Lynam).

To consolidate the comprehensive body of research on antisocial behavior and personality traits, Miller and Lynam (2001) conducted a meta-analytic review. From the meta-analysis the authors determined that it is possible to generate a description of the personality traits characteristic of antisocial individuals. According to Miller and Lynam, individuals who commit crimes tend to be hostile, self-centered, spiteful, jealous, and indifferent to others (i.e., low in agreeableness). They also tend to lack ambition, motivation, and perseverance, have difficulty controlling their impulses, and hold non-traditional and unconventional values and beliefs (i.e., low in conscientiousness). Miller and Lynam's findings were in line with Gottfredson and Hirschi (1990), who began with the crime rather than the criminal, yet reached similar conclusions regarding personality traits.

In their study Gottfredson and Hirschi (1990) concluded that criminals and antisocial individuals: (1) have difficulty delaying gratification; (2) lack diligence, tenacity or persistence in a task; (3) tend to be adventurous, physical and active, rather than cognitive, cautious, and verbal; (4) have little interest in and are ill-prepared for long term occupational pursuits; (5) are self-centered, indifferent, or insensitive to the suffering and needs of others; (6) are gregarious and social people; and (7) have minimal frustration tolerance. Based on these findings and their meta-analysis, Miller and Lynam (2001) concluded that overall, the personality characteristics of antisocial individuals are not necessarily subsumed under the single trait of low self-control. Rather, they believe that the personality dimensions that characterize the criminal are better understood as

coming from two separate trait dimensions, agreeableness and conscientiousness (Miller & Lynam). The majority of research in the area of criminal personality traits supports their conclusion, with the exception of Eysenck's model (1990), which has been criticized for this failure (Miller & Lynam).

In summary, the FFM provides a structural framework of normal personality on which abnormal and maladaptive traits can be based. The importance of studying personality traits in the development and manifestation of personality disorders, psychopathology, and risky sexual and antisocial behavior will help clinicians and researchers to better understand the expression of these behaviors. Furthermore, it is possible to propose personality as an additional variable leading to the development and engagement in antisocial or high risk behavior when considering family environment, parenting styles or early childhood experience. The empirical evidence for personality trait stability and heritability supports this possibility (Digman, 1990; Eysenck, 1990; Krueger et al., 1996; Paris, 2006; Tellegen, Lykken, Bouchard & Wilcox, 1988).

In addition, the personality literature underscores the importance of understanding that personality is not causal (Digman, 1990; Tellegen et al., 1988). Rather, it appears to be a factor that places individuals at risk based on how they perceive, interact with, and negotiate their responses to external and internal stimuli. A better understanding of how an individual's personality is structured will directly assist clinicians in developing intervention and treatment plans tailored specifically for at-risk individuals. For example, if impulsivity or sensation-seeking appears to be a trait common to girls who engage in prostitution, it would be useful to include impulse control management in treatment or prevention planning. Furthermore, Harkness and Lilienfeld (1997) contend

that individual differences research exemplifies the inclusion of personality trait assessment for the construction and implementation of any treatment plan and doing otherwise undermines the scientific status of treatment plan development.

Personality Research on Adult Prostitutes

Building on early demographic data on prostitutes, researchers investigated personality characteristics of adult prostitutes. Exner and colleagues (1977) set the stage for research examining personality factors associated with prostitution. The seminal study examined the possible existence of different “types” of sex workers based on specific personality characteristics. Exner et al. theorized that there were five “classes” or groups of female prostitutes that differed based on their personality characteristics. Prostitutes completed the Rorschach Inkblot test, the Minnesota Multiphasic Personality Inventory form R (MMPI), and the vocabulary section of the Wechsler Adult Intelligence Scale (WAIS). Prostitutes were divided into classes by their method of operation, which was highly associated with their socio-economic status (SES). Classes 1 and 2, referred to as call-girls and in-house girls, respectively, were believed to be members of the highest SES on the prostitution intra-occupational scale. Class 3, referred to as streetwalkers, was a more variable group primarily representing the middle SES, but including women of both the middle and lower SES. These were women whose main method of operation was on the streets, in bars, and in truck-stops. Finally, classes 4 and 5 were referred to as housewives and drug-addicted prostitutes, respectively. Women in class 4 sold sex two to three days per week when their husbands were working, and class 5 prostitutes sold sex to support their drug use. Classes 1-3 included 25 prostitutes and 25 controls matched

by education, age and marital status, whereas classes 4 and 5 consisted of 10 prostitutes each (rather than 25) due to what the researchers referred to as sampling problems.

Results of the personality assessment by class indicated that prostitutes in classes 1 and 2, were described as more “well put together”, with other opportunities (outside of their prostituting behavior) for financial gain. Rorschach and MMPI profiles were in normal limits with no evidence of pathology (Exner et al., 1977). Class 3 prostitutes differed from classes 1 and 2, as well as from their relative controls on scales L (lie scale), K (defensiveness), Hysteria, Psychopathic Deviate and Social Introversion of the MMPI, indicating more abnormal profiles (see Butcher, Graham, Ben-Porath, Tellegen, Dahlstrom, & Kaemmer, 2001, for scale descriptions). The authors caution that while it is inappropriate to identify results as pathological (due to the lack of clinical elevation on major indices), the elevations and Rorschach results combined suggest that class 3 prostitutes are more naïve and self-centered, less organized, and have a somewhat more rebellious make-up, with less control over their emotions than their matched controls and the women in classes 1 and 2.

Women in class 4 had classic profile configurations consistent with schizophrenia. These women showed substantially high scores on several of the MMPI scales, including Depression, Psychasthenia, and Schizophrenia, and were also markedly bizarre on the Rorschach. These women were thought to be under a considerable amount of stress and pain, and experiencing a great deal of ideational confusion. Although most of the women reported engaging in prostitution a few days a week to supplement their income, almost all indicated being “turned on” easily and reported a high rate of orgasm

with paid intercourse. The other classes of prostitutes reported a substantially lower rate of orgasm frequency during paid intercourse.

Finally, women in class 5 were considered to be psychologically more stable than women in class 4, but markedly less healthy than women in classes 1-3. Prostitutes in class 5 were also part-time prostitutes working to support their drug addiction. As a whole, they appeared pathological, showing significantly high scores on the F (Infrequency scale), Hysteria, Hypochondriasis, Psychopathic Deviate, Psychasthenia, and Mania scales with the highest elevations being on the 1 (Hypochondriasis), 3 (Hysteria), and 4 (Psychopathic Deviate) composite (Exner et al., 1977). Rorschach profiles were marked by a weakness in reality testing, some ideational confusion, limited emotional controls, much pain, and poor organization of resources. They also reported the lowest level of orgasm, paid or unpaid. Similar to the class 4 prostitutes, they appeared self-centered and immature.

This study showed strong support for the presence of distinct personality traits, or a typology, associated with the method of operation by which one engages in sex work. However, there are a number of issues associated with the use of a typology. Although Exner et al. (1977) were the first to systematically measure personality in the prostitution population and propose a classification system for various types of prostitutes with different personality profiles; Exner et al. were not the first to propose the existence of a prostitution typology. Prior attempts at classification have been cited in a variety of studies and served as the building blocks for replication studies, many of which found similar results (e.g., De Shampheliere, 1990; Gibson-Ainyette, Templer, Brown, & Veaco, 1988; MacAndrew & Steele, 1991). Nevertheless, before using these

classifications to draw definitive conclusions, researchers must consider the fact that the small sample sizes and intra-group homogeneity greatly reduce generalizability of the findings (Vanwesenbeeck, 2001) (for a more in depth look at prostitution classification systems, see Goldstein, 1979; Heyl, 1979; Allen, 1980; Weisberg, 1985; Earls & David, 1989). Despite these uncertainties and precautions, Exner et al. laid the groundwork for future research on personality and prostitution.

De Shampheliere (1990) intended to replicate the earlier findings of Exner et al. (1977). The sample consisted of forty-one Belgian prostitutes, ages 18-41 (80% between 20 and 40 years of age), who the researcher considered to be classes 2 and 3. The comparison group comprised of 96 female Belgian airline employees matched on similar demographic distribution as the prostitutes. The women completed the MMPI in French and Flemish, and the results were then compared to American norms. Results suggested that the Belgian prostitutes were similar to the sample used in Exner et al.'s study with regard to level and kind of emotional problems. The women reported neurotic fears and anxieties, low morale, and feelings of resentment, depression, poor familial relationships, and problems with authority. The prostitute group was significantly more deviant on all but three scales (Depression, Hysteria & Social Introversion). Although they were significantly different, it is important to note that the elevations were not all clinically significant ($T > 65$) according to the criteria for MMPI cut off scores suggested by Hathaway and McKinley (Butcher et al., 2001). However, as with other studies, the clinically significant scales were Psychopathic Deviate, Psychasthenia, Schizophrenia and Hypomania.

Another important piece of data gleaned from the study was in regard to differences associated with age. De Shampheliere (1990) found that women older than 30 years of age tended to be more deviant than those considered to be part of the “younger” group (18-29). He did not suggest a possible explanation for this finding, but it does seem to contradict reports that antisocial behavior diminishes with age. It is possible that the increase in deviant acts is due to the need to compete with younger prostitutes, or possibly a need for a higher level of stimulation as time within the profession goes on. These are only hypotheses, and further study is necessary to examine the possible explanation for this difference.

Moreover, De Shampheliere’s study (1990) had a few methodological problems. First of all, it did not report the age of entry of the women, their length of time involved in prostitution, or whether it was their main source of income. As stated before, this information is often missing from studies of this nature. Although many studies do indicate that, along with the formal assessment, a questionnaire is usually administered, this information was not provided. Finally, the inclusion of specific demographic information is essential to determine if the groups of women were accurately compared. These methodological problems are not specific to De Shampheliere’s study and are often present as problems within the prostitution literature.

Prior to the research conducted by Exner et al. (1977), Zuckerman, Sola, Masterson, and Angelone (1975) assessed women in an inpatient drug rehabilitation center who admitted to engaging in prostitution. At the time of admission into the facility, all women had significant elevations on all clinical scales of the MMPI. However, after three months, all scale elevations had significantly declined, with the

exception of scale nine, Hypomania (Ma). On admission, 20% of the profiles were of the psychopathic variety (i.e. peaks on Psychopathic Deviate and Mania), and after three months, 93% were psychopathic. From this, the authors concluded that the three months of reality therapy the women received at the facility was unlikely to change the basic personality. Therefore, the authors assumed that the initial scale elevations on all the clinical scales, other than Psychopathic Deviate and Mania, were due to stress and demand characteristics of the program, and the results after adaptation were closer to the original personality. The age at which the women engaged in prostitution, and the frequency and the duration of this behavior were not reported.

The sample used by Zuckerman and colleagues (1975) was closest to Exner et al. (1977) class 5 drug addicted prostitutes. Their motivations for prostitution were varied but mostly focused on the support or maintenance of their drug habits. Given that it is not clear what the purpose or extent of their prostituting behavior was, it is difficult to compare the sample's personalities to those used in the study by Exner et al. However, one should not simply conclude that these are characteristics of drug using prostitutes; researchers must take into account the possibility that the personality characteristics found in this study are those of prostitutes, drug addicts, or of a common aspect of women engaging in both high-risk behaviors (a precaution of continued importance).

In an attempt to assess the role of demographic, clinical and personality variables in male prostitutes, an endeavor not yet undertaken, Cates and Markley (1992) compared male prostitutes (referred to as "hustlers") and non-prostitutes from the same cohort. Those involved in prostitution specifically indicated that they were involved by choice, primarily to earn extra money. All subjects were administered a semi-structured

interview including questions regarding living status, education, and a number of other demographic variables. For the prostitutes, questions regarding entry into hustling, frequency, and specific experiences were included. Each subject completed the Jesness Inventory (JI) and ranged in age from 16-34 with a mean of 21 years (Cates and Markley).

Although this study reported little in the way of extreme differences, findings indicated that the hustler group had lower vocational aspirations, were more likely to abuse drugs and alcohol, and were more likely to report themselves more addicted to drugs or alcohol than non-hustlers. Significant differences between groups were not found; however, a high level of variability within each group was noted. None of the JI scales were significant, though the Asocial Index, considered to be the best single measure of an antisocial adjustment, had a medium effect size but limited statistical power.

A more recent longitudinal cohort study of almost 2000 female prostitutes conducted over a 30 year period, proposed that most women engaging in prostitution satisfies the diagnostic criteria for Antisocial Personality Disorder (APD) in the DSM-IV-TR. Brody, Potterat, Muth and Woodhouse (2005) suggest that because prostitution is illegal in almost all 50 states, engaging in prostitution already fulfils the first criterion, “failure to conform to social norms.” The authors cite all six criteria and provide behaviorally based examples for each. Finally, they conclude that it is possible that for most prostitutes, the minimum requirement of three criteria would easily be met. These criteria have been associated with higher levels of mortality in persons who exhibited such characteristics regardless of their occupation (Brody et al.).

Brody et al. (2005) suggest that a lack of intrinsic appreciation for intercourse; APD or borderline features with depressive symptoms, and a predisposition to dissociation are salient psychological components of female prostitutes. Such a combination of characteristics may not be common and may help elucidate why (aside from its illegality) there are so few women engaging in prostitution when the perceived benefits (sex and “easy money”) may be highly attractive. Further, because of the low number of women involved, the authors suggest that there are fundamental differences in the choice to engage in prostitution. The authors caution that the inferences made in the study are constrained by limited literature on the personality of prostitutes, by ecological inference, and by not formally diagnosing the women in their study (Brody et al.). However, they do suggest that there appears to be sufficient support available to suggest that the primary mediator between prostitution and elevated mortality is the presence of APD and borderline personality features, which are commonly observed in samples of prostitutes.

The prostitute typologies developed by Exner et al. (1977) have also been used in the development and validation of assessment instrumentation. O’Sullivan et al. (1996) conducted a study designed to (1) validate an assessment instrument called the Zuckerman-Kuhlman Personality Questionnaire (ZKPQ), and (2) investigate normal personality dimensions in prostitutes. The authors noted that the most salient findings from previous studies are the presence of psychopathy, impulsivity, and sensation seeking in prostitutes, particularly Exner et al.’s streetwalker types. Authors noted the presence of antisocial traits in the prostitutes who also abused drugs, particularly when the drug of abuse is cocaine. Previous studies indicated that substance abuse is the

clinical disorder most closely linked to antisocial personality disorder (Zuckerman, 1991) and sensation seeking is closely linked to drug use and abuse, and a variety of sexual activities and partners.

O'Sullivan et al. (1996) recruited 32 prostitutes were recruited from a major highway in Delaware. Of the 32 women, 69% reported drug use. The women ranged in age from 19-54 with a mean age of 29 years. Twenty were White and 12 were Black. Prostitutes were compared to a control group of 32 demographically-matched female food service workers from the University of Delaware (although the authors reported difficulty in matching the women on age and education level). Controls ranged in age from 20-48 years with a mean age of 34 years. 19 were white and 13 were black. All of the women completed a semi-structured questionnaire, an unstructured interview, and the ZKPQ. Of the five scales on the ZKPQ, only one differentiated the prostitutes from controls, the Impulsive-Sensation Seeking Scale (ImpSS). Before correcting for age and education, the Aggression-Hostility scale was higher in the prostitution sample. Although few statistically significant differences were found, this study was considered to be one of few to investigate normal dimensions of personality in prostitutes (O'Sullivan et al.).

In summary, the brief literature on personality characteristics in adult prostitutes suggests a pathological personality type marked by impulsivity, mania, emotional immaturity, and antisocial personality traits (Brody et al., 2005; Cates & Markley, 1992; De Shampheliere, 1990; Exner et al., 1977; Zuckerman et al, 1975). Although these traits do not appear to be consistent for *all* prostitutes, it appears to be the consensus for those who operate on the street as opposed to those operating as call-girls or in brothels (Cates

& Markley; De Shampheliere; Exner et al.; Zuckerman et al.,). However, the scarcity of research and small sample sizes make these conclusions precautionary and require further research. This need for further research is especially important because most studies on juvenile prostitutes pull from the adult literature. If our research on adult prostitution is inconsistent and flawed, we run the risk of drawing incorrect conclusions about the juvenile population.

Personality Research on the Juvenile Prostitute

Studies into the personality traits of juvenile prostitutes are scarce. Although juvenile prostitution appears to be receiving increased attention (Lung, Lin, Lu and Shu (2004)), various problems make it difficult to get an accurate picture of the number of adolescents involved. The National Incident-Based Reporting System (NIBRS), a reporting system for crime statistics, is still a voluntary system in which jurisdictions from different states report occurrences of violent crimes, property crimes, and crimes against society, as well as demographic information on victims and offenders (Finkelhor & Ormrod, 2004). The NIBRS hopes to provide new opportunities for analyzing incidents of juvenile prostitution in the United States by replacing the Uniform Crime Report System (UCR; Federal Bureau of Investigation, 2000). Currently, however, the NIBRS represents only part of the country and not the parts of the country where major prostitution is occurring (Finkelhor & Ormrod). Unfortunately, because the NIBRS is still rather limited and voluntary, as of June 2004, only 13 states were reporting. As of that date, none of the states, cities or jurisdictions in which prostitution and the sexual exploitation of minors is considered to be a serious problem are reporting to the NIBRS.

Therefore, it is quite difficult to gain a true picture of the magnitude of the problem. A related issue reported by Flowers (1998) is that although the most common offense classification for prostitution (juvenile or adult) is an offense against public order, a number of jurisdictions classify prostitution as a sex offense. Therefore, attempting to assess the scope of the number of individuals involved, those classified as sex offenders tend not to be included in the overall count (Flowers, 1998).

Another problem associated with accurately assessing teen prostitutes may be that while the majority of prostitutes are assumed to be female, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has shown that male juvenile prostitutes outnumber their female counterparts from 61 to 39 percent. This picture, however, is vastly different in Las Vegas, Nevada, where only one of the 178 teens arrested for prostitution between the fiscal period of July 1, 2003 to June 30, 2004 was male (Melby, 2004). Therefore, incorrect assumptions regarding the population may be interfering with accurate assessment of those involved. Finally, possibly the greatest difficulty is in gaining direct access to this population (both adult and juvenile). Common complications include gaining permission from pimps, issues regarding confidentiality due to the legal ramifications of engaging in prostitution, unreliability of self report, and the difficulties associated with finding a large enough sample size and comparable control groups for study. Furthermore, with regard to juveniles, confidentiality, lack of ability to obtain parental consent, and court mandates may impede direct contact with detained youth.

Despite these limitations inherent in studying the juvenile prostitute, some research does exist. In an attempt to assess the differences between delinquent non-prostitutes and delinquent prostitutes, Bour, Young, and Henningsen (1984) administered

a demographic questionnaire and the Tennessee Self Concept Scale (TSCS) to 25 prostitutes and 35 delinquent non-prostitutes. Participants ranged in age from 13 to 15 years of age, with a mean of 14.4 years. Although the participants differed with regard to certain personal characteristics, such as sexual experience, parental absence, and personal aspirations, no differences were found with regard to the responses on the TSCS, with the exception of the Physical Self. The prostitutes generally scored above the norm almost twice as frequently as the non-prostitute group. The authors caution that it is difficult to say with any certainty whether the positive attitude toward one's physical attributes developed as a result of being involved in a trade in which one is valued for her physical appearance, or if it is a precursor to the actual involvement. Bour et al.'s study was not necessarily ground breaking due to its lack of significant results. However, the inclusion of a formal assessment measure does differentiate it from the demographic studies that pervade the prostitution literature.

Gibson-Ainyette et al. (1988) picked up where Bour et al.'s (1984) study may have fallen short. They attempted to study the current functioning and personality of the adolescent prostitute, not just factors associated with her self-concept. Variables included in the study were gleaned from adult research on prostitution due to the lack of available research on the adolescent. Each group was comprised of 43 juvenile prostitutes and 44 delinquent non-prostitutes from the correctional facility on Riker's Island in New York, the Ventura School for Girls in California, the Children of the Night in Hollywood, California, and a California Correctional Facility. The normal subjects were selected from a high school in Fresno, California. The groups were matched demographically on SES, ethnicity, education, and religious differences. Participants

completed the Mini-Mult, a 71-item version of the MMPI, the TSCS, the Body Cathexis Scale and the Attitudes Toward Men Scale (Gibson-Ainyette et al.).

Analysis of the results indicated that the prostitute group tended to score in the most pathological direction on the measures. They appeared to have more depression and anxiety, a more deviant life-style, a greater sense of alienation, and a less favorable self-concept. The authors identified two significant Functions that distinguished the variables into groups: Function one and Function two. Subjects high on Function one tended to have a more negative attitude toward men, a higher score on the Mini-Mult Hypochondriasis Scale, and a lower score on the Mini-Mult Hysteria Scale. Subjects high on Function two tended to score higher on the Mini-Mult Lie Scale and on the Moral-Ethical Scale of the TSCS; they tended to have a low score on the Social Self Scale of the TSCS. Function one best discriminated the prostitute group from the normal group and Function two best discriminated the delinquent group from both the prostitute group and normal group who were similar on Function two (Gibson-Ainyette et al.,1988).

The similarities between the adolescent prostitutes and normal adolescents are explained by the authors in terms of what positive scores on Function two may indicate. Positive scores are thought to represent displaying to the world either a facade or a true state of affairs, the image of being morally good and conforming. The delinquent adolescents not engaging in prostitution were low on Function two and higher on Function one, which represents an attitude of cynicism, alienation and non-conformity. It is proposed that Function one describes adolescents who are angry at the world. The adolescent prostitute, although seeing the world as ominous and experiencing distress, has the street sense, charm and glibness, a strange sort of ego strength, to cope with her

adverse environment. However, previous research on use of the Mini-Mult and other short forms of the MMPI has consistently shown high levels of invalid protocols and an inability to correctly detect pathological profiles when compared to its parent instrument, the MMPI (Bassett, Schellman, Gayton, & Tavormina, 1977; Fillenbaum & Pfeiffer, 1976; Scott, Mount & Kusters, 1976; Vondell & Cyr, 1991). Furthermore, its use is cautioned against with adolescents and prisoners due to their lack of reliability in producing accurate and consistent profiles and lacking in appropriate normative samples (Bassett et al.; Vondell & Cyr).

In an attempt to add to the small body of research, while investigating the presence of risk factors associated with juvenile prostitution, Lung et al. (2004) proposed a structural equation model. The model investigated the risk factors of family structure, personality traits, and other variables among adolescent prostitutes. 158 adolescent prostitutes from a halfway house in Taiwan were compared with 65 high school girls. Participants completed demographic questionnaires, the Junior Eyesenck Personality Questionnaire (JEPQ), and the Parental Bonding Instrument. The JEPQ measures three dimensions of personality: psychoticism, extroversion and neuroticism. Results indicated that, although the two groups did not differ significantly in the JEPQ scores for the three dimensions, the prostitutes had worse mental health and higher levels of neuroticism than the control group. The most significant finding of this study was that, although there were a number of factors that distinguished the cause-effect characteristics among adolescent prostitutes, maternal protection, paternal care, neurotic characteristics, tobacco use, discontinuous schooling and a dysfunctional family had the most direct effect (Lung et

al.). This study lends support for the possible connection between a multitude of factors that are not solely based on experiences and demographics of the adolescent.

In summary, despite the utility of existing research on personality attributes associated with adolescent prostitution, research on this growing population is minimal. Although preliminary studies have shown support for possible differences in the personality structure of juvenile prostitutes when compared to delinquent non-prostitutes and normal adolescents; the small number of studies makes drawing substantial conclusions about their personalities nearly impossible. Preliminary findings suggest that when it comes to juvenile prostitution, there are many factors that influence the young person's involvement (Bour et al., 1984; Lung, et al., 2004). One study suggests that prostitutes have more depression, anxiety, a deeper sense of alienation, and a more conformist attitude. This attitude however, may be due in part to their ego strength that allows them to put on a façade of morality and self adjustment (Gibson-Ainyette et al., 1988).

Problems with Past Research

The large body of prostitution literature (demographic, psychosocial, and personality) is plagued by a number of theoretical and methodological problems. First, due to the low base rate of prostituting behavior, a number of the studies cited either lack the presence of a control group or of demographically comparable controls (Brody et al., 2005; Exner et al., 1977; O'Sullivan et al., 1996). This is problematic because, without valid controls, it is difficult to attribute findings to specific differences between the groups or rather to another trait or set of traits. Because prostitution is considered to be a

low base rate phenomenon, most studies have small sample sizes, making the interpretation and generalizability of the results difficult and precautionary. This, in conjunction with inadequate control groups, makes interpretation of results difficult.

Another problem with prior research lies in the type of measures used. The few studies investigating personality often included the use of less than ideal assessment instrumentation (Exner et al., 1977; Gibson-Ainyette et al., 1988; Zuckerman et al., 1975), which may yield inaccurate results and incorrect conclusions. For example, the study by Gibson-Ainyette et al. assessed participants using questions from the MMPI, an assessment inappropriate for use with certain age groups. Similarly, Exner et al. used a short form of the MMPI. As previously mentioned, a number of studies have indicated low validity and reliability with these measures when compared to their parent measure. This issue, coupled with the use of outdated instrumentation without appropriate norms, may also lead to incorrect conclusions and the over/under pathologizing of certain behaviors or disorders.

Finally, prostitution often occurs in conjunction with other behaviors in which the order of the behaviors may not be known. For example, a few studies included prostitutes who abuse drugs (Cates & Markley, 1992; O'Sullivan et al., 1996). One cannot conclude that the personality characteristics are those specifically associated with prostitution alone, and not of prostitutes who engage in substance use or a combination of both. Not addressing each group independently or studying each member separately as in the study conducted by Exner and his colleagues (1977), may not yield results about the personality traits of prostitutes; rather the results may be confounded by comorbidity.

Understanding the Prostitute using the Biopsychosocial Model

Behavior does not occur in a vacuum and is rarely, if ever, a one to one relationship. Assessing the personality traits of prostitutes is not intended to discount other variables; rather, it is intended to enrich our understanding of the individuals involved. Conceptualizing juvenile prostitution based on the Biopsychosocial model (BPS; Engel, 1977) is *one* possible approach to this complicated task. The BPS attributes the causes of health, disease and mental illness to the interaction between three “spheres” or factors, (1) biological, (2) psychological and (3) sociocultural factors. Engel (1977) proposed that all disease, illness and behavior, normal or maladaptive, should be understood by considering these three spheres. The three factors can be expressed through an individual’s bodily processes, heredity and genetic predisposition, personality traits, and life events. The BPS model is interactional, meaning clinicians must understand how the interaction between evolved brains, social contexts and experienced selves influence the individual (Engel, 1977; Engel, 1980, and Gilbert, 2002). Therefore, from this point of view, understanding an individual logically includes the assessment of personality traits, be it in terms of their individual differences or when compared to others.

The more complicated a behavior or disorder, the more important it is to take a holistic, comprehensive look at what leads to and maintains that behavior. A holistic approach not only aids in developing a better understanding of the individual, but in case conceptualization, intervention, treatment planning, and program development. Therefore use of specific personality measures, in this case, the Jesness Inventory, helps in correctional settings with risk assessment, and offender classification. Given that personality is considered to be stable over time, present in most situations and begins to

stabilize in adolescence and young adulthood (APA, 2000), the assessment of such traits early on should increase successful prevention and early intervention techniques. With the assessment of personality traits being largely ignored in the prostitution literature, it makes sense that there are so few effective early intervention and treatment programs addressing juvenile prostitution.

It is important to reiterate that the possible missing link of personality does not suggest causality. Rather the possible missing link suggests more of a synergistic effect between demographic, personality, environmental and genetic variables that will aid in our understanding of girl's engaging in such a dangerous behavior. The present study aimed to determine the personality characteristics of the adolescent prostitute. Existing research is replete with demographic data, environmental influences and daily functioning, yet little is known regarding personality traits and characteristics. Therefore, it is critical to understand the role of these traits as a mediating variable for individuals engaging in prostitution.

To fill these gaps in the literature, the overarching goal of the current study is to examine personality in a group of delinquents arrested for juvenile prostitution and juvenile delinquents who have not engaged in prostitution. I hypothesized that juvenile prostitutes and non-prostituting delinquent females will differ significantly with regard to their personality.

CHAPTER 2

METHODOLOGY

Participants

The participants for the study included 80 females between the ages of 12 and 17 ($M = 16$ years) who were being detained at the Clark County Juvenile Detention Center (CCJDC). All participants were arrested and detained in the city of Las Vegas or Henderson, Nevada, and awaiting disposition or placement. The results of a power analysis using G*Power (Erdfelder, 1996) conducted to determine appropriate sample sizes indicated that a sample size of 80 participants was adequate to obtain a large effect size. However, a total of 13 participant's data were removed due to inadequate responding or an invalid profile. Consequently, the final sample included 67 participants.

Participants were separated into two groups, a delinquent non-prostitute group ($n = 33$) and a delinquent prostitute group ($n = 34$). The prostitution group included females whose current arrest was prostitution-related (and being processed through the teen prostitution court located at the Clark County Juvenile Court). Participants were also included in this group if they voluntarily disclosed prior prostitution-related arrests or involvement. The delinquent non-prostitute group included girls being detained on a variety of charges (e.g. running away, theft, truancy, drug possession, etc.), and denied

previous arrests or involvement in prostitution. The researcher directly recruited all participants for the study.

Measures

In addition to completing an 18-item measure of demographics and history (see Appendix B.1), participants completed the Jesness Inventory-Revised (JI-R; Jesness, 1988). The JI-R is one of the most widely used personality inventories in juvenile corrections (Jesness, 2003). The JI-R is a personality classification system for court involved adults, juveniles, and conduct disordered youth (ages 8 and up). The JI-R has nine personality subtype scales, 10 trait scales, two DSM-IV subscales, and an index of asocial tendencies. The JI-R is a recent revision of the Jesness Inventory (1964), an instrument designed to measure the attitudes and perceptions of juvenile delinquents between the ages 8 and 18. The new revision is also normed for use with adults. The resulting JI-R personality subtype classifications can be used to aid clinicians in tailoring treatment plans and measuring response to intervention (Rhoades & Yetter, 2001).

The JI-R utilizes T- scores with a mean of 50 and a standard deviation of 10. According to the JI-R manual (Jesness, 2003), T-scores of 57-59 are considered to be somewhat elevated, however may not be sufficiently elevated to suggest a problem. T-scores ranging from 60-64 are considered elevated and suggestive of the presence of symptoms and problems associated with the scale. T-scores greater than or equal to 65 are considered significantly elevated and suggest the presence of several symptoms (attitudes and behaviors) associated with the scale (Jesness, 2003).

Three scales (Social Maladjustment, Value Orientation and Immaturity) were derived from item analyses using criterion groups, and the remaining seven (Autism, Alienation, Manifest Aggression, Withdrawal-depression, Social Anxiety, Repression and Denial) from cluster analyses. A final scale, the Asocial Index, was derived by using discriminant function analysis combining several scale scores into a single index of delinquency proneness (Jesness, 2003). An empirical typology of young offenders was developed through canonical factor analysis and inverse cluster analysis (Jesness, 2003). Internal consistency values for female delinquents on the eleven scales ranges between .64 to .90 and .76 to .93 for the nine personality subtype classifications (see Tables 1 and 2), with an overall scale reliability of .83 (Jesness, 2003).

The development of the JI was spurred by Sullivan, Grant and Grant's (1957) Interpersonal Maturity Level classification system, also referred to as Integration Level Theory or I-level theory (Jesness, 1964; Sullivan, Grant & Grant, 1957). I-level theory postulates that normal childhood development progresses in higher levels of integration of perception, which are shaped by the individual's cognitive lens. Although there are seven levels, almost all youth are considered to be functioning at level I-2, I-3 and I-4. According to the theory, there are certain modes of perception and ways of looking at the world that are characteristic of each level (see Jesness, 1988; and Sullivan, Grant & Grant 1957; for an in-depth explanation of I-level theory and classification). Within the JI-R classification system, each offender subtype is classified under I-2, I-3 or I-4.

Specific Study Questions and Hypotheses

Research Question 1: Do the prostitute group and non-prostitute groups differ significantly with regard to their scores on the personality trait scales and DSM-IV subscales of the JI-R?

Hypothesis 1: There will be significant differences between the prostitute and non-prostitute groups with regard to their personality. Specifically, scores on the Immaturity, Autism, Withdrawal-depression, Social Anxiety, Repression, Alienation, Manifest Aggression, Conduct Disorder, Oppositional Defiant Disorder and Denial scales and the Asocial Index will be higher in the prostitute group than the non-prostitute group (see Appendix A.2 for trait characteristics).

Research Question 2: Do the prostitute group and non-prostitute group differ significantly with regard to their personality subtype classifications of the JI-R?

Hypothesis 2: Given that Van Voorhies (1988) recognized that so few individuals among the delinquent population achieve an I-5 level of integration, an appropriate validation group does not exist. Therefore, when utilizing the offender subtype classifications offered by the JI-R, more girls in the prostitute group will be classified as I-2 (AP), I-3 (CFM) and I-4 (NX, SE), and more girls in the non-prostitute group will be classified as I-2 (AA), I-3 (MP, CFC), I-4 (NA) (see Appendix A.3 for subtype descriptions).

Procedure

Due to prior research and anecdotal reports regarding the mental state of adults and adolescents in detention, every attempt was made not to assess participants immediately upon arrival at the center. Zuckerman and colleagues (1975) found that the

profiles of women admitted to an inpatient drug clinic were more representative of their true personalities once they were accustomed to their surroundings. This finding was further supported by anecdotal reports from both detention and court staff. Consequently, attempts were made to wait seven days before asking for study participation.

The recruitment and consent procedures for the study group and the control group varied slightly due to the sensitivity of the charges and the process by which the prostitution group's charges are handled in juvenile court. All consent and testing procedures took place at the detention center on the girl's housing unit, under the visual supervision of the detention staff.

Recruitment and obtaining informed consent for the non-prostitute group:

To ensure random selection of the control group, any girl between the ages of 12 and 17 being detained on non-prostitution-related charges had an equal chance at being selected for recruitment by the researcher. To avoid feelings of pressure or coercion from detention staff and increase participant's confidentiality, participants were chosen at random from the girl's unit roster by the researcher. The study purpose, procedure, youth assent, and parental consent were not discussed until the participant entered the interview room and the door was closed. Upon entering the interview room, the researcher introduced herself by name, university affiliation and gave a brief overview of the study.

Participants who expressed interest in participating were then presented with the assent form and the study was explained in greater detail, including the purpose of the study, consent process, and the procedure. During this time, the participant was given unlimited time to ask questions and decide whether or not to participate. If verbal and

written assent were given, the participant was assigned an identification number, which was used to locate her for her assessment session if there was a time lapse while parental or guardian consent was being obtained. The identification number was also used to identify her data. The researcher obtained guardian contact information from the participant in order to obtain verbal assent. For those participants for whom consent was available, consent was obtained during the next visit or court date for their child, whichever occurred first. The researcher noted on the consent form when a parent was unable to physically provide consent but provided it verbally over the phone. At the time consent was physically obtained, the identification number served as the parents' signature to maintain confidentiality. Consistent with legal requirements, both the parent/guardian and the child were given the option of signing their names to indicate participation in the study (see Appendices B.2 and B.3).

Recruitment and obtaining informed consent for the prostitution group:

The majority of juvenile prostitution cases are heard every Wednesday in juvenile court. Although cases are seen every Wednesday, girls are brought in seven days per week. The length of stay for each girl varied (from as little as a few days to a few months). Each girl is interviewed by numerous individuals with regard to her charges, placement options, physical and mental health and psychological functioning.

The procedure for the prostitute group was very similar to that of the non-prostitute group. To avoid feelings of pressure or coercion from detention staff and increase participant's confidentiality, participants were chosen at random from the girl's unit roster by the researcher. The unit roster includes the probation officer overseeing the

case as well as the charge code. Although random assignment was not possible, participant's for the prostitute group all had an equal chance of being selected. Because prostitution cases are managed by specific probation officers and have specific codes, participants with certain charge codes and probation officers were selected. As with the non-prostitute group, the study purpose, procedure, youth assent, and parental consent were not discussed until the participant entered the interview room and the door was closed. Upon entering the interview room, the researcher introduced herself by name, university affiliation and gave a brief overview of the study.

Participants who expressed interest in participating were then presented with the assent form and the study was explained in greater detail, including the purpose of the study, consent process, and the procedure. During this time, the participant was given unlimited time to ask questions and decide whether or not to participate. If verbal and written assent were given, the participant was assigned an identification number, which was used to locate her for her assessment session if there was a time lapse while parental or guardian consent was being obtained. The identification number was also used to identify her data. The researcher obtained guardian contact information from the participant in order to obtain verbal assent. For those participants for whom consent was available, consent was obtained during the next family visit or court date for their child, whichever occurred first. The researcher noted on the consent form when a parent was unable to physically provide consent but obtained it verbally over the phone. At the time consent was physically obtained, the identification number served as the parent's signature to maintain confidentiality. Consistent with legal requirements, both the

parent/guardian and the child were given the option of signing their names to indicate participation in the study (see Appendices B.2 and B.3).

At the time the study was being conducted, Clark County Juvenile Detention Center was experiencing extremely low rates of parental involvement in the majority of delinquent cases, especially in prostitution or runaway cases. Therefore, the administrative order signed by Judge William Voy served as legal consent for participation (consistent with NRS 159.0805) for all participants (prostitute and non-prostitute) who provided assent, however, were wards of the state (i.e. in the custody of a public child welfare agency); did not have a parent or guardian within city limits; or whose guardian could not be located.

Assessment Procedure

The assessment procedure took place on the girls' unit, which was separate from the general population but in view of detention staff to ensure the safety and security of both the participant and researcher. Each participant was given unlimited time to ask questions prior to and during the study and were given breaks when needed. Due to differences in reading level and ability, all participants were given as much time as needed to complete the study. Participants who were unable to read some or all of the measures were given the option of having the items orally administered. When oral administration was necessary, the researcher noted the modification on the participant's packet.

After answering all study-related questions, obtaining youth assent and parental consent (if available), each participant completed the demographic questionnaire

followed by the Jesness Inventory-Revised. Upon completion, participants were given the opportunity to ask questions and provided with instructions on how to contact the researcher should questions or concerns arise. They were then returned to the general population.

Data Analyses

Prior to testing the primary study hypotheses, participant's data was reviewed for accuracy of data entry and to ensure that the data met all assumptions required of the data analytic technique (e.g., normality, sphericity, and tests for univariate and multivariate outliers; See Tabachnik & Fidell, 2007). Demographic data and subtype classifications were inspected to ensure the data was appropriate for Fisher's Exact test (chi square) (e.g., quantitative data, adequate sample size, more than one category, etc.) and to gather baseline descriptive data about the sample. Internal consistency values for each of the scales were also computed.

Hypothesis one for the first research question was tested using multivariate analysis of variance (MANOVA), specifying personality scale scores as dependent variables and group (prostitute, non-prostitute) as the between subjects' variable. Wilk's lambda criterion was applied to determine significance. In the presence of a significant multivariate result, univariate tests were applied to determine the nature of group differences. If no multivariate effect emerged, no further analyses were conducted. The second research question was tested using Fisher's Exact Test (chi-square). After each participant's profile was scored and given a subtype classification according to the Jesness manual (2003; See Appendix A.3), the primary and secondary (when present)

classifications were coded (1-7 for each personality subtype present). Chi square was then used to determine if participants in the prostitute and non-prostitute groups differed significantly with regard to the frequency of primary or secondary classification types received.

CHAPTER 3

ANALYSES AND RESULTS

Interviews and Assessment Procedure: Qualitative Experiences

Prior to the formal assessment procedure, participants were given unlimited time to speak to the researcher. Each participant varied with regard to her level of ease and comfort in the testing situation. Therefore, it was crucial that time limits were not imposed on the sessions. To avoid interruptions in the functioning of the unit, the majority of interviews took place on weekends, holidays or after school hours. Furthermore, participants were given breaks to go to all activities, recreation, meals and visits. When available, unit staff remained on site and the participant's meals were eaten on the unit with the researcher. The majority of delinquent non-prostitute interviews were relatively short, usually less than an hour and a half (excluding breaks and visits). Conversely the interviews for the prostitute group were considerably longer (between two and a half to three and a half hours or more). The longest interview lasted approximately five hours and forty-five minutes, excluding one break to speak with vice and one for movement to dining. The researcher was present during the formal assessment to answer questions or read the measures to the participant when necessary.

Although some participants reported living with their biological parents prior to their arrest, the majority of girls were either wards of the state or runaways. During the

interview and assessment, one participant declined to participate and two were denied participation by a parent. Several common problems arose when attempting to obtain consent through phone contact: (1) participants provided incorrect phone numbers or the number was changed or disconnected, (2) parents did not return the phone call, and (3) parents agreed to sign the consent at the next court date or during visitation but failed to attend.

Many participants freely elaborated on their responses to the demographic questionnaire. Several participants in the prostitution group reported early exposure to prostitution, either through family members or by directly engaging in sexual acts for money, drugs, or shelter. One 14-year-old participant reported that she began engaging in prostitution by the request of her boyfriend to support their drug habit. She explained that after her boyfriend left her, she continued prostituting to support her drug habit and her baby. A 15-year-old participant described prostitution as an “addiction,” and considered her involvement to be a *choice*. She described the money and attention from older men as a “high”. This same participant denied a history of sexual or physical abuse, school difficulties or family problems, and characterized her family as loving and supportive.

A large number of the participants, both prostitute and non-prostitute, reported prior placement in foster care, residential facilities, psychiatric hospitalizations, or drug treatment programs. One 15-year-old participant, whose data was later removed from analysis, reported entering the system at six months old and being initiated into a gang when she was eight years old. She proudly showed her arms and legs with various scars as a result of robberies and assaults. She recalled a long and varied history of substance abuse and showed the researcher hardened veins in her arms and on her feet as a result of

heroin abuse. Although she denied engaging in prostitution personally, she smiled when describing that she began to pimp out her girlfriends approximately two years ago. She reported multiple psychiatric diagnoses, including reactive attachment, bipolar disorder, schizophrenia, explosive anger disorder and conduct disorder. This participant was one of few able to recall her previous diagnoses, however laughed when asked how many times she had been at juvenile detention.

Although each interview differed qualitatively, many of the participants in the prostitute group showed extreme fluctuations in their mood and behavior during their session, crying frequently and asking the researcher for advice. Regardless of age, many participants in the prostitute group were less inhibited when sharing their personal lives and histories and appeared more interested in the researcher's personal life and future goals. While no participant asked about financial compensation for their participation, several participants in the prostitute group asked the researcher about her previous involvement or plan to become involved in prostitution. Participants in the prostitute group often asked the researcher to attend their next court date or to provide therapy or counseling services after their participation in the study was complete. Many girls reported feeling that they would be able to stop prostituting if they had counseling or someone to talk to on a regular basis.

During the three months of data collection, several participants in the prostitute group reoffended and were brought back to the facility; however no participant was interviewed on more than one occasion.

Data Screening

Prior to testing the primary study hypotheses, participant's data was reviewed to determine the validity of their JI-R personality profile. A valid profile was defined by a response form with no more than five missing or dual responses (i.e., no response or responding both true and false on a single item), as well as a raw score of three or less on the Randomness or Lie scales as indicated by the JI-R technical manual (Jesness, 2003, p.6). As a result of the preliminary data screening, the data from thirteen participants were removed.

Data from all of the Jesness Inventory-Revised (JI-R) scales were inspected to ensure that there were no data entry errors and that all assumptions of MANOVA were met. Assumptions examined included normality, sphericity, and tests for univariate and multivariate outliers (Tabachnik & Fidell, 2007). Examination of descriptive statistics, histograms, stem and leaf plots and computations of kurtosis and skewness indicated that certain variables were not normally distributed. For example, drug use, number of arrests, and runaway status of the participants were positively skewed. Most of the demographic variables were approaching platykurtosis. However, analysis of variance is robust to violations of normality, even with unequal sample sizes across cells (Tabachnick & Fidell, 2007). Furthermore, the majority of items that deviated from normality were related to demographic variables (which were not involved in the primary research questions). Therefore, there were no transformations performed on the original data.

Following the data screening, internal consistency values for each of the personality scales and subtypes were computed within each group and for the overall sample (see Tables 1 and 2). Results indicated that Cronbach's alpha values for all scales

ranged from ($\alpha = .39$ to $.89$). Research suggests that alpha values below $.70$ are unacceptable for use (Nunnally, 1978). Consequently, all scales with an alpha value below $.70$ were removed from further analysis. This included Immaturity, Repression, Denial, Alienation, and Conduct Disorder and the Adaptive Subtype scale.

Demographic and Descriptive Analyses

To determine whether the two groups differed significantly on the demographic variables reported on the initial questionnaire, chi-square tests were performed. Basic demographic and descriptive data were examined for each group. As can be seen in Table 3, Fisher's Exact Tests (chi-square) indicated that the groups differed significantly with regard to Ethnicity, $\chi^2 = (4, N = 67) = 12.64, p < .01$; State of Residence, $\chi^2 = (5, N = 58) = 14.16, p < .05$; Runaway History, $\chi^2 = (1, N = 67) = 4.94, p < .05$; Hallucinogen Use, $\chi^2 = (1, N = 67) = 9.22, p < .01$; Offenses Against Public Order, $\chi^2 = (1, N = 67) = 15.08, p < .00$; and Status Offenses $\chi^2 = (1, N = 67) = 5.24, p < .05$.

With regard to ethnicity, 30.3 % of the non-prostitute group identified themselves as Black, 39.4% as Latina/Hispanic, 3% as Pacific Islander, 6.1% as White, and 21.2% as multiracial/biracial. Of the prostitute group, 29.4% identified themselves as Black, 23.5% as White, 8.8% as Latina/Hispanic, and 38.2% as multiracial/biracial. As opposed to the other four racial/ethnic populations, the multiracial/biracial included girls who self-identified from many combinations of racial/ethnic populations.

With regard to state of residence, 91% of participants in the non-prostitute group reported being from Nevada, whereas 56% of participants in the prostitute group reported being Nevada residents. With regard to drug use and offenses, participant responses were

categorized into grouped responses based on offense type and drug classification (see Appendices C.1 and C.2, respectively). With regard to legal offenses, more participants in the prostitution group reported prior arrests in the status offense and public order categories than the non-prostitute group. Results indicated that with regard to hallucinogen use, more participants in the prostitution group reported prior hallucinogen use than those in the non-prostitute group.

None of the remaining chi-square tests were significant with regard to the demographic variables, indicating that the two groups did not differ significantly with regard to age, school attendance, last grade completed, number of days in detention, alcohol or drug use, drug versatility, gang affiliation, arrest history, prior number of arrests or criminal versatility. The two groups also did not differ with regard to the number of participants reporting prior use of drugs categorized as cannabinoids, opiates, solvents, over-the-counter, non-prescribed prescription medication, or stimulants. There were no significant differences between groups for the number of participants reporting prior arrests for the remaining offense types (crimes against persons or property, drug law violations, warrants or violations of parole or probation).

With regard to descriptive information about scale elevations, the mean elevation on the Asocial Index for the prostitute group was the only scale in the clinically elevated range ($T \geq 65$), with the non-prostitute group falling in the elevated range ($T \geq 60$). The non-prostitute group scored in the elevated range ($T \geq 60-64$) on Social Maladjustment ($M=60.24$, $SD=9.98$) and the Asocial Index ($M= 62.42$, $SD=8.89$). The prostitute group scored in the elevated range on Social Maladjustment ($M=63.47$, $SD=11.11$) and the clinically elevated range on the Asocial Index ($M= 65.31$, $SD= 9.68$). The prostitute

group scored in the somewhat elevated range ($57 \leq T \leq 59.9$) on Manifest Aggression, Value Orientation, Autism, and Conduct Disorder. With regard to the Conduct Disorder scale, although the internal consistency value for this scale was acceptable ($\alpha=.70$) for the prostitute group, it was not so for the non-prostitute group ($\alpha=.67$). Therefore, comparisons between the two groups were not made. As a sample, however, 35 % of the girls in the prostitute group scored in the somewhat elevated range, and 33 % fell in the elevated and clinically elevated range. Table 4 lists the means and standard deviations by group for the trait and DSM-IV scales. Table 5 lists the frequency of scores by group falling in the elevated ($60 \leq T \leq 64$) and clinically elevated ($T \geq 65$) range.

Primary Research Questions

Research Question 1: Do the prostitute group and non-prostitute groups differ significantly with regard to their scores on the personality trait scales and DSM-IV subscales of the JI-R?

Hypothesis 1: There will be significant differences between the prostitute and non-prostitute groups with regard to their personality traits. Specifically, scores on the Immaturity, Autism, Withdrawal-depression, Social Anxiety, Repression, Alienation, Manifest Aggression, Conduct Disorder, Oppositional Defiant Disorder and Denial scales and the Asocial Index, will be higher in the prostitute group than the non-prostitute group.

To test the first hypothesis, scores on the Autism, Withdrawal-depression, Social Anxiety, Value Orientation, and Manifest Aggression scales and the Asocial Index, were included in a MANOVA as dependent variables and group (prostitute, non-prostitute)

was specified as the between subjects' variable. Linearity, homogeneity of variance and covariance matrices for multivariate analyses (Box's M: (28, 14693) = 35.38, $p = .30$) and singularity and multicollinearity assumptions were met, indicating that the data were appropriate for MANOVA. Results revealed no statistically significant multivariate effect, *Wilks Lambda* (7, 59) = .92, $p = .64$, $\eta^2 = .081$. Given that the multivariate test was non-significant, no post-hoc analyses were conducted.

Research Question 2: Do the prostitute group and non-prostitute group differ significantly with regard to their personality subtype classifications of the JI-R?

A Fisher's Exact Test comparing the number of girls in the prostitute group and non-prostitute group with primary personality classifications indicated that there were no significant differences between the groups with regard to their primary personality classification, $\chi^2 = (6, N = 67) = 8.43, p > .05$. Thirty-six participants in the overall sample received secondary (dual) classifications. Chi square indicated that there was no significant difference between groups with regard to their secondary (dual) personality subtype classifications, $\chi^2 = (6, N = 36) = 6.10, p > .05$ (see Table 6 for chi square values). None of the participants achieved an I-4 SE (Inhibited) classification. Upon inspection of the within group frequencies for primary classifications, the top three classifications (58%) for the non-prostitute group were Conformist (CFM), Pragmatist/Manipulator (MP) and Autonomy-oriented (NA). The top three classifications (68%) for the prostitute group were Undersocialized-active (AA), MP and NA classifications. Of the 36 participants receiving dual classifications, the most common secondary classification between both groups was Group-oriented (CFC), accounting for 58.3% of the secondary classifications.

CHAPTER 4

DISCUSSION

The current study aimed to investigate the personality traits associated with girls engaging in juvenile prostitution. Overall, results did not support the hypotheses. With regard to demographics, although the comparison groups for this study were specifically selected to ensure that they were demographically similar (i.e. all participants were part of the delinquent population), differences emerged between groups on a few variables. Groups differed with regard to their ethnicity such that approximately 69% of the non-prostitute group identified themselves as Black or Latina/Hispanic, whereas approximately 38% of the prostitute group identified themselves as Black or Latina/Hispanic. One possible explanation for these differences is related to the participant's state of residence: 91% of participants in the non-prostitute reported being from Nevada, whereas 56% of participants in the prostitute group reported being Nevada residents. Therefore, state of residence for the prostitution group was more variable and included participants from California, Arizona, Wisconsin, Iowa, Idaho, Ohio, Florida, Washington, Arkansas and Mexico. Taken together, the differences in ethnic representation within the groups may be related to the diversity of the state in which the participant resides and not the group (prostitute or non-prostitute) to which they belong. However, the ethnic differences found in our prostitution sample are somewhat consistent

with Flowers (1998), who reported that more than 63% of the teen prostitution arrest made in 1995 by commercial vice were White, approximately 33% were Black and less than 3% were Native American and Asian (Flowers, 1998).

Aside from differences in state of origin, the disproportionate representation of ethnicities raises questions with regard to possible protective and/or risk factors, as well as considerations for future research. While taking into consideration that the placement of participants into either the prostitute or non-prostitute groups was based primarily on self-report, the low level of Latina/Hispanic participants in the prostitute group is of interest. Studies investigating the cultural values and norms of Latino/Hispanic individuals suggest that cultural norms and peer relationships may directly affect their sexual behavior (Christopher, Johnson & Roosa, 1993; Eisenmen & Dantzker, 2006; O'Sullivan and Meyer-Bahlberg, 2003; Zimmer-Gembeck & Helfand, 2007) and involvement in delinquent acts (Sullivan and Caldwell, 2008).

In a study conducted at a primarily Hispanic university, Eisenman and Dantzker found that Hispanic college students, both male and female, had more conservative sexual attitudes than non-Hispanic participants. Similarly, through detailed semi-structured group interviews with African American and Latina girls (ages 10-13), O'Sullivan and Meyer-Bahlburg found that Latina girls were more inhibited in their discussion of sexual issues and reported more familial constraints on their behavior when compared to the African American participants who were more frank in their discussions of sexual behavior. While both groups expressed fear of condemnation for many forms of sexual activity, Latina participants placed stronger restrictions on female sexual expression outside of a romantic context (O'Sullivan & Bahlburg). Christopher and

colleagues found that among participants in a sample of adolescents, the Latina participants reported significantly more cultural pressure to remain sexually abstinent until marriage. However, Latina participants reported that peer pressure around sexual expression was a stronger influence on their sexual expression than family and cultural influences (Christopher et al.).

These studies suggest a possible tension present within the Latin American and Hispanic adolescent. This tension may result in more inhibited sexual expression, hidden or promiscuous sexual behaviors or shame. These factors may help to explain the small number of Latina/Hispanic participants in the prostitution sample. With peer influence found to be a factor in violent delinquent offenses (Silverman & Caldwell, 2008), the higher rate of Hispanic and Latina participants in the non-prostitute group may be a result of both cultural influences and peer acceptance of violence. However, given that group membership relied on self-report, certain attitudes toward sexual behavior may have influenced these participants honest responding with regard to prostitution.

As previously stated, ethnic and racial differences were not the focus of the current study. However, studies suggest that there are ethnic differences in juvenile delinquency rates (in both and frequency and type of offense) often related to acculturation and cultural identity (Eisenman & Dantzker, 2006; Le & Stockdale, 2005, 2008; Santelli, Lowry, Brener & Robin, 2000). While individuals identify as biracial/multiracial, the heterogeneity of the groups often yield what appear to be non-significant finding. With a variety of cultures represented in the biracial and multiracial offenders, true differences among these individuals may be lost. Therefore, these differences deserve further investigation far beyond the scope of the current study.

Another significant finding with regard to demographic differences was previous runaway history and status offenses: More participants in the prostitute group reported running away from home at least once and having at least one prior arrest(s) for a status offense (i.e non-criminal misbehavior, which would not be criminal if committed by an adult). Although this may seem paradoxical, given that running away from home is considered a status offense, it is not surprising that both variables were higher for the prostitute group than for the non-prostitute group. Furthermore, although girls in the prostitute group noted that their parents were their legal guardians; several participants reported living with a pimp or friends prior to their arrest. As a result of prostitution's classification as an offense of public order by the Sourcebook of Criminal Justice Statistics (2003), the significant difference for offenses of public order was also not surprising. This finding is consistent with prior research that found more status offenses associated with individuals involved in juvenile prostitution, than with non-prostitution involved delinquents, especially with regard to loitering law, vagrancy, and drug-related public intoxication (Flowers, 1998). Furthermore, considering the geographic variability within the prostitution group and the misconceptions regarding prostitution's legality in Las Vegas, it is possible that participants with a runaway history came to Nevada to engage in prostitution (often with a pimp or friend(s)), or to support themselves while on the street.

As previously discussed, the differences between groups on the scales were not significant. With regard to scale elevations, however, the mean elevation on the Asocial Index for the prostitute group was the only scale in the clinically significant range. Although not clinically elevated, the mean elevation for the non-prostitute group on the

Asocial Index fell in the elevated range. The somewhat elevated scores on Manifest Aggression, Value Orientation, Autism, and Conduct Disorder for the prostitute group suggest that while these scales are not significantly elevated, the prostitution group may have some characteristics, traits or beliefs associated with distrust and estrangement in relationships. They may, in turn, appear skeptical and somewhat critical of others (Jesness, 2003). They may also see themselves as tough, good-looking, and smart. Again, the mean elevations for the aforementioned scales, are not considered elevated enough to be considered a problem, and may be considered more functional than maladaptive (Jesness, 2003).

Both the prostitute and non-prostitute groups scored in the elevated to clinically elevated range on Social Maladjustment and the Asocial Index, two closely related scales. According to Jesness (2003), the content of the Social Maladjustment items are difficult to summarize because delinquency and criminality are broad syndromes that include a variety of personality types. Therefore, the scale is often elevated in most delinquents (Jesness, 2003). The elevated scores are likely to suggest that both groups, although not falling in the clinically elevated range, may be likely to have a somewhat negative self image, feel misunderstood and unhappy, and have negative feelings toward authority (Jesness, 2003). The elevated and clinically elevated mean Asocial Index scores for the non-prostitute and prostitute groups (respectively) are consistent with the Social Maladjustment elevations, in that the two scales are closely related. Jesness contends that the Asocial Index is better at distinguishing between delinquent and non-delinquent individuals, suggesting that scores on the Asocial Index reflect a generalized tendency to behave in ways that transgress established social rules (Jesness, 2003). Taken together,

the elevations on both the Social Maladjustment scale and Asocial Index and the demographic data collected regarding criminal history and versatility further suggests that at least with regard to delinquent behaviors and attitudes the two groups are not appreciably different.

With regard to the DSM-IV scales, although the internal consistency value for the Conduct Disorder scale was acceptable ($\alpha=.70$) for the prostitute group, it was not so for the non-prostitute group ($\alpha=.67$). Therefore, comparisons between the two groups were not made. The prostitute group's somewhat elevated score on Conduct Disorder scale may suggest that as a group, they reported behaviors consistent with aggression toward people and animals; destruction of property; deceitfulness and theft; and serious violations of rules (APA, 2000; Jesness, 2003). However, the Conduct Disorder scale is a new addition to the JI-R; as a result, sufficient data with regard to comparative samples of non-delinquents for those labeled conduct disordered or oppositional defiant are not yet available (Jesness, 2003).

With regard to the primary study hypotheses, the first hypothesis predicted the presence of significant differences between groups with regard to their personality trait scale scores and DSM-IV subscale scores. More specifically, it was predicted that the prostitute group would have higher mean elevations on the combined group of subscales that included Immaturity, Autism, Withdrawal-depression, Social Anxiety, Repression, Denial, Alienation, Manifest Aggression and Conduct Disorder Scales, and the Asocial Index. This was clearly not the case.

There are several possible explanations for the lack of significant findings. First, although the power analysis indicated that the suggested sample sizes were adequate to

find a large effect, the removal of 13 participant's data from an already small sample is likely to have reduced the ability to detect an effect if one truly existed. Additionally, it may be that the effect, if it exists is small. If that is the case, the sample size is too small to detect a significant difference.

The procedure may have also indirectly affected the sample size. To increase the likelihood of participation, while developing rapport in a short period of time, every effort was made to give the participant privacy while responding to the demographic information and the JI-R. Therefore, it was not always possible to review her answer form or clarify when there were dual or skipped responses. Additionally, it was not possible to score the protocols immediately to assess for the presence of elevations on the Randomness or Lie Scales, although there were far less answer forms (a total of three) removed from the overall sample as a result of elevations on the two aforementioned scales.

Second, the removal of five of the scales due to their internal consistency values excluded the interpretation of results that may or may not have produced significant findings. The brevity of the JI-R is considered one of its positive features. However, the brevity does reduce the number of items per scale. For scales measuring more complex constructs, the brevity may reduce the internal consistency of the scale, even with measures designed specifically for the population of interest (Dooley, 2001). Researchers differ regarding what coefficient alpha is considered acceptable, with some reporting values as low as .60 (Allen & Yen, 2002; Lehman, 2005; Nunnally, 1978). However, the widely accepted value used in social science research is .70 (Nunnally, 1978), with optimal values between .80 and .90 (Allen & Yen, 2002; Nunnally, 1978). Furthermore,

it is recommended that more stringent criteria be maintained for measures that are not part of a larger test battery. Therefore, given the practical implications of such differences, it was important to maintain the widely accepted cut-off of .70 for this study, even if it may be at the expense of significant findings.

Third, because personality is proposed to begin solidifying in early adolescence (APA, 2000), it is possible that the ability to engage in prostitution is one that is less related to personality traits, and more to opportunity and life experience. An individual's personality development may be affected by environment, early development and trauma. Therefore, it is possible that the personality differences found in adult research are a result of exposure over time to the lifestyle, sexual and physical violence and decreased mental health prostitutes' often experience and not the result of maladaptive personality traits in early adolescence.

Fourth, the lack of significant differences between the groups may be related to the significant differences found with regard to the use of specific drugs. The groups did not differ with regard to their drug use, such that both the prostitute and non-prostitute groups reported prior drug use. However, significantly more girls in the prostitute group reported hallucinogen use than the non-prostitute group. Although the frequency and amount of the drugs reported were not noted, this difference may be of importance. A problem with prior research noted in chapter two is that prostitutes who report drug abuse or addiction may confound the results, in that the traits being measured may not be a reflection of individuals engaging in prostitution (Zuckerman, 1975). Rather, they may be indicative of individuals with a proclivity towards sensation seeking or other behaviors related to substance abuse and addiction.

Finally, and perhaps most importantly, the critical assumption of this study was that, given similar demographic backgrounds and characteristics, the prostitute and non-prostitute groups would differ significantly with regard to their personality characteristics. Since the groups did not differ with regard to age, history of gang involvement, criminal versatility or arrest history, one could argue that scores on the Value Orientation, Social Maladjustment, and Asocial Index should be similar. Perhaps personality cannot distinguish juvenile prostitutes from delinquent non-prostitutes because they are, in fact, very similar. If we had compared the personality of non-delinquent juveniles to juvenile prostitutes personality traits would be quite different. Measuring the personality traits associated with prostituting behavior may be too subtle of a difference to be detected by a single instrument, and further limited by the small sample size.

Gleaned from the limited and contradictory research on personality traits in both adults and juvenile prostitutes, the second hypothesis predicted that the prostitute group and non-prostitute group would differ with regard to their I-level personality subtype classification. With the limited data available, this hypothesis was based primarily on prior study's descriptions of adult prostitute's personality traits. The traits described in the literature that best fit under each subtype (described Appendix A.2) guided the hypothesis.

As hypothesized, none of the participants in the sample received an I-5 level of integration. Additionally, none of the participants achieved an I-4 SE (Inhibited) classification. With regard to the other classifications, there were no significant differences when comparing the two groups on the remaining subtype classifications.

With regard to primary and secondary classifications, all participants met criteria for a primary classification and 36 met criteria for a secondary (dual) classification. Upon inspection of the within group frequencies for primary classifications, the top three classifications (58%) for the non-prostitute group were Conformist (CFM), Pragmatist/Manipulator (MP) and Autonomy-oriented (NA). The top three classifications (68%) for the prostitute group were Undersocialized-active (AA), MP and NA classifications.

The variability in the overall classifications participants received supports Jesness' theory that although both the Social Maladjustment scale and the Asocial Index are the best predictors of delinquency and criminal attitudes; there is a broad range of behaviors and attitudes delinquents' exhibit. The classification overlap between the two groups further suggests that the two groups may be more similar than they are different.

Of the 36 participants receiving dual classifications, the most common secondary classification between both groups was Group-oriented (CFC), accounting for 58.3% of the secondary classifications. Although Gibson-Ainyette and colleagues (1988) did not administer the JI or JI-R in their study, the few traits provided in their study for both the prostitute and non-prostitute samples marginally consistent with the classification descriptions of participants in this study. Overall, the distinction between delinquent girls with regard to their personality classifications on the JI-R was not supported.

It is important to note the limitations of this study. First, at the most fundamental level, it remains difficult to get a clear picture of how many individuals are involved in prostitution, as well as how to differentiate between prostitution and human trafficking. The most recent available statistics range from 5 to almost 15 years old. The fact that

prostitution is illegal in almost all parts of the country directly influences the diversity and size of the sample. Therefore, although a power analysis provides researchers with the number of participants necessary to detect an effect, the sample size may not have been large enough to support some of the analyses. This problem is one frequently encountered in research conducted in correctional settings, where some ethnicities are disproportionately represented and there are relatively low rates of certain offenses (Listwan, Van Voorhis & Ritchey, 2007). Clearly, the sample size for this study was small.

Second, although the sample was ethnically diverse, they were not geographically diverse; with the non-prostitute sample being disproportionately from Nevada and the prostitute sample having a large number of participants from other cities. Therefore, the lack of significant differences may also be due to unavoidable sampling bias and a restriction of range; with the majority of both samples being from relatively different locations.

Third, as with several studies addressing abnormal or maladaptive behavior, differences between populations may not only be with regard to symptoms or characteristics, but also between individuals seeking treatment or individuals being detained or incarcerated. It is likely that the setting in which the study took place (on the secure housing unit) affected the responses of each participant, their motivation for participation, and the possibility to distort their responses in either direction. For example, if a common trait across delinquents is a general mistrust of other's motives, particularly of authority (Jesness, 1988, 2003; Martin, 1981), assuring anonymity and confidentiality is not likely to guarantee honest self disclosure by participants. A closely

related limitation is with regard to the participant's delinquent status. Given that all participants were at different stages in the adjudication process, the motivation to distort or fail to report information may be markedly different.

Fourth, the study methodology is an issue closely related to the aforementioned problem of response distortion in self-report. Given certain restrictions, gathering specific information was prohibited. For example, the length of time participants were involved in prostitution, previous childhood sexual abuse, and formal arrest records, and parent demographics were not accessible. This information may be a key factor in identifying if participants in deed had similar backgrounds. Moreover, there was no way to validate the majority of answers participants reported. A number of these variables may assist in gaining a better picture of the similarities and differences between the groups. Knowledge regarding the length of time the participant engaged in prostitution may also aid in better understanding the traits associated with individuals who engage in prostitution over time. As noted by De Shampheliere (1990) the length of time the prostitutes in the study were involved was directly associated with an increase in deviant sexual practices.

A final limitation of the study relating to methodology is the assignment of participants to the two groups. The delinquent non-prostitute group may include participants who have engaged in prostitution, however did not disclose the information. Furthermore, participants had the tendency to define prostitution only in terms of exchanging sexual acts for money, far less consider other forms of prostitution (e.g. engaging in sexual acts for drugs, food, shelter, clothing etc.). Although participants were asked if they have engaged in prostitution, this aspect of self-report cannot be controlled.

Conversely, simply being detained on a prostitution or prostitution-related charge does not prove with any certainty that the individual was involved in prostitution.

Taken together, while there were some scale elevations and demographic differences, there were no statistically significant differences between the two groups with regard to their scores on the personality scales or personality subtypes of the JI-R. When comparing the arrest histories, offense types, drug use, gang involvement of the two groups, no differences were found. Therefore, the subtle differences between girls who engage in prostitution and those who do not may not be a trait associated with delinquency or antisocial behavior. Although several of the conclusions drawn by Gibson-Ainyette et al (1988) are not consistent with the present study, and have not yet been replicated, the authors suggest that the prostitute group possesses street smarts; charm and ego-strength (traits consistent with the Pragmatist/Manipulator subtype). The researchers interpret the presence of these traits as ones that help them cope with adverse environments. Furthermore, they suggest that such traits may not necessarily be maladaptive and could be considered positive or adaptive traits, further evidence of ego-strength (Gibson-Ainyette et al, 1988). It may be that solely assessing delinquent traits assumes that the personality traits associated with girls engaging in prostitution are negative, dismissing the wide range of personality traits reported in the large body of personality research (see Appendix A.1).

Despite these limitations, the findings of the study have some clinical and practical implications. Although there are numerous studies investigating individuals engaging in prostitution, the majority of research has focused primarily on demographic and environmental factors. The focus on such factors is understandable, given that

attributing prostituting behavior to situational and demographic characteristics outside of the individual makes it somewhat easier to understand. For example, people may view demographic and environmental variables as situational and out of one's control (e.g. homelessness, financial constraints, abusive home environment etc.), thereby attributing ones involvement to the situation, particularly when examining juvenile prostitution. This approach allows one to rationalize how an individual would withstand the negative affects and risks involved with prostitution (i.e. sexually transmitted diseases, physical abuse and sexual assault, depression, post-traumatic stress disorder, etc.), by attributing it to the lack of other viable options.

While this point of view makes sense, it does not help to explain why those involved as a result of adverse circumstances continue, even after the situational stressors subside. Additionally, it fails to elucidate why prostitution is not more common, when poverty and a financial hardship are so widespread. Moreover, it does not explain those cases for which adolescents from middle class homes and intact families become involved in prostitution. The influence of personality is often regarded as important to understanding the manifestation and expression of most human behaviors. Although prior research into the presence of specific personality traits in those engaging in prostitution is limited, few studies suggest that there are fundamental differences present in this population (Bour et al., 1984; De Shampheliere, 1990; Exner et al. 1977, Gibson-Ainyette et al., 1988; Gottfredson & Hirshi, 1990; Zuckerman et al., 1975). Future research into the demographic, environmental, and personality traits (both adaptive and maladaptive) may help to further our understanding of the individuals involved in prostitution. If personality is as stable as the DSM-IV (2000) proposes, cross-sectional or

longitudinal research may bridge the gap between the juvenile and adult prostitution literature. Furthermore, as attempted by Lung and colleagues (2004), investigating both the demographic characteristics and their interaction with environmental factors and personality traits together may be useful. Furthermore, using different control groups (e.g., non-delinquent youth, male prostitutes) may be useful in distinguishing personality attributes that may influence or are related to delinquent and prostitution-related behavior.

While significant differences were not found with regard to the primary study hypotheses, the study may assist with the development of treatment programs that focus on the traits and characteristics associated with the most common primary and secondary personality classifications. Given that the delinquent groups did not differ significantly, both clinical and correctional settings may consider developing effective programs for the treatment of delinquent girls that includes a treatment component specifically designed for girls involved in prostitution. Considering that much of the personality research with this population occurred more than twenty years ago, and given current trends in female juvenile delinquency, further research is warranted on today's population of diverse youth.

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TABLES

Table 1
Cronbach's Alpha Coefficients for the Trait Scales on the JI-R

| Scale | Cronbach's Alpha (α) | | | |
|---------------------------|-------------------------------|------------|----------------|------|
| | Total Sample | Prostitute | Non-Prostitute | JI-R |
| Personality Scales | | | | |
| Immaturity | .69* | .70 | .69 | .74 |
| Autism | .72 | .74 | .68 | .77 |
| Withdrawal- depression | .72 | .74 | .71 | .60 |
| Social Anxiety | .70 | .73 | .62 | .77 |
| Repression | .39* | .44 | .36 | .66 |
| Denial | .65* | .72 | .55 | .73 |
| Social Maladjustment | .84 | .85 | .83 | .86 |
| Value Orientation | .80 | .80 | .80 | .74 |
| Alienation | .63* | .66 | .60 | .83 |
| Manifest Aggression | .84 | .85 | .83 | .86 |
| Asocial Index | .75 | .76 | .75 | - |
| DSM-IV Subscales | | | | |
| Oppositional-Defiant | .75 | .70 | .76 | .64 |
| Conduct Disorder | .67* | .70 | .62 | .76 |

Note. JI-R data are reported from the original manual; (*) indicates scales with α value less than .70

Table 2
Cronbach's Alpha Coefficients for the Subtype Scales on the JI-R

| Scale | Cronbach's Alpha (α) | | | |
|---------------------------|-------------------------------|------------|----------------|------|
| | Total Sample | Prostitute | Non-Prostitute | JI-R |
| Undersocialized – Active | .88 | .88 | .87 | .93 |
| Undersocialized – Passive | .89 | .89 | .89 | .91 |
| Conformist | .80 | .80 | .80 | .85 |
| Group-Oriented | .76 | .79 | .72 | .81 |
| Pragmatist | .77 | .78 | .74 | .78 |
| Autonomy Oriented | .77 | .78 | .75 | .80 |
| Introspective | .85 | .85 | .85 | .76 |
| Inhibited | .85 | .84 | .86 | .91 |
| Adaptive | .68* | .62 | .69 | .78 |

Note. JI-R data are reported from the original manual; (*) indicates scales with α value less than .70.

Table 3
Differences on Demographic Variables by Group

| <i>Variable</i> | χ^2 | <i>Variable</i> | χ^2 |
|--------------------------|----------|-------------------------|----------|
| Age | 2.12 | <i>Drug type cont'd</i> | |
| Ethnicity | 12.64* | Prescription | .875 |
| State of Residence | 14.16* | Stimulants | .36 |
| Runaway History | 4.94* | Other | 1.00 |
| School Attendance | .39 | Gang Affiliation | .03 |
| Grade Completed | 9.04 | Arrest History | 2.12 |
| Time in Detention (days) | 35.67 | Number of arrests | 4.41 |
| Alcohol Use | 1.09 | Criminal Versatility | 6.33 |
| Drug Use | .25 | Offense Type | |
| Drug Versatility | 5.17 | Crimes Against Persons | 1.2 |
| Drug Type | | Crimes Against Property | .12 |
| Cannabinols | .64 | Drug Law Violations | .12 |
| Hallucinogens | 9.22** | Public Order | 15.08** |
| Opiates | 3.05 | Status Offense | 5.24* |
| Solvents | .00 | Warrant | .25 |
| Over-The-Counter | 2.00 | | 1.06 |

Note: Chi-square values that differ at ** $p < .01$ or * $p < .05$ indicate significant differences between groups. V.O.P indicates a Violation of Parole or Probation.

Table 4
Means and Standard Deviations by Group for Trait Scales, DSM-IV Scales and Asocial Index on the Jesness Inventory- Revised

| Scales | Group | | | |
|----------------------|----------------------|-----------|--------------------------|-----------|
| | Prostitute (n=34) | | Non-Prostitute (n=33) | |
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Social Maladjustment | 63.47 | 11.11 | 60.24 | 9.98 |
| Value Orientation | 58.91 | 9.39 | 56.00 | 9.52 |
| Immaturity | 55.03 | 9.32 | 54.55 | 9.70 |
| Autism | 59.82 | 10.62 | 55.27 | 9.16 |
| Alienation | 59.88 | 9.80 | 58.00 | 9.41 |
| Manifest Aggression | 58.15 | 10.90 | 54.24 | 10.31 |
| Withdrawal-Depressed | 52.68 | 11.53 | 51.33 | 10.42 |
| Social Anxiety | 51.09 | 10.10 | 47.18 | 9.64 |
| Repression | 49.03 | 10.31 | 52.21 | 9.44 |
| Denial | 44.41 | 10.60 | 47.09 | 8.01 |
| Asocial Index | 65.31 | 9.68 | 62.42 | 8.89 |
| Conduct Disorder | 59.09 | 10.71 | 53.48 | 9.41 |
| Oppositional Defiant | 55.71 | 8.98 | 52.06 | 10.38 |

Table 5
Frequencies and Overall Percentages of Elevated and Clinically Elevated T-Scores on the Personality Scales, DSM-IV Scales and Asocial Index of the JI-R

| Scale | Non-Prostitute Group (n=33) | | | | 60 ≤T≤64 | Prostitute Group (n=34) | | |
|---------------------|--------------------------------|-------|----------|--------|-------------|-------------------------|----------|--------|
| | 60 ≤ | Total | | % of | | Total | | % of |
| | T≤64 | 65+ | Elevated | Sample | | 65+ | Elevated | Sample |
| Social | | | | | | | | |
| Maladjustment | 10 | 10 | 20 | 61% | 7 | 14 | 21 | 62% |
| Value | | | | | | | | |
| Orientation | 5 | 6 | 11 | 33% | 7 | 9 | 16 | 47% |
| Immaturity | 5 | 6 | 11 | 33% | 5 | 7 | 12 | 35% |
| Autism | 4 | 7 | 11 | 33% | 6 | 12 | 18 | 53% |
| Alienation | 7 | 9 | 16 | 48% | 5 | 5 | 10 | 29% |
| Manifest | | | | | | | | |
| Aggression | 5 | 7 | 12 | 36% | 2 | 12 | 14 | 41% |
| Withdrawal- | | | | | | | | |
| depressed | 4 | 3 | 7 | 21% | 6 | 4 | 10 | 29% |
| Social Anxiety | 2 | 1 | 3 | 9% | 7 | 3 | 10 | 29% |
| Repression | 4 | 4 | 8 | 24% | 4 | 3 | 7 | 21% |
| Denial | 2 | 1 | 3 | 9% | 1 | 1 | 2 | 6% |
| Asocial Index | 4 | 15 | 20 | 61% | 6 | 19 | 25 | 74% |
| Conduct | | | | | | | | |
| Disorder | 5 | 3 | 11 | 33% | 2 | 12 | 14 | 41% |
| Oppositional | | | | | | | | |
| Defiant | 9 | 2 | 7 | 21% | 6 | 5 | 11 | 32% |

Note. 60 ≤ T ≤ 64 indicates an elevated scale; 65+ indicates a clinically elevated scale (Jesness, 2003). Total elevated indicate the number of scores for the group sample falling in the elevated and clinically elevated range combined (T ≥ 60).

Table 6

Chi-square Values for Primary and Secondary Subtype Classifications

| <i>Classification</i> | χ^2 | df | <i>p</i> |
|-----------------------|----------|----|----------|
| Primary (N=67) | 8.427 | 6 | .208 |
| Secondary (N=36) | 6.098 | 6 | .412 |

APPENDIX A FORMS

A1.Common Structural Models of Personality

Five-Factor Model

| | |
|------------------------|-------------------------------------------------------------------|
| Neuroticism | Emotional stability/adjustment vs. instability/maladjustment |
| Extraversion | Sociability and agency |
| Openness to Experience | Interest/willingness to consider new activities, ideas, beliefs |
| Agreeableness | Interpersonal strategies: Agreeableness versus Antagonism |
| Conscientiousness | Ability to control impulses, carry out tasks, plan, follow morals |

Eysenck

| | |
|--------------|---------------------------------------------------------------------|
| Psychoticism | Egocentricity, interpersonal coldness, lack of empathy, impulsivity |
| Extraversion | Sociability and agency |
| Neuroticism | Emotional stability/adjustment vs. instability and maladjustment |

Tellegen

| | |
|-----------------------|-------------------------------------------------------------------------|
| Positive Emotionality | Sociability, tendency to experience positive emotions, assertiveness |
| Negative Emotionality | Tendency to experience negative emotions; stress tolerance |
| Constraint | Impulse control, avoid potentially dangerous situations, traditionality |

Cloninger

| | |
|--------------------|----------------------------------------------------------|
| Novelty Seeking | Tendency toward intense exhilaration or excitement |
| Harm Avoidance | Tendency to respond intensely to aversive stimuli |
| Reward Dependence | Tendency to respond intensely to signals of reward |
| Persistence | Perseverance despite frustration and fatigue |
| Self-directedness | Self-determination and willpower |
| Cooperativeness | Tendency to be agreeable versus antagonistic and hostile |
| Self-transcendence | Involvement with spirituality |

Note.: Miller, J.D.; Lynam, D. (2001). Structural models of criminal behavior and their relation to antisocial behavior: a meta-analytic review. *Criminology* (39) 4, 765-798

A2. Scales and Subtypes for the Jesness Inventory-Revised (JI-R)

| <i>Scale</i> | <i>Description</i> |
|---------------------------------|----------------------------------------------------------------------------------|
| Social Maladjustment Scale (SM) | Inadequate or disturbed socialization |
| Value Orientation Scale (VO) | Attitudes and opinions characteristic of persons in a lower SES |
| Immaturity Scale (Imm) | Attitudes and opinions characteristic of persons younger in age |
| Cluster Scales | |
| Autism (Au) | Distorted reality, in thinking and perceiving |
| Alienation (Al) | Presence of distrust and estrangement, especially toward authority |
| Manifest Aggression (MA) | Hasty reactions with and awareness of unpleasant feelings of anger and hostility |
| Withdrawal-depression (Wd) | Dissatisfaction with self and others, tendency toward isolation |
| Social Anxiety (SA) | Feelings of anxiety and discomfort in interpersonal relationships |
| Repression (Rep) | Lacking conscious awareness of normally experienced feelings |

(appendix continues)

| <i>Scale</i> | <i>Description</i> |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Asocial Index (AI) | Generalized disposition to resolve social or personal problems in ways that show a disregard for social customs or rules |
| DSM-IV Scales | |
| Conduct Disorder (CD) | Acts of aggression, destruction, deceit, and serious rule violations |
| Oppositional Defiant Disorder (ODD) | Temperamental, argumentative, and spiteful |

Note. Descriptions are brief summaries and not full descriptions of actual scales; Derived and summarized from Jesness, C.F. (2003) Jesness-Inventory-Revised: Technical manual.

A3. Scales and Subtypes for the Jesness Inventory-Revised (JI-R)

| <i>Subtype</i> | <i>Description</i> |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Undersocialized, Active/ Undersocialized, Aggressive(AA) | Negative attitudes towards authority, family and school. Unpredictable, nonconforming, aggressive |
| Undersocialized, Passive/ Undersocialized, Passive (AP) | Nonconforming in sometimes bizarre ways. Poor peer relations and negative self-concept, negative attitude toward family and school. |
| Conformist/ Immature Conformist (CFM) | Positive attitudes and self-concept. Conforming and dependant. Low self-reported delinquency |
| Group-oriented/ Cultural Conformist(CFC) | Low motivation, poor achievement, negative school attitudes. Delinquent self-concept. |
| Pragmatist/Manipulator (MP) | Positive attitudes and self-concept, manipulative, obtrusive, and inconsistent. |
| Autonomy-oriented/ Neurotic, Acting-out (NA) | Negative attitude toward authority. Independent, cynical, disenchanted, provocative, outspoken, high self-reported delinquency |
| Introspective/ Neurotic, Anxious (NX) | Positive attitude toward school, conforming, dependant, anxious and insecure. |
| Inhibited/ Situational Emotion Reaction (SE) | Positive attitudes, nondelinquent, confident, naïve, rigid, and conforming |
| Adaptive/Cultural Identifier (CI) | High verbal aptitude, positive attitudes, confident, non-delinquent |

Note. Descriptions are brief summaries and not full descriptions of actual subtypes.

APPENDIX B FORMS
B1. Demographic Questionnaire
Demographic Information

1. Age
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17

2. What is your ethnicity?
 - African-American (black)
 - American Indian
 - Asian
 - Caucasian (white)
 - Hispanic
 - Pacific Islander
 - Other (Please specify) _____

3. Where were you born? City _____ State _____
Country _____

4. If you are not currently living in Las Vegas, Nevada, where are you permanently living? _____

5. Before being detained/arrested did you live with either of your biological parents?
 - Yes
 - No

6. If No, with whom? _____

7. Have you ever run away from home?
 - Yes
 - No

8. Before being detained/arrested were you going to school?
 - Yes
 - No

9. What was the last grade you completed in school? _____

10. How long (in days) have you been here at the detention center? _____

11. Have you ever used alcohol?

- Yes
- No

12. Have you ever used drugs?

- Yes
- No

If yes, which ones?

13. Have ever been in a gang

- Yes
- No

14. Have you ever been arrested?

- Yes
- No

15. If yes, how many times?

- 1
- 2
- 3
- More than 4

16. What have you previously been arrested for?

17. *Have you ever been involved in prostitution? (*Control Group only*)

- Yes
- No

18. *Is this your first arrest for prostitution? (*Study Group only*)

- Yes
- No

B2. Parent Permission

Parent Permission

Purpose of the Study

My name is Nina Brathwaite, Dr. Warren and I are asking your child to take part in a research study whose purpose is to assess whether there are personality characteristics that differentiate girls who are arrested for prostitution from girls who are arrested for other delinquent behaviors. We understand that children get in trouble for a number of different reasons and we are hoping that by asking your child (as well as many others) some questions, we will be able to get a better understanding of if personality differences may be one of the different reasons.

Participants

We are asking your child to participate because she is a female, between the ages of 12 and 17, who is currently or just recently been detained for delinquent behavior. Your child's information is completely anonymous and will not effect her case, parole, probation, disposition or stay in the detention facility.

Procedures

If you agree to allow your child to participate in this study, she will be asked to do the following: First, I will ask your child to answer some questions about your age, race, family and how much school she has completed. Second, we will ask her to answer statements that may or may not be true of her. Third, we will be asking her some questions about her body and what she may think and feel about it. It will take her about 3 hours, some girls finish sooner, and some may take longer, but she is allowed to take as much time as she may need. If your child has trouble reading or understanding the questions, I will read them to her. She can also decide to skip some questions that she does not want to answer or she can also decide not to take part at all. **Either way, she will not get in trouble for not being involved and her judge or attorneys will not be notified.**

Benefits of Participation

There *are not* direct benefits to your child as a participant in this study. If you give permission for your child to be involved, neither you nor your child will not get any kind of payment or reward, but you will help us to better understand personality differences in juvenile prostitution and juvenile delinquents. We also hope that what we find out will help us to start planning better programs and treatment for her and other girls who may be getting in trouble as well.

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. Nothing bad will happen to your child if you decide to not let them take part in this research. Like we said, your child can choose not to answer a question or quit the study all together at anytime. Since we don't write down her name, and Dr. Warren and I are

the only one who will see her answers, your child will not be treated any different here at the detention center.

Cost /Compensation

There is no financial cost to you or your child to participate in this study. The study will take between 1 and 2 hours of your child's time. She *will not* be compensated for her time. *The University of Nevada, Las Vegas may not provide compensation or free medical care for an unanticipated injury sustained as a result of participating in this research study. However, during the study, if we feel that further care is needed for your child, she will be referred to the forensic social worker.*

Contact Information

If you have any questions or concerns about the study, you may contact Nina Brathwaite at **702-895-2099**. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact **the UNLV Office for the Protection of Research Subjects at 702-895-2794**.

Voluntary Participation

Your permission for your child to participate in this study is voluntary. You may refuse to allow her to participate in this study or in any part of this study. Your child may withdraw at any time without prejudice to your relations with the detention center, the opposing council or the university. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Confidentiality

All information gathered in this study will be kept completely confidential and anonymous. No reference will be made in written or oral materials that could link you or your child to this study. All records will be stored in a locked facility at UNLV for at least 3 years after completion of the study. After the storage time the information gathered will be shredded. It is your legal right to indicate your consent by signing your name at the end of this document; however, you are **not** required to do so. Furthermore, to help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

Parent Consent:

I have read the above information and agree to allow my child to participate in this study. I am at least 18 years of age. A copy of this form has been given to me.

To maintain anonymity, **please do not sign, indicate permission with the ID# your child has been given.**

ID # of child

Date

Signature (optional)

Parent Note: Please do not sign this document if the Approval Stamp is missing or is expired.

B3. Youth Assent Form

ASSENT TO PARTICIPATE IN RESEARCH

Personality Traits Associated with Juvenile Prostitution

1. My name is Nina Brathwaite, we are asking you to take part in a research study because we are trying to learn more about you and children like you who have been arrested for different behaviors. Some children get in trouble for a bunch of different reasons and we are hoping that by asking you some questions, we will be able to get a better understanding of some of those different reasons.
2. If you agree to be in this study you will be asked to do a few things. First, we will ask you to answer some questions about your age, race, family and how much school you have completed. Second, we will ask you to answer statements that may or may not be true of you. Third, we will be asking you some questions about your body and what you think and feel about it. It will take you about 3 hours, some girls finish sooner, and some may take longer, you can take as much time as you need. If you have trouble reading or understanding the questions, I will read them to you. You can decide to skip some questions that you do not want to answer or you can decide not to take part at all. Either way, you will not get in trouble for not being involved and your judge or your attorneys will not be told.
3. Nothing bad will happen to you if you decide to take part in this research. Like we said, you can choose not to answer a question or quit the study all together at anytime. Since we don't write down your name, and I am the only one who will see your answers, you will not be treated any different here at the detention center.
4. If you decide to be involved, you will not get any kind of payment or reward, but you will help us to better understand children like you. We also hope that what we find out will help us to start planning better programs and treatment for girls who may be getting in trouble as well.
5. If you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.
6. You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call me at 702-895-2099.
7. It is your legal right to show your participation by signing your name at the end of this, but you do not have to. To help us protect your privacy, we have a Certificate of Confidentiality. With this Certificate, I cannot be forced to tell information that may identify you. The researchers will use the Certificate to deny any demands for information that would identify you. The Certificate of Confidentiality does not stop

you or a member of your family from telling information about yourself or your involvement in this research.

Participant Consent:

I have read the above information and agree to be in this study. I am at between 12 and 17 years old. A copy of this form has been given to me.

Remember, you do not have to sign your name. Write your ID# on the line

ID # of child

Date

Signature (optional)

Researcher Signature

Date

Note: Please do not sign this document if the Approval Stamp is missing or is expired

APPENDIX C: CLASSIFICATIONS

C1. Complete List of Drugs and Crimes as Reported and their Classification

| <i>Classification</i> | <i>Drug Reported</i> |
|------------------------------|-------------------------------------------------------------------------------------------------------------|
| Cannabinols | Marijuana |
| Opiates | Heroin, Codeine |
| Hallucinogens | Ecstasy, Acid (LSD), Mushrooms, PCP |
| Solvents | “Huffing” |
| Over the Counter (OTC) | Benadryl, CCC (Dextromethorphan) |
| Prescription | Gabapentin, Loratab, Oxycontin, Oxycodone, Percaset, Promethazine, Soma, Valium, Vicaden, Xanax, “Pills” |
| Non-prescriptions Stimulants | Crack, Cocaine, Methamphetamine, amphetamine |
| Other | Sherm, Wet |

Note. Derived and modified from Dombeck, M. (2005) Abused drug categories. <http://www.mentalhelp.net>; Government of Prince Edward Island, Canada: Drug classifications, from <http://www.gov.pe.ca>.

C2. Crimes Reported and their Classification

| <i>Classification</i> | <i>Crime Reported</i> |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Crimes Against Persons | Kidnapping, Att Murder, Battery, Robbery (includes Armed and Att), Assault, Assault with a Deadly Weapon, Domestic Violence, Coercion, Fighting, Threats to Cause Bodily Harm |
| Crimes Against Property | Conspiracy, Larceny, Burglary, Grand Theft Auto, Graffiti, Destruction of State or Other Property, Home Invasion, Poss of a Stolen Vehicle, Trespassing, Vandalism, Shoplifting |
| Drug Law Violations | Poss of paraphernalia, Poss, under the influence, and/or distribution of a controlled or prohibited substance |
| Offenses Against Public Order | Poss of a Deadly Weapon, Discharge/Poss of a Firearm, Att Mayhem, Littering, Reckless/Careless Driving, Driving Under the Influence, Driving w/o a License, Disorderly Conduct, Disturbing the Peace, Campus Disturbance, False Information to an Officer, Evading an Officer, Obstruction of Justice, Prostitution, Solicitation, Loitering, Pimping, Pandering |
| Status Offenses | Violation of Curfew, Underage Drinking in Public or Private, Truancy, Minor in a Gambling Establishment |
| Warrants | |
| Parole or Probation Violations | Violation of House Arrest |

**Note.* poss = possession, att = attempted. Derived and modified from Pastore, A.L., Maguire, K., eds. (2008). Sourcebook of criminal justice statistics. Retrieved July 17, 2008, from the Bureau of Justice Statistics Web Site: <http://albany.edu/sourcebook/app14.html>

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