

## Determinants of Behavior Among Women Choosing to Engage in Street Level Prostitution

by Lyn Stankiewicz Murphy

### About the Author

Lyn Murphy is an assistant professor and the Director of Professional Development at the University of Maryland School of Nursing. Her area of research focuses on program development for women involved in street-level prostitution. She is particularly interested in the behavioral determinants that influence women to choose a lifestyle of prostitution and the economic effects of this behavior on society. The long-term goal of her research is to develop community-based infrastructures that will reduce and ultimately prevent the incidence of women engaged in street-level prostitution.

Dr. Murphy received her B.S.N. from Carlow College in Pittsburgh, Pennsylvania, her Masters in Nursing from the University of Maryland School of Nursing, her M.B.A from the University of Baltimore, and her Ph.D. in Public Policy from the University of Maryland, Baltimore County. This Policy Brief is adapted from her dissertation.

### Issue

Female prostitution is a concern from both a public health and an economic perspective. Despite the enormity of this issue, little is known about why women choose to engage in this type of behavior, given the many risks prostitution presents. Even less is known about how to intervene and interrupt the complex cycle of prostitution. Women involved in prostitution are a highly marginalized population who are rarely recognized as individuals with life histories. If we are able to explore the dimensions of these women's lives and better understand the issues behind the behavior of prostitution, we can create a better match between what exists and what is needed, with the goal being treatment, and ultimately, prevention of this behavior.

### Background

Prostitution is a behavior that involves the exchange of sexual services for economic compensation in the form of money or needed resources (e.g. housing or food). Due to the sexual promiscuity surrounding prostitution, women involved in prostitution constitute a high risk group for the contraction and transmission of sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV) (Estebanez, Fitch, & Najera, 1993).

Prostitution, as it is known today, takes on many definitions as it relates to sex for hire. Given the illegality and the intimate nature of prostitution, determining the exact number of women involved in prostitution in the United States is difficult. Researchers often use official statistics, such as the number of women arrested for prostitution, to estimate the number of women involved in prostitution. However, it is probable that between one-half and three-quarters of the women engaged in prostitution have never been arrested (Marshall & Hendtlass, 1986). The U.S. Department of Justice (2002) suggests that more than two million women in the United States are working as prostitutes, which is about one percent of the female population.

Prostitution has been the topic of much discussion in the social and biomedical literature as it relates to the epidemic of STDs and HIV in this country (Romera-Daza, Weeks, & Singer, 2003; Carr, 1995). Women involved in prostitution have been implicated in the spread of STDs and HIV because, as a group, they engage in sexual behavior more frequently and with more partners than is usual in a population (Carr, Goldberg, & Elliott, et al, 1996; Carr, 1995). Research has demonstrated that the prevalence rates of HIV and STDs range from 25 to 67 percent in this population (Hansen, Lopez-Iftikhar, & Alegria, 2002). Overall, studies documenting the linkages between HIV infection and prostitution are numerous and offer clear evidence that women involved in prostitution often engage in high risk behaviors, such as inconsistent condom use, sex with multiple partners, and the selling of sex for drugs, all of which are factors that place them at risk for HIV and STDs. Thus, these women are considered to be a public health issue, due to the high risk of the spread of HIV and STDs among this population (Hansen, et al, 2002; Wojciciki & Malala, 2001).

To further confound the issue, most prostituting women have a drug or alcohol addiction, with cocaine or heroin being the most common substances of choice (Carr, et al, 1996). It has been estimated that one-fifth to one-half of all prostituting women use some type of illegal substance regularly, although some studies report percentages as high as 85 percent (Dalla, 2002; Potterat, Rothenberg, & Muth, et al,

1998). Logan and Leukefeld (2000) concluded that women who prostitute and use some form of illegal substance and/or alcohol had more sexual partners, more frequent unprotected sex, and a higher rate of STDs and HIV than those women who prostitute, but do not use drugs or alcohol.

Lastly, prostitution can impact the quality of life in areas where it is prevalent. The presence of pimps, customers, and prostituting women tends to attract crime, illegal substance use, and violent activity, all of which negatively impact businesses and create an unsafe and unhealthy environment for children and families (Nokomis Foundation, 2002). As a result, communities often respond to prostitution by enforcing laws and regulations that prohibit prostitution and punishing those who do not comply with the laws and regulations. However, these attempts to control prostitution often force police to spend increasing amounts of time making prostitution arrests, which leads to an increase in police costs and a decrease in arrests of other more serious crimes (Bullough & Bullough, 1996). According to the U.S. Department of Justice (2002), police costs to enforce prostitution laws account for over 40 percent of all public funds related to criminal activity. Cities throughout the United States spent an average of \$7.5 to \$16 million per year enforcing prostitution laws and a mean expenditure of \$4.5 billion per year to treat negative outcomes associated with women involved in prostitution (U.S. Department of Justice, 2000).<sup>1</sup>

Given the severe nature of prostitution, it is surprising that the available literature is limited in identifying determinants that interact to influence a woman's decision to engage in prostitution. Further, the traditional mode of treatment for women involved in prostitution often focuses on one isolated aspect of the behavior such as drug addiction, medical treatment, or incarceration, rather than attempting to understand which determinants influence the decision to engage in the behavior. Further, while there are government programs for individuals who are homeless or have HIV and who may be prostitutes, there are no government programs that directly relate to women involved in prostitution.

## Methodology

The purpose of this study was to begin to identify factors that may motivate or influence a woman's decision to engage in prostitution. Further, this study was intended to add to our knowledge surrounding the engagement of women in prostitution in order to begin to shape effective strategies that will interrupt and ultimately prevent the cycle of prostitution.

The study used a descriptive qualitative research design to elicit the stories of 12 women currently engaged in prostitution. Since the purpose of the research was to gain new insight and attempt to clarify and understand a phenomenon, a descriptive qualitative research study was the most appropriate methodological choice. Qualitative research is the ideal approach to use when the research topic is associated with issues pertaining to human diversity (Babbie, 2004; Marlow, 1993). These naturalistic methods of inquiry attempt to deal with the issue of human complexity by exploring the phenomena directly, thus placing a heavy emphasis on understanding the human experience as it is lived, usually through the careful

collection and analysis of material that is narrative and subjective in nature. Qualitative research "tends to be holistic, a striving for the understanding of the whole" (Polit & Beck, 2004, p. 245).

In this study, 12 women participated in at least one comprehensive interview lasting one to one and a half hours. Two-thirds of the women (nine women) participated in a second interview and one-half of the women (six women) were interviewed three times for a total of 27 interviews. Each interview was recorded and transcribed verbatim. Following data collection and transcription, the stories were analyzed to identify common themes.

## Key Findings of the Study

### Reasons for Engagement in Prostitution

Women interviewed for this study engaged in prostitution for two narrowly defined reasons: support of an existing drug addiction and economic survival. Eight of the 12 women indicated that an existing drug addiction spurred their engagement in prostitution. The process appeared to be "a natural fit," as many of the women described their initial experiences as "I needed money for drugs and it was my only option." When asked about the details, there was little to no contemplation in the decision-making process, as if prostitution was the appropriate solution to support their existing drug addiction. For the remaining four women, economic necessity prompted their entry into prostitution as a plausible solution for their economic plight. For example, Sissy<sup>2</sup> was a bar maid, generating \$2.50 an hour and dependent on tips. She was a single parent, had an eighth grade education, and was raising one son. She mentioned numerous times, "I didn't have an education; I had to work with what I had." Customers in the bar would offer her \$50 to \$100 for what she described "as an hour of her time" and she found it difficult, given her financial status and economic need, to decline the offers.

### Early Childhood Sexual Abuse

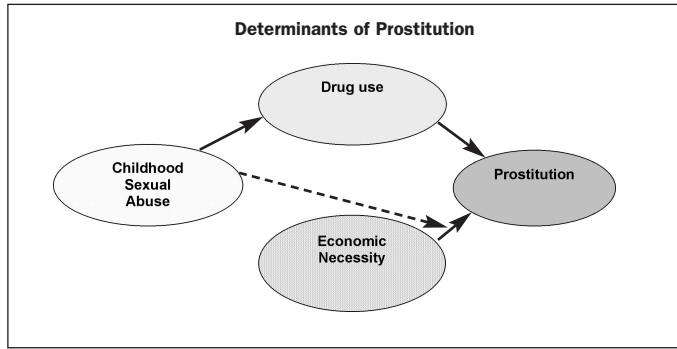
Many studies have indicated that women who engage in prostitution have a higher incidence of early childhood sexual abuse than women in general (Widom & Kuhns, 1996; Simons & Whitbeck, 1991). In fact, many researchers posit that early childhood sexual abuse may be a precursor to prostitution (Sibert & Pines, 1981). Nine of the 12 women interviewed were sexually abused as children. However, the women voiced that the sexual abuse did not directly cause them to engage in prostitution. Rather, early childhood sexual abuse was a factor, a thread, in the trajectory toward prostitution. They indicated that being sexually abused as a child resulted in drug use, which, in turn, resulted in prostitution.

Additionally, the women indicated that being sexually abused as a child also eased the choice to engage in prostitution. Miller (1986) posited that early experiences of childhood sexual abuse provide training in emotional distancing, which can be reenacted during the sexual activities with the clients. As stated by many of the women, early childhood sexual abuse "makes it easier" to engage in prostitution (see Figure 1).

1. Male prostitution also has significant health and economic concerns. However, women were the subject of this study and these figures refer only to women involved in prostitution.

2. Names have been changed to protect the privacy of study participants.

Figure 1



**Other Factors Surrounding Prostitution: Continued Drug Use**

As previously indicated, eight of the 12 women in the study engaged in prostitution in order to support an existing drug addiction, and four of the 12 women engaged in prostitution due to economic necessity. However, as their tenure in prostitution continued, drug use increased for those who currently used and began for those who were not drug users. Thus, it is theorized that, once involved, prostitution may initiate drug use in non-drug users as well as increase drug use in current users as a method to cope and overcome the negative aspects of prostitution. In conclusion, it is hypothesized that prostitution and drug addiction are a “self-perpetuating cycle,” where the engagement in drug use may initiate the engagement in prostitution, which leads to a further increase in drug use. Additionally, engagement in prostitution may lead to the onset of drug use in non-drug users.

**The Social Context of Prostitution**

Social relationships were an important factor among the group of women in this study. The women agreed that they do, in fact, “look out for one another” and “support one other,” given the dangerous nature of prostitution. Social support among the women also continued into their drug behavior. As Julie described, “you get your money faster with two of you out there chasing it. If there are two of you out there, really, only one of you just needs to get the money, and then you can go get high, ‘cause no one likes to get high alone.”

It may be that because these women lack the traditional forms of social support in terms of family and community, they turn to one another for support and encouragement. However, the presence of this particular social network may actually guide and influence a woman’s decision-making ability toward a negative outcome. For example, a close friend, close relative, or spouse introduced many of the women to both drug use and prostitution. In several of the women’s cases, a husband or boyfriend introduced them to drug use, and then introduced them to prostitution. In one woman’s case, her daughter introduced her to prostitution. Thus, it may be that the involvement in a social network often resulted in negative outcomes for the women.

**The Economic Stability of Prostitution**

The relationship between female prostitutes and their customers is an interesting one. Simply put, prostitution would not exist if it were not for people who pay for sexual services. It is estimated that 20 percent of all males in the U.S. have solicited a prostitute at some time in their lives (James, 1976). Because the customer

and the woman are agreeing participants, the two are engaging in a mutual economic exchange of sex for money. The act of prostitution may provide the woman with some form of economic stability that she otherwise may not have. Regardless of the reason a woman prostitutes, she engages in the behavior in order to generate income. Thus, the women engaged in prostitution may remain in prostitution because their “regular” customers are providing some form of income or economic compensation on a regular basis.

**Recommendations**

History (prostitution is, after all, widely referred to as “the world’s oldest profession”), along with the findings of this study, leads to the conclusion that the elimination of prostitution is not a realistic goal. There are women currently involved in prostitution who may remain in prostitution for the majority of their lives. They are not willing or ready to disengage from prostitution, given the benefits that prostitution offers them, such as social support and economic stability. Thus, two types of interventions are important. The first includes interventions that are targeted at women who are not willing or ready to disengage from prostitution. These interventions should focus on providing a safe environment that minimizes some of the negative consequences for the woman, as well as for other community members. Examples of these types of interventions include:

- drop-in centers that focus on the basic needs of food, clothing, and shelter;
- health care clinics that specifically address the needs of this population, providing primary, secondary and tertiary care for such issues as STDs and HIV, unplanned pregnancies, and injuries from physical and sexual violence;
- promotion of safe sex; and
- community intervention in order to establish safer areas in which women may prostitute in a “controlled” environment.

Figure 2

Key Findings of the Study	Policy Implications
Women engage in prostitution for two narrowly defined reasons: support of an existing drug addiction and economic survival.	Drug treatment alone is not the answer. A holistic, multi-pronged intervention that includes drug treatment as a primary component must be implemented.
Early childhood sexual abuse is a precursor to prostitution.	Interventions should include psychological counseling focusing on early childhood sexual abuse.
Involvement in social network among prostitutes often results in negative outcomes, such as drug use and remaining in prostitution.	An integrated plan of disengagement from prostitution should include relocation to a community with some type of support system.
Prostitution provides a woman with some form of economic stability.	There must be economic alternatives for women disengaging from prostitution so they can generate some level of income.

The second types of interventions are those aimed at helping women disengage from prostitution. Figure 2 summarizes the key findings of this study and their implication for programs aimed at helping women establish a prostitution-free lifestyle. Each implication is discussed in more detail below.

*Drug treatment alone is not the answer.* As demonstrated in this study, there is a relationship between drug use and prostitution. Thus, it is natural to posit that drug treatment is a solution for women involved in prostitution. This seems logical, since most women engage in prostitution because of drug use and continue prostituting because of continued drug use. However, because prostitution is a complex issue that is deeply ingrained in these women's lives, drug treatment is only a fraction of the solution for developing routes out of prostitution. Because drug addiction plays a critical role in the entry into and tenure of prostitution, drug treatment may be an intervention for those women choosing to disengage from prostitution. However, research has demonstrated that drug treatment is only effective when combined with counseling, social support, and aftercare follow-up (NIDA, 1999). Therefore, in order for women to successfully disengage from prostitution, a holistic, multi-pronged intervention that includes drug treatment as a primary component must be implemented.

One of the major challenges of disengaging from prostitution involves understanding the effect of the community from which the women come. Belcher and Herr (2005) concluded that, for many of these women, drug treatment may be a "revolving door" in that there is no expectation by the community or the individual that drug use will actually cease following drug treatment (p. 121). It may be that these women are part of a community that does not provide opportunities or alternatives for the women to disengage from drug use or prostitution.

Thus, for women contemplating disengagement from prostitution, the plan needs to not only include drug treatment, but also relocation to a supportive community in a "drug-free" neighborhood to minimize exposure to drugs, contact with support groups in the community to assist in the re-establishment of a social network, safe housing, education, and job training opportunities to develop and sustain economic security. In essence, the women need to re-establish themselves in a community where addiction and prostitution are not part of the culture. This comprehensive model is a critical factor that is necessary to establish and ensure a drug-free, and hence a prostitution-free, lifestyle for those women choosing to disengage from prostitution.

*Interventions should include psychological counseling focusing on early childhood sexual abuse.* Much of the literature links early childhood sexual abuse as a direct precursor to prostitution. In this study, early childhood sexual abuse was identified as a factor in the trajectory toward prostitution. The women indicated that being sexually abused as a child resulted in drug use, which, in turn, resulted in prostitution. Thus, although early childhood sexual abuse itself did not directly "cause" the women to engage in prostitution, it was a precursor to drug use, which then led to prostitution. Additionally, early childhood sexual abuse was found to ease the choice to engage in prostitution.

Thus, an intervention to reduce the incidence of prostitution should include psychological counseling focusing on early childhood sexual abuse. Additionally, further research on the role of early childhood sexual abuse needs to be conducted to fully understand the role of sexual abuse in prostitution.

*An integrated plan of disengagement from prostitution should include relocation to a community with some type of support system.* Social support is an important factor among prostituting women. In disengaging from prostitution, a woman may be separating from her only social network. A woman hoping to disengage from prostitution may benefit from relocation to a community with some type of support system. For example, access to a mentor or life coach may improve the chances of a successful intervention. This individual would assist the women in creating a comprehensive plan with the ultimate goal of disengaging from prostitution, as well as provide support throughout the process. In addition to drug treatment, this approach would involve empowering the individual so that the woman could begin to look beyond her community and beyond her current behavior. Plans for safe housing, job training and mentoring, as well as the development of a social support network would be part of this integrated plan of disengagement from prostitution.

*There must be economic alternatives for women disengaging from prostitution so they can generate some level of income.* Prostitution provides a woman with a form of economic stability that she otherwise may not have. Regardless of the reason a woman prostitutes, she engages in the behavior in order to generate income which allows her access to necessary commodities. Thus, women may remain in prostitution because their customers are providing some form of income or economic compensation on a regular basis, much like regular employment.

If a woman is contemplating disengagement from prostitution, the plan needs to not only include drug treatment, but also job training opportunities. Economic alternatives must be readily available for these women in order to establish economic stability.

## Conclusion

Understanding why women choose to prostitute is important, because, until we know more about the determinants that influence a woman's decision to engage or not to engage in prostitution, we cannot formulate effective community-based intervention programs to interrupt the cycle, and ultimately prevent prostitution. Research involving women engaged in prostitution can allow for the discovery of the entire process of prostitution, including risk factors, strategies to avoid prostitution, and protective factors that may mediate the effects of the behavior on the individual as well as on society as a whole. Thus, we can benefit from the research findings that will broaden the traditional framework of prostitution as it is currently defined.

## Selected Bibliography

- Babbie, E. (2004). *The practice of social research*. Belmont CA: Wadsworth/Thomas Learning.
- Belcher, J.R., & Herr, S. (2005). Development of grounded theory: Moving towards a theory of the pathway into street prostitution among low-income women. *Journal of Addictions Nursing*, 16(117), 117–124.
- Bullough, B., & Bullough, V.L. (1987). *Women and prostitution: a social history*. New York: Prometheus Books.
- Carr, S.V. (1995). The health of women working in the sex industry: A moral and ethical perspective. *Journal of Sex and Marital Therapy*, 10(2), 201–213.
- Carr, S., Goldberg, D.J., Elliott, L., Green, S., Mackie, C., & Gruer, L. (1996). A primary health care service for Glasgow street sex workers – Six years experience of the “drop-in center,” 1989-1994. *AIDS Care*, 8(4), 489–497.
- Dalla, L. (2002). Night moves: A qualitative investigation of street-level sex work. *Psychology of Women Quarterly*, 26, 63–73.
- Estebanez, P., Fitch, K., & Najera, R., (1993). HIV and female sex workers. *Bulletin of the World Health Organization*, 71(3-4), 397–412.
- Flowers, R.B. (1998). *The prostitution of women and girls*. London: McFarland and Company.
- Hansen, H., Lopez-Iftikhar, M.M., & Alegria, M. (2002). The economy of risk and respect: Accounts by Puerto Rican sex workers of HIV risk taking. *Journal of Sex Research*, 39, 292–301.
- James, J. (1976). Motivations for entrance into prostitution. In L. Crites (eds), *The Female Offender*. Lexington, MA: Lexington Books.
- Logan, T.K., & Leukefeld, C. (2000). Sexual and drug use behaviors among female crack users: A multi-site sample. *Drug and Alcohol Dependence*, 58(3), 237–345.
- Marlow, C. (1993). *Research methods for generalist social work*. Pacific Grove, CA: Brooks and Cole Publishing Company.
- Marshall, N., & Hendtlass, J. (1986). Drugs & prostitution. *The Journal of Drug Issues*, 16, 237–248.
- Miller, E. M. (1986). *Street Women*. Philadelphia, PA: Temple University Press.
- National Institute on Drug Abuse (NIDA). (1995). *Principles of Drug Addiction Treatment: A research-based guide*. Washington, D.C.: National Institute on Drug Abuse.
- Nokomis Foundation (2002). *The sex trade report: Helping prostituted women and girls make healthy choices*. Grand Rapids, Michigan: The Nokomis Foundation.
- Polit, D.F., & Beck, C.T. (2004). *Nursing Research: Principles and Methods*. Philadelphia, PA: Lippincott Williams & Wilkens.
- Potterat, J.J., Rothenberg, R.B., Muth, S.Q., Darrow, W.W., & Phillips-Plummer, L. (1998). Pathways to prostitution: The chronology of sexual and drug abuse milestones. *The Journal of Sex Research*, 35(4), 333–340.
- Romero-Daza, N., Weeks, M., & Singer, M. (2003). “Nobody gives a damn if I live or die: Violence, substances, and street-level prostitution in inner-city Hartford, Connecticut. *Medical Anthropology*, 22, 233–259.
- Silbert, M.H., & Pines, A.M. (1983). Early sexual exploitation as an influence in prostitution. *Social Work*, 28, 285–289.
- Simons, R.L., & Whitbeck, L.B. (1991). Sexual abuse as a precursor to prostitution and victimization among adolescent and adult homeless women. *Journal of Family Issues*, 12(3), 361–379.
- U.S. Department of Justice. (2000). *Crime in the United States 2000: Uniform Crimes Report*. Washington, DC: US Government Printing Office.
- U.S. Department of Justice. (2002). *Crime in the United States 2002: Uniform Crimes Report*. Washington, DC: US Government Printing Office.
- Widom, C.S., & Kuhns, J.B. (1996). Childhood victimization and subsequent risk for promiscuity, prostitution, and teenage pregnancy: a prospective study. *American Journal of Public Health*, 86(11), 1607–1612.
- Wojcicki, J.M. & Malala, J. (2001). Condom use, power, and HIV/AIDS risk: sex workers bargain for survival in Hillbrow/Joubert Park/Berea, Johannesburg. *Social Science and Medicine*, 53, 99-121.

## Who We Are

The University of Maryland, Baltimore County (UMBC) is a major research university in the Baltimore-Washington area. The Department of Public Policy offers a master’s and a Ph.D. degree, and advanced graduate certificates. Our mission is to provide superior education for a diverse range of high quality students with aspirations and career goals related to public policy. Our interdisciplinary program prepares students for senior administration, policy analysis, research, consulting, and teaching. Our major areas of focus include evaluation and analytical techniques, health policy, public management, social policy, and urban policy. For more information, visit our Web site, [www.umbc.edu/pubpol](http://www.umbc.edu/pubpol) or call **410-455-3201**.

UMBC Policy Briefs summarize important policy-related research by UMBC faculty and students.  
Editor: Anne V. Roland, UMBC Department of Public Policy  
© 2007 University of Maryland, Baltimore County

# Policy Brief

UMBC Policy Brief No. 6 – August 2007

UMBC

AN HONORS UNIVERSITY IN MARYLAND

Department of Public Policy  
University of Maryland, Baltimore County  
1000 Hilltop Circle  
Baltimore, MD 21250