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Trauma survivors in a prostitution court: rethinking outcome success measures

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ABSTRACT

Prostitution courts are a relatively new form of a specialty court, and very few outcome evaluations are available regarding their effectiveness. What research is available consists of studies pertaining to misdemeanor pretrial diversion prostitution court programs and relies on traditional success measures including program completion and recidivism. This study utilizes data from a felony post-adjudication prostitution court that recognizes its participants are victims – survivors of trauma – as well as defendants, or 'victim-defendants.' Results indicate that while a large number of participants fail to complete the program and/or recidivate, assessing other outcomes including sobriety, stable housing, and phased completion indicates substantial progress for most participants. Factors consistently associated with successful outcomes included employment and participant's risk level. Policy considerations for measuring success in this population are provided.

Introduction

Community corrections is the most common form of correctional punishment in the United States, with 4,537,100 offenders on probation and parole at year-end 2016 (Kaeble 2018). Historically, community corrections have focused on the criminogenic risk and needs of offenders, determining which sanctions, programs, and interventions are best suited to reduce criminal offending, as a primary goal of community corrections is to promote desistance. However, many offenders are also victims (Farrall and Maltby 2003; Ford and Wilson 2012; Ford 2013); thus, supervision practices need to address prior trauma, which has been linked to criminal trajectories especially among justice-involved females (Covington and Bloom 2007).

A recent paradigm shift in criminal justice recognizes that many justice-involved individuals have experienced trauma in their lives, which influences offending behavior both for juveniles and adults, especially among women and girls (Huang et al. 2014; Moloney, van den Bergh, and Moller 2009; Van Wormer 2001). Because many justice-involved females have often been physically and/or sexually abused both as children and adults, most of them are trauma survivors when they enter the system (Covington 2007). These women are also at risk of being re-traumatized by the criminal justice system in a variety of ways such as inmate-initiated sexual victimization while incarcerated, insensitive treatment by criminal justice personnel, lack of gender-responsive curricula in correctional programming, and institutionalized sexism within the criminal justice system (Walker, Conte, and Grabner 2014; Williams 2004). Thus, it is critical for criminal justice personnel to be educated about

trauma and trained in trauma-informed practices in order to properly supervise and provide treatment to these women, especially women participating in prostitution court programs.

Little research exists on trauma-informed court outcomes, and existing research pertains to diversionary prostitution court programs for misdemeanor offenses (Roe-Sepowitz et al. 2014, 2011; Schweig, Malangone, and Goodman 2012) or is qualitative in nature (Blakey, Mueller, and Richie). The current study is the first to quantitatively assess outcomes for a post-adjudication felony court designed to serve females with extensive trauma histories. Research on prostitution courts acknowledges these women are likely to cycle in and out of the justice system at a high rate and report high histories of prior trauma, substance use, and mental health problems (Kulig and Butler 2019; Schweig, Malangone, and Goodman 2012). Thus, it is important to consider other measures of success for women outside of traditional measures such as successful program completion and recidivism. In the current study, we examine predictors of typical success measures (e.g., program completion, recidivism), in addition to atypical measures of success such as days sober, maintaining stable housing, and phased program completion. Furthermore, we briefly address the criticisms of prostitution courts found in the literature by offering data to support the fact that the criminal histories of court participants cannot be ignored or abandoned in favor of addressing these women's issues strictly through the private sector or through social service agencies only.

Trauma, prostitution, and defining success

Trauma and justice involvement

Trauma comes in many different forms, and these traumatic events can impact the behavioral health of individuals and families. Various forms of trauma include, but are not limited to community violence, complex trauma, domestic violence, general physical and sexual assault and abuse, including child physical, sexual, and emotional abuse (Fargo 2009). The most common diagnosis made by mental health professionals for women with trauma histories is Posttraumatic Stress Disorder (PTSD) (Cromwell and Burgess 1996; Dutton 2009; Jones, Hughes, and Unterstaller 2001). In addition to PTSD, adult women who have experienced domestic violence may also suffer from depression (Rivera et al. 2016) and trauma may also negatively impact their children (Coohey 2004; Moretti et al. 2006).

A plethora of research exists confirming the deleterious effects of witnessing domestic violence on children's emotional and behavior development, including perpetuated violence, delinquent conduct, psychological disorders and behavioral problems (Osofsky 1995; Holden, Geffner, and Jouriles 1988; Kolbo, Blakely, and Engleman 1996; ; Zerk, Mertin, and Proeve 2009). Research shows that childhood exposure to domestic violence is often associated with delinquency (Holt, Buckley, and Whelan 2008; Wolf et al. 2003) and that the early onset of child physical maltreatment and sexual abuse may increase the variety, seriousness, and duration of problems. Children who are physically abused are at higher risk for violent delinquency (Lansford et al. 2007), illicit drug use, and future involvement in the adult criminal justice system (Dembo et al. 1987; English, Widom, and Brandford 2002; Felson and Lane 2009; Murrell, Christoff, and Henning 2007). Like child physical abuse, childhood sexual abuse can lead to future delinquency and criminality.

Child sexual abuse includes a wide range of sexual behaviors perpetrated by an adult towards a child and includes contact behaviors or indecent actions with no contact. Girls in the juvenile justice system have high rates of past sexual abuse (Ford et al. 2008; Goodkind, Ng, and Sarri 2006; Siegel and Williams 2003), as do adult female offenders (Gilfus 1993; Van Wormer 2001; Harlow 1999). Additional research shows these victims are also at risk of re-victimization for both physical and sexual abuse (Barnes et al. 2009; Fargo 2009). This trauma can lead to a variety of mental and behavioral health issues for individuals, including PTSD (Farley and Barkan 1998; Kulkarni, Pole, and Timko 2013).

Trauma and the link to prostitution

Previous research indicates that women who were sexually abused as children are more likely to become involved in prostitution and experience further victimization (Bagley and Young 2009; Bracey 1983; Earls 1990; Greenwald 1970; McClanahan et al. 1999; Nadon, Koverola, and Schludermann 1998; Silbert and Pines 1981; Simons and Whitbeck 1991). One study examined a sample of 40 adolescent runaways and a sample of 95 homeless women to test direct and indirect models of the impact of early sexual abuse on prostitution and victimization. The results suggest that early sexual abuse increases the probability of involvement independently of other factors such as running away from home, substance abuse, and other deviant activities (Simons and Whitbeck 1991). Other studies have shown that childhood sexual abuse has an indirect effect on prostitution, with running away operating as a mediating variable (Magnus 1989; Sprang, Lee, and Cohen 2014).

Additionally, there is a well-established body of literature affirming a link between women involved in the sex industry who have been sexually and physically abused and trauma (Meyerding 1997; Roe-Sepowitz 2012; Roe-Sepowitz, Hickle, and Cimeno 2012; Schaffer and DeBlassie 1984; Silbert and Pines 1981, 1983). Empirical research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions including substance use and mental health problems, especially traumatic events that occur during childhood (Dong et al. 2004; Dube et al. 2003; Edwards et al. 2003; Widom and Ames 1994). Schweig, Malangone, and Goodman (2012) found that over 80% of women arreSAsted for prostitution in Manhattan report some form of past or present trauma. As a large number of women charged with prostitution present challenges due to trauma histories, one correctional response has been the development of prostitution courts.

The use of prostitution courts

The success of specialty courts to address special populations of offenders (e.g., substance use, mental health, veterans, domestic violence) (Frailing 2010) led to the development of prostitution courts. The first modern prostitution problem-solving court, the Midtown Community Court, was established in 1993 in New York City (Quinn 2005). Today, there are estimated 37 prostitution courts in the United States, 10 of which are in Texas (Marlowe 2018). Data from 72 women in a prostitution court program in Ohio revealed that 87.5% reported being sexually abused prior to age 15 and began using substances at an average age of 12.5 years old (Begun and Hammond 2012). Participants in prostitution court programs often experience multiple types of childhood trauma which is associated with adult victimization and greater trauma symptomatology (Updegrove and Muftic 2019). Therefore, it is important for specialty courts addressing the issue of prostitution, to take into consideration the significant impact trauma has played in the lives of participants, and to adopt a victim-centered and trauma-informed approach to help participants successfully reintegrate into the community (Shdaimah and Wiechelt 2012).

Prostitution courts have been met with criticism, however. Orr and colleagues have voiced concerns about whether or not individuals participating in these programs even fare better in the long run by having participated in the program (Orr et al. 2009), mainly due to concerns about the monitoring, surveillance and net-widening effects these courts may have (O'Hear 2002; Sanders 1998). The Yale Law School and School of Public Health Global Health Justice Partnership (GHJP) report (Global Health Justice Partnership 2018) argued the criminal justice system has no place trying to regulate sex work since it is 'a choice,' especially when viewed from a human rights and health perspective, and that sex work and associated activities should be decriminalized (Global Health Justice Partnership 2018). Moreover, they argue the sex trade should not 'be criminal at all (absent other crimes),' and questions prostitution courts' legitimacy in 'assessing needs and compelling treatment,' (Global Health Justice Partnership 2018, 7). What the report fails to include is evidence demonstrating that sex work rarely involves the absence of other crimes (Potterat et al. 1998), and

generally evolves from the childhood or adult traumas these women face. Assault, organized crime, theft, drug distribution, human trafficking, and robbery are common crimes associated with the business of prostitution (Di Nicola et al. 2009; Maxwell and Maxwell 2000; Shannon 1997) and prior arrest history of prostitution court participants have been linked to higher rates of recidivism (Muftic and Updegrove 2019). Thus, it is important to evaluate these court programs to determine their effectiveness.

Studies evaluating the efficacy of diversionary and misdemeanor court programs for persons arrested for prostitution provide mixed results. An assessment of a diversion program in Arizona concluded that participants with prior arrests for prostitution, substance dependency, and childhood physical abuse were more likely to be arrested, and program completers were less likely to be rearrested than those who failed to complete the program (Roe-Sepowitz et al. 2011). However, in a comparison of outcomes for diverted offenders to those arrested and formally charged with prostitution, the authors found no significant differences in program completion or recidivism (Roe-Sepowitz et al. 2014). Similarly, Muftic and Updegrove (2019) found no significant differences in recidivism between offenders placed on community supervision and participants in a misdemeanor prostitution court. These challenges lend support to the argument that success may be better measured in terms of other outcomes outside of recidivism and program completion.

Current study

Prior research on the effectiveness of prostitution courts is mixed and is limited to diversionary programs, misdemeanor offenders, and traditional outcome measures such as program completion and recidivism (Muftic and Updegrove 2019; Roe-Sepowitz et al. 2011). As traditional evaluations of prostitution court programs report mixed effects on recidivism, it may be prudent to consider the effectiveness of these programs beyond traditional measures of success. The current study relies on secondary data from a prostitution court in a large, urban county in the Southwestern United States (in which court participants are required to have had some type of sexual trauma in their past) in order to evaluate factors associated with success for both traditional and non-traditional court outcomes. The current study considers traditional success outcomes including court completion and recidivism, as well as non-traditional measures of success including days sober, maintaining stable housing, and phased program completion.

Methodology

Reaching independence through self-empowerment (RISE) court program

In 2011 the Texas legislature passed a law that imposes a mandatory prostitution prevention program in counties with a population greater than 200,000. The county attempted to implement a specialty court for misdemeanor prostitution cases but was not successful, so a felony post-adjudication prostitution court was formed. The RISE court participants must have a history of significant sexual trauma, those at high risk to re-offend (court does allow moderate and low-moderate, but not low-risk offenders) and with lengthy criminal histories. Their criminal histories include but are not limited to crimes such as felony prostitution, aggravated robbery, burglary of a habitation, felony drug possession, as well as misdemeanor prostitution charges. Because this is a felony post-adjudication court, instead of prison, participants are offered an alternative to incarceration. The program's goals are to reduce recidivism by providing stability in these women's lives on several dimensions, and to address a gap in much-needed, gender-responsive and trauma-informed services within the local criminal justice system. The RISE Court, through six phases, provides substance abuse treatment, trauma counseling, group counseling for various issues, and housing for several years until the women can live independently. The program addresses crimino-genic risk factors including anti-social cognitions, companions and personalities, family and marital

relationships, education and employment, as well as mental and physical health needs. The program supports the individual toward independent, pro-social, crime-free, drug/alcohol-free living.

Without this program, these women would often continue as chronic offenders – continually entering and exiting the criminal justice system. However, the court program recognizes these women are victims, and the program takes a victim-centered and trauma-informed approach to services and with day-to-day business (as recommended by the Substance Abuse Mental Health Services Administration, GAINs Center for Trauma-Informed Care). Referrals to the program are made in a variety of ways either by a defense attorney, law enforcement officer, concerned citizen, staff from a social service or partner agency, or from another court or probation officer.

The program is a two-year minimum program and consists of six phases, and as a participant progresses through the phases, limitations and restrictions progressively diminish as the participant works toward an independent, healthy, law-abiding lifestyle. First, participants undergo a battery of assessments performed by various program staff or a program partner (i.e., program case manager, licensed substance abuse professional, licensed professional counselor, and licensed psychiatrist) including a supervision risk assessment, the Texas Risk Assessment System (TRAS), the Texas Christian University Treatment Motivation Scale (TMS), the Addiction Severity Index (ASI), the Clinically Administered Post-Traumatic Stress Disorder Scale (CAPS-5), Life Events Checklist for DSM-IV, and a full psychiatric evaluation by a licensed psychiatrist. Participants' mental health diagnoses play a prominent role in their treatment plan going forward, tailoring their curriculum and other program components with their mental health needs in mind. Once properly assessed, participants are placed in the appropriate level of substance abuse treatment in Phase I of the program.

Phase I, Post Jail Release – Residential Rehabilitation, consists of the most restrictive rules coupled with substance abuse treatment. Participants must comply with rules and regulations of the treatment facility in addition to abiding by conditions of supervision, including random drug testing. Participants are sent to a variety of different residential substance abuse treatment facilities depending on their assessed level of need. During Phase II most of the program participants are released from residential treatment to a different facility in the community for supportive housing to continue aftercare treatment, while some may remain at the same facility where they received substance abuse treatment (i.e., Salvation Army). It is in Phase II that participants begin attending trauma counseling and specialty court dockets twice a month with the judge and other program professionals. Next, in Phase III the focus is to prepare the participant for returning to community involvement. Court participants are encouraged to apply or prepare to enroll in an education program commensurate with their situation (obtain a General Equivalency Diploma or High School Diploma, college program, etc.); they can have visits from family and friends, they work on obtaining any legal identification, disability benefits (if appropriate) and continue attending twice-monthly court dockets. In Phase IV the participant may look forward to preparation for independent living, obtain employment, enroll in school, obtain a vehicle, and overnight travel, etc. Participants should be well adjusted in the supportive living facility, have achieved a lengthy period of sobriety and a level of maturity that indicates a commitment to achieving program goals, and demonstrate they are ready to live on their own. Independent living is the main goal for Phase V, where participants find their own place to live, obtain a job, and establish their lives in the community while maintaining sobriety, attending court sessions twice a month, and completing other conditions of supervision. In the final phase, Phase VI, participants attend court docket once a month, and wrap up all special conditions of probation, while attending a trauma peer support group and attending to other activities related to successful reintegration into society.

Not all participants are expected to proceed at the same pace. The court has developed a progressive responses model that incorporates both consequences for rule violations, but also interventions and incentives to promote positive reinforcement. Flexibility is essential as it allows court staff and partner agencies to tailor treatment interventions according to each participant's needs. Engaging ongoing support in natural communities is one of the eight effective principles for evidence-based offender interventions that is sometimes most difficult to achieve, but the RISE

program has a strong collaborative network of social service agencies that work together on many fronts. One of these agencies attends to the communal, sociological, and relational needs of destitute individuals in the community, and thus helps to strengthen support in the natural community for the court participants.

The net

Early on in the process, potential RISE program candidates are engaged by the Net, a very unique non-profit social service agency in Fort Worth, Texas serving different marginalized populations including the homeless, children, and women who have been exploited by the sex industry. They attend to the relational and communal needs of RISE participants and advocate for the individual in the natural community (Latessa, Cullen, and Gendreau 2002), which is critical to healing (Hedin and Månsson 2004). The Net's involvement begins by engaging potential participants through jail assessments, life skills classes offered in jail, and continued jail visits prior to their release and treatment placement.

Moreover, The Net collaborates with the RISE program to address the factors that pushed women into the industry including poverty and lack of resources (Farley and Kelly 2000; Sanders 2007; Williamson and Folaron 2003), drug addiction, and coercion from others, which also serve as barriers to exiting the lifestyle (Cimino 2012). Weekly 'Survivor groups' are offered and consist of serving dinner to participants and having discussions on various topics such as setting boundaries, healthy relationships, choosing safe people, and self-worth. These originally began as weekly classes, but the agency wanted to reformat the classes into groups, or a 'positive community,' where these very important topics are still discussed and recovery is still the focus, but it feels more like 'family.' Participants who have made significant strides in recovery and are in the latter phases of the program can become support group 'leaders,' whereby they are recognized for their accomplishments and can serve as positive role models for other participants.

Furthermore, one of the key elements in the recovery process, from not only substance abuse but also mental health issues, is a deep need for healthy friendships and new forms of recreation (Topor et al. 2006, 2011). The Net fills this gap by specializing in relationship and recreation in its partnership with RISE and coordinating outings with mentors to various restaurants, the movie theater, outdoor exercise classes, and attendance to holiday parties, as well as mentorship and advocacy through a community of committed volunteers. Every volunteer has been through an extensive training on interacting with those who have experienced sexual exploitation, trauma, addiction, and the criminal justice system. They aim to give each woman in the program an 'advocate' or mentor to walk alongside her throughout the recovery process.

Population

This study analyzes administrative data collected from the adult probation department's case management database for the total population of RISE court participants (N = 131) from September 2011 to September 2018. Criminal history records were retrieved from the Texas Department of Public Safety crime records database for criminal justice and recidivism records. It should be noted that the RISE participants cumulatively had 506 prior felony arrest charges and 628 prior misdemeanor arrest charges with an average of 14 prior criminal arrest charges per individual. Probationer records were accessed for data regarding supervision and court characteristics.

Variables

Outcome variables

Measures of success for specialty courts vary depending on the type of court, but mainly include successful completion of the program (Deschenes, Ireland, and Kleinpeter 2009; Redlich and Han

2014) and recidivism (Moore and Hiday 2006; Gallagher 2014; Gallagher et al. 2015). In order to determine which participants successfully completed the court program, we measured *successful completion* (0 = Unsuccessful, 1 = Successful, 2 = Still Active). Next, an outcome variable labeled *Rearrest* (0 = No Arrest, 1 = Any New Arrest) was measured as any arrest during program participation and after the termination of community supervision confirmed by official Department of Public Safety crime records. We also examined the type of rearrest charges. One arrest incident may yield multiple criminal charges (i.e., drug possession and prostitution or driving while intoxicated and drug possession, etc.)

Mental health specialty courts sometimes include non-traditional outcome measures that are specific to the population they serve such as days of psychiatric hospitalization (Frailing 2010). Prostitution courts should also consider non-traditional outcome measures specific to the populations they serve. Maslow posited that 'love and belonging' needs can only be attended to after basic needs such as food, shelter, and safety needs have been met (Maslow 1968). The RISE Court program, after reviewing the scholarly literature, has adopted the stance that only examining 'success' in terms of participants who complete the program or who reoffend is myopic at best and limits recognizing substantial changes participants make although they may not officially complete the program. Thus, the court tracks more short-term objectives, like months in stable housing and months of stable employment, that address basic needs and concerns the women may have when leaving the lifestyle, such as economic survival (Manopaiboon et al. 2003) and adequate housing (Mayhew and Mossman 2007), as well as long-term objectives like program completion and reduction in recidivism. In order to measure non-traditional outcomes, we included several other dependent variables. The number *of days sober* was calculated by counting the days from the last positive drug test to the date current when data were collected. *Stable housing* was included to measure whether or not a participant maintained a stable residence during program participation using housing partner reports (0 = No, 1 = Stable housing for at least 6 months). If a participant maintained a residence with one of the program housing partners for at least six months and did not abscond (e.g., leave and not ever report back) from the program, this was defined as stable housing. We also examined *the phase completed* measured as the highest phase that the participant completes as a series of dichotomous measures for the six phases of the program (0 = Not Completed, 1 = Completed).

Numerous variables were collected including demographic variables, supervision variables, and criminal justice variables. Demographic variables included *age*, *race* (1 = White, 2 = Non-White), *ethnicity* (0 = Non-Hispanic, 1 = Hispanic), *marital status* (1 = Married, 2 = Divorced, 3 = Single), *education level* (0 = No high school diploma [HSD] or equivalent, 1 = HSD or above), *employment status* (0 = Unemployed, 1 = Employed). Moreover, we tracked offenders' *mental health diagnosis* (0 = No Mental Health Diagnosis, 1 = Mental Health Diagnosis) as this could have an effect on successful completion and recidivism.

Supervision variables included offense type which were considered as a series of dichotomous variables and included *drug offenses, theft/property offenses, prostitution offenses, and other offenses*. A categorical variable measuring *risk level* was included in order to consider the probationer's level of risk during court participation (1 = Low or Low/Moderate, 2 = Moderate or Medium, 3 = High or Very High).[1] The jurisdiction implemented the Texas Risk Assessment System (TRAS) in late 2015, a statewide risk assessment tool that was modeled after the validated statewide Ohio Risk Assessment System (ORAS) (Latessa et al. 2010),[2] but many participants in the program were probated prior to this date and thus were assessed using the Wisconsin Risk/Needs Assessment. Researchers then collapsed the risk levels into three categories, instead of the five categories the TRAS yields.

Data analytic strategy

Prior to conducting analyses, bivariate correlations were calculated to assure that multicollinearity was not an issue in these data (Mean VIF = 1.25). Further, variables were checked for normality and were transformed to meet the assumptions for univariate normality.[3] Outliers were assessed using

boxplots and Mahalanobis distance scores and as a result, two cases were dropped from the multivariate analyses.[4] Data were assessed to meet the assumptions of logistic regression and OLS regression prior to analysis.[5] First, logistic regression was estimated to examine participant characteristics and traditional success outcomes, specifically court completion and recidivism. Next, non-traditional success measures were considered in a series of logistic and OLS regression models.

Results

Descriptive and bivariate statistics

(Table 1) reports the population parameters for the total population of the RISE court.

The total population for RISE program at the time of data collection was 131 (N = 131), with 45 still active in the program, 23 graduates, 63 revoked offenders.[6] The average age for all participants is 43. Most RISE participants were non-Hispanic, single, unemployed, and do not have an HS diploma or GED. Regarding race and ethnicity, 60% were White, 40% were African American, and only 5% were Hispanic. Additionally, 78% of the population have some sort of mental health issue. The most common offenses were prostitution (35%), drugs (34%), and property offenses (22%).

(Table 2) provides descriptive statistics for both traditional and non-traditional success outcome measures, excluding participants who were still active in the program (n = 86). Of those discharged from the program, 27% successfully completed the program and 60% were rearrested for a new offense during participation. The percentage of new charges by offense type were as follows: 30% drug, 30% other, 26% property, 21% prostitution, and 5% alcohol. Further, we found that only four participants (5%) were rearrested solely for new prostitution charges as the other 16% had new prostitution charges in addition to other charges (mainly drug and property). When examining non-traditional outcomes, we see more favorable results. Participants had an average of 367 days sober during program participation and 29% maintained stable housing. Although the average number of phases completed was 2, 56% completed Phase 1, 37% completed Phase 2, 32% completed Phase 3, 31% completed Phase 4, and 26% completed both Phase 5 and Phase 6.

Next, differences between participants who successfully completed the program and those who failed to complete the program were assessed. Participants who successfully completed the program were significantly older ($t = -2.84$, $p < .01$), employed ($x^2 = 25.98$, $p < .001$), lower risk ($x^2 = 24.49$, $p < .001$), had more days sober ($t = -9.68$, $p < .001$), maintained stable housing ($x^2 = 30.62$, $p < .001$), and less likely to be rearrested during participation ($x^2 = 19.69$, $p < .001$),

Multivariate analyses

Two logistic regression models were estimated in order to assess predictors of traditional success outcomes, program completion and recidivism. Next, a series of regression models were conducted

Table 1.. Population parameters for all RISE participants (N = 131).

Variable	Mean	S.D.	Minimum	Maximum
Age	43.23	9.74	22	65
Race	1.39	0.49	1	2
Ethnicity	0.05	0.21	0	1
Marital Status	0.14	0.35	0	1
Educational Achievement	0.39	0.49	0	1
Employment Status	0.41	0.49	0	1
Mental Health Diagnosis	0.78	0.42	0	1
Drug Offense	0.34	0.48	0	1
Property Offense	0.22	0.42	0	1
Prostitution Offense	0.35	0.48	0	1
Other Offense	0.09	0.25	0	1
Offense Level	3.40	0.82	1	4
Risk Level	2.40	0.62	1	3

Table 2.. Descriptive statistics for traditional and non-traditional success measures (N = 86).

Variable	N (%)
Program Completion	23(27)
New Arrest	52(60)
Prostitution Arrest Charges	18(21)
Drug Arrest Charges	25(30)
Alcohol Arrest Charges	4(5)
Property Arrest Charges	22(26)
Other Arrest Charges	25(30)
Days sober (mean)	367.23
% more than 90 days sober	62(72)
% more than 180 days sober	44(51)
% more than 365 days sober	31(36)
Stable Housing	26(29)
Enrolled in Education Courses	10(12)
Phase Completed (mean)	2.08
Phase 1	47(56)
Phase 2	31(37)
Phase 3	27(32)
Phase 4	26(31)
Phase 5	22(26)
Phase 6	22(26)

to assess predictors associated with non-traditional success measures: maintaining stable housing, number of days sober, and phase completion. Model fit statistics are reported and include pseudo R^2 (Veall and Zimmermann 1996) and the area under the curve (AUC), suggesting good model fit. Table 3 reports each model findings using odds ratios (OR) for the logistic regression models and beta weights for the OLS regression models (*b*).

Several common themes were found across models. For instance, risk level was significantly associated with every outcome assessed. Being supervised at a higher risk level significantly decreased the odds of court completion (OR = 0.20, p = 0.000), increased the odds of recidivism (OR = 3.10, p = 0.000), decreased the odds of maintaining stable housing (OR = 0.25, p = 0.004), decreased days sober (b = −8.94, p = .000), and decreased the number of phases completed (b = −2.05, p = 0.000). Employment was a significant predictor of every outcome with the exception of recidivism. Being employed significantly increased the odds of court completion (OR = 3.69, p = 0.01), increased the odds of maintaining stable housing (OR = 3.54, p = 0.01), increased days sober (b = 5.73, p = 0.003), and increased the number of phases completed (b = 1.87, p = 0.001). Age had varying effects across models. Being older significantly increased the odds of court completion (OR = 1.20, p = 0.01), increased days sober (b = 0.27, p = 0.004), and the number of phases completed (b = 0.06, p = 0.002).

Discussion

Prior research illustrates the complex and difficult process of exiting prostitution (Baker et al., 2010; Nixon et al. 2002; Oselin 2009). These challenges include physical and emotional issues stemming from the high prevalence of prior trauma, substance use, and mental health among this population (Benson and Matthews 1995; Farley and Kelly 2000; Salfati, James, and Ferguson 2008; Valera, Sawyer, and Schiraldi 2001; Williamson and Folaron 2003). While research indicates this population is at a higher risk of continued contact with the criminal justice system, evaluations have only considered program success in-terms of program completion and recidivism. Our results indicate that examining success in this way may not tell the full story of participant progress.

For instance, in the current study, only 27% of participants completed the program and 60% were rearrested during participation. However, when assessing non-traditional success outcomes, we see that a larger number of participants had improved outcomes during their participation. While the

Table 3. Regression models by court outcome.

Variable	Completion		Recidivism		Days Sober		Stable Housing		Phase Completed	
	OR (SE)	C.I.	OR (SE)	C.I.	b (SE)	C.I.	OR(SE)	C.I.	b (SE)	C.I.
Age	1.20** (.05)	1.10–1.30	1.00 (.02)	.96–1.05	.27** (.09)	.78–46	1.04 (.02)	099–1.10	.06** (.02)	.02–.10
Race	1.05 (.48)	.43–2.57	.52 (.22)	.22–1.17	−1.00 (1.71)	−4.40–2.39	1.21 (.56)	.49–3.00	.13 (.38)	−.62–.88
Ethnicity	.46 (.48)	.06–3.48	1.92 (1.89)	.27–13.29	−.98 (4.62)	−10.21–8.24	.35 (.43)	.03–3.93	−1.18 (1.02)	−3.22–.86
Marital Status	.66 (.41)	.20–2.20	1.32 (.73)	.45–3.89	−2.92 (2.48)	−7.88–2.03	.52 (.36)	.14–2.01	−1.49 (.55)	−2.59–−.39
Education Level	2.06 (.96)	.83–5.14	.53 (.22)	.24–1.18	−2.32 (1.89)	−6.09–1.46	.91 (.42)	.37–2.26	−.10 (.42)	−.94–.73
Employed	3.69* (1.92)	1.32–9.55	.77 (.34)	.29–1.79	5.73** (2.07)	1.60–9.87	3.54* (1.77)	1.32–9.46	1.87*** (.46)	.96–2.79
Mental Health Diagnosis	2.01 (1.13)	.67–6.03	.78 (.37)	.30–1.99	3.61 (1.94)	−.26–7.48	1.79 (1.02)	.58–5.49	.31 (.43)	−.54–1.17
Prostitution Offense	.48 (.26)	.16–1.41	1.31 (.62)	.52–3.29	−1.10 (1.91)	−4.90–2.71	.34 (.19)	.11–1.05	.05 (.42)	−.79–.89
Risk Level	.20*** (3.29)	.08–.48	3.10** (1.25)	1.39–6.86	−8.94*** (1.78)	−12.5–−5.38	.25** (.10)	0.11–0.56	−2.05*** (.40)	−2.84–−1.26
	Pseudo R^2 =.26 AUC =.82 Log Likelihood = −66.97		Pseudo R^2 =.13 AUC =.73 Log Likelihood = −78.42		$F_{(9, 74)}$ = 10.05*** Adjusted R^2 =.49		Pseudo R^2 =.24 AUC =.82 Log Likelihood = −66.04		$F_{(9, 74)}$ = 13.67 Adjusted R^2 =.57	

*p <.05, **p <.01, ***p <.00

majority of participants (73%) failed to complete the entire program, over half of our participants completed Phase 1 and attrition consistently tapered off after participants successfully completed the initial phase. Additionally, we observed that the average number of days sober for participants was 367.23 and over half of our sample had at least six months of consecutive sobriety. Further, we found that 29% of participants were able to maintain stable housing.

Next, we examined which predictors were associated with both traditional and non-traditional success measures. Predictors that increased the likelihood of success were largely consistent across outcomes. Participants were more likely to complete the court program, have more days sober, and complete more phases of the program if they were older, employed, and supervised at a lower risk level. The predictors for maintaining stable housing were the same with the exception of age. The only factor that was significantly associated with recidivism during program participation was being supervised at a high-risk level. These results highlight several key policy implications of our research.

Our results illustrate the difficulty of exiting prostitution and the need to reconsider how we measure success in this population. In our sample, a large percentage of participants either failed to complete the program or were rearrested during participation. However, once we examined new offense categories, we found that only 18% of participants were arrested for new prostitution charges, and even fewer (5%) were rearrested solely for prostitution. This highlights that the program was largely effective in reducing further prostitution, and that arrest among this population is largely driven by substance use and economic factors.

Further, we found the majority of participants who were unsuccessful in the program failed during the initial phase of participation and the attrition rate tapered off as participants progressed from each phase. This highlights the need to provide the most intensive services and supervision during the early stages of participation. One theoretical framework that can be used to understand the difficulty in exiting prostitution is the stages of change model (Prochaska, DiClemente, and Norcoss 1992). In this model, the five stages of change are: 1) precontemplation, where the individual is unaware of their problem and have no intention of making change; 2) contemplation, where the individual is aware and considering change, but have yet to make a commitment; 3) preparation, where the individual makes small changes and has plans to make more significant changes; 4) action, where behavioral, experiences, or environment changes are made to address problematic behavior; and maintenance, where change continues for at least six months (Prochaska, DiClemente, and Norcoss 1992). The finding that most of our participants failed very early in the program might be better understood using this framework, as the initial phases of the program focus on changing engrained habits of using substances to cope with trauma, talking triggers for relapse, and addressing the trauma through more pro-social avenues. Although the participants are administered the Treatment Motivation Scale, program participants have generally been confined in the county jail for some time and are, no doubt, ready to be released. They could respond in a way they think the counselor or program staff would like in order to get out of jail. Moreover, their issues with trust play a role in developing proper coping mechanisms. Ratcliffe, Ruddell, and Smith (2014, 1026) describe 'how traumatic events, especially those that are deliberately inflicted by other people can lead to a loss of "trust" or "confidence" in the world. This undermines the intelligibility of one's projects, cares, and commitments, in a way that amounts to a change in the structure of temporal experience. whether or not they are receptive to treatment.'

As participants continue through subsequent phases, they are expected to have established some skills in coping with trauma differently than they have in the past. Later program phases focus on activities related to establishing an independent, crime-free lifestyle in the community such as working towards completing their education, obtaining suitable employment, if possible, or establishing social security disability funding or other social assistance. Thus, with significant changes being required of program participants early on and understanding the difficulty of making such changes could explain the significant drop out rate in Phase I.

Another model that can be used to understand the difficulty of exiting prostitution is the process of role exit, which is described as a 'social process that occurs over time' (Fuchs Ebaugh 1988, 23). The

role exit model argues that exiting a role, such as prostitution, occurs over a period of four stages: 1) first doubts, where the individual expresses dissatisfaction with their current role; 2) seeking alternatives, where the individual weighs costs and benefits of staying or leaving their current role; 3) turning point, where those exiting their role announce their decisions to others; and 4) ex-role, where the individual distances themselves from their old role and establishes their new one (Fuchs Ebaugh 1988).

Baker and colleagues (2010) propose using an integrated model to fully understand the difficulty of exiting prostitution. They contend the process of exiting involves six phases: 1) immersion, where an individual is totally immersed in prostitution; 2) awareness, or the acknowledgment of thoughts and feelings about wanting to exit; 3) deliberate preparation, where the individual assesses their support resources to exit; 4) initial exit, when the individual actively uses support services to exit; 5) reentry, when individuals reenter prostitution again; and 6) final exit, which occurs after a series of exiting and reentering the process (Baker et al., 2010). This model highlights the complexities of exiting prostitution and multiple attempts at exiting are usually required before they will fully exit their role.

The finding that most of our participants failed very early in the program might be better understood using these theoretical frameworks, as the initial phases of the program focus on making significant behavioral changes, cutting ties with anyone from the world of prostitution and drug use. Program participants may take the plea deal to participate in the program, even though they may not want to exit the life, but do so in order to be released from the county jail. It may not be until they reach Phase II with aftercare and weekly trauma counseling that they truly explore sustained change.

The current study found employment was consistently associated with successful outcomes for program participants including both program completion and non-traditional measures of success including maintaining stable housing, sobriety, and phase completion. Prior research has demonstrated employment decreases relapse and improves community reintegration for justice-involved individuals (Comerford 1999; Leukefeld et al. 2004; Vaillant 1988; Zanis, Metzger, and McLellan 1994; Stevens-Martin, Oyewole, and Hipolito 2014; Stevens-Martin and Liu 2017). Thus, investing more in assisting prostitution court participants in finding gainful employment may help to improve completion rates, retention, and prevent relapse. Further research should specifically examine the relationship between employment programs available in prostitution court and participant outcomes.

Another policy implication of the current study is the need to employ and evaluate trauma-informed programs in the context of prostitution courts. As women who engage in prostitution report extensive trauma histories (; Roe-Sepowitz 2012; Roe-Sepowitz, Hickle, and Cimeno 2012; Schaffer and DeBlassie 1984; Silbert and Pines 1981, 1983), it is necessary to understand how trauma is assessed and treated in these court programs. Substance Abuse and Mental Health Services Administration (2014) articulates four key assumptions of trauma-informed care which include: 1) realizing how trauma impacts individuals, families, and communities; 2) recognition of reactions to trauma; 3) response, by implementing trauma-informed care throughout programs; and 4) preventing re-traumatization. In an evaluation of 29 trauma-informed programs for women involved in prostitution, Cascio (2019) found all programs met at least half of the key assumptions of trauma-informed care and that the most commonly missed assumption was preventing re-traumatization. Programs including prostitution courts should implement practices that follow these key assumptions and that are actively aware of how they may retraumatize participants. More research is needed in this area to understand how trauma-informed care assumptions are adhered to and how treatment is delivered in the context of prostitution courts.

The RISE program's participant handbook and court policy manual was written with language to reflect a victim-centered approach, careful to eliminate words with a negative connotation especially when referring to program participants. The program partners with a nonprofit agency that provides free counseling for victims of sexual and physical trauma, and holds special group trauma and individual counseling sessions. All program staff and program partners attend specialized training

that revolves around trauma, trauma-informed interventions, the effects of trauma on the brain, addiction and trauma and specialized training for clinicians. A trauma-informed approach encompasses much more than specific activities or services, but also includes the includes the 'institutionalization' of key principles into its organizational or program culture (Substance Abuse and Mental Health Services Administration 2014). While this court's policy manual includes language regarding adhering to the 'Ten Key Components' of drug courts, our study was not a process evaluation to determine if the court adheres to the components, but anecdotally the program seems to have incorporated all the 10 key components. Future research on the level of institutionalization of a trauma-informed approach within a prostitution court program would shed light on the fidelity of program delivery which may affect program outcomes.

While the current study demonstrates the importance of understanding the limitations of measuring success using traditional measures in prostitution courts, it is not without its limitations. First, the results of the analyses reflect one prostitution court in an urban county in the southwestern United States with a small population served. As such, these findings are not generalizable beyond this sample in the jurisdiction examined. However, the current research provides initial insight into the complexities of measuring success in prostitution courts, and can serve as a framework for future studies.

An additional limitation of the current study is that information on the dosage and quality of interventions received was not available. This is an important shortcoming, as it is possible that the quality of treatment may be more important in predicting success. The court matches participants with the appropriate level of treatment interventions through the initial substance abuse evaluation. Some court participants may need a longer period of residential substance abuse treatment compared to others, while some may be assessed as needing only intensive outpatient. However, researchers did not have information pertaining to program fidelity or delivery. Moreover, data pertaining to the number of trauma counseling hours and information for the various other education and treatment classes participants are required to complete while in the supportive housing programs was not available. Subsequent to residential substance abuse treatment a client can be placed in one of the several supportive housing facilities operated by a program partner, some faith-based, and may be required to attend life skills classes, computer training, etiquette classes, budgeting and financial planning and other classes. Thus, not all court participants receive the same types of interventions, depending on their supportive housing placement.

Overall, the current study is an important addition to the empirical literature as it utilizes quantitative data and non-traditional success measures in an attempt to evaluate outcomes of a felony post-adjudication prostitution court. The results demonstrate the shortcomings of relying solely on traditional court outcomes such as program completion and recidivism. While we found that a large percentage of participants failed to complete the program or were rearrested, using non-traditional outcome measures revealed significant progress for most participants. It is likely that victim-defendants' perspectives of their circumstances will affect how amenable and responsive they are to treatment (Kulig and Butler 2019). Altogether, the current study substantiates prior research surrounding the complexities of exiting prostitution and highlights the need for more research in this population.

Notes

1. The Texas Risk Assessment System includes seven domains, some domains are weighted more heavily than others. The Criminal History domain has six questions with a total possible score ranging from 0–8. The Education, Employment and Financial Situation domain includes six questions for a total possible score ranging from 0–6. For the Family and Social Support section there are four questions for total possible score ranging from 0–4. The Neighborhood domain only has two questions for a total possible score ranging from 0–2. The Substance Use domain includes five questions for a total possible score ranging from 0–7. The Peer Association domain has four questions for a total possible score ranging from 0–8. Finally, the Criminal Attitudes and Behavioral Patterns domain includes seven questions for a total possible score ranging from 0–12. Question

responses in each section are assigned a numerical value and those with a total score of 0–7 are low risk, 8–15 low-moderate, 16–23 are scored as moderate, 24+ as high.

2. While there are no known validation studies published using the TRAS, the instrument it was based on, the ORAS was used on a diverse sample from Texas and was found to be predictive of reoffending. Thus, modifying the ORAS for Texas-specific legal factors resulted in the adopted TRAS instrument (Lovins, Latessa, May, and Lux 2018).
3. The variable Days sober was transformed using the square-root to meet normality assumptions.
4. A supplemental check was run with the outliers and found the following differences between models. Thus, outliers did influence the models and were removed.
5. Normality was assessed using the Shapiro-Wilk Test. Residuals were assessed using a Normal P-P plot. Multivariate Homogeneity of Variance using a Residual vs. Fitted Plot.
6. One participant passed away during the program and thus was excluded from the analyses.

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