Barriers and Opportunities to Exiting Prostitution: An Analysis of Prostitution Diversion Programs

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Barriers and Opportunities to Exiting Prostitution:

An Analysis of Prostitution Diversion Programs

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Thesis submitted to the Eberly College of Arts and Sciences at West Virginia University in partial fulfillment of the requirements for the degree of

Master of Arts in Sociology

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ABSTRACT

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Marina Mohd Hamdan

Problem-solving courts incorporate therapeutic and punitive measures in the court process in the criminal justice system. Prostitution Diversion Programs (PDP) are recognition of women in prostitution's inherent systemic struggles to desist and recover. Specialized Prostitution Diversion in Baltimore City and Project Dawn Court in Philadelphia are two PDPs analyzed through a longitudinal study on participants throughout their involvement as well as after they graduate from the program. By addressing the barriers to exiting prostitution through women’s turning points and providing opportunities to overcome hardships, women are more likely to successfully exit prostitution and maintain their sobriety in the long-term. Findings include the effectiveness of the programs, limitations regarding substance abuse treatment, and the significance of trauma-informed and gender-specific social and circumstantial support in preventing recidivism.
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Introduction

Court-based diversion of prostitution is a relatively new implementation of rehabilitative measures rather than punitive. Prostitution Diversion Program (PDP) is an alternative to imprisonment where women charged with prostitution or prostitution-related offenses are diverted from traditional adversarial courts to problem-solving courts, rehabilitation of the offender being the main goal. Women who engage in prostitution are often blamed for their own dire circumstances that contributed to prostitution, thus, the modeling of PDP after existing diversion courts such as drug court, mental health court, veterans court, and family court (Leon and Shdaimah 2012). Participants who successfully complete the program are given a chance to expunge their criminal record.

Existing research covers the stigma and social exclusion of women involved in sex work making them unable to have 'normal' lifestyles (Dalla 2006; Firmin et al. 2013). Other research also suggests that ill-health and mental instability persists after exiting and requires significant attention from medical and social providers (Hester and Westmarland 2004; Sanders 2007; Oselin 2014). There are many factors that incentivize or disincentivize women from exiting prostitution permanently, some of which are highly attributed to the types of sex work women are engaged in (on-street versus off-street) and varies in terms of dangers associated with the type of john, or sexbuyer, they encounter. Those who are incentivized to exit may include women who have experienced a particularly traumatic incident, have a desire to reconnect with family members, are starting a new relationship, or who get pregnant (Firmin et al. 2013).

Barriers to exiting prostitution can arise due to post-sentencing punishments that include stigmatization of individuals, especially women of color, in prostitution which highly contributes to their inability to access basic services (e.g., welfare assistance, employment, healthcare),
resources that are fundamental to sustain oneself after being involved with the justice system. Not only that, but substance abuse treatment is also implemented in a one-size-fits-all approach without taking into consideration the vastly different individual needs across all demographics, another significant barrier for women of color and minorities in prostitution. When addressing women in prostitution who were considered habitual offenders, substance abuse and addiction treatment shouldn’t be considered the only goal of rehabilitation, rather, should be in conjunction with trauma-informed therapy and individualized counseling to allow women to get to the root cause of their drug use, most often related to trauma.

This study is a critical program evaluation of two court-affiliated diversion programs with data collected by Corey Shdaimah from the University of Maryland School of Social Work. Shdaimah conducted a longitudinal study examining the perspectives of women exiting prostitution over an extended period within court-mandated programs of prostitution diversion through open-ended interviews with the participants as well as significant stakeholders (Shdaimah 2020). I will be utilizing secondary data, her interview transcripts, of program participants from Specialized Prostitution Diversion program (SPD) in Baltimore City and Project Dawn Court program (PDC) in Philadelphia, both exhibiting different characteristics and outcomes which will be further discussed. PDPs utilize trauma-informed strategies to help women in prostitution navigate their recovery by offering much-needed support and services. Directly addressing the barriers stated, I argue that specializing diversion programs to match the nuanced needs of individuals (i.e., gender-specific and trauma-informed services) would significantly reduce recidivism in the long-term by providing women ample opportunities to overcome their struggles. This can inform future research or lawmakers who wish to expand and improve PDPs.
Throughout the interviews, there was a consensus among the women that current forms of punishment for prostitution—incarceration and/or drug treatment—are highly counterproductive to desist from future crimes. In fact, being imprisoned would exacerbate their pre-existing issues and force them into a much worse position than they were in prior to arrest. I will investigate the difficulties experienced by those who successfully exited prostitution who may require circumstantial support such as employment, housing, welfare, and other necessities (Koegler et al. 2020).

A significant indicator of those incentivized to exit prostitution is the experience of drastic life changes, or turning points, where women go through events that render themselves vulnerable to harm such as violent assault or turbulent relationships (Laub and Sampson 1993). However, some turning points can stem from positive experiences like reconnecting with loved ones or getting pregnant. By addressing women’s turning points and individualizing their treatment, the courts take on a neoliberal approach where it may be deemed unethical and paternalistic, and its policy implications have been observed extensively (Leon and Shdaimah 2012). Firstly, what are the implications of this form of neoliberal paternalism? Secondly, how can women’s turning points inform program coordinators to improve PDPs? The questions posed would be analyzed in my data through a thematic exploration of SPD and PDC participants’ interviews—substance abuse treatment, social support, and circumstantial support. I argue that the combination of these three components in PDPs would effectively benefit women’s wellbeing in maintaining their sobriety and prostitution desistance.

It should be noted that the usage of the term "prostitution" rather than "sex work" is meant to highlight the challenges women face that are specific to street prostitution. It is not meant to degrade nor stigmatize any individual but to convey the reality of their lived
experiences of being in an occupation that is not necessarily their choice. Furthermore, they themselves do not identify as "sex workers" (Gesser and Shdaimah 2021). The literature also suggests identifying them as "women in prostitution" as it distinguishes the woman's identity as an individual and prostitution as a form of occupation, and neither should define the other (Thompson 2014).

**Review of the Literature**

The state’s paternalistic role in the criminal justice system informs various stakeholders on the development of diversion programs. PDP focuses specifically on prostitution diversion which serves primarily women and transwomen (Beaujolois and Dillard 2020; Roe-Sepowitz et al. 2011; Shdaimah 2020). This Therapeutic Jurisprudence framework "acknowledges that the legal, judicial process affects the emotional and psychological well-being of those who are involved by incorporating treatment goals alongside the standard due process goals of the judicial system" (Beaujolois and Dillard 2020:563).

Leon and Shdaimah contend that PDPs bring forth the "inherent conflict between adversarial model upon which the US court system is based, and the problem-solving model that promotes teamwork and involvement in people's complicated lives." (2012:252). Women in prostitution were often exposed to traumatic and violent experiences before they endure violence as a result of sex work. Their predisposition to experiencing physical and sexual violence from prostitution can be attributed to their history of childhood emotional, sexual, and physical abuse, parental substance use or abuse, or runaway history resulting in homelessness and/or foster care involvement (Beaujolois and Dillard 2020:565).

Critics of PDPs often argue that the effect of the intervention on prostitution recidivism was insignificant, stating that exiting prostitution in and of itself is difficult even with the
intervention (Koegler et al. 2020; Shdaimah and Wiechelt 2012). This is largely attributed to the experience of various trauma that women experienced in their lifetime. Roe-Sepowitz et al. (2011) found that a history of abuse and trauma symptoms predicted the likelihood of early dropout from the program. For many, using substances such as drugs and alcohol is one way to cope with the trauma sustained from selling sex with 63.6% of participants in the treatment group having had at least one prior drug arrest compared to 81.14% of those in the control group (Koegler et al. 2020; Roe-Sepowitz et al. 2011). Furthermore, the risk factors associated with prostitution recidivism includes prior prostitution arrest, addiction, and childhood physical abuse. Even for those who have successfully exited prostitution, obtaining legal employment is very difficult considering their criminal backgrounds or extended periods of unemployment (Koegler et al. 2020).

The diversion program Koegler and colleagues analyzed was essentially a case management-based program and it was not equipped to accommodate women's complex and extensive needs when exiting illegal prostitution (e.g., trauma and substance abuse counseling and gender-specific). This issue is further exacerbated when failure to complete the program could worsen their existing conditions and is "especially perplexing that diversion programs are predicated on an arrest, and failure to enroll or complete diversion programming can result in an arrest" (Koegler et al. 2020:242). The nature of their treatment is argued by many to be coercive, unethical, paternalistic, and punitive, considering the effectual waiver of a trial upon the activation of guilty pleas that are required for program participation (Leon and Shdaimah 2012:257). Not only that, but also participants who fail may be subjected to increased surveillance and longer incarcerations; an alternative that is much worse than if they did not join the program at all (2012:253). Prior arrests consistently predicted higher probabilities of a future
prostitution arrest which could possibly "indicate that women who were rearrested are more recognizable to law enforcement officers or an artifact that these women are in fact actively prostituting" (Koegler et al. 2020:243).

Turning points observes significant life-changing events experienced by individuals that causes them to subsequently behave in certain ways (Laub and Sampson 1993). There is a gap in the literature on identifying women’s significant turning points and how it may potentially inform the development of PDPs as well as future research. Addressing the different experiences and catering the program to respond efficiently and adequately to them may further individualize its implementation. Significant reductions in recidivism and relapses can potentially occur given that women receive meaningful and dependable assistance especially at times when they need it most such as stability in housing, employment, relationships, and sobriety during turbulent periods of their lives, something that could be addressed through identifying their turning points.

While conducting her research at PDC, Leon and Shdaimah reported that at any point the women breached the program requirement, they would have to return to the beginning of the phase they were in at that point in time (2012:259). Additional sanction may include writing essays, increased self-reporting, heightened supervision, or even jail time. Considering how PDC recruits women who were already incarcerated, joining a PDP would be an incentive to get out of prison and not necessarily due to their innate desire to desist from prostitution. Biggest obstacles for women leaving according to Leon and Shdaimah (2012:263) are lack of interest in, and understanding about, the kind of problems women face as well as lack of resources available to cater to their complex needs. In addition to that, all participants from the PDPs they observed reported feeling like the program requirements were intrusive, with many expressing a desire to exercise agency and control in making significant decisions (2012:264). Moreover, many women
point out that they weren’t even aware of the existence of prostitution-specific diversion programs.

An analysis of a prostitution diversion program over two years in Phoenix, Arizona reported that the program participants generally were "street-level sex workers due to their constant vulnerability to patrol and vice arrests, while the other types of sex work (indoor) require vice to target them for an arrest." (Roe-Sepowitz et al. 2011:274). Despite its shortcomings, there is some evidence of the effectiveness of completing the program on reducing future rearrest in prostitution (Beaujolais and Dillard 2020; Roe-Sepowitz et al. 2011; Shdaimah and Bailey-Kloch 2014). According to Roe-Sepowitz and colleagues' study, significant predictors of recidivism include childhood physical abuse, substance abuse or having sought treatment for substance abuse in the past (2011:282). Participants with a history of abuse prior to prostitution are twice as likely to be rearrested for prostitution compared to those who did not. Prior arrest, on the other hand, would consequently result in being five times more likely to be rearrested for prostitution. Roe-Sepowitz and colleagues concluded that participants who successfully completed the whole program were 68% more likely to not be rearrested, stating that the first ten months after program completion to be the most critical for all participants in prostitution rearrest (2011:80).

The literature has explored many ways the court system handling sex crimes has been innovated especially in terms of punishment and consequences for recidivism (Schweig, Malangone, and Goodman 2012). PDPs primarily combine the punitive and rehabilitative purpose of problem-solving courts with the intention to deter recidivism. SPD implements their diversion program through an Early Resolution court where potential participants are at the beginning of the criminal justice process before the defendant enters a trial. If they fail the
program, their case will be forwarded to trial court, an option that is the same as before they participated (Mueller 2012:60). On the other hand, PDC offers program entry to those who are already charged with prostitution and are required to plead *nolo contendre* (no contest) if they wish to participate. However, if they fail the program, they are immediately considered guilty upon termination and may consequently face several years in jail and fines (Mueller 2012:31).

Furthermore, to be eligible for SPD, the participant cannot have a prior violence-related charge and cannot currently be on parole or probation. However, they can be brought in on a charge other than prostitution but must have a history of prostitution (Mueller 2012:60). To be eligible for PDC, participants must have an open case of prostitution or prostitution-related offenses and at least three prior cases of prostitution or charges related to prostitution (e.g., obstruction of a highway or loitering). Like SPD, participants cannot have convictions for violent crimes as only those with non-violent offenses will be considered. Participants also must meet the clinical criteria necessary for substance abuse and/or mental health treatment as established by the Pennsylvania's Client Placement Criteria for Adults, Mini Mental State Exam, or other official screening measure (e.g., psychiatric assessment). Additionally, they must be a Philadelphia County resident or are currently homeless in Philadelphia and are Medicaid eligible. By agreeing to join the program, participants agree to comply with the program and probation rules and regulations (Mueller 2012:31). Treatments and duration of the programs were significantly different between SPD and PDC. The former lasts for 90 days with occasional extensions of 30, 60, or 90 days with the approval of a judge and the latter lasts for an entire year. Participants will develop an Individual Service Plan at the beginning of the program and must attend weekly meetings with a social worker or pre-trial agent (Mueller 2012:60).
Data and Methods

All the women included in the sample were above 18 years old and proficient in English with one to four interviews per person for a total of 20 interviews altogether. There were many difficulties obtaining data due to its sensitive nature, therefore, limits this paper in terms of reliability by observing a small number of individuals. The sessions were semi-structured and lasted about 30 to 90 minutes, audio recorded and transcribed verbatim by the researchers. There was a total of seven participants, two being from PDC and five from SPD. The data was collected by Corey Shdaimah while conducting a longitudinal study on prostitution diversion through problem-solving courts in Philadelphia and Baltimore. Data were obtained from the Qualitative Data Repository with permission from the author (Shdaimah 2020).

The protocol for the study indicated that a total of four interviews with each participant were to be conducted with the first one being within the first week of program acceptance. The second interview was conducted at or near the midpoint of the program between baseline and their anticipated graduation date. The third was conducted at or near the anticipated graduation date and the last interview was held two months after the anticipated graduation date. Due to issues such as not completing the program or unable to be reached, the participants had varying numbers of interviews depending on their level of completion in the program. Both participants from PDC successfully graduated the program alongside three out of five participants from SPD. After their graduation, only one participant from each program was able to be reached for a follow-up interview.

Pseudonyms were assigned to each participant by the author and any identifying information has been omitted prior to this study. In SPD there were CeeJay (3 interviews) who is a Black woman in her mid-twenties, has a 10th grade level of education, and first entry to
prostitution at age 21, Jenn (4 interviews) a White woman in her late thirties, has 11th grade education and a partial GED, and became involved in prostitution less than a year from the time she was interviewed, Myesha (2 interviews) a Black woman in her mid-forties also with 11th grade education, and entered prostitution the same year she was interviewed at age 44, Pink (3 interviews) a White woman in her early fifties also with an 11th grade education and was in her early forties when entering prostitution, and Powder (1 interview) whose race is unknown and is in her early thirties with two years of college education, and was involved in prostitution when she was only 17. As for PDC, there were Keisha (4 interviews), a Black woman in her mid-thirties with 8th grade education and entered prostitution at age 16, and Lorraine (3 interviews) a White woman in her mid-forties with 8th grade education as well as a GED and began prostituting when she was 18. Their varying stages of program completion allows for a diverse understanding of prostitution diversion programs and its general applicability. Data observed in this study was limited to the availability of accessible secondary data during data collection, thus, resulting in a small, but comprehensively analyzed sample.

Since SPD first started, they have reported 3,148 individuals charged with prostitution and 2,013 of them were not eligible for the program but 1,135 of them were. Out of those, 574 individuals accepted with 44 refusing to participate, 182 not served, and 223 who did not show up to their scheduled court date. Overall, a total of 197 participants at SPD did not complete the program and 299 did complete it, a 60% completion rate. Furthermore, SPD reported that their successful completion rate improved by 65% since the program began, largely due to providing participants with dated bus passes for those without transportation to the facility (Shdaimah 2012). The goal of PDPs is to divert women in prostitution via punitive measures to reduce
future recidivism. The women’s in-depth, longitudinal interview transcripts will shed light on their expectations and understanding of the program they are in.

**Substance Abuse Treatment**

Considering the main involvement of these women in the criminal justice system relates to substance use and abuse, treatments for addiction are prioritized and used as a measure of program success alongside other goals established at the beginning by the participants. This paternalistic approach assumes that recidivism or relapse is less likely to occur if individuals have legitimate coping mechanisms to deal with hardships. Throughout the program, participants attend a combination of group and individual therapy specifically addressing substance abuse, Narcotics Anonymous (NA). Two out of the five women in SPD mentioned that they preferred individual over group therapy, saying that they did not feel comfortable disclosing personal information to groups of strangers. One of the two, CeeJay, didn’t think NA was worth going to, “The more you go to a NA meeting, the people you see in the NA meetings are the same people you’re out there getting high with”.

Another significant component of the program is sobriety management—coping mechanisms to overcome urges to use drugs. Those at SPD emphasized that social support and a positive environment was ubiquitous in the program, often attributing much of their sobriety to it. Myesha talked about going on walks in her neighborhood whenever she has the urge to use again. She had all the resources she needed within reach and need not worry about being surrounded by easily accessible drugs. Now, she can go outside and hear the birds and not see anybody. In fact, if she really wanted to obtain drugs, she would have to drive to get it and by the time she gets in the car she often thinks, ‘forget it’, and would go back in the house.
Personal accountability is a huge factor in recovery and desistance from prostitution. Pink was facing an issue with her cash assistance due to her disclosure to social security of her drug problem, which according to Pink, was a good thing because she would have used the money to get high otherwise. She added that she didn’t have enough ‘clean time’ on her to manage the money herself. Her honesty in dealing with her urges has allowed her to be more in control of herself, even disclosing to her counselor of her realistic tendencies for making mistakes were she to be left solely accountable for her own recovery at SPD.

*My counselor at my [Program] said “Look I’m going to give you options. You can have the suboxone program, you can have the methadone program”. I said “well I’m going to be honest with you: if you give me 90 pills it’s 540 dollars. I’m going to sell them and I’m going to go out get high. This way, to get the methadone, I’ve got to come here and take it every day. I can’t take it out and sell it. So, it’s just one step closer to doing the right thing on my part.” He said, “thank you for being brutally honest.”*

CeeJay was pregnant and visibly tired the entire duration of the interview, understandably so because she was going through drug withdrawals at the same time. She described her daily routine at SPD; wake up, go to the bathroom, maybe eat a little bit, and go back to sleep. This would go on for about a week—Slumber mode, she called it because she would only need a bed and food and she’s good to go. Her recent prostitution engagements took a halt when she became pregnant with her youngest daughter and ever since then, she avoids triggering environments that may potentially cause a relapse.

Moreover, CeeJay been staying away from negative peers and influences ever since joining SPD. She explained that being on the corner where they were, the interview venue, was already a huge trigger for her because she knew everybody on that corner. She stressed that
“drugs and money don’t have no person or place. They will ask you and give you regardless of person or place.” She shook her head, saying to herself “Um-um, I can’t afford it. I’m not chancing it. I’m already at a stage as if I already have my baby. I’m actually at that stage, so no. I can’t do it.” Her attitude towards her pregnancy served as a large motivator to stay sober for the sake of her and her baby.

Additionally, she pointed out the limitations with the existing urine analysis regulations that the participants are expected to adhere to, specifically, informing participants ahead of time of when they will be drug tested. Since it wasn’t a surprise, she managed to get around the urine checks by strategically timing her drug use with the duration it takes for it to flush out of their system. She explained, “I would use after I went to see them and stop two days before it was time for me to go see them again. I became able to go around what they were trying to make me do. That’s why I said it’s not strict enough.” She suggested that SPD increase its intensity where instead of doing a urine check once a week, participants should be asked to come and get drug tested every Monday, Wednesday, and Friday as “there is no way you’re going to be able to get high and still come here and give a clean urine. It’s no way.” Jenn echoed CeeJay saying she also thought that urines should be taken more consistently, saying when a girl is in prostitution like she was, they tend to think, “Oh, I’m not getting urined, I can just go out and get high afterwards,” because there was lack of personal accountability. She stressed that it should be mandatory as it would keep participants on their toes and they would take the program more seriously, creating a little bit of structure in their lives.

Keisha, a participant at PDC, spent most of her adolescence outside of the house because her parents abused drugs and there was nobody at home to take care of her. She contends that given her circumstances living as a child of addicts, it was crucial then to intervene at those
young points of their life as it could significantly shape their whole worldview when entering adulthood. At 16 years old, she was introduced to prostitution by an older woman twice her age. Initially, she started off in street prostitution and over time, developed a network of repeat customers, or regulars, which allowed her to conduct business over the phone. It was not a consistent form of income, however, which often forced her to go back to the streets at times when her regulars did not call her back. She stated two reasons why she preferred regular customers; first, there was a concern about accidentally getting in a car of an undercover police officer, and second, the risk of a customer refusing to use a condom was imminent.

Having two dependents of her own, Keisha struggled to make ends meet and saw prostitution as fast, easy money although she described it as a habit instead of an occupation. Now that she’s an older woman, Keisha revealed that she has never taken a break in prostituting since her entry at age 16. “It was like a daily routine for me. Like I wake up in the morning, if I didn’t have no money from the night before, I needed cigarettes, I was hungry, or if my clothes were dirty and I needed some new shoes or something, that was the only way I knew how to make fast money instead of a job and stuff like that,” she explained. Keisha soon had a relapse, going back to using her preferred drug, crack cocaine. She really didn’t want to let her failed relationship derail her progress. She thought to herself, “Do I really wanna go through those? No. ‘Cause 2 days was enough. And if I’d stayed out there, I’d be back on the corners prostituting. It’s a cycle and I don’t wanna repeat that. I’m patting myself on the back; I’ve been on probation since ’97. I don’t wanna go through all of that again.”

Lorraine, on the other hand, got involved in prostitution as a way of seeking approval from her boyfriend that she wanted to help whilst trying to gain access to a clique of people whom she said, “were actually criminals” and being 18 years old at the time, didn’t realize what
she was really getting herself into. Within weeks of being in ‘the life’, she was introduced to intravenous cocaine where her addiction developed, further perpetuating her into an endless cycle of breaks and relapses. After having a child with her boyfriend, she relied on him to provide childcare while she engaged in prostitution for income.

Moreover, Lorraine’s boyfriend set limitations on who she engaged with, such as no customers who were Black. Despite the prejudice her boyfriend enforced on her dates, she argued that their race did not matter if she was getting paid. To her, selling sex was only a means for survival and often habitual, further attributing recidivism with drug relapses after attempting treatment. She stated that she only prostitutes when she is under the influence of drugs or alcohol and abstaining from both vices is only possible through incarceration.

"For a long time, I was prejudiced in who I tricked with. And then it became like, ‘Wait a minute; I’m not after the penis or, I’m not enjoying this; there’s only one color involved and it’s green. So, what difference does it matter what color hand it’s coming from?’"

She was picked up by police during a relapse as she didn’t go to court which prompted her arrest. Then, she called PDC and informed them that she was trying to get into detox but unfortunately, would not be accepted in the detox clinic unless she had a doctor’s note or have heroin in her system. “There’s no detox for cocaine. You have to be dirty for Benzos. Heroin. Something along the lines. Or be on methadone and using other things along with your methadone” reported Lorraine. Out of desperation, she went and got some heroin to get into the detox clinic. After her arrest, she spent 60 days imprisoned and, in the meantime, her boyfriend was helping her keep their apartment because the couple had recently moved out of a recovery house across the street. The judge presiding over her case wanted to put her in a program, but Lorraine ran into some complications in trying to do so.
They asked me if I was on methadone maintenance. And I told them no. Well, I guess they had my insurance and all that. And they noticed I was getting Suboxone. And I never told anybody I was getting Suboxone. And [staff] came to see me and she was like, “So Lorraine, uh, we need to talk.” And I said, “About?” And she said, “Suboxone. How come you never told anybody you were on them?” I said, “Because I just got them. I wasn’t on them.” And she said, “Well what were you doing with them?” I said uh- now here I am admitting to a whole bunch- I said, “I bartered with them.” Instead of saying, “Oh I sold them, give me another charge.” You know? I told her I bartered with Suboxone to pay my rent. Well, it’s a hustle. It’s more money and... it’s like $500 a month more than, you know to add to my income.

Social Support

While in recovery, women are faced with significant circumstantial struggles with little to no support provided. Bureaucratic processes were deemed an inconvenience, especially lengthy paperwork, or travel, to apply and get approved for basic resources (e.g., insurance). Most women highlighted that their primary intention of joining SPD was to be released from incarceration, but while undergoing program treatments, discovered the usefulness of it. Furthermore, there was also an overwhelming consensus that gender played a large role regarding their substance abuse and prostitution desistance, and the emotional connection women had with other women going through shared experiences provides quite a different atmosphere than conventional programs. At SPD, CeeJay reported that when participants want to talk or vent, program staff would be understanding and empathetic rather than judgmental, so participants felt comfortable enough to share their burdens.
They didn’t turn their back on me. They accompanied me through everything. They just said ‘Okay you fell down. It’s time to get back up.’ The drug treatment has really helped me, I swear. I had to touch base with [staff], and she was just worried because she knew I was pregnant, and she wanted to know why I was missing [meetings]. One check in I missed because I used, and I didn’t want to come here, and pissed dirty. Uh-uh. I wasn’t ready to hear the judge on that. They just helped me out with the drug addiction.

CeeJay contends that there was a lack of understanding regarding women in prostitution’s childhood traumatic experiences within the court officials. The use of drugs and alcohol forces them to remain in prostitution where being intoxicated becomes a coping mechanism for living that lifestyle. She stressed that those who work in SPD need to think about people’s backgrounds and where they came from when implementing the program. Even if it may be significantly beneficial to those in prostitution, forcing it upon them would further deter rather than encourage them. Considering the alternative to accepting SPD is jail, many are incentivized to participate simply to avoid incarceration and not necessarily the innate desire to desist, rendering the program objective to curb recidivism useless.

She also brought up a large drawback to SPD which is the requirement of arrest to enter the program, specifying that only if you’re arrested and put in jail without recognizant bond, you had to stay in jail while you wait for your hearing, then, you wait again until the program is offered to you. The uncertainty and lengthy wait times highly discourages many women from considering a prostitution diversion program as a possibility as opposed to prison or probation. She stressed that if the program didn’t have to wait until after someone got arrested, it would make a significant difference.
Myesha reported that the police had no valid reason for her arrest, but she didn’t speak up for herself and did whatever was asked of her, not even bothering to plead her case. She pointed out the fact that she’s 40 years old getting a prostitution charge and she’s never even been in court prior to that. More importantly, Myesha disclosed that during her arrest, an undercover police officer approached her on the street and asked her to get in his car. He asked for her name, so she told him her real name and because she thought he seemed nice, agreed to enter his vehicle. Then, she heard him say something about $30, in which she asked in confusion, “$30 for what?” And by the time she said that he had her around the corner and simply locked her up. This instance to an extent may be considered entrapment by a police officer.

Keisha, after being one year clean, was living with her mother while she waits for her own housing, through the Philadelphia Housing Authority (PHA), to be available. In the meantime, she was determined to complete her GED and reconnect with her children. Her mother was very supportive the entire time she was in PDC, often encouraging her to “just keep doing what you are doing”. A significant difference than the kind of mother she grew up with, the one who would ask her for money, is now willing to provide for her family, even occasionally surprising her with gifts.

She was first introduced to PDC while incarcerated through an acquaintance who participated in the program as well. The more she learned about the program, the more convinced she was that it was something she really wanted to do. A friend of hers would visit her while she was incarcerated, sending money, and making sure she had everything she needed, even offering to print out all the paperwork and relevant information about PDC for her to read. Reading stories about other women who participated in the program truly motivated her to commit to her recovery and desistance from prostitution. By relating to one of the women’s
stories she read, she saw herself potentially accomplishing what others achieved in the program, certain that she wanted to make drastic changes in her life.

She also liked to hear the different women speak about their experiences of what they have been through and where they were at now, and how coming to court every month to report to the PO was keeping them on track and just the knowledge of her record eventually getting expunged served as a motivator for her to fully complete the program. When women in the program relapsed, they were treated with empathy and understanding. The supportive environment that encapsulated PDC was quite evident in instances where those who relapse kept coming back to the program. Unlike many other services, participants were not disqualified or denied access to services for having drugs in their system. Rather, their recovery mattered more than their relapse.

*It matters when they come back, cause it was a couple girls in here that relapsed, had to pull ‘em to the side, said ‘Listen, we all fall down. Don’t beat yourself up at all; you did enough. What matters is that you’re back. And this time we gonna figure out what you did wrong, you hear me, so you won’t do it again and keep coming back; keep coming.*

By going to court every month, she would come across other women she knew from the streets who were also in the program. Giving and receiving social support from others seemed to be the common theme among PDC participants and staff, an effort put in by everybody throughout the program. Keisha talked about her goals and aspirations with other women who shared her determination to succeed in PDC, explaining how she was largely deterred from reoffending due to her horrendously traumatic experience in prison.

Aside from her boyfriend, Keisha received social support from the women she met at PDC, some of whom she knew from her days on the street. She saw her old self in the
newcomers and felt connected to them due to their shared experiences. A friend she used to talk to when she was prostituting would be the only few people who would understand what she’s going through as they were on the same boat. Every time they met, they would talk about their struggles of being in prostitution, both empathizing with the other. Keisha recounted the conversations she would have with her friend, “Well, we out here, we tired, we all tired. One day we’ll get it together. We would have a conversation about how we tired of living our life like this; sick and tired of sick and tired. And one would pat the other, we would pat each other on the back and say, ‘Well one day when we really get tired, it’ll be over.’”

Keisha expressed that she loved her one-on-one sessions as she got to talk about a lot of things concerning her childhood and what she’s been through with her father, alongside a myriad of traumatic experiences that she kept bottled up inside her entire life. PDC has helped her not only talk about her trauma but also help her deal with her anger and resentment issues, thus, allowing her to make peace with herself. However, she did not like group sessions as it didn’t benefit her the same way as individual ones did, adding that it should be an option rather than mandatory due to the sensitivity of the information being discussed. For some women, being forced to disclose their trauma would re-victimize them instead which prevents rehabilitation.

In comparison to other intensive outpatients that she’s been in, Keisha reported that all of them included men among the participants and staff. This is the first time she’s ever been in a program where there were only women involved and said “I’m so comfortable with that. Because I’m a female and it’s nothing but women, so they understand where I’m coming from. ‘Cause I’ve been in a lot of intensive outpatients and its men mixed in it. And I really didn’t share too much. That’s why I relapsed; I kept a lot of stuff. Because the man wouldn’t understand from a woman’s point of view as far as prostituting, getting high. It’s totally
different; trust me it is.” Nonetheless, Keisha reported still not liking group sessions as much even if there were only women involved like in PDC and preferred to only share her experiences with her therapist who she has been seeing the whole time she was in PDC as well as after she graduated. This was because she had a connection with her therapist, although the others are wonderful too, she said, but this one has specifically known her for a long time since she’s been there. Coming back to a familiar place that feels like home and just building her self-esteem back up has given Keisha the courage to return when she relapsed. She was getting the love and care she really needed that she wasn’t getting outside of the program.

Lorraine’s understanding of the sanctions that she received over the years was much more nuanced than before, especially, the importance of discipline and punishment. She conceded that not everyone is able to accept punishment the same way, in turn, causing them to receive punishment yet unaffected in predicting future recidivism. Being a six-time convicted felon, Lorraine has undergone many types of treatment and punishments that allowed her to see what sanction worked as a deterrent. She argued that punishment, per se, was supposed to be a detrimental experience for the offender to not continue the behavior, and must be in combination with discipline, otherwise, the behavior only stops temporarily.

Additionally, “you have to meet people where they’re at and that’s what it seems like they’re doing,” she reported, “if you’re in a clinic or if you’re doing 12-steps, they meet you where you are. And if you’re gradually progressing, that’s great.” Attending program meetings were voluntary, albeit was expected of each participant. Lorraine found it necessary to consistently attend meetings since she was already at the program location for her routine drug test so she figured she might as well make it worth her trip. She highlighted that the program staff were very accommodating with her scheduling conflicts, allowing her to plan accordingly if
she had to go to work. Having to stay for hours at a time for meetings was also something the program could improve on, where instead, simply keeping things light and informal.

At PDC, Lorraine’s relationship with other women in the program became more meaningful and nurturing. She noticed that she was now able to talk to them, share her thoughts as well as understanding theirs. She revealed that she used to be intimidated by other women because unlike with a man, she can’t control them since they’re both women. The balance of power is not the same. However, she found herself not being intimidated anymore and in fact, developed emotional connections with others who shared similar experiences. Showing up to court every month gave Lorraine a chance to connect with familiar faces as they were all in it together, she thought. For a long time, she felt guilty because she was in denial of the problems surrounding her, she evaded a lot of the truth with her ex-boyfriend’s behavior because she didn’t want program staff to tell her that they couldn’t see each other anymore.

During the first 30 days of Lorraine and her ex-boyfriend’s forced separation, she was undoubtably upset and cried every day. Deep down, she knew that she was losing him and that their relationship was bound to end. He wasn’t cooperating with her, even on inconsequential things like her clothes, not to mention the fact that his lies kept increasing. Lorraine said that before, she would have accepted him regardless because she loved him but now, she saw it for what it really was, a sick relationship. In fact, both agreed that they made each other sick which further fueled each other’s rage. When the relationship ended, she realized that she had a lot of surrendering and acceptance to do.

Lorraine has been in phase 4 of the program for a while due to her relapse, forcing her to start over again in that phase to graduate. “It was very humbling,” she said, “Cause my first time back in court… five people graduated, and I should’ve been one of them.” She was quite
saddened by the fact that she was almost complete with PDC but at the very end, she made a mistake. The program increased her visits with her health provider, and she finally agreed to be prescribed a psychotropic medication, Zoloft, to help stabilize her mood and emotions. She never knew she had depression, she said. She always felt like there must be a reason why she was out doing what she’s doing, but she didn’t understand back then that mental illness doesn’t mean ‘crazy’, it’s a coping mechanism. She didn’t want to accept psychiatric help initially because she didn’t know she had a mental problem. She has been to prison 6 times and even did a psychological evaluation. At the time, she was only told to get her priorities straight and wouldn’t be classified as in need of psychiatric care because of her high IQ test score so there was hardly anything that could’ve been considered wrong with her according to her evaluations. When she went back to PDC, she was diagnosed with Post Traumatic Stress Disorder (PTSD), so she told the staff that she was interested in trying a mild psychiatric medication.

When Lorraine returned to PDC, within the first month, she had dropped three ‘F-bombs’ on a PDC employee in a conversation. It was clear that Lorraine wasn’t doing well, and the staff kept assuring her that they all just want her to heal. Lorraine thought, ‘heal from what?’ For some time, she simply couldn’t grasp the fact that she didn’t have to be perfectly fine or be in control of everything. Her turning point was when she finally surrendered to her circumstances and finally built the courage to let the relationship piece go.

*Staff told her, “I’m not saying that he lied to you outright, or he’s a bad guy, or that what you guys had wasn’t beautiful. And I’m sure that he loved you the most that he had the capability of loving you.” And I told her, “Well, I think he needs his own psych meds.
You know, he’s got his own issues.” And I was trying to fix him and couldn’t fix myself.*
and that’s what addicts do. When she put it to me like that, yeah, he probably loved me the best that he could.

**Circumstantial Support**

Myesha was trying to move to Virginia and was starting to get settled there but was forced to return to Maryland due to her medical insurance. She said she can’t move away without assurance that she will receive disability benefits and medical assistance as currently she faces difficulties obtaining them at her new residency. Furthermore, she has seen a psychiatrist but her prescription medication, Seroquel, was $1,200 for a 30-day supply without medical assistance, an expense that would pose a significant strain on her finances. Until she can secure her medical needs and welfare, she is forced to commute back and forth between states to collect her prescription.

Myesha shared that the worst thing in SPD to her was going to meetings because she didn’t know the Baltimore area well, so commuting became quite a hardship to her. She explained that since she couldn’t navigate herself during the daytime when she’s up and awake, she’s forced to go out of her way to attend the 6 o’clock evening session that is closer by her home but by then, she doesn’t feel like going anymore, not to mention the cold weather preventing many from travelling. Echoing Myesha, Pink expressed her distress due to the recurring problem of transportation when going to SPD which interfered with the consistency of her attendance, “having to come up here every Thursday on the god-darn bus, If I had a car, it wouldn’t have been so bad. But it’s just getting on a bus and having to ride up here, instead of living next door and going out my door and coming up here.”

In addition to that, Pink reported receiving some financial assistance including insurance and food stamps; Supplemental Nutrition Assistance Program (SNAP). She received $185 in
cash from social services, $200 in stamps, and much to her surprise, a weekly bus pass to get on
the Maryland Transit Administration (MTA) bus for $16. In the process of accessing this welfare
support, she faced challenges due to the inefficiency of the bureaucratic system. She recalled the
time she went to get her picture ID taken, she got on a bus and went down to the MTA station
where an employee told her the counters were closed and to come back in one week. The next
week, Pink came back and to her dismay, learned that her paperwork hasn’t even been processed
yet. Overwhelmed with anger and disappointment, she felt the urge to get high but managed to
stop herself so instead called her father for support, a trusted family member whom she depended
on throughout her recovery at SPD.

*I said “why in the hell did you have me come down here last Thursday and you knew it
wasn’t done? This place is a bunch of shit.” I just got mad. And my first thought was “go
get high, girl, you’ve got $5 in your pocket. I called my dad “Dad meet me at the light
rail.” My dad walked down, he met me at the light rail. He said “why?” I said, “I was
going to go do something I wasn’t supposed to.” He said “okay, come on, I’ll be there. I
want to take you to the bar buy you a lunch.” He doesn’t drink and neither do I – so we
could do that.*

Myesha’s housing situation in the past 90 days has been the same place, but she reported
a recent falling out with her cousin who she’s been living with. Myesha argued that she refused
to pay her cousin $600 for a room anymore, because her cousin still calls the shots around the
house. Ultimately, she decided to live with her mother for three weeks and in the meantime, she
would send her mother money to help her look for housing. Jenn, on the other hand, was still
moving in and out of different homes since she was still on the housing list, waiting for a more
permanent place. She has been on that housing list for five years, even getting SPD staff to
periodically check on her housing status but is yet to hear about a vacancy that was available for her. Jenn was in the process of getting a room for her to live in throughout her pregnancy, stating that she was determined to get at least a one bedroom by the time she goes into labor.

For many SPD participants, navigating multiple agencies could be quite challenging without proper guidance, especially professional support (e.g., applications, paperwork, documentation, referrals, and resources). For many women who have been engaged in prostitution for a long time, the chances of them being able to obtain legal documentation and paperwork were very slim. Especially if they were frequent flyers, constantly going in and out of jail, their access to expert advice and guidance would almost be impossible. Jenn shared that the program has been helping her with her disability benefits as well as housing applications. However, she mentioned that she did not have any resources or contacts for early childbirth and other important parenting information to prepare her for childbirth, although, she has seen an obstetrician consistently once a week. Furthermore, when she goes to her appointments, she had access to more information on early childhood, childcare, and development which she stated was very useful to her.

At SPD, education was a primary goal for most if not all participants. Powder expressed her desire to go back to school to finish her education, but she was already in debt because she owed about $2000 in federal student loans from when she went to college, and because it was a federal loan, she wasn’t allowed to take out another loan until she settles her debt. Pink had a similar financial barrier to continuing her education where she needs money to enroll in multiple GED classes. This program gave her something to look forward to like going to school and learning the computer. Pink has started classes for her GED and recently passed one of her tests, so she was saving up $80 to go take a different test as it was done according to subjects such as
math, writing, and reading. Such costs are often overlooked by many who wish to help those finish their education.

CeeJay, after graduating SPD, reported her first rearrest since the program where she was locked up and had to come back to court. After the program, she was steady for a whole month, clean urines, back and forth to appointments, and consistent reporting. Then, she had a relapse. She said that she wanted to come back to the program to finish what she started, adding that this time, she wanted to approach it with more openness and subjectivity but at the same time, going through several withdrawal symptoms.

When Keisha first started going to PDC, she took it upon herself to register for GED classes that were held there. Program staff could only assist as far as getting them on housing waiting lists and providing job referrals but most of the legwork must be done by the participants themselves, thus, making them accountable for themselves. Housing and employment were large concerns for Keisha because of her upcoming discharge date from a house she obtained through a housing package. Laws regarding any extensions, at that time, were passed limiting the housing package to only 90 days. In conjunction with her lack of income, she did not have any family that she was willing to live with. In fact, she would rather go to a women’s shelter than live with her family because she wanted to remain on the waiting list for housing.

Her PO would give second chances to those who relapse but only to a certain extent. Not wanting to take her opportunity for granted, Keisha felt hopeful and committed to the program due to the willingness of her PO to go out of her way to help. In a relapse, Keisha stopped reporting to her PO after many days of consistently doing so and resulted in her PO giving her four months before putting a warrant for her. Unlike a previous judge who was strongly against
prostitution, her current judge gave her a chance to redeem herself after her recent relapse since she has consistently reported to her PO every month for a long time. Nevertheless, she did not think the program sanctions in general are harsh enough. Writing essays and sitting in court sessions was simply a smack on the hand according to Keisha. Having witnessed another girl take advantage of the punishment and sent to jail for three days has truly motivated her to stay on track and not mess up her recovery.

Keisha was waiting for an expungement of her record of the time she was imprisoned for possession of crack cocaine back in 2011. Due to a policy where any kind of drug case disqualifies applicants from PHA, she was forced to appeal her case at a hearing where she provided paperwork of being in a diversion program and the consistency of her reporting to her PO, and more importantly, having been an entire year clean of drugs. The court granted her the appeal, but her situation remained stagnant due to the lengthy processing time and involvement of multiple bureaucratic stakeholders to process her application.

During her final interview, Keisha reported that she had fallen back at one point because she jumped into a relationship and things didn’t work out, so they separated, and it sent her slightly downhill, so she started drinking. Keisha disclosed that when her relationship turned sour, she turned to drinking which exacerbated the situation that led to them ending the relationship. Unfortunately, it’s been almost 2 years and she was still on the housing wait list. Moving out of her boyfriend’s house has put a huge strain on her wellbeing overall. She was hoping the whole time she was living with him that her housing would come through, but it didn’t. “It was the relationship that I allowed to tear me down,” she expressed sadly. “My feelings, things weren’t right, I got depressed, isolated, and started drinking. I went back to my
mom’s. I had a job, I was working, I was doing the damn thing. I was working at a Fast-Food restaurant. I was out there for 2 months.”

Transportation was a challenge for Keisha considering she didn’t own a car nor drove. She often took the bus to commute and that started to become a problem for her ex-boyfriend. He fussed at her because she would still be at work when he was already home from his job. Keisha didn’t think it was a problem, but he kept pressing her to find a different job that allowed her to be home earlier. At one point, she became so overwhelmed by his controlling behavior that she ended up quitting her job because of it. It was another reason why they’re separated, she said.

Lorraine mentioned that her obstacles include fundamental things necessary for her to improve her life ranging from transportation and employment to computer literacy and usage of technology such as her phone. Nevertheless, she believed that the program staff were very accommodating to her needs, allowing adjustments and such to occur without fear of repercussions. “They’re here to help, not hinder and place demands on me that I can’t achieve. It’s doable, once again” she stated. In terms of her goals, Lorraine thought hers were very obtainable—weekly urine tests and psychiatry meetings. She suggested that the program improve in the future by aiding in getting bus passes for those who did not have their own transportation.

Lorraine has been trying to get into a job readiness class to improve her resume because of the felonies that she had accumulated from another state. For two weeks, she went on an independent job search at PDC when she shows up to report her attendance, using their computers for her job applications. She mentioned how the fast-food chains that she applied to have the easiest application process because everything was managed online. In one of her job interviews, she was commended for the way she presented herself and portrayed confidence when she came in. She attributed her professionalism to the job readiness training she attended.
During her relapse, one of the people managing the program who she felt emotionally connected to assured her, “Lorraine, I want you to understand that we will do what we can to make sure you don’t go back to jail.” It’s quite unusual for the program to repeatedly accept the same participant if they have breached program rules too many times, however, Lorraine was proven to be an exception.

**Discussion**

In support of previous research, ill-health and mental instability do, to an extent, persist after women exit prostitution (Hester and Westmarland 2004; Sanders 2007; Oselin 2014). My data has demonstrated that women, in fact, do require significant attention from medical and social providers even when they haven’t relapsed or reoffended after some time. For many women, substance use wouldn’t be solved simply by going to NA meetings and entering detox clinics, rather, should address the root cause of their addiction which is often trauma related. Women in PDPs reported that the program has taught them to develop their own coping mechanisms to overcome urges to use drugs such as avoiding triggering environments that could potentially cause them to relapse.

Echoing previous studies on street-level bureaucrats, the state’s paternalistic hold on the justice system’s diversion programs is ubiquitous and rigid (Shdaimah 2011). For instance, micromanagement and misappropriation of trauma and substance treatment may further harm women attempting to exit prostitution if they are not given agency and control over their own lives. Despite their best intentions, program coordinators tend to overlook the participant’s inherent needs and interests when desisting and maintaining sobriety. Individualizing the program to fit specific needs allow women to have control over their futures, thus, prompting them to commit their recovery.
Regarding women’s turning points, they may be faced with life’s unexpected challenges, potentially overwhelmed with anger and disappointment, and very likely to relapse to cope with their situation. This time, a significant turning point, is crucial for them to be able to reach out to trusted loved ones for support. This longitudinal study strongly affirms the impact of turning points on women’s life course trajectories, thus, future studies should further scrutinize the drastic changes women go through. Importantly, their experience should not be viewed as a single, explicitly isolated event but a more complex chain of events that are less visible to the public eye. C-PTSD, or Complex PTSD, recognizes the varied symptoms of trauma where individuals behave contrary to popular stereotypes where they appear obviously distraught. In fact, some do not even process trauma the same way, making their coping mechanism unique to their circumstances and requires intensive evaluation.

Additionally, there were some limitations with the existing urinalysis implementation, specifically, informing participants ahead of time of when they will be drug tested. Considering how drug testing is a necessary aspect of program compliance, some women were concerned that many would be able to get around the rules of drug tests by strategically timing their drug use and when they will be tested. An option that can be considered to overcome this problem is by not informing participants in advance regarding drug tests and conducted randomly so the participants would not be able to ‘cheat’ the system. Additionally, some participants who relapse express their desire to go into treatment programs to detox, however, may be excluded if they do not fulfil certain criteria like having a doctor’s note or hard drugs like heroin in their system. Program coordinators should reassess the way drug treatment centers are implemented and whether existing regulations benefit its participants.
Another problem women face is obtaining disability benefits and medical insurance. This includes medication necessary for withdrawals like methadone or suboxone, both require a prescription and coverage. Not only that, but other medication also intrinsic to mental health like Seroquel was reported to not be obtainable if one were to move to another state that doesn’t provide the same type benefits. Many participants highlighted their inherent need for medical care when exiting prostitution, especially pregnant women, and could significantly benefit from receiving a stable form of welfare assistance.

Additionally, PDP provides basic psychiatric care as well as individual or group therapy that are trauma-informed and gender-specific, meaning that the program employs all-women staff and only accepts female participants. Individuals who have been in prostitution for a long time found themselves to be cautious and fearful in the presence of men so limiting the PDPs to women only provides a sense of security for all, asserting a mutual trust among women. There were mixed responses as to whether participants preferred individual or group therapy as some reported that they did not wish to disclose personal information to others who were regarded as strangers. Future PDPs should specialize the program to fit specific needs and best utilize the resources by developing individualized care plans.

To maximize the benefits of PDP, organizers should specifically target individuals who are incentivized to exit prostitution and not just simply as a “get-out-of-jail-free” card. Firmin and colleagues’ qualitative research highlight the type of individuals who are most incentivized to exit (2013) and as my findings have shown, SPD participants are likely to accept the program even though they are not necessarily interested in fully desisting from crime as it is considered a much better option than jail. However, consequences of failing SPD would land the individual
back to where she was at the pre-trial stage, but not after the judge has given her multiple chances.

Currently, women are only made aware of PDPs through court officials who selectively offer program entry to individuals who meet certain criteria. Considering how diversion programs are still at its nascent stages, future research should further explore the selection process that courts implement on those who wish to participate. Interestingly, one of the women in my study, while incarcerated, was introduced to PDC through an acquaintance who also participated as well. By learning more about the program and having useful resources sent to her solidified her decision to join PDC, especially after reading stories of other women who successfully graduated the program. This instance clearly demonstrates the positive effect of incentivized individuals further incentivizing other individuals.

Since SPD was held for 90 days, 30-day extensions were sometimes granted as dropouts were to be expected considering the duration of the program itself can be considered too short to affect the participants in the long run. As for PDC, the stakes are much higher because the women were already incarcerated for a long time and the program is a condition of their probation and mostly consist of habitual offenders. The program being held for one year allows it to be highly individualized based on the participant’s needs, including intensive outpatients and other highly involved governmental organizations. The difference in duration can be further scrutinized in future programs to best utilize resources according to local needs. Moreover, participants report that uncertain and lengthy wait times has highly discouraged many women from considering a prostitution diversion program as a possibility as opposed to prison or probation. For both programs, admittance is highly restricted to certain individuals, thus, should be expanded and specialized to be more efficient. This could potentially lessen the number of
women going back to prison by allowing them to manage their sobriety and desistance from crime through the program.

Most women in my study expressed their desire to reconnect with loved ones and some who chose to exit prostitution because they became pregnant or got into a relationship. Considering how exiting prostitution involves multiple struggles that may derail their progress such as relapsing due to a stressful experience, it is fundamental for program staff to be understanding and empathetic rather than judgmental. There appears to be a lack of understanding regarding women in prostitution’s childhood traumatic experiences among the court officials, therefore, employing PDP staff who are trauma-informed and trained to support and advocate for women. This survivor-centered approach has been proven to be very effective in PDP success, contributing to many women’s long-term desistance.

Even for those who have successfully exited prostitution, obtaining legal employment is very difficult considering their criminal backgrounds or extended periods of unemployment (Koegler et al. 2020). Women at both PDC and SPD reported various kinds of difficulties they experience after successfully exiting prostitution, including issues obtaining social security, important paperwork, identification documents, and limited employment options. It should be noted that not all the women in PDPs are residents of the state of the program they are in, making transportation and navigating unfamiliar areas quite challenging. Not only that, the ability to commute should also be scrutinized as my observations have shown that program attendance significantly increased when women were provided a weekly bus pass.

Housing was also a prevalent struggle that most women face when trying to reintegrate into conventional society. Simply being around triggering or negative environments, including peers, may cause a relapse as well as possible arrest for crimes associated with their relapse.
Those who had relatives benefited from both housing and social support that further motivates them to maintain their sobriety. However, some also reported being on public housing lists for several years and are forced to refuse living with relatives for fear of being taken off the list, in turn, forcing them to reside in shelters instead. Additionally, education and systematic barriers to accessing it should also be addressed in PDPs as many expressed their desire to complete their GED, advanced or technical degrees to advance themselves in the job market.

Lastly, as theorized by Roe-Sepowitz et al. (2012), it was found that a history of abuse and trauma symptoms did predict the likelihood of early dropout from the program. Considering how women have varying levels of trauma and abuse histories, trauma-informed policies should be implemented whereby trauma victims aren’t prosecuted, but instead, supported and advocated for their best interests. Many staff and participants of PDPs believe that even though there are early dropouts, most come back regardless because unlike many other programs, participants were not disqualified or denied access to services for having drugs in their system, rather, their recovery mattered more than their relapse.

**Conclusion**

The development of PDPs should be further expanded and individualized to include fundamental support in terms of substance abuse treatment, social support, and circumstantial support. By looking at the state’s paternalistic role in crime desistance, varied needs must be met for diversion programs to be effective. I’ve shown how barriers for women exiting prostitution can be observed through their turning points and how they require ample opportunity and coping skills to navigate hardships that may lead to relapse. Despite all the difficulties faced, many women do significantly benefit from PDPs largely due to its trauma-informed and gender-specific nature of its implementation.
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