

2009

Systematic approach to prostitution laws: A literature review and further suggestions

Dana Lynn Radatz

Follow this and additional works at: <http://commons.emich.edu/theses>



Part of the [Sociology Commons](#)

Recommended Citation

Radatz, Dana Lynn, "Systematic approach to prostitution laws: A literature review and further suggestions" (2009). *Master's Theses and Doctoral Dissertations*. 231.

<http://commons.emich.edu/theses/231>

This Open Access Thesis is brought to you for free and open access by the Master's Theses, and Doctoral Dissertations, and Graduate Capstone Projects at DigitalCommons@EMU. It has been accepted for inclusion in Master's Theses and Doctoral Dissertations by an authorized administrator of DigitalCommons@EMU. For more information, please contact lib-ir@emich.edu.

Systematic Approach to Prostitution Laws:
A Literature Review and Further Suggestions

by

Dana Lynn Radatz

Thesis

Submitted to the Department of Sociology, Anthropology, and Criminology

Eastern Michigan University

in partial fulfillment of the requirements

for the degree of

MASTER OF ARTS

in

Criminal Justice and Criminology

Thesis Committee:

Paul Leighton, PhD, Chair

Marilyn Corsianos, PhD

May 10, 2009

Ypsilanti, Michigan

ACKNOWLEDGEMENTS

I would like to acknowledge and extend my sincerest gratitude to the following individuals who have made the completion of the thesis possible. I wish to thank my advisor, Dr. Paul S. Leighton, for his support and guidance throughout the thesis project and our numerous discussions in which I learned valuable lessons and information on academics and life. I am truly indebted to Dr. Marilyn Corsianos for not only her assistance and direction on the thesis, but also teaching me about policing and the examination of it from a multitude of vantage points.

I wish to thank my parents, Frank and Tarry Radatz, for their love and support, and for showing me that the world is full of possibilities, and if I put my mind to it, I can achieve my goals. I am grateful to my best friend, Jessica Belisle, for the infinite amount of support and friendship she has given me since the day we met. Also, many thanks to Jess Klein, my fellow classmate and comrade, for being with me through the journey of getting a Masters degree; our countless conversations on criminology, society, and life will forever be remembered. Last, I wish to thank my own personal buoy, Stephen Horton, for his constant love and understanding. He has stood by me through my entire Master's degree and gently reminded me of the important things in life; to have fun, laugh, and be patient.

ABSTRACT

Currently, the United States regards prostitution and related activities as illegal and polices prostitution under a criminalization policy (with the exception of some counties in Nevada). Researchers have examined prostitution under the criminalization policy and have discovered many advantages and disadvantages to the policy. This paper reviews and systematically organizes the current literature and research studies surrounding prostitution policies of criminalization, decriminalization, and legalization with respect to four main key points: policing/regulation, health, violence, and perceptions/attitudes. Additionally, further suggestions are made for future research studies to examine and study to further the knowledge base surrounding prostitution.

TABLE OF CONTENTS

Acknowledgements	ii
Abstract	iii
Chapter 1: Introduction and Background	1
Introduction, Problem Statement, and Background	1
Purpose of Study	9
Justification and Significance	9
Research Questions	10
Methodology	11
Chapter 2: Criminalization	15
Criminalization Policy.....	15
Policing and Regulation	16
Health	24
Violence	29
Perceptions and Attitudes	33
Conclusion	38
Chapter 3: Decriminalization	41
Decriminalization Policy Alternative	41
Policing and Regulation	42
Health	46
Violence	51
Perceptions and Attitudes	55
Conclusion	58

Chapter 4: Legalization	60
Legalization Policy Alternative	61
Policing and Regulation	61
Health	67
Violence	69
Perceptions and Attitudes	73
Conclusion	75
Chapter 5: Further Suggestions and Conclusion	78
Criminalization Policy	79
Policing and Regulation	79
Health	81
Violence	84
Perceptions and Attitudes	85
Decriminalization Policy	85
Policing and Regulation	86
Health	88
Violence	90
Perceptions and Attitudes	92
Legalization Policy	93
Policing and Regulation	94
Health	96
Violence	97
Perceptions and Attitudes	99

Conclusion	101
References	102

Chapter 1: Introduction

Introduction, Problem Statement, and Background

Prostitution can be defined as performing or engaging in sexual intercourse or sexual acts for hire, usually for monetary reimbursement and is deemed one of the world's oldest professions. As Edlund and Korn (2002) explain, "Prostitution is a multibillion dollar business that employs millions of women worldwide" (p. 182). Additionally, Hubbard (1997) states, "As the 'oldest profession,' female prostitution has long been recognized as a persistent feature of urban life, albeit one which has manifested itself in a variety of forms across different societies" (p. 129). Weitzer (1999) explains that there are "approximately 90,000 arrests in the United States for violations of prostitution laws, in addition to an unknown number of arrests of prostitutes under disorderly conduct or loitering statutes" (p. 83). Furthermore, Weitzer goes on to explain that law enforcement efforts have little effect on prostitution, and "at best, the problem is contained within a particular area where prostitutes are occasionally subjected to the revolving-door of arrest, fines, brief jail time, and release or displaced into another locale, begetting the same revolving-door dynamic" (p. 84).

With the current policy of criminalization being upheld in the United States, several issues/problems have surfaced that have drawn researchers to take a closer look. Policing prostitution within the United States is primarily the decision of the police officer and his/her colleagues. With this police discretion, multiple problems can arise. Most law enforcement efforts and prostitution arrests require that offenders must be seen during the solicitation act, which implies that the control over prostitution is extremely labor-intensive (Weitzer, 1999). Additionally, policing prostitution is highly focused on female offenders while it leaves the male "johns" (the customers) out of the legal ramifications. Raymond (2004) discusses the legislation

and explains that the penalization of “the male customer whose right to buy women and children for prostitution activities remains unquestioned” (p. 1156). As female prostitutes carry the brunt of the offense, they are also subjected to police officers’ personal beliefs and values that may affect their experiences with the legal system. As Williamson et al. (2007) explains, “The values and beliefs an officer holds about women in general, and women in street-level prostitution, in particular, may affect whether the officer’s response to prostituted women will be positive or negative and formal (by the book justice) or informal (using police discretion)” (p. 16).

Prostitutes have found that their cases involving complaints of sexual assault are not typically prosecuted and are generally dismissed (Williamson et al.). Elaborating further, they state, “Therefore, it is not surprising that when researchers ask about encounters with police officers, sex workers in the United States reported being subjected to misconduct by law enforcement on a regular basis.” In a study done by Miller (1993), it was found that of the 16 incarcerated prostitutes, 48.3% stated they had been forced or coerced into sexual acts with “Men who identified themselves as police officers,” and a study conducted by Nixon et al. (2001) “identified other negative police behaviors with prostituted women, including verbal abuse, harassment, propositioning by police, and sexual assault” (Williamson et al., 2007, p. 18).

Another major problem with prostitution in the United States is the reputation and social stigma that is associated with being a prostitute. Social stigmatization is deemed the “primary harm of prostitution” according to Farley (2004), with “all sides of the [prostitution] debate agreeing that women in prostitution are stigmatized” (p. 1090). She further explains that prostitutes are not seen as full human beings, are socially invisible, and may internalize these feelings towards themselves. Prostitute women working within the United States under the criminalization policy are continually shunned and treated unequal to others on multiple levels,

including the general public, health care personnel, and criminal justice system workers (i.e. lawyers, prosecutors, police officers). This mistreatment and stigmatization is linked to opinion polls and surveys that claim prostitute women are “un-rape-able” or “bad,” and this way of thinking does not just end when the prostitute no longer works in the sex industry, as prostitute women continue to be disrespected and experience stigmatization long after their position as prostitutes ceases. Additionally, prostitution in the United States is often associated with other social afflictions, such as poverty, crime, and disease.

Closely connected to prostitute women being stigmatized within the United States, prostitution exists in a context of gender inequality, where women are second-class citizens when compared to men. This gender inequality results in a major problem associated with prostitution under a criminalization policy. Under a patriarchal social order (like the United States), “There is an implicit agreement among men granting them sexual access to women. Men acquire rights to particular women through formal marital and informal prostitution contracts. In other words, men have a class privilege—a right to sexual relief from women—which they can exercise by asserting their rights as husbands or johns” (Shrage, 2008, p. 2.1). Pateman (1998) explains the social inequality by stating that sex work differs from other forms of work because women are seen as inferior in both politics and social statuses. She also claims that women who sell their bodies are selling their womanhood, resulting in the selling of themselves. Additionally, Overall (1992) describes sex work for women as being different from other low status careers because the labor is unable to be reciprocated, and as Shrage (p. 2.2) states, “may corrupt non-market sexual relationships by promoting the valuation of women in terms of their market worth.”

Violence towards prostitutes working in a criminalization policy (such as the United States) is an ongoing and considerably large problem that is associated with prostitution. Related

to the stigma of being “un-rape-able,” “less than a human,” and “being socially invisible,” prostitutes are taught through experience that violence (of all forms: physical, sexual, and emotional) is an everyday occurrence, as it is “part of the job” and a “way of life.” Multiple studies have shown that violence against prostitute women is the highest under a criminalization policy and that street prostitutes are at a higher risk of victimization than indoor prostitutes. Prostitute women report being physically assaulted, sexually assaulted, threatened (with and without a weapon), raped, beaten, kidnapped, verbally assaulted, and so on. Furthering the problem of violence, these women are not taken seriously, as the mentality of the general public and criminal justice workers (police officers, prosecutors, etc.) is that it is impossible to rape a prostitute woman. This way of thinking continually perpetuates the cycle of these women being victimized, as they are unable to report themselves as being victims or receive help in obtaining righteous justice.

Preliminary research has shown that there are four main areas that prostitution research revolves around: policing/regulation, health, violence, and perceptions/attitudes. The first key issue, policing/regulation of prostitution, is largely examined within the research community, for the debate of alternatives to criminalization is rooted with the studies of regulation. Under the current policy of criminalization, prostitutes encounter multiple interactions with the criminal justice system. In an effort to police and control the problem of solicitation for prostitution, police officers use a multitude of tactics including but not limited to sting operations, generating organizational maps and outlines of provocateurs “johns,” sending letters to suspects’ homes, charging possible “johns” with motor vehicle violations and impounding cars, publishing names of known “johns,” extra patrols, selective tolerance, regulating sites of street prostitution,

entrapment, and harassing sex shops (Dodge et al., 2005; Matthews, 2005; Parenti, 1999; Sagarin and MacNamara, 1970; Sagatun, 1988; Williamson et al., 2007).

In addition to studying the policing and regulation of prostitution within the United States, other countries are examined under this key issue as a way for researchers to learn from their mistakes, reexamine their research, and replicate studies to advance the knowledge base that the United States currently has. For example, the Netherlands faces some serious questions after the policy within their country changed from criminalization to legalization. Wagenaar (2006) explains that three years after the law was passed, the implementation of the brothel law was adapted unevenly. The United States would be able to examine the issues that the Netherlands currently has as a way to advance their own knowledge on the implementation of legalization, as a way to see advantages/disadvantages or to improve upon and not make similar errors if the alternative were implemented.

Health, the second key issue, is examined under the current policy of criminalization within the United States. Currently medical check-ups and health status exams are not mandatory for prostitutes. Health and medical issues of prostitution are dominant topics in the profession, along with decriminalization and legalization. Advocates of decriminalization argue that prostitutes would experience better health care access than they normally would receive (Farley, 2004). Assuming that the stigma of prostitution diminishes, prostitutes will be able to file a complaint of rape, abuse, or assault due to their occupation and be taken seriously and with dignity (Farley, 2004). Many prostitutes' rights groups have been founded to speak for the prostitutes. COYOTE (Call Off Your Old Tired Ethics) was started by Margo St. James in 1973, and is "the premier prostitutes' rights group in the United States, and is affiliated with kindred organization in the United States and internationally" (Weitzer, 2000, p. 174). COYOTE fully

explains that medical health check-ups should not be mandatory, for some sex workers are not actually touching their clients and check-ups would be senseless for these workers. Prostitutes affiliated with COYOTE do encourage themselves and their fellow sex workers who do engage in intercourse (oral or genital) to receive health check-ups and obtain health certificates, and potential clients should choose prostitutes who have the certificates.

When considering prostitution and community health, the major debate falls between the sides of “mandatory” or “recommended” health check-ups for the prostitute. For the alternative of decriminalization, prostitutes’ rights groups such as COYOTE take the stance that mandatory health checks are an infringement of prostitutes’ rights, while the legalization alternative claims that mandatory health checks are designed to discover and monitor the spread of communicable diseases, such as venereal and sexually transmitted diseases.

Closely related to health, the third key issue of violence has been studied and explored as a prostitute may experience sexual, physical, or emotional violence at any point during the duration of her career. Farley & Barkan (1998) found that, “As adults in prostitution, 82% had been physically assaulted; 83% had been threatened with a weapon; [and] 68% had been raped while working as prostitutes” (p. 37). Furthermore, a study done by Salfati et al. (2008, p. 505) stated, “It has been estimated that women involved in street prostitution are 60 to 100 times more likely to be murdered than are non-prostitute females.” However, through the use of interviews of prostitutes, brothel managers, and policymakers, Brents and Hausbeck (2005, p. 270) found that “the legalization of prostitution brings a level of public scrutiny, official regulation, and bureaucratization to brothels that decreases the risk of these 3 types of systematic violence” (interpersonal violence against prostitutes, violence against community order, and sexually transmitted diseases as violence).

The fourth key point, perceptions and attitudes, is studied through many different vantage points such as public stigmatization and police perceptions. Social stigmatization is deemed the “primary harm of prostitution” according to Farley (2004), with “all sides of the [prostitution] debate agreeing that women in prostitution are stigmatized” (p. 1080). She further explains that prostitutes are not seen as full human beings, as socially invisible, and may internalize these feelings. It has been suggested that decriminalization would assist in removing the social injustice that the prostitutes experience due to the stigma (Farley, 2004).

There are many organizations that assist prostitutes and offer help and advice when needed and often voice the opinions and concerns of prostitutes, as they recommend looking into alternatives to the current criminalization policy. There are many prostitutes’ rights groups, such as COYOTE, which endorse decriminalization and believe that decriminalization allows for prostitution to be labeled and defined as work, “like any other work, and because decriminalization is the only policy that recognizes prostitutes’ ‘right’ to use their bodies as they wish” (Weitzer, 1999, p. 86). COYOTE clearly outlines on their organizational website (www.coyotela.org) and states, “The laws prohibiting the soliciting or engaging in a consenting adult act of prostitution, or patronizing a prostitute, should be repealed (decriminalized as opposed to legalized)” and wishes to remove the stigma associated with consensual sex work. Hatty (1991) explains, “Whilst COYOTE acknowledges that violence and even death are risks associated with prostitution, these violations are seen as resulting from the illegal status of prostitution in some jurisdictions, as well as the stigma attached to the work itself” (p. 72). Groups like COYOTE offer crisis counseling, support groups, and legal referrals and advice to prostitutes who seek help.

There are three major policy alternatives with regard to the way in prostitute may be policed and regulated within a country/jurisdiction/location. The first policy alternative, criminalization, is held by numerous countries including the United States and Canada. Criminalization of prostitution implies that prostitution is an illegal activity, as are any other activities related to prostitution (such as pimping and soliciting). The second policy alternative is known as decriminalization. Under a decriminalization policy, prostitution is not considered illegal or legal, but rather a private matter that may be subjected to some limitations, such as red light district zoning areas, like those in many parts of Europe. Last, the third policy alternative is legalization. Under a legalization policy, found in Nevada, Germany, and the Netherlands, prostitution is legal, but is regulated through licensing and restricted to brothel location and is monitored by the government.

As previously mentioned, prostitution within the United States as it is policed under a criminalization policy has many problems and issues closely connected to it. Prostitute women are subjected to police discretion and personal beliefs/opinions when encountering the criminal justice system, which results in several accounts of mistreatment that could be avoided. Furthermore, prostitute women are subjected to the stigmatization of being sex workers, and even after a change of behavior, the stigma remains, as the general public, health care professionals, and criminal justice system workers continue to hold “less than human” standards for them. Additionally, prostitute women are working in an environment that encourages violence against them in all three forms (physical, sexual, and emotional). There is clear indication that there may be other directions that the United States could move in concerning prostitution and the way in which it is policed. It is evident that the studies that surround prostitution must be reexamined and new studies must be conducted to increase the knowledge

base that the United States currently has on prostitution. There is an imminent demand to have a systematic approach to the current research available, as there have been no previous studies that examined the three policy alternatives and its corresponding research in one thorough examination and literature review.

Purpose of Study

The proposed study has two main purposes in an effort to be a legitimate addition to the research field. The first main purpose of the study is to extensively review the current research surrounding the topic of prostitution and organize it systematically. The study will examine the current policy of criminalization held in the United States, along with the alternatives of decriminalization and legalization, with a focus on key issues for each option. The key issues, which include health, violence, policing/regulation, and perceptions/attitudes, will assist in achieving the systematic approach by way of its organization. Additionally, the second main purpose of the proposed study is to identify the gaps or holes in the research that has already been studied. Through extensive literature reviews of the current research, the proposed study will be able to identify the gaps or missing research through the assistance of the developed systematic approach, which will offer valuable suggestions for further research to be conducted in the future in an effort to build the knowledge base surrounding prostitution.

Justification and Significance

The goal of the study is to extensively review the current research surrounding prostitution and the way it is policed in the United States, while adding a systematic approach that has not been found in any previous research done on the topic. The systematic approach involves the organization of several key issues, including policing/regulation, health, violence, and perceptions/attitudes, that will be examined for each policy alternative (Criminalization,

Decriminalization, Legalization) in an effort to organize the current research. The organization of the research will prove significant, as it will help to shed light on what still needs to be examined further in future research, and what has been examined extensively and exhaustively.

Justification and significance can not only be seen in the systematic approach, but also in the suggestions for further research, as this research will prove to be a stepping stone for researchers who are looking to advance the current knowledge on prostitution and the laws by which it is surrounded. The research suggestions focus directly on the four main key points of policing/regulation, health, violence, and perceptions/attitudes within a policy alternative, which allows for policy comparisons that will yield numerous research advances. By identifying the parallels and differences within the policies, analyses and comparisons of the data and research will provide the potential for improving health conditions and safety for the prostitutes and the community, as well as the possibility in avoiding the worsening of a situation dealing with prostitution.

Research Question

As previously mentioned, research on prostitution lacks a systematic approach to help the overall organization of research being conducted surrounding the topic. With the lack of the systematic approach, the current research is left unorganized as a whole, leaving each research study to be a piece of the larger prostitution puzzle. Essentially, the proposed study will attempt to organize the pieces (research studies) into a larger picture, in an effort to answer the question, “What research still needs to be conducted on prostitution?” This question will be able to identify the gaps in the current prostitution research in order to provide suggestions for further research in the future. Additionally, the proposed study will seek to answer the question, “How does the policy of criminalization in most of the United States compare with other alternative

policies when considering specific key points, such as policing/regulation, health, violence, and perceptions/attitudes?” Answering this question will provide researchers with many parallels and differences among policy alternatives, allowing for analyses and comparisons to be made.

Methodology

A review of the literature will be conducted using various types of media, ranging from peer-reviewed journals for the researchers’ perspective and studies to professional online organizational websites that assist in retrieving the sex workers’ perspective. When assessing the peer-reviewed journal articles, each study will be extensively examined, specifically looking for key issues such as policing/regulation, health, violence, and perspectives/attitudes. The key issue of policing/regulation is examined due to its immediate relation to a prostitution policy alternative, as it is how prostitution laws are enforced. With respect to health, a large part of prostitution research focuses on communicable diseases and the way in which they are spread, as AIDS and STDs are considered serious health risks within prostitution. Additionally, physical, sexual, and emotional violence within prostitution is prominent, and many prostitution research studies have explored such violence against prostitutes due to its high correlation with prostitution. Last, perceptions/attitudes are examined as a key issue because attitudes towards prostitution directly affect policy alternatives. For example, within the United States, the general public holds a large majority support for the criminalization of prostitution from a moral standpoint that prostitute women are “fallen” or “bad,” which is reflected in its prostitution law of criminalization.

Current research that focuses on international prostitution laws of other countries will also be examined. There is a variety of data and research available from other countries that indicates that prostitution is a social problem everywhere and not just in the United States. It is

from this data and research that the experiences of other countries and policy alternatives can provide helpful knowledge and information on other policies to researchers examining prostitution. Like the United States, Canada also holds a criminalization policy, and the data gathered from both countries will provide an excellent representation of the criminalization policy. Research and data are gathered from many European countries, Japan, and some areas in Australia, to provide useful knowledge on the decriminalization policy. Last, Nevada (in the United States), the Netherlands, Germany, and areas in Australia are examined to help provide an all-encompassing perspective of the legalization policy. The combination of studies from other countries and studies done in the United States will broaden the paper in the wealth of knowledge that is currently available to the collective research studies of prostitution.

The research on international countries will be attained in the same manner as the United States research, as it will focus on the key issues previously mentioned. These journal articles will be retrieved using the databases offered through Eastern Michigan University as well as the “InterLibrary Loan” system, which allows access to other university libraries that may contain journals that Eastern Michigan University does not have access to directly. Combining the use of Eastern Michigan University’s library databases and the “InterLibrary Loan” system allows for ample access to all current research available.

Evaluating and accessing the information found on organizational websites connected to prostitution will allow the study to attain the voices of the sex workers. Being able to weave in the attitudes and perspectives of prostitutes not only through research studies but also through organizational websites will help to strengthen the key issues by including information that may be missed from the current research studies. The organizational websites will be accessed via the information they have posted on their sites, including but not limited to information such as

counseling sessions, where to go for information, frequently asked questions, violence, links to help.

Once the information and research studies have been collected, aspects of the studies will be placed systematically into organization pertaining to the key issues of policing/regulation, health, violence, and perspectives/attitudes, as well as by the country they are relevant to and under which prostitution law alternative (criminalization, decriminalization, legalization) it belongs. The second, third, and fourth chapter are organized in the same systematic format; the first section is dedicated to the explanation of the policy alternative, as the second section is focused on the policing and regulation of prostitution under the policy alternative and includes information on international comparisons and other countries that police prostitution using that policy alternative. The third section primarily focuses on the health aspects of prostitution pertaining to the policy alternative, while the fourth section of each chapter describes and outlines information pertaining to violence (physical, sexual, and emotional) within the policy alternative. The fifth section of each chapter examines the perceptions and attitudes surrounding prostitution under the policy alternative with respect to prostitutes, customers/johns, policy makers, the general public, police officers, and so on. Last, each chapter is concluded with a summary, which examines the major key points involving the policy alternative.

The final chapter will focus on suggestions for further research and the conclusion of the research that has been reviewed. By approaching the research conducted on prostitution through peer-reviewed journals and reviewing organizational websites systematically, it will become apparent where there are lapses and gaps in the all-encompassing research. The final chapter is divided into three main policy sections: criminalization, decriminalization, and legalization. Within each policy section, research suggestions are separated and examined on an individual

basis with respect to a specific key point (policing/regulation, health, violence, and perceptions/attitudes). This outline and structure provide a straightforward presentation of the suggested future research studies, which allows for easy understanding and availability.

Chapter 2: Criminalization

Criminalization Policy

Currently, the policing of prostitution within the United States (with the exception of some rural counties in Nevada) takes a criminalization approach towards prostitution, as it considers any type of solicitation, pimping, and prostitution-related activities to be a crime. Under the criminalization policy, the law is enforced through police discretion, in which there are two options; a mentality of zero-tolerance for prostitution or a mentality of “we have better things to do” (in which prostitution is not the main focus of law enforcement). Prostitution itself is not considered illegal; however, the means by which it is conducted are regarded as prostitution-related offenses. June 25, 1910, brought the United States’ current law on prostitution into effect with the Mann Act. Dealing with forced prostitution, transportation between state lines, and the aiding or supporting of an immigrant prostitute, the Mann Act clearly states, “for the purpose of prostitution or debauchery, or for any other immoral purpose... with or without her consent... shall be deemed guilty of a felony...” In the US Supreme Court case of *Hoke v. United States* (227 U.S. 308, 1913), the Supreme Court held that although Congress was able to regulate the interstate travel for purposes of immorality and prostitution, the regulation of prostitution is left to the state’s discretion. In 1944, the Supreme Court ruled in *Mortensen v. United States* (322 U.S. 369, 1944) that traveling between state lines would not be considered a violation of the Mann Act if the prostitute was not engaging in prostitution activities, but simply traveling “from beginning to end” with intent of “innocent recreation.” Currently, under the criminalization policy, approximately 80,000 arrests for prostitution and commercialized vice are made in the United States on a yearly basis (Bureau of Justice Statistics,

annual 2006); however, this number of arrests does not include the “unknown number of arrests of prostitutes under disorderly conduct or loitering statutes” (Weitzer, 1999, p. 83).

This chapter focuses on the criminalization policy with specific attention towards four main key points: policing/regulation, violence, health, and attitudes/perceptions. The chapter examines the four main key points specifically under the criminalization policy, in an effort to obtain a greater understanding of the current research surrounding prostitution and the criminalization policy. By examining the current research, the chapter allows for the benefits and harms of prostitution to be considered from a criminalization policy perspective. Additionally, the final section of the chapter discusses other countries that police prostitution in similar ways to the United States, as a way to compare similarities and differences held between the countries.

Policing and Regulation

The policing and regulation of prostitution and related activities is often left to individual police discretion. The initial contact between a police officer and a prostitute may/will indicate where the prostitute will end up throughout the criminal justice system and with whom (lawyers, other officers, judges, general public, etc.) he/she encounters within the criminal justice system. As Weitzer (1999) explains, “...prostitutes are occasionally subjected to the revolving door of arrest, fines, brief jail time, and release or displaced into another locale, begetting the same revolving-door dynamic” (p. 84). The customers/johns/clients are subjected to the same police discretion as the prostitute but are dealt with much differently, as it is the prostitute who carries the brunt of the law enforcement attention. This section focuses on how prostitution is policed and regulated in the United States, the interactions between those involved in prostitution and the criminal justice system, and the experiences a prostitute or john may have within the criminal justice system.

In an effort to police and control the problem of solicitation for prostitution, police officers use a multitude of tactics including but not limited to sting operations, generating organizational maps and outlines of provocateurs “johns,” sending letters to suspects’ homes, charging possible “johns” with motor vehicle violations and impounding cars, publishing names of known “johns,” extra patrols, selective tolerance, regulating sites of street prostitution, entrapment, imposing fines, notifying “john’s” influences, closing streets or alleys, enhancing lighting, and harassing sex shops (Dodge, Starr-Gimeno, and Williams, 2005; Matthews, 2005; Parenti, 1999; Sagarin and MacNamara, 1970; Sagatun, 1988; U.S. Department of Justice, 2002; U.S. Department of Justice, 2007; Williamson et al., 2007). Describing the reason for police discretion, Williamson, Baker, Jenkins, and Cluse-Tolar explain,

Laws related to issues of vice are laws in which police officers are given a considerable amount of discretion (Brown, 1981) which allows them to use judgment and reason within the context of a given situation to decide the best course of action with respect to the individual rights and the protection of society. (p. 16)

An officer’s response to a prostitute may be positive, negative, formal, or informal, and may indicate his/her values and beliefs that he/she holds about women in general (Williamson et al., 2007), which may explain the officer’s choice of discretion.

Since prostitution is monitored on a police discretion basis, there are ample opportunities for an officer to act professionally and follow procedures “by the book,” but there are also opportunities for the officer to commit misconduct. Using a close-ended question style, 63 women were interviewed in a study by Williamson, Baker, Jenkins, and Cluse-Tolar (2007) in which findings suggested that 29.6% of the women had experienced some form of police

violence within the previous year, including being slapped, kicked, choked, stalked, or robbed. The same study, Williamson et al. reported that 15.4% of the women were forced to have sex with an officer (unclear as to whether for pay or not) while 18.2% were forced to have sex for free. On the flipside, Williamson et al. reported that some prostitutes had positive experiences with police officers, as they reported that 14% received condoms from an officer, 56.1% were let go without arrest, and 29.6% had received necessities bought and paid for from an officer.

Thukral and Ditmore (2003) interviewed 30 street-level women prostitutes in New York in an effort to understand how the women dealt with police officers, and the interactions that they had. They stated that 21 of the 30 women reported having almost day-to-day interaction with police officers that included such treatment as being harassed or disrespected, unwanted/inappropriate touching, rape, false arrests, and extortion of sex. Further, 17 women mentioned being threatened with violence or experiencing violence from the police. Thukral and Ditmore noted some positive interactions held by seven women when filing violence reports, while two women reported police officers warning about possible future visits to certain areas, and another woman stating she'd received money from an officer for her drug addiction.

In some cases, cities desire a cleaner, more tourist-friendly appearance in which police officers try to drive prostitutes off the streets, such as in the 1990s in New York City. As Murphy and Venkatesh (2006) explain, "Police and law enforcement personnel effectively drove sex workers off of the streets into the 'indoors'" (p. 130). Parenti (1999) further explains that under the direction and order of Mayor Giuliani's "quality-of-life siege," the police officers utilized both policing and new zoning laws to clean up the city, and as a result, "the number of New York City Yellow Pages devoted to escort services jumped from 17 before the crackdown to 48 after" (p. 79). In a report put out by the U. S. Department of Justice (2002), one suggestion for

detering prostitutes and clients from street prostitution is to employ a tactic of “relaxing the regulation of indoor prostitution venues” (p. 18). As Weitzer (1999) explains, the problem of street prostitution is at best, *contained*, for “law enforcement has little effect on the amount of prostitution, offers little protection to prostitutes at risk, and gives little relief to communities besieged by street prostitution” (p. 83-84), as the push for street prostitution to move indoors clearly shows.

One way in which police officers try to manage prostitution is through sting operations, generally through the use of a female police officer decoy. A U. S. Department of Justice report (2007) states that a sting operation must have four basic elements: 1. An opportunity to commit a crime, 2. A targeted likely offender or group of offenders, 3. An undercover or hidden police officer or surrogate, and 4. A “gotcha” climax with the operation is complete (p. 3). Sting operations used for prostitution busts “always result in many arrests and good publicity, but researchers have concluded that they have no overall effect on clients” but “a benefit of vice stings is that they also help police serve numerous outstanding warrants for offenders wanted for other types of crimes” (U. S. Department of Justice, p. 20). When handling the defense of a john/client who was arrested through a sting operation, it is typical that defense attorneys take the defense known as entrapment, as it is regarded as a sufficient defense because American courts tend to frown upon the practice of entrapment (Sagarin and MacNamara, 1970).

A prostitute’s interaction with the criminal justice system does not just include police officers, but also prosecutors and court appointed defense attorneys. Williamson, Baker, Jenkins, and Cluse-Tolar (2007) explain that prostitutes have a difficult time being fundamentally valued as human beings and are not given the same privileges and protections that others in a democratic society are given, nor are they given the full extent of protection for being victimized

(see also: Fairstein, 1993; Frohmann, 1992; Shaver, 2004). Frohmann (1991) conducted a study on case rejections from a prosecutorial account perspective and found one prosecutor rejecting a case because “the prosecutor raises doubt about the veracity of the victim’s rape allegation by contrasting it to her willingness to allow the suspect into her apartment after the incident” (p 218). Furthermore, Frohmann discusses how a prosecutor assumes the woman is a prostitute, decides to check her criminal record, and uses the record as a way to develop an ulterior motive to the rape allegation (as a way to bypass being busted for prostitution again) and dismisses the case. In 1976, a court in Arizona allowed an argument from the defense that claimed that if an alleged victim had “agreed to an act of prostitution, the defense should be allowed to enter evidence of her previous acts of prostitution – a rule that does not recognize that prostitutes, too, can be sexually assaulted” (Schwartz and Clear, 1980, p. 148).

When dealing with the johns/clients of prostitutes, Raymond (2004) explains the penalization of “the male customer whose right to buy women and children for prostitution activities remains unquestioned” (p. 1156). Essentially, the male customer of a prostitute is often forgotten, as most efforts of police focus on the female prostitutes. Monto (2002) offers the explanation, “When thinking of prostitution, the general public, policy makers, and researchers alike have focused on prostitutes rather than their clients” as only 10% of prostitution arrests are attributed to the clients, who are predominantly male (p. 67). However, Gibbs Van Brunschot (2003) explains that due to more recent community policing efforts, the male consumer of prostitutes is coming into the scope of police officers, which has resulted in prostitution offender programs known as “john schools.” In an effort to tackle the prostitution problem from a different angle, the first “john school” was initiated in 1995 through a collaborative effort of the San Francisco Police Department Vice Crimes Unit, the District Attorney’s Office, the San

Francisco Department of Health, the court system, and SAGE (Standing Against Global Exploitation; Gibbs Van Brunschot, 2003). The goal of the “john school” was to get rid of the old approach of prostitution, which centered on arresting prostitutes for soliciting, and adopt a new approach, which focused on arresting and charging the male “johns” (the customers) of prostitution by utilizing female decoys working undercover and posing as prostitutes (Gibbs Van Brunschot).

Gibbs Van Brunschot (2003) explains that the San Francisco’s First Offender Prostitution Program started due to the realization that many male customers of prostitution were paying fines and taking pre-trial diversion programs to avoid court and that these programs were not including educational processes, there was zero restitution for the departments to cover the costs of the law enforcement, and there was no actual punishment or deterrent effect for numerous individuals chose not to complete the community service requirements. Modeled after the San Francisco example, many “john schools” consist of six major components that are outlined by Gibbs Van Brunschot: “1. Introduction to the law and the legal aspects relevant to participating in prostitution 2. Understanding health risks associated with prostitution 3. Testimonials by survivors of prostitution 4. Sexual addiction and management of addictions for those afflicted 5. Community merchant concerns and 6. Information on pimps and pimping dynamics” (p. 221).

A small amount of research has been done on the effectiveness of john schools, as evaluations of the programs have been left understudied. A study by Jungels (2007) found that one midwestern city john school appeared “to be effective in changing the attitudes of participants toward prostitution (at least in the short term), it is rated highly by participants, and they state that the program will change their future behavior” (p. 59). A john school in Toronto, Ontario, was evaluated through a study done by Wortley, Fischer, and Webster (2002) as they

utilized pre- and post-test surveys of the 366 participants involved in the one-day john school program. They found that the participants were more likely to take responsibility for their personal actions, admit to having a possible sex addiction, and report to having a less favorable perspective towards prostitution after participation in the john school. The study also indicated that approximately 10% of the johns would still seek out prostitution services, while the majority would “never again attempt to purchase sexual services from a prostitute” (p. 369).

Similar to the United States, Canadian law considers the act of prostitution to be legal; however, the activities that surround prostitution, such as soliciting, are considered illegal. In 1978, the Hutt decision undermined the current anti-soliciting legislation of the Criminal Code section 195.1, which resulted in increased street prostitution in the following years (Larsen, 1996). The Hutt decision essentially stated that a prostitute must engage in more than soliciting to be arrested (Hatty, 1991). Despite the recommendation of an outside research investigation by the Fraser Committee, which found that the best option to control prostitution would be to decriminalize most of the prostitution activities, Canadian law chose to respond by answering to the increase with a bill known as Bill C-49, which criminalized any and all communication for the main purpose of prostitution (Larsen, 1996). In the years that followed, Bill C-49 was mandated for evaluation by the Federal Department of Justice, which found that the bill was “almost completely ineffective in reducing the numbers of prostitutes working in Vancouver and Toronto” (Larsen, p. 41). Larsen states that under the assumption that Canadian Law will not change in the near future, it is important to note that the Canadian Law does possess “sufficient legal discretion to decide when and where they will enforce the law” meaning that although prostitution remains criminalized, police officers may opt to police prostitution with their own discretion (p. 40).

Just as Canada and the United States have similar views on prostitution by upholding the criminalization policy, both countries also share similar experiences, issues, and problems surrounding prostitution. Canadian law enforcement aims most of their efforts on arresting the prostitute and not the client through the use of undercover decoys. As Hatty (1991) explains, “this resulted in an imbalance in the arrest of prostitutes vis-à-vis their clients: in Vancouver, Calgary and Halifax, fewer than one quarter of the charges were laid against clients” (p. 78). Claims for the reduction of prostitution through policing efforts are the same for Canada as they are for the United States, as law enforcement efforts have failed to considerably affect prostitution (Fischer, Wortley, Webster, and Kirst 2002). When the aim is directed at the clients of prostitution, Canada also employs the use of john schools as a way to reach the customers of prostitutes. The aim of the john school is to act as a pre-trial diversion to the criminal justice system that focuses on the prostitute being a victim, and the image is conveyed through a one-day, \$400 programme fee, and six presentations focused on legal ramifications, victimization, health/STDs, community impact, ex-prostitute testimonies, and sex addictions (Fischer et al., 2002). As mentioned previously, evaluations of john schools are few and far between, with little assessment of the johns that complete the program, so effectiveness is undetermined.

In addition to violence against prostitutes in the United States, Canada also experiences violence towards the women involved in prostitution. From the study on nine countries done by Farley et al. (2003) that was previously mentioned, Canadian results showed that 67% of the prostitutes had been threatened with a weapon, 91% had been physically assaulted, and 76% had been raped, and of those who reported rape, 67% had been raped at least five times. Compared to the United States, which had numbers of 78%, 82%, 73%, and 59% (respectively), the two countries have similar incidences of violence occurring against prostitutes. In the study

previously mentioned by Nixon et al. (2002), the women reported “high rates of violence perpetrated against them” (p. 1016). Additionally, Lowman (2000) discusses the prostitute homicide totals in Canada, stating there had been a total of 56 prostitutes killed between 1991 and 1995.

Health

The overall health of a prostitute can be considered in two forms, mental health and physical health. As Farley and Barkan (1998) note, “Most discussions of the public health risks of prostitution have focused on sexually-transmitted disease” and furthermore “a recent editorial in a major medical journal acknowledged the danger of violence to those prostituted, yet concluded that the overall health risks of street prostitution were minimal” (p. 38). As Baker, Wilson, and Winebarger (2004) explain, “Few studies were found in the literature that focused specifically on the general health of female street-level sex workers. Physical health problems seem to be addressed within the context of other conditions, such as risk behaviors, drug abuse/addiction, sexually-related diseases, or HIV/AIDS” (p. 84; Plant et al., 1989; Vanwesenbeek et al., 1993; Weber et al., 2002).

In a study of 130 participants, Farley and Barkan (1998) found 50% of the participants to have a physical health problem, noting such problems as arthritis, liver disorders, reproductive system disorders, STDs, HIV infections, neurological symptoms (numbness/ seizures), and respiratory symptoms. In 2004, Baker et al. interviewed 26 street-level sex workers and found that 81% reported having one or more health-related problems, with common complaints including dental problems, addiction to drugs, gastrointestinal problems, anemia, and dizziness. Under the current policy of criminalization, regular health check ups and doctor visits for prostitutes are not required or mandated; and as Farley states:

It is sometimes assumed that young women in prostitution are knowledgeable about reproduction and sexual behaviors.... Often, women who enter prostitution as adolescents know very little about pregnancy, birth control, and STD. Although they may have been cautioned about HIV, adolescents in prostitution often have had no reliable education regarding sexuality, pregnancy, and contraception and may lack information about non-HIV-related STDs. (p. 1098)

Thus, one can easily speculate the regular health check-ups from a physician may be one way an individual can obtain sexual health education; however, through the use of questionnaires, Baker et al., (2004) discovered that many prostitutes seek health information from a variety of other outlets including hospitals, rehabilitation programs, family, friends, outreach services, “hotlines,” and “on the street” (p. 91). According to a study involving 1,022 prostitutes, Potterat, Woodhouse, J. Muth, and S. Muth (1990) found that in an 18-year span, 45% of the women had made only one visit to a STD clinic, and approximately one third of the visits were due to a legal order, while approximately two thirds were on a spontaneous occasion. In some cases, sexual health risks can include cervical cancer, for the “two risk factors for cervical cancer are young age at first sexual activity and overall number of sexual partners,” which can explain cervical cancer being common among prostitute women (Farley, 2004, p. 1097). It is important to note, however, that de Sanjose et al (1993) state, “Prostitutes are recognized as a high-risk group for all STDs, including infections with HPV and HIV, but only a few studies have reported high risks in CIN (cervical intra-epithelial neoplasia) and cervical cancer” (p. 531).

The link between prostitution and HIV/AIDS has become a much-debated issue since the discovery of HIV/AIDS. Debi Brock (1989) claims prostitutes (unclear as to type of prostitute)

are considered scapegoats for the AIDS panic, as she quotes numerous newspaper articles for publishing prostitutes as “health problems” or that prostitutes should be avoided “like the plague” (p. 13). As Brock goes on to explain, “The September 20, 1988, *New York Times* reported that two studies had been conducted on a total of 627 customers of female prostitutes in New York City. Only three cases were found in which ‘the virus was thought to have been caught from a prostitute’” (p. 14).

Condom use and the spread of HIV and other sexually transmitted diseases have been explored extensively. Vanwesenbeeck et al., (1993) stated, “In the Netherlands as well as in the rests of Europe and the United States, HIV-positive prostitutes are mainly found among injecting drug users (Hooykaas et al., 1989; Alary et al., 1992; Campbell, 1991; Kanouse et al., 1992) and condom use in paid contacts has been found to be relatively high” (p. 70). Several studies have supported the use of condoms as a way of practicing safe sex and reducing the transmission of communicable diseases such as HIV/AIDS (Chetwynd, 1992; Woods, 1993; Plumridge and Abel, 2001). Concluding on the same agreement as Vanwesenbeeck et al., Weber et al., (2002) stated through their study, “Girls involved in prostitution may be at increased risk of HIV infection due to their injection drug use and risky sexual behaviors” (p. 525). Plant et al., (1989) outlines prostitutes and AIDS from a comparison of countries, stating, “In western and industrialized countries a high proportion of identified AIDS cases involve homosexual males, intravenous drug users and hemophiliacs” (p. 56).

The term “mental health” envelopes several emotional risks and stress that a prostitute may experience while selling sex to clients. The scars and damage of mental health problems are much less visible, and as Sanders (2004) argues, “Sex workers are more concerned with preventing emotional risks because the risks related to health and violence can be effectively

managed” (p. 566). Additionally, Sanders explains that emotional stress and other related health implications (depression, anxiety, eating disorders, etc.) associated with mental health have only recently been acknowledged as separate from the broader terms of health and violence. The emotional risks that are most commonly associated with prostitution include post-traumatic stress disorder, depression, eating disorders, self-esteem related issues, and stress, but it is important to note that other emotional health problems can and do occur but may be left understudied or unnoticed. See the violence section of this chapter for further discussion on violence and the effects on a prostitute’s mental health.

Canada, being a large border country to the United States, holds a similar criminalization model towards prostitution and has similar research findings to that of the United States concerning mental health. A study by Bagley (1999) based on 45 Canadian ex-prostitutes and 45 community controls found that 71% of the ex-prostitutes and 7% of the control group experienced “devastated self-esteem” (p. 446). Furthermore, Bagley’s study showed findings that 80% of the ex-prostitutes experienced “current or recent signs of marked depression” while only 15% of the control group had similar depressive symptoms (p. 446). A study by Chudakov, Keren, Belmaker, and Cwikel (2002) suggested that of the 55 prostitute women linked to an organized brothel that were questioned, 19% could likely be classified as clinically depressed. Furthermore, Williamson and Folaron (2003) link depression to physical deterioration and low self-esteem and go on to explain, “In an attempt to respond to the emotional pain associated with depression, drug use also shifted from recreational use to functional use. Women used drugs to counter recurring depression and continue working” (p. 280)

Little research has been done on eating disorders associated with prostitution; however, major links can be made between the studies of rape and sexual assault victims (which does

occur in prostitution) with eating disorders and other emotional health implications. For example, Resick (1993) discusses problems that are associated with rape, which include “fear and anxiety, post-traumatic stress disorder, depression, poor self-esteem, social adjustment issues, and sexual dysfunctions,” which shows the overlap of emotional health issues found in prostitution (p. 223). A study by Dansky, Brewerton, Kilpatrick, and O’Neil (1998), based on 3,006 women who were questioned through structured telephone interviews, examined the links between assault, bulimia nervosa, and binge eating disorder. They found that of 26.6% of the women who had been forcibly raped (completed) had bulimia nervosa as a lifetime prevalence, while 11.5% of the women had a binge eating disorder as a lifetime prevalence and found support of their hypothesis “that victimization may contribute to the development and/or maintenance of bulimia nervosa” (p. 213).

Post-traumatic stress disorder (PTSD) has been extensively researched with its connection to violence and prostitution (Farley and Barkan, 1998; Farley et al., 1998; Valera et al., 2000; Farley et al., 2003; Roxburgh et al., 2006). PTSD is a type of anxiety disorder that is linked to extreme traumatic experiences and/or stressors that are outlined by the American Psychiatric Association as involving actual or perceived death threats or injury, a threat to personal integrity, death or threats to family members or close associates, or witnessing events of threatened death or injury. Some symptoms include recurring dreams, loss of interest in activities previously enjoyed, emotional numbness, hyper vigilance, sleep disturbance, avoidance of thoughts or activities that are related to the trauma, memory impairment, trouble concentrating, irritability/outbursts of anger, exaggerated startle response, and intensification of symptoms from exposure to symbolized similar events (Farley et al.; Kindschi Gosselin, 2005).

Farley and Barkan (1998) interviewed 130 prostitutes with respect to the violence and symptoms of PTSD they experience and reported that 68% of the respondents to have met the PTSD diagnosis criteria, while 66% met the PTSD criteria for partial diagnosis according to DSM III-R. Strictly placed in the Washington, D.C. area in the United States, Valera, Sawyer, and Schiraldi (2000) found 42% of the 140 participants in their study had met the DSM-IV criteria for PTSD. Farley, Baral, Kiremire, and Sezgin (1998) used questionnaires to interview prostitutes in five countries (South Africa, Thailand, Turkey, USA, Zambia) to examine levels of PTSD. They reported that 76% in Zambia, 75% in South Africa, 68% in the United States, 66% in Turkey, and 50% in Thailand had met the criteria for a PTSD diagnosis. Furthering the initial study from 1998, Farley, Cotton, Lynne, Zumbeck, Spiwak, Reyes, Alvarez, and Sezgin (2003) reported that 86% in Colombia, 75% in South Africa, 74% in Canada, 71% in Zambia, 69% in the United States, 66% in Turkey, 60% in Germany, 58% in Thailand, and 54% in Mexico had met the criteria for a PTSD diagnosis. Both studies indicate that a PTSD diagnosis is the lowest in Thailand, Mexico, and Germany, and it is important to note that Thailand regards prostitution as illegal, but that is seldom enforced (which can be considered decriminalization); Mexico regards prostitution as legal but not the operation of brothels (some areas it is considered decriminalized, and in other areas it is legalized); and Germany regards prostitution and brothels to be legal. Essentially, the countries that hold a criminalization policy towards prostitution have higher levels of PTSD reported among the prostitutes.

Violence

Prostitutes may experience violence physically, psychologically/emotionally, and/or sexually and often experience multiple forms of violence at the same occurrence time. Such violence can stem from relationships between the prostitute and other prostitutes, police officers

and other professionals, pimps, clients/customers/johns, or the general public. As Farley (2004) explains, “Sexual violence and physical assault are the norm for women in all types of prostitution” (p. 1094), which is also supported by Hatty (1989) as she explains, “Violence against prostitute women is both prevalent and hidden” (p. 235). Violence against prostitutes has been extensively researched by numerous authors, who support these claims (Church et al., 2001; Farley and Barkan, 1998; Farley et al., 1998; Farley et al., 2003; Farley; Hatty; Monto, 2004; Monto and Hotaling, 2001; Nixon et al., 2002; Salfati, James, and Ferguson, 2008; Silbert and Pines, 1981; Surratt et al., 2004; Valera, Sawyer, and Schiraldi, 2000). This section will showcase the current research on each type of violence and the relationships the violence is occurring in.

Physical violence against prostitutes began being researched in the early 1980s, as Silbert and Pines (1981) studied 200 street prostitutes and the occupational hazards they encountered. Being one of the first major attempts at studying prostitute victimization, Silbert and Pines reported findings that supported a high level of victimization among prostitutes and their sex work, as 78% of the participants reported forced perversion, averaging 16.6 times per participant. The same study found that 70% of the participants were victimized by the client as they deemed it either rape or going beyond the agreed upon contract, which averaged 31.3 times for each participant, and that 65% of the participants were physically abused/beaten by a client. Additionally, they found that of the prostitutes who had pimps, two thirds of them had been physically beaten and abused by their pimp, with over 50% of the women feeling that “it was a way of life” (p. 398).

A study by Farley et al., (1998) that was previously mentioned interviewed 475 prostitutes in five countries (South Africa, Thailand, Turkey, USA, Zambia). The findings

showed 100% of the prostitutes in the United States reported being physically threatened, 78% reported being threatened with a weapon, and 82% reported being physically assaulted while in prostitution. Comparing the United States to Thailand (where prostitution is illegal but rarely enforced), 47% reported being physically threatened, 39% had been threatened with a weapon, and 55% had been physically assaulted. Later, in an expanded study done by Farley et al., (2003), the United States prostitutes indicated 78% reported being threatened with a weapon, and 82% reported that they had been physically assaulted. Comparatively, the study reported that Mexico (regards prostitution decriminalized or legalized depending on the area) reported 48% had been threatened with a weapon and 59% had been physically assaulted. The study indicated that Thailand received the lowest levels of violence, as 39% reported being threatened with a weapon and 57% reported being physically assaulted. These studies show that countries that have a criminalization policy have higher levels of violence than countries that hold alternative policies.

In further studies, with a focus specifically on the United States, Farley and Barkan (1998) found that 82% of the prostitutes in their study had been physically assaulted, while 83% had been threatened with a weapon. Additionally, Surratt, Inciardi, Kurtz, and Kiley (2004) interviewed 325 female street sex workers in Miami, Florida, to gain insight into the subculture of violence, drugs, and sex work. They reported that over 40% of the sex workers had experienced violence during the year prior to the study: 24.9% physically, 12.9% sexually, and 13.8% threatened with a weapon.

Psychological and emotional abuse is the least studied form of prostitution violence. With scars less visible than hospital visits, broken bones, and bruises, it is hard to assess the emotional hardships that prostitutes may encounter. In a study conducted in Canada (which holds a

criminalization policy) by Nixon et al. (2002), many women reported “being numb or becoming desensitized to the violent environment” (p. 1029). As Nixon et al. continued, “Some of the women had such low self-esteem and internalized self-hatred that they stopped caring about themselves and, therefore, continued their involvement in prostitution” (p. 1029). In the same study, Nixon et al., explained that prostitutes in their study had experienced emotional violence from the “mainstream culture” in which they were demeaned through derogatory names (such as “whore” or being “low”) or receiving harassment from fellow students when they returned to the schools after leaving the sex scene. As Farley (2004) reflects on an earlier study done by Farley et al., (2003), she explains, “88% of 315 prostituting women and adolescents in Canada, Colombia, and Mexico described verbal abuse as intrinsic to prostitution” (p. 1104).

Sexual violence and prostitution are often considered from different vantage points. Multiple studies have been done to explore the sexual abuse a prostitute experiences as a child and its role in one eventually becoming a prostitute (Browne and Finkelhor, 1986; Dalla, Xia, and Kennedy, 2003; Farley and Barkan, 1998; Farley et al., 1998; Farley et al., 2003; James and Meyerding, 1978; Simons and Whitbeck, 1991; Zierler et al., 1991); however, the focus of this paper is on the sexual violence a prostitute experiences during her work as a prostitute. A vantage point of looking at sexual violence is mentioned by Monto (2004) as he states, “Another orientation that has been implicated in prostitution use is a sense of masculine entitlement to sexual access to women and power over women” (p. 174). Furthermore, raping a prostitute is often considered impossible, and some studies have examined rape myth acceptance (Burt, 1980; Miller and Schwartz, 1995; Monto and Hotaling, 2001).

Miller (1995) reported that 93.8% of the participants had experienced sexual assault, while 75% had been raped by one or more clients/customers. It is important to note that a

prostitute may experience violence from someone other than her client/customer, such as other prostitutes, lovers, and police officers. Miller's study also noted that 62.5% "had been raped in other contexts on the street," while 43.8% had been forced or coerced into sex with a man who identified himself as a police officer (p. 449).

As for the previously mentioned studies, Farley and Barkan (1998) studied 130 prostitutes in the San Francisco, California, area, and reported that 68% had been raped while working as a prostitute. With the study involving five countries, Farley et al., (1998) noted that 62% of the participants had been raped since entering into prostitution, with 46% of those having been raped at least five or more times. Specifically in the United States, Farley et al., reported that 68% of the participants had been raped, with 48% being raped at least five times. Taking it a step farther, Farley et al., stated in the findings that 46% of rapes in the United States were by customers, and 36% were by non-customers. Branching off from the initial study in 1998, Farley et al., (2003) examined similar questions in nine countries. They reported 57% of the participants having been raped, with 59% of those being raped at least five times. Additionally, Farley et al. examined the statistics for the United States, in which it was reported that 73% had been raped, with 59% of those raped at least five times.

Perceptions and Attitudes

Attitudes and perceptions come from many different stakeholders concerning prostitution, as the prostitutes, the general public, political officials, policy makers, the johns/clients, pimps, and police officers all offer different views and opinions regarding prostitution. All perspectives and attitudes carry different weight in the debates surrounding prostitution. For example, the public opinion and general consensus of the community will influence how a political official responds to the issue of prostitution. Furthermore, policy

makers hold opinions and attitudes that reflect both the public opinions and political officials, while the police officer's perspective affects how prostitution is policed and regulated. From a research standpoint, it is also important to know about the perspectives coming from the actual prostitutes, clients, and pimps to gain a better understanding of the overall issue of prostitution from all vantage points.

Women who work in prostitution are often labeled and stigmatized by the general public, as a prostitute's status of being labeled is carried throughout the duration of her life, even if she is no longer working in the sex industry. As Pheterson (1990) explains, "Prostitution for women is considered not merely a temporal activity (as it is for men who are clients and often for men who are sex workers), but rather a heavily stigmatized social status which in most societies remains fixed regardless of change in behavior" (p. 399). Social stigmatization is deemed the "primary harm of prostitution" according to Farley (2004), with "all sides of the [prostitution] debate agreeing that women in prostitution are stigmatized" for prostitutes are not seen as full human beings, as being socially invisible, and may internalize these feelings (p. 1092). Additionally, women involved in prostitution are considered "fallen," "bad," and "un-rape-able" (Weitzer, 1999; Williamson, Baker, Jenkins, and Cluse-Tolar, 2007) and "prostitution is presently often condemned publicly and credited with being responsible for, or associated with, a myriad of social affliction (e.g. including poverty, crime, degradation, and disease)" (May, 1999, p. 337). It is also important to note that "out of sight, out of mind" seems to be a key point for communities that have prostitution within their community limits, for "it is street prostitution—not the more clandestine, indoor varieties of sex work—that generates the lion's share of citizen complaints about prostitution in America" (Weitzer, p. 84). As Weitzer (2005a) further explains, "Street prostitutes occupy the lowest stratum and receive the strongest dose of stigma; upscale

workers are somewhat less reviled. Scattered opinion poll data show that the public is more tolerant of indoor prostitution than street prostitution” (p. 215). It is unclear exactly why the indoor prostitution is much more tolerated, and this reasoning needs to be examined, for perhaps speculation would assume that it linked to “out of sight, out of mind” but there may be other reasons why.

A 1996 Gallup poll found that 63% of males and 77% of females feel that prostitution should be illegal (Weitzer, 2000). In a poll done by Merit and Audit Surveys (1983), the question posed was to best describe the feelings you have about prostitution in the U.S., and 43% supported it being illegal (Weitzer, 2000). Furthermore, another Gallup poll from 1991 asked if prostitution should be legal in an effort to reduce the spread of AIDS, and only 40% agreed (Weitzer, 2000). One explanation comes from Weitzer (2000) as he states, “Most Americans see prostitution as immoral” (p. 163).

When considering the perspectives of policy makers, Weitzer (1999) explains, “Rarely have policy makers shown a willingness to rethink the status quo and experiment with novel approaches” (p. 85). Additionally, “no national commission of inquiry has examined prostitution, with the result that almost no public debate has taken place” (Weitzer, p. 85-86). Monto (2004) explains that policy makers may ignore or neglect the issue of prostitution simply based on an estimate of prostitution use by male clients, as he states, “The likelihood that there has been an actual decrease in the proportion of men who pay for sex should not lead researchers, policy makers, or social services to neglect prostitution, which remains widespread in most cities in the United States” (p. 167). Weitzer also notes, “Policymakers often fail to draw the crucial distinction between street and off-street prostitution” (p. 89). With the support of the claims by Weitzer and Monto, it appears that policy makers may not hold all of the information or the

correct information in regard to many different aspects of prostitution.

A number of studies have examined the client's perspective in regard to why he seeks out prostitutes (McKeganey and Barnard, 1996; Monto, 2000); however, very few studies have examined the attitudes of the clients of prostitutes. In an effort to understand the perception and attitude of the client, Holt and Blevins (2007) studied the online communications of clients in sample forums across ten U.S. cities; and found that clients share a great deal of information through the online outlets, with such information containing locations of prostitutes, types of sexual services offered, the look and health of a prostitute, and their fears of getting caught during the act from authorities. Sawyer, Metz, Hinds, and Brucker (2001) recognized the lack of research surrounding the attitudes of prostitutes' clients and examined 140 men who had been arrested for "alleged prostitution." Their findings revealed that only one third of the men had enjoyed the sex they had with the prostitute, while 57% reported that they had tried to stop using prostitutes. Preston and Hart (2005) studied men who had been arrested for solicitation and their attitudes towards sexual violence against women through the use of self-administered surveys, with comparisons involving race and ethnicity. They reported findings that suggested Caucasian and African-American males are "least likely to express the view that women bring sexual violence upon themselves" (p. 64).

Kontula (2008) studied the prostitute's perspective by examining the stereotypical view in which sex work "destroys the woman's capability for sexual pleasure and alienates her from her sexuality" (p. 605). Kontula interviewed 25 sex workers in Finland (a country that holds similar views towards prostitution to the United States), and found that sex workers derived sexual pleasure from both a commercial and a private relationship standpoint. Furthermore, Kontula also acknowledged that sex work was a possible channel "to a more emancipated and pleasurable

sex life” (p. 605). A prostitutes’ rights group, COYOTE, was initially started with the intent to “expose laws and law enforcement procedures that make prostitution problematic” (Jenness, 1990, p. 403). As COYOTE leaders, Margo St. James and Priscilla Alexander state in an editorial for City Magazine in 1977:

A rather profound misconception that people have about prostitution is that it is ‘sex for sale,’ or that a prostitute is selling her body. In reality, a prostitute is being paid for her time and skill, the price being rather dependent on both variables. To make a distinction between being paid for an hour’s sexual services, or an hour’s typing, or an hour’s acting on a stage is to make a distinction that is not there. (Jenness, 1990, p. 605)

Additionally, other organizations have started in support of prostitution rights and to act as the voice of prostitutes, such as H.I.R.E. (Hooking Is Real Employment), P.O.N.Y. (Prostitutes of New York), The National Task Force on Prostitution, ICPR (International Committee on Prostitute’s Rights), and websites such as www.bayswan.org/penet.html, which provide education and support that prostitutes have access to.

Studies incorporating the perceptions and attitudes of police officers towards prostitution have been few and far between. A study by Wilson, Cullen, Latessa, and Wills (1985) examined police officers in a small, midwestern city and their attitudes towards victimless crimes through the use of questionnaires. They reported that the officers felt that vice was not a serious problem and that it was a gateway crime into more serious offenses. Additionally, Wilson et al. (1985) explained that the officers did not perceive the male customers of the prostitutes to be a part of the criminal population. Baker (2005) captured female vice officers’ perceptions and attitudes by interviewing seven who had posed as decoy prostitutes. Baker reported that “most of the officers described their work as interesting and used role playing to adopt the character of a prostitute”

and that “dressing the part of a prostitute was not a problem, but speaking the language of the street was initially embarrassing” (p. 25). A study done by Dodge, Starr-Gimeno, and Williams (2005) found that the decoy role provided an “exciting opportunity for undercover work, despite the negative connotations of acting like a whore” and it added excitement and variety rather than the traditional, mundane duties of patrol work, with the potential for advancement within the department (p. 71).

Conclusion

Through the literature review of the most current research studies, this chapter efficiently captures the research surrounding prostitution and the four main key points: policing/regulation, health, violence, and attitudes/perceptions. Combining all of the research into one literature review proved useful in finding common similarities and differences among the studies involving a criminalization policy. It is from this systematic approach to the current research that the benefits and harms of the criminalization policy are best explained.

When considering how prostitution is policed and regulated under a criminalization policy, a few important key points are made. The enforcement of the prostitution laws are left up to police discretion, and as present, this discretion can result in a positive or negative experience for both the officer and the prostitute. Additionally, prostitutes remain the main focus of police investigations and sting operations, as the customers/johns/clients slip underneath the radar and are left largely unquestioned, which results in a revolving door dynamic for the prostitute only. Furthermore, when the target of police investigations is aimed at the customers of prostitutes, the customers are sent to John Schools for a single day of seminar-type lectures and when completed, pay a fee and the arrest is dismissed; however, these schools have not been effectively examined nor researched to show their effectiveness.

The overall health of a prostitute is often dismissed, as the main focus of public health is placed on her STD and HIV status, and the possibility of transmitting the diseases further. Despite such large amounts of research on the prostitute and community health, it has been found that prostitutes are not large contributors to the spread of diseases, and when they are, it tends to be due to an intravenous drug addiction. Minimal research has focused on the health effects of the actual job of prostitution on the sex worker with the exception of post-traumatic stress disorder (PTSD). Multiple studies have shown that PTSD has a high occurrence among prostitutes when compared to non-prostitutes in all policy alternatives (criminalization, decriminalization, and legalization); however, the highest levels of reported PTSD are found in the criminalization policy.

Violence against prostitute women is the highest under a criminalization policy, as research has shown. Multiple studies have shown that physical, emotional, and sexual violence is a regular occurrence for women in prostitution, and that a large percentage of such violence is given by the customers/clients. Such violence includes but is not limited to being threatened, physically and verbally assaulted, raped, abducted, and kidnapped. Eventually, prostitute women learn to become desensitized by such violence and begin to think of it as a way of life.

The attitudes and perceptions held by stakeholders of prostitution towards criminalization vary depending on each individual. There is little to no support from the general public for a change in policy, resulting in the current criminalization policy in the United States. Policy makers and political officials follow the general public in the weak support for any policy alternative; however, this is vastly different from the opinion of many prostitutes and prostitutes' rights groups. They feel as though prostitution would be best if no criminal penalties are held

against a prostitute and that the current criminalization policy is an infringement on their human rights.

Chapter 3: Decriminalization

Decriminalization Policy Alternative

The decriminalization of prostitution essentially eliminates criminal penalties, removes the legal restrictions surrounding prostitution, and implies that most of the main players in prostitution will become decriminalized as well (Raymond 2004). In addition, decriminalization “would permit prostitutes and their customers to engage in sexual exchanges without restriction, except for extant prohibitions on public nudity and sex” and the exception of prostitution with minors (Weitzer, 1999, p. 86). Under the decriminalization policy, prostitution would be considered a personal preference and become a private matter between all members involved; it is not considered a crime but is not a licensable activity either (Shaver, 1985). As Shaver explains, “The only role for the State is to eradicate the objective conditions that force people into it and to ensure that those profiteering from the prostitution of others are penalized” (p. 494). Still, “a decriminalized sex industry need not, however, be an unregulated industry, since prostitution becomes subject to the same kinds of controls and regulations which govern the operation of other businesses” (Jordan, 2005, p. 78-79). Regulating implies that a government considers prostitution decriminalized but still imposes guidelines and parameter, such as zoning prostitution into a red-light district, whereas licensing prostitution requires that prostitution be legal and the women be subjected to mandatory health examinations to maintain an active license. Essentially, the decriminalization of prostitution implies that criminal penalties related to prostitution and the legal restrictions against prostitution are eliminated.

Kilvington, Day, and Ward (2001) make several conclusions several about decriminalization and the problems surrounding prostitution:

The major problems of prostitution for the workers remain exploitation, stigma, abuse,

and criminalization. These are not unique to the industry, and can only be tackled effectively by the self-organization of sex workers into unions and rights groups, along with full decriminalization. An alternative vision is promised through self-organization and anti-racist actions by sex workers in Germany; normalization and workers' rights are tackled alongside training programmes for those seeking alternatives. Policy makers throughout Europe would do well to look at their experience and not simply at the clash of legal reforms. (p. 78)

Using Kilvington et al. (2001) as an example, it is clear that many feel taking a glance at other countries that have different prostitution policies would be beneficial and that these countries should be examined as a way to improve upon the growing problems associated with prostitution.

Policing and Regulation

Under a decriminalization policy, prostitution is not considered a crime, or a licensable activity; therefore, police officers do not make arrests for solicitation or the selling of one's body for money. As Shaver (1985) explains, "The only role for the State is to eradicate the objective conditions that force people into it and to ensure that those profiteering from the prostitution of others are penalized" (p. 494). Essentially, officers in vice squads will focus their attention on those that benefit from the exploitation of women who are forced into prostitution, such as traffickers. It is important to note that many countries have laws that regard prostitution and the activities surrounding it as illegal, yet police regulate prostitution as though it were decriminalized. It is hard to determine whether a country employs the policy of decriminalization. Many countries employ different methods and laws that regulate prostitution, and these laws and regulations can be labeled as legalization or decriminalization depending on

one's viewpoint. As Pinto, Scandia, and Wilson (1990) explain, "The distinction between legalization and decriminalization is largely a matter of degree" (p. 8).

Benson and Matthews (2000) offer an explanation as to how decriminalization has been slowly put into place in Britain, as they examined the way in which prostitution was policed during 1994. The regulation of prostitution was considered by the officers in the vice squads to be low-status activity and not truly "proper" police work (Benson and Matthews). As Benson and Matthews explain, "In Britain, the need to caution a woman twice before she can be arrested makes the policing of street prostitution a time-consuming, drawn out process" (p. 245). Additionally, Benson and Matthews explain the difficulties in arresting the johns of prostitution as they state, "Under the existing law, the police lack the power of arrest for curb crawlers and can take action only where there is evidence of 'persistence,' although the legal definition of 'persistence' remains unclear" (p. 245). Essentially, the policing of prostitution in 1994 had two specific focuses: to reduce "the number and visibility of street prostitutes and curb crawlers" (p. 246).

Matthews (2005) extended the research done by Benson and Matthews (2000) to include 2004 numbers, making the research on Britain's policing of prostitution to span a full ten years. Matthews reported that there is a steady decrease in the number of officers in vice squads, and that this begs the question, "How is prostitution currently being regulated" (p. 879)? To answer the question and explain the decrease of officers within vice squads, Matthews offers three reasons: 1. "There has been a shift toward more localized and generalized police responses," 2. "There is a shift from police-centered response to a much broader strategy, including specialist agencies that provide support services," and 3. "There has been a growth of multi-agency forms

of policing in which a wide range of agencies have taken on a degree of responsibility for the regulation of prostitution” (p. 879).

Japan, a country that has had a “long history of toleration of commercial sex,” responded to lobbying from local women and “persistent demands from the United States” by enacting a new law in 1956 called a “Prostitution Prevention Law” (Law, 2000, p. 556). Aimed at third parties, who benefit from commercial sex, it also provided mandatory training for the sex workers (Law). However, the police “do not enforce the law,” thus the “law enforcement officials have effectively decriminalized commercial sex, amid no change in the law” (Law, p. 556). A new form of prostitution was also initiated in Japan, in the 1980s and 1990s, known as the “telephone club” in which men and women organize “compensated dates” (Law). A 1996 federal law imposed regulations on the telephone clubs that included required registration and prohibition of underage involvement; however, studies have found a similar result to that of the 1956 prostitution law, as it is not enforced by the Japanese police officials (Law).

Currently, France places focus and attention on those who indirectly benefit from a prostitute, as they focus on prohibiting procuring, pandering, pimping, and the keeping of a house of, which is commonly considered decriminalization (Law, 2000). As Law explains, “Until the early 1960s brothels were licensed and women who worked in them were required to undergo periodic medical exams” (p. 555). After the closing of the brothels, Law states that France now has to deal with an increase in venereal diseases, public solicitation, and police corruption, along with more women being dependent on pimps. Recognizing that the legislation for the illegal status of prostitution brought negative consequences, councilperson Marthe Richard (a feminist who supported the closing of the brothels) began to seek the reinstatement of legalized brothels for commercial sex; however, “strong penalties against pimping, procuring

and brothels were never vigorously enforced and commercial sex has always been common” (Law, p. 556).

Many states in Australia have repealed laws that criminalize commercial sex, and have taken various methods and measures to “regulate the sex industry through controls imposed on brothel and escort agency operators, rather than on sex workers” (Law, 2000, p. 557). Pinto, Scandia, and Wilson (1990) explain that each state in Australia differs concerning prostitution laws, which reflects the “difficulty that governments have with laws and enforcement practices relating to prostitution” (p. 1). Some states held inquiries regarding the topic; however, “despite proposals for reform offered by these inquiries and commissions, their recommendations have only been partially implemented” (Pinto, Scandia, and Wilson, 1990, p. 2). Law outlines a 1985 Report of the Inquiry of the Victorian Government in which the Inquiry’s recommendations are divided into five separate categories. The first category recommended that offenses from “most prostitution-related activities” be repealed, including the ownership, management or use of a brothel, or living off the earnings of a prostitute (Law). For the second category, the Inquiry recommended “that prohibitions on street solicitation be retained, but within a context that allowed alternative means of negotiating commercial sex relations,” which recognized that street prostitution resulted in more serious risks such as violence and health-related issues than the use of brothels and escort services (Law, p. 558). The third category regarded the recommendation that “local authorities were empowered to exercise control over legitimate zoning concerns, but not to exercise a per se moral veto against brothels that did not raise problems traditionally addressed by the zoning laws” (Law, p. 559). The inquiry rejected the fourth category, explaining that sex workers “should not be registered,” as the licensing would stigmatize the prostitutes and prostitution would be legitimized (Law, p. 559). The fifth and final category

made by the Inquiry proposed that new offenses be developed for the prostitution of a minor or for anyone who imposed intimidation or assault to make someone become involved in prostitution (Law).

Sweden approaches prostitution from a different perspective that can be viewed in some ways as decriminalization, for there is a penalization towards the buyers of prostitution, yet it decriminalizes the women involved in sex work (Raymond, 2003). Essentially, “Sweden does not prohibit consensual sexual relations between adults, even when money is exchanged. It does impose criminal sanctions on actions judged to be abusive of public good or exploitative of those who engage in commercial sex” (Law, 2000, p. 556). However, Law explains that Sweden has little commercial sex, and it is unclear as to whether it is attributable to “the lack of criminal prohibition against it, to the general open acceptance of sexuality, or to something else” (p. 556).

Health

The health of the prostitute under the policy of decriminalization is left up to the woman, as it is her own responsibility to obtain health care and maintain her own personal health. The health of a prostitute remains a hot topic under the debate of decriminalization versus other alternatives, as opposing sides claim different pros and cons. As Farley, Baral, Kiremire, and Sezgin (1998) explain, “Decriminalization of prostitution primarily benefits customers and pimps, not those in prostitution” and furthermore they indicated that women under the control of pimps were not allowed to refuse a customer, no matter what his HIV or STD status (p. 420). As Farley et al. explain, the women’s sexual health may entirely be up to another individual and not themselves. From the other side of the spectrum, “Advocates of decriminalization argue that the health of those in prostitution will be improved by decriminalization because otherwise women will not have access to health care” (Farley, 2004, p. 1093). Farley points out that the problem in

this approach is that there is an assumption that once prostitute women are relieved of the public stigma, they will seek out health care; however, “Unfortunately, health care workers and police too often share the same contempt toward those in prostitution that others do” (p. 1093).

Essentially, Farley argues that the stigma towards women in prostitution will not be removed, generating the same issue prostitute women have with the criminalization policy – not being treated with basic human dignity – even in the health care realm. Additionally, Farley explains, “It is not possible to protect the health of someone whose ‘job’ means that they will get raped on average once a week” (p. 1096).

Alexander (1998) offers a perspective that involves the health care professional improving situations for sex workers by stating, “Health care professionals are among the most respected professionals in our society. They can play a major role in improving the way society deals with sex workers” (p. 82). However, the issue of obtaining health care is left unmentioned, as Law (2000) explains that in the United States, commercial sex workers have little access to health care already, for most health insurance and pension benefits are received through the traditional method of being provided by an employer. Furthermore, Law states that employers are not required to provide health care insurance or pensions, and many commercial sex workers are not actually considered employees, for “even if they are employees, as for example, exotic dancers, employers typically do not provide health coverage or pension benefits to part-time workers” (p. 597). This raises the strong question as to whether a decriminalization policy will provide more health care access to sex workers in a country that predominantly runs on health care insurance being provided from an employer rather than a universal health care plan.

In Bristol, England (where prostitution is considered decriminalized), Jeal and Salisbury (2004) utilized questionnaires and interviews to explore health services used by prostitutes. They

reported that 83% of the women were currently registered with a general practitioner; however, 62% of them did not disclose their occupation to the general practitioner. The most commonly reported reasons for going to the general practitioner were for depression or anxiety (34%), substitute prescribing for an opiate addiction (31%), and receiving a doctor's note for being sick (20%; Jeal and Salisbury). The prostitute women also reported feeling judged and stigmatized, as 45% stated they felt they were being judged by staff, while other prostitutes found it difficult to wait in the waiting room with other patients, for 37% felt that they were being stared at (Jeal and Salisbury). It is important to note that health care in the United Kingdom is universal and paid for through the general taxes from the government, which could be an indicator of why there is a high level of prostitutes who are registered with a general practitioner; however, the stigmatization towards prostitutes still remains.

COYOTE, the prostitute's rights group, also holds an opinion towards decriminalization and the issue of prostitute health. COYOTE explains that medical health check-ups should not be mandatory, for some sex workers are not actually touching their clients and check-ups would be senseless for these workers. Prostitutes affiliated with COYOTE do encourage themselves and their fellow sex workers who do engage in intercourse (oral or genital) to receive health check-ups and obtain health certificates; and potential clients should choose prostitutes who have the certificates. One argument against mandatory health checkups is that it is a violation of human rights, and the question is raised as to whether or not the customers of prostitution should be subjected to similar mandatory testing.

With a decriminalization policy, health care outreach programs have better accessibility to sex workers. An outreach program in Edinburgh, Scotland, focused their attention on sexually transmitted diseases and set up a clinic in close proximity to the sex workers' environment

(Peacock, 1991). Designed as a drop-in center one night a week, each session gave information on all aspects of health, including an emphasis on the use of condoms and safe sexual practices (Peacock). On average, each woman took 50 to 100 condoms, and 50% of the women took advantage of at least one aspect of the medical facilities available; thus it was concluded that “prostitutes will use medical facilities if these are accessible and particularly tailored to their needs” (Peacock, p. 329). Essentially, public health workers are able to reach more sex workers when it is decriminalized, because there is no fear for the prostitute of being caught doing something illegal, meaning that public health workers are more accessible and are able to seek out sex workers to expand their efforts on health outreach and awareness.

The mental health of a prostitute is still a concern under the policy of decriminalization. In a study previously mentioned, Roxburgh, Degenhardt, and Copeland (2006) examined posttraumatic stress disorder (PTSD) among prostitutes in the greater Sydney, Australia, area. Australia has repealed laws that surround the criminalization of prostitution and focus on the profiteers of prostitution rather than the sex worker (which can be termed decriminalization). They found 47% of the participants had met the DSM-IV criteria for PTSD, with 91% of those with PTSD having chronic symptoms (lasting more than three months), with 82% reporting the symptoms to last for a year or more. The same study reported that 87% of the participants claimed the “presence of some depressive symptoms ranging between mild and severe” and 54% reported severe current depressive symptoms (p. 29). Farley, Cotton, Lynne, Zumbek, Spiwak, Reyes, Alvarez, and Sezgin (2003) examined PTSD in Thailand, a country that regards prostitution as illegal yet seldom enforces the laws (resulting in prostitution being decriminalized). Of the 116 prostitutes in Thailand, 58% met the criteria for a PTSD diagnosis. When compared to the numbers in countries that hold a criminalization policy, 74% of Canadian

prostitutes and 69% of the United States prostitutes, the percentages show that a decriminalization policy may result in fewer PTSD diagnoses in prostitutes.

Studies on the mental health of prostitutes living and working in a country that holds the decriminalization policy are few and far between. In one study, Romans, Potter, Martin, and Herbison (2001) compared groups of women in New Zealand who worked in indoor prostitution with age-matched women who were non-prostitutes and found that there was no difference between the two groups on self-esteem, physical health, or mental health. And although this study incorporates prostitution in New Zealand (which holds some decriminalization characteristics), indoor prostitution is the only form of prostitution examined.

The physical health of a prostitute under a decriminalization policy has been left understudied as well, just as it has under the criminalization policy. Once again, it is important to note that most physical health studies focusing on prostitutes are narrowed to communicable diseases and its affect on community public health. In a study done by Tsunoe et al. (2000) in Japan (a country that polices prostitution as though it were decriminalized), it was found that women working in the commercial sex industry had higher rates of *C. trachomatis*, *N. gonorrhoeae*, and *M. genitalium* (3 sexually transmitted diseases) than non-prostitute pregnant women. The findings of the study by Tsunoe et al. are not surprising; however, as prostitute women have more sexual partners than non-prostitute women, constituting a general understanding that prostitute women are more likely to be carriers of sexually transmitted diseases.

Sanders (2004) found indoor sex workers in a large Britain city (where prostitution is decriminalized) claimed to have two key health risks to be aware of: first, being forced to have unprotected sex or having condoms break, which could lead to sexually transmitted infections or

HIV; and the second, the possibility of pregnancy. In addition to pregnancies, birth control, and STDs, other sexual health risks can occur. Ward and Day (2006) reported that findings included infertility and past gonorrhoea being associated with pelvic inflammatory disease.

Violence

Prostitutes experience all forms of violence, whether it is physical, emotional, or sexual, and these forms of violence are not limited just to countries whose policy is criminalization as prostitutes in countries that hold policies of decriminalization report violence against prostitutes as well. Similar to the criminalization policy, studies involving violence against prostitutes focuses predominantly on the physical and sexual aspects. Additionally, such violence is often considered normal and expected by most prostitutes, no matter which policy a country may hold.

Church, Henderson, Barnard, and Hart (2001) made comparisons between indoor and outdoor/street prostitutes and the violence they experienced in Great Britain. They reported that outdoor prostitutes experienced attempted rape (vaginal or anal) at 28%; forced oral sex at 17%; raped (vaginal) at 22%; and raped (anal) at 5%. When looking at sexual violence for indoor prostitutes, they reported attempted rape (vaginal or anal) at 17%; forced oral sex at 3%; raped (vaginal) at 2%; and raped (anal) at 6%, essentially showing that sexual violence within street prostitution occurs more than indoor prostitution. Additionally, they reported that violence experienced from a client could also include being slapped/punched/kicked, threatened with or without a weapon, kidnapped or attempted kidnap, slashed/stabbed, strangled, and beaten. In offering a suggestion towards eliminating such violence, they stated, “Recognizing that violence by clients occurs to women working both indoors and outdoors would be an important step towards preventing or reducing the incidence of violence” (p. 525). These results are similar to violence against women in street versus indoor prostitution in a country that holds a

criminalization policy. In Chicago, Illinois, Raphael and Shapiro (2004) claim, “Women outdoors generally reported higher levels of physical violence, but women in indoor venues were frequently victims of sexual violence and being threatened with weapons” (p. 126).

Since 1971, street prostitution has been permitted in non-residential areas in New South Wales (NSW), Australia. In a study of street prostitutes from NSW, Harcourt, van Beek, Heslop, McMahon, and Donovan (2001) reported that 75% of the participants stated they had experienced some form of physical violence while working, with such violence including physical assault, rape with a weapon, another form of rape or attempted rape, robbery, threats, abduction, and stalking. Harcourt et al. also reported that the women stated they had experienced most of the violence from the clients; however, voyeurs, residents, and other sex workers from the street may also have contributed to the violence.

Sanders (2004) conducted interviews with 55 women in Britain and found, “it was clear that although the majority (34 of the 55 women interviewed) had never encountered harm through prostitution, there was considerable awareness of and fear around the likelihood of violence from male clients” (p. 564). And although the majority had not had violent experiences, the study reported 16 of the 55 women had experienced violent encounters with their clients, which included “rape, kidnap, intimidation, and physical assault” (p. 563). Recognizing that violence does not just arise from clients, Day and Ward (2001) surveyed 193 women (both indoor and street workers), and found 58% reported having experienced a previous assault, and 40% reported recent assaults by the clients. They further explained that the different types of violence experienced by the prostitutes included incidences from “the state, family, strangers, and clients” (p. 230). Hester and Westmarland (2004) agreed that violence is not just experienced from clients, as they state, “The majority of street prostitutes have had multiple experiences of

violence, not only from their clients but also from passers-by abusing them both verbally and physically” (Campbell et al., 1996; McKeganey and Barnard, 1996; p. 81).

Studying prostitutes in Great Britain, Benson and Matthews (1995) reported 87% of the women were victims of some sort of abuse from a client, and 73% of the participants had been a victim multiple times. Of the 87% that reported client abuse, 43% suffered physical assault or abuse, and 27% reported being raped. Hoigard and Finstad (1992) found 73% of the 26 prostitutes had been subjected to various degrees of violence in Oslo, Norway (where selling sex is not illegal, but purchasing sex is, which can be labeled decriminalization).

Farley, Baral, Kiremire, and Sezgin (1998) examined assaults against prostitutes in Thailand (where prostitution is policed as though it is decriminalized). They reported that 55% of the 110 prostitutes were physically assaulted, 57% had been raped, and 35% of these had been raped more than five times. Findings also showed that 47% had reported being physically threatened, and 39% had been threatened with a weapon. Comparing Thailand’s results to those of criminalization policy countries, 91% of Canadian prostitutes and 82% of United States prostitutes reported being physically assaulted. These percentages indicated that more physical assaults against women occur in countries that hold a criminalization policy; however, speculation and reasoning is left unexamined as to why victimization is highest within a country with a criminalization policy.

In London, the Home Office requested that the Research Development and Statistics Directorate conduct studies on the Crime Reduction Programme (also known as CRP projects). One study reported that just over half of the 133 women “had been forced to have sex or been indecently assaulted and the perpetrators were most often the male clients (81%) and/or a boyfriend/pimp/partner (23%)” (Hester and Westmarland, 2004, p. 82). Comparatively, Hester

and Westmarland examined Campbell's (2002) Merseyside interviews and found similar results. Campbell interviewed 70 women and found 43% had been sexually assaulted, 36% had been raped, 43% had been threatened with a weapon, and 13% had been kidnapped.

Salfati, James, and Ferguson (2008) suggested that little research has been done on the homicides of prostitutes, due to a lack of basic statistics and knowledge surrounding prostitution and murder. They explain that prostitute homicides are difficult to investigate and many murders are left unsolved; however, "It has been estimated that women involved in street prostitution are 60 to 100 times more likely to be murdered than nonprostitute females" (p. 505). Conducted in the United Kingdom, Salfati et al.'s study compared 46 prostitute homicide cases, 59 male offender-female victim nonsexual homicides, and 17 male offender-female victim sexual homicide cases. They reported findings that compared variables such as location, body, wounding, offender-victim relationship, and offender characteristics. Results of the study suggest that "prostitute homicides differed from both sexual and nonsexual homicides in the frequencies of the crime scene behavior" and "comparing the results to both the general literature and the empirical comparison to other subgroups of homicide allows for the first step in understanding prostitute victims as both vulnerable and available victims, as well as specific targets" (p. 539). Other studies examining prostitute homicides have been conducted, as O'Kane (2002) reported, that within a ten-year span in the United Kingdom, at least 60 prostitutes had been murdered, and Kinnell (2001, 2001) recorded 51 murders of women and girls within a ten-year period.

In Bangladesh, a British Commonwealth country, a survey of 540 female prostitutes reported that 49% had been raped and the police had beaten 59% in the past year (Watts and Zimmerman, 2002). Furthermore, another study done in Bangladesh found 81% of street prostitutes had experienced some form of violence from a client, with 33% having been beaten,

30% threatened with a weapon, 25% choked, 27% vaginally raped, and 9% attacked with a knife, either slashing or stabbing (Jenkins, 1999; Watts and Zimmerman). It is important to note, however, that Bangladesh is a developing country that has the possibility of sex tourism, which makes a comparison to a developed country, such as Great Britain, slightly difficult.

Perceptions and Attitudes

Perceptions and attitudes surrounding the policy alternative of decriminalization are spread far and wide between the stakeholders involved in prostitution. Set on a spectrum of opposite ends, the general public opinion, policy makers, and political officials tend to have similar views on prostitution and the decriminalization policy that err on the side of minimal support, while the major players of prostitution (the prostitutes, johns/clients, and pimps) tend to have collaborative views regarding prostitution that range on the opposite side of the spectrum. Larger organizations, such as the Coalition Against Trafficking in Women (CATW) and the Global Alliance against Traffic in Women (GAATW) also hold opinions regarding the decriminalization policy.

Policymakers tend to share similar opinions with that of the general public. As Weitzer (2000) explains, “Proposals for decriminalization run up against a wall of public opposition, and policy makers are almost universally opposed to the idea, making it a non-starter in any serious discussion of policy alternatives” (p. 160). In a city known for its tolerance, the San Francisco Board of Supervisors initiated a Task Force on Prostitution in 1994 as a way to explore policy alternatives in the area of prostitution control (Weitzer). With a list of members including prostitutes’ rights groups, the local police department, the district of attorney’s office, community and business groups, the National Lawyer’s Guild, and the National Organization for Women, the task force resulted in “chronic infighting” between the group, whose agenda was set

and dominated by the prostitute's advocates and sympathizers (Weitzer, p. 160). The task force ultimately voted in favor of a decriminalization recommendation; however, shortly thereafter, six community and business representatives resigned, resulting in lost credibility, anger, and shredded legitimacy (Weitzer, p. 161). In summation, Weitzer explains, "The panel's endorsement of decriminalization reflected the interests of prostitutes' advocates and their allies and doomed the report's prospect for serious consideration in official circles" (p. 161).

Weitzer (2000) examines the general public's opinion towards the decriminalization of prostitution within the United States. According to Louis Harris polls completed in 1978 and 1990, a decrease in the support for decriminalization was found, as 35% reported that the decision to engage in prostitution should be left to the individual, while only 22% reported the same answer in 1990 (Weitzer). Additionally, a survey conducted by Merit Audits and Surveys in 1983 reported that when asked about the prostitution laws, only 7% reported that there should be no laws surround prostitution (Weitzer).

From the prostitute's perspective, COYOTE, the United States based prostitute's rights group, endorses decriminalization believing that decriminalization allows for prostitution to be labeled and defined as work, "like any other work, and because decriminalization is the only policy that recognizes prostitutes' 'right' to use their bodies as they wish" (Weitzer, 1999, p. 86). COYOTE clearly outlines through their various websites (ex: www.coyotela.org) that "The laws prohibiting the soliciting or engaging in a consenting adult act of prostitution, or patronizing a prostitute, should be repealed (decriminalized as opposed to legalized)" and wish to remove the stigma associated with consensual sex work. Hatty (1991) explains, "Whilst COYOTE acknowledges that violence and even death are risks associated with prostitution, these violations

are seen as resulting from the illegal status of prostitution in some jurisdictions, as well as the stigma attached to the work itself” (p. 72).

The Coalition Against Trafficking in Women (CATW) is an international organization that takes a serious stance against the decriminalization and legalization of prostitution. Located on their website www.catwinternational.org and also through various media outlets such as publications and conferences held in their name, CATW proclaims numerous reasons as to not supporting either decriminalization or legalization. Raymond (2003) in partisan of the CATW gives ten reasons to oppose the legalization or decriminalization of prostitution as outlined below, stating that, legalization/decriminalization of prostitution:

1. is a gift to pimps, traffickers and the sex industry
2. promotes sex trafficking
3. does not control the sex industry, but does expand it
4. increases clandestine, hidden, illegal and street prostitution
5. increases child prostitution
6. does not protect the women in prostitution
7. increases the demand for prostitution, for it boosts the motivation of men to buy women for sex in a much wider and more permissible range of socially acceptable settings
8. does not promote women’s health
9. does not enhance women’s choice
10. women in systems of prostitution do not want the sex industry legalized or decriminalized

The Global Alliance against Traffic in Women (GAATW) takes a slightly different stance on decriminalization. The GAATW is an international organization based in Thailand and receives alliance and support from more than one hundred non-governmental organizations from around the world. The GAATW also conducts conferences and has many supporters who write in peer-reviewed journals, along with their entire information accessible via the World Wide Web at www.gaatw.net. Outshoorn (2005) explains that the GAATW “subscribes to the distinction between forced and voluntary prostitution, allowing for sex work. It calls for decriminalization of prostitution and the combat of trafficking and forced prostitution” (p. 148-149).

Conclusion

Utilizing the most current research studies and professional websites, this chapter encompasses all of the research and information surrounding prostitution and the four main key points: policing/regulation, health, violence, and attitudes/perceptions. The merging of all relevant research into one research literature review provided a functional and systematic approach to evaluating the decriminalization policy and the ability to find commonalities and differences among the studies involving decriminalization. Information presented within this chapter allows the reader to access the benefits and disadvantages found in the decriminalization policy, and the ability to compare the policy with other policy alternatives.

As explained in the chapter, policing and regulation of prostitution is different for each country that holds the policy. Some countries have laws that consider prostitution illegal but regulate and police it as though it is decriminalized, while other countries decriminalize the prostitute's activities but criminalize those who benefit from prostitution, such as clients and pimps. Policing efforts are placed on the visibility and location of prostitution rather than on controlling or regulating the prostitutes. It was noted that some countries, like Japan and Thailand, have prostitution policies of criminalization due to pressure from the United States and the United Nations, which results in a criminalization policy with a decriminalization-policing outlook.

Similar to that of the criminalization policy, the health of a prostitute is often focused on AIDS or sexually transmitted disease studies in the interest of public health. The connection between mental health and prostitution is vastly understudied in terms of mental health problems with the exception of posttraumatic stress disorder (PTSD). Studies showed that PTSD is lower in countries that have a decriminalization policy than those with criminalization laws against

prostitution. Additionally, health care outreach programs are successful in reaching prostitution populations due to their ability to reach the prostitute within her working environment and offer them sessions on safer sex practices and free condoms due to prostitutes not fearing retribution for engaging in an illegal activity.

Studies show that violence does occur under the decriminalization policy, just as it does under other policy alternatives. However, it is important to note that violence against prostitutes in countries holding a decriminalization policy occurs less than in countries that hold a criminalization policy. Additionally, just as it is understudied in a criminalization policy, emotional or psychological violence against prostitutes is left vastly understudied and examined. Furthermore, studies involving violence against prostitutes and the location of the venues indicated similar results for both criminalization and decriminalization policies, as more physical violence occurs against street prostitutes than indoor prostitutes. Moreover, there is a lack of studies that focus on prostitute homicides, and of those studies that incorporate prostitute homicides, most are conducted in England.

The COYOTE prostitution rights' group largely backs the support for decriminalization, for they feel it is the best policy option that does not discriminate against prostitutes. Public support for decriminalization is, at best, confusing; for surveys and polls are left questionable and it is unclear what the respondent is thinking when he/she votes. There is a significant need for better polling and survey questions to gain a better assessment of the public's opinion, which may result in more accurate statistics coming from political figures and policymakers as well. Sex trafficking and prostitution are often linked, and activist groups such as CATW strongly urge for a criminalization policy, and do not endorse decriminalization on multiple levels.

Chapter 4: Legalization

Legalization Policy Alternative

Under a legalization policy, a country removes all criminal penalties surrounding prostitution but implements forms of regulation towards certain aspects of prostitution. Weitzer (1999) explains, “Legalization spells regulation of some kinds: licensing or registration, confining prostitution to red light districts, state-restricted brothels, mandatory medical exams, special business taxes, etc” (p. 87). The main principle behind legalization is the notion of harm reduction, meaning that “regulation is necessary to reduce some of the problems associated with prostitution” (Weitzer, p. 87). Similar to Weitzer, Shaver (1985) explains, “The underlying assumption here [the legalization policy] is that prostitution serves the different sexual needs of men and women and must be regulated so as to contain its worst side effects” (p. 494). Essentially, the difference between legalization and decriminalization is that legalization focuses on making prostitution a licensable entity, complete with restrictions, rules, and regulations, whereas decriminalization only implies some regulations but does not involve licensing.

The success of a legalization policy depends heavily on the prostitutes and their willingness to abide by the terms set for regulation (Weitzer, 1999). Additionally, if a prostitute is under the control of a pimp, she may not be permitted to work within the regulated system, especially “if it means a dilution of the pimps’ control over their employees” (Weitzer, p. 88). Weitzer also states, “Where legalization includes stipulations as to who can and cannot engage in the sex trade, certain types of individuals will be excluded from the legal regime, forcing them to operate illicitly” (p. 88). Such stipulations include prostitutes who are underage, carriers of STDs and diseases, and migrants, as these workers will be forced to work outside the regulated system (Weitzer).

Currently, some areas within the state of Nevada allow legalized prostitution; however, multiple regulations and restrictions are applied. Prostitution is not permitted in counties within Nevada that have a population larger than 400,000, which eliminates all major cities including Las Vegas, Reno, and Carson City. Additionally, a prostitute must apply to a license board, file the application with the county license collector, and pay a license fee before beginning her work as a prostitute.

Monto (2004) explains some of the benefits and harm that could possibly arise from the United States converting from a criminalization policy to a legalization policy. For one, “legalization would likely reduce stigma to some degree,” with the rationale behind this statement being that criminalization gives prostitution an outlaw status, which promotes stigmatization (Monto, p. 181). A second benefit can be seen in a prostitute’s ability to have better access to police protection due to no longer being put at risk for receiving criminal prosecution from her clandestine work (Monto). From a negative aspect, Benson and Matthews (1995) predict that the demand for prostitution may increase as a result of the stigma being lifted from purchasing sex, and more men will be no longer deterred from the possible legal ramifications (Monto). Additionally, “under a policy of legalization, low-income women without marketable skills might eventually be expected to enter prostitution to escape poverty and avoid welfare dependence” (Anderson, 2002; Monto, p. 181).

Policing and Regulation

The policing and regulation of the legalization policy alternative is different for each country that holds the policy. For example, the United States has one state that allows the legalization of prostitution and brothels in certain areas, and how Nevada conducts its policing and regulation of prostitution may differ from how the Netherlands or Germany (which also hold

legalization policies) police and regulate prostitution. Policing and regulation in Nevada is aimed on making sure that prostitution is conducted in only the allowed counties, and that the prostitutes and brothel owners are adhering to the restrictions and guidelines set out by the state statutes.

Prostitution in Nevada is regulated and policed on county-by-county basis. Counties that include the larger cities of Nevada such as Carson City, Las Vegas, and Reno strictly prohibit prostitution; however, Symanski (1974) states, “Both Reno and Las Vegas have problems with streetwalkers and call girls, who are not registered and cannot be regulated or examined for venereal diseases as they would be elsewhere in the state” (p. 361). Elko, Lincoln, Pershing, and Lander counties allow prostitution and consider it legal; however, it is restricted to city limits and certain locations whereas the counties of Humboldt, Eureka, White Pine, Nye, Esmeralda, Mineral, and Lyon consider prostitution to be legal, but hold restrictions against certain criteria (Symanski). For example, the county of Esmeralda has an ordinance that requires a brothel to be at least five miles from any place where people normally dwell and have a permit that designates its location, whereas the county of Lyon shows concern for public nuisance and public decency, as the county ordinance requires “data on the financial condition of the owner, addresses of the owners and prostitutes during the previous ten years, and complete information on previous convictions of the owner” (Symanski).

As Symanski (1974) explains, “Lyon County is perhaps the most comprehensive in the state” (p. 362). According to the county ordinance of Lyon, a prostitute is unable to be employed if she has ever been convicted of a felony, and the sheriff is allowed to limit the hours-per-day/days-per-week when a brothel is open for business. Additionally, the sheriff is allowed to determine the number of prostitutes within a brothel, and the brothel size. The sheriff requires

that weekly updates and reports be submitted on prostitutes' health and that the prostitutes have received their regular health examinations. Along with such regulations, males are restricted from living on brothel property and may only be employed for the maintenance or repairs required for the brothel upkeep.

Lyon County ordinances place regulations on the location of the brothels as they are to be at least three miles from "incorporated towns and unincorporated towns" and they must be "more than three hundred yards from any public street, road, highway, private residence, or business establishment" (Symanski, 1974). Not only is a Lyon brothel restricted on its location but also when advertising. Brothels are not allowed to advertise and are only permitted a sign outside of the establishment that is 3 x 5 feet in diameter and that contains the phrase "Guest Ranch – Men Only." Additionally, signs that are located on public roads can only contain the name, approximate distance to the location, and an arrow pointing in the correct direction. The brothels themselves must also be surrounded and fully enclosed by a six-foot tall fence with an entrance that is only opened from the inside (Lyon County Ordinance No. 77).

As previously stated, the studying of other countries and the way in which they handle prostitution proves only to be useful in gaining more knowledge and information pertaining to prostitution. Examining the way a country handles prostitution and which policy they use to police prostitution allows for researchers in the United States to see what works and doesn't work, and also what gaps in the research are missing from research done both in the United States and internationally. Both the Netherlands and Germany hold a legalization policy towards prostitution, which can be deemed useful in learning more about the legalization policy and how it would be implemented and governed in the United States.

Prostitution is policed and regulated to private spaces in Germany and the Netherlands by utilizing zoning systems and state-licensed brothels, which is similar to the United States. As Hubbard (1998) explains, “In such public spaces, prostitutes are nonetheless subjected to the surveillance and segregating practices of the police, who have typically attempted to contain prostitution in specific areas where they are able to monitor and control the situation” (p. 271). It is also important to note that although prostitution is legal and regulated, it has been stated that restricting prostitution to regulated spaces is rarely entirely successful, as street prostitution is still prevalent and co-existent to the indoor brothels (Hubbard).

Germany regulates prostitution through the use of “eros centres” or a zoned area for brothels, which is similar to the regulations held in the Nevada brothels. Brothels in Germany are regulated to certain zoned areas (also known as red-light districts) when the population of a city is over 20,000. Germany has a long history of prostitution, and according to Roos (2002), “in wartime Nazi Germany, the regulated brothel became a thriving state institution under the special care and protection of the police” (p. 91). In further studies, questions about how common arrests are for underage prostitution and/or prostitution outside of the restricted red-light districts should be addressed to examine how effectively the brothels are regulated.

Prostitution in the Netherlands has been considered legal since the early 1900s; however, the activities that surrounded prostitution were deemed illegal (Wagenaar, 2006). Following a 20-year debate between “legal scholars, feminists, prostitution activists, and a small group of enlightened parliamentarians” about prostitution, on October 1, 2000, the Netherlands’ Dutch parliament agreed and passed the legalization of “ownership and exploitation of brothels” (Wagenaar, p. 207). As the Netherlands legalized brothel prostitution, prostitutes were subjected to the administrative law, which regulates and controls the overall operation of sex

establishments and also the labor law, which concerned their working conditions (Wagenaar). Wagenaar explains that the law enacted by the Dutch Parliament had 3 main goals concerning prostitution: “1. To emancipate the prostitute and improve her or his position vis-à-vis the owners of sex establishments, 2. To make the prostitution scene transparent and open to monitoring and 3. To combat criminal activities associated with prostitution” (p. 207).

The Netherlands faced some serious questions after the law of legalization passed. Wagenaar (2006) explains that 3 years after the law was passed, the implementation of the brothel law was adapted unevenly. Additionally, Wagenaar outlined 5 challenges for the city administration of The Hague: “1. A highly fragmented police and municipal apparatus, 2. A lack of information about prostitution among policy makers, 3. A high level of associated crime, both external and internal to prostitution, 4. A large, entrenched, well-organized, and well-capitalized prostitution sector, and 5. The long-standing marginality of the sector” (p. 210). Wagenaar elaborates further by explaining that many sex establishment owners in The Hague are more likely to offer complaints when asked about the administration of the government, as owners would remark that there is little trust in their word, hidden agendas, and strict, unreasonable regulations.

The argument has been made by many researchers and human rights groups, such as the CATW (Coalition Against Trafficking Women), that the legalization of prostitution in Germany and the Netherlands has increased the illegal trafficking of women for prostitution. Raymond (2003) states, “Legalized or decriminalized prostitution industries are one of the root causes of sex trafficking” (p. 316). Altink (1993) reported that as of 1993, 75% of the prostitute women working within the prostitution industry originated from Uruguay, Argentina, Paraguay, and other South American countries. As Raymond further explains, “The sheer volume of foreign

women in the German prostitution industry suggests that these women were trafficked into Germany, a process euphemistically described as facilitated migration. It is almost impossible for poor women to facilitate their own migration, underwrite the costs of travel and travel documents, and set themselves up in 'business' with intervention" (p. 317). Findings in the Netherlands also suggest that 80% of the women working in the legalized brothels within the Netherlands are from other countries (Raymond). It is unclear if these women are in the Netherlands by choice or from trafficking, and further research studies should examine such claims. Additionally, questions such as whether there has been an increase in the number of women working as prostitutes within the restricted zones since the Netherlands legalized prostitution, and whether the Netherlands limits or restricts the number of licenses they give in a certain time period, should be researched. Furthermore, if there were an increase, were there any economic factors that need to be examined?

It is important to note that trafficking of women into countries that hold legalization policies does happen; however, further examination of such percentages is in dire need. Questions pertaining to when the women arrived in the country could show whether these women were trafficked before or after the actual legalization policy was implemented, and although prostitution is legal, trafficking women from other countries into the legalized prostitution country is an immigration issue as well as a sex industry issue and should/would receive different policing and regulation situations. Vocks and Nijboer (2000) offer suggestions to battle trafficking in countries where prostitution is legalized as they state, "Knowledge of the methods and strategies of traffickers may help police officers in their investigation efforts" and that "many victims apparently do not consider the police as a safe haven" (p. 386). They also suggest that police officers collaborate with local counselors and make an effort to contact

possible victims for such knowledge and assistance. It had also been suggested that the legalization of prostitution within the Netherlands would offer police officers “more and better opportunities for effective supervision” (Vocks and Nijboer, p. 386).

Health

In Nevada, the law requires that an individual must be tested and deemed healthy prior to beginning work as a prostitute and from then on be tested on a weekly basis for certain STIs (sexually transmitted infections); other tests are conducted on a monthly basis (Brents and Hausbeck, 2005). If a prostitute “tests positive for anything other than HIV, she is unable to work until treated, cured, and her physician reinstates her health card” and if a prostitute tests positive for HIV, she is unable to legally work as a brothel prostitute (Brents and Hausbeck, p. 276). Additionally, Nevada law requires that a condom be used for “all forms of sexual encounters” and the women in a study done by Brents and Hausbeck reported that many of their participants adhered to the law not to be law-abiding but rather for “their commitment to protecting their health, well-being, and occupation” (p. 286).

Brents and Hausbeck (2005) also reported that as an in-house, informal rule, prostitutes conduct a “dick check” (DC) after a negotiation and prior to any sexual service given. The DC is a quick genital exam performed by the prostitute and is conducted prior to writing anything in on the books (Brents and Hausbeck). Brothel owners also stand by the mandatory health checks, not only for the reason of personal hygiene, but also to ensure that the prostitutes are able to continue work and to draw prospective clients who seek safer alternatives to the illegal realm of prostitution (Brents and Hausbeck). Additionally, a brothel owner can be held legally liable for any damages if he/she allows an AIDS-positive sex worker to continue work in the brothel (Brents and Hausbeck).

Albert, Warner, and Hatcher (1998) conducted a study on condom use among commercial sex workers in Nevada's legal brothels, in which they interviewed 40 female prostitutes about their clients' preferences on condom use. Of the 3,290 clients, 72% used condoms, and 12% chose to not use a condom with nonpenetrative sex, while 16% chose to leave the brothel without services (Albert et al.). They concluded that condom use rates were much lower when the prostitute engaged in sexual encounters with her lover than with a client, therefore concluding that "brothel prostitutes may be at greater risk for acquiring HIV and other sexually transmitted diseases from lovers than from clients" (p. 643). Interested in STD prevention, Albert lived at a brothel ranch for seven months conducting information on HIV tests and brothel sex workers. Albert reported, "Since March 1986, when the state's Bureau of Disease Control and Intervention Services began requiring brothel prostitutes to undergo monthly HIV tests, over 42,500 such tests have been conducted, and no licensed prostitute has ever tested positive" (p. 173-174).

Germany is also a country that considers prostitution to be a legal activity. According to Smith and Smith (1986), licensed prostitutes working within the commercial sex industry in West Germany have a 1% prevalence rate of HIV, while unlicensed prostitutes have a HIV prevalence rate of 20%. Smith and Smith make sure to note that the difference cannot be explained, due to the commonality of intravenous drug usage among unlicensed prostitutes. They also reported that, of those prostitutes who did engage in vaginal sex with clients, 97.5% used condoms.

As mentioned in previous chapters, Farley, Cotton, Lynne, Zumbeck, Spiwak, Reyes, Alvarez, and Sezgin (2003) studied nine countries and their prevalence for prostitute women who experience violence and have posttraumatic stress disorder (PTSD). Of the nine countries, only

one country, Germany, holds a legalization policy towards prostitution. Farley et al. reported 60% of the respondents had a PTSD diagnosis. That being stated, only 54 prostitutes were examined, and there is no distinction as to whether these women were working in a licensed brothel or working illegally without a license.

There is a distinct lack of comparative research studies that focus on the mental health of prostitutes who work in legalized commercial sex environments and the prostitutes who work under a criminalization policy. In a study by Farley, Baral, Kiremire, and Sezgin (1998), 25 brothel prostitutes and 43 prostitutes from South Africa were interviewed, with a report of findings that suggested “there was no statistically significant difference in incidence of PTSD between brothel and street prostitution” (p. 417). Although the study was between brothel and street prostitution, South Africa is a country that holds a criminalization policy, and furthermore, with such a low number of prostitutes interviewed (a total of 63 participants) the question is raised as to whether or not this study has the validity to apply it to the greater population. Additionally, the number of prostitutes working in both venues (street versus brothel) should be closer in range, considering only 37% of the participants were from the brothel venue. Several studies have been done on brothels and the health of the prostitutes; however, the prostitutes working in the brothels are working in countries that consider prostitution or brothels to be illegal (Cwikel, Ilan, and Chudakov, 2003; Cwikel, Chudakov, Paikin, Agmon, and Belmaker, 2004; Farley et al.).

Violence

Violence against women working in a commercialized sex industry is a serious problem that needs to be addressed. However, many studies that examine prostitution as a whole are limited, as “prostitution” is an umbrella term to cover all aspects of commercialized sex work.

Studies that combine violence against sex workers in general are simplistic. Studies that incorporate certain types of prostitution (such as indoor, street, call girls, escorts) tend to be more helpful for policy analysis about the legalization of prostitution (Weitzer, 2005b). Essentially, Weitzer explains, “Prostitution varies significantly by type, and it is disingenuous to generalize from one type to prostitution as a whole” (p. 946). Thus, in an effort to obtain the best data possible on violence against women within a legalization policy, specific forms of prostitution are examined along with the type of violence that is experienced.

Brents and Hausbeck (2005) examined 13 brothels in Nevada and conducted 40 face-to-face interviews with prostitutes, 25 surveys of prostitutes, 11 semi-structured, open-ended interviews with brothel managers and owners, and approximately 10 informal or formal discussions with state policy makers and activists. Through coding of their interviews and field notes, Brents and Hausbeck concluded, “legalization brings a level of public scrutiny, official regulation, and bureaucratization to brothels such that violence is far less likely to be a systemic problem as it is when prostitution is illegal but flourishing” (p. 271). Additionally, Brents and Hausbeck report that legalization of prostitution decreases the risk of three separate types of systematic violence: interpersonal violence against prostitutes, violence against community order, and sexually transmitted diseases as violence. Brents and Hausbeck also contend that many other researchers have found similar results as “brothel promoters throughout the last century have argued that brothels provide the safest and most hygienic outlet for prostitution” (Bell, 1994; Best, 1998; Gilfoyle, 1992; Walkowitz, 1980; p. 270).

Concurring with Brents and Hausbeck (2005), Weitzer (2005a) explains, “Indeed, one of the major advantages of Nevada’s legal brothels is protection from violence” (p. 216). Safety precautions are taken not only by brothel management, but also by the prostitutes working within

the brothels, as the Nevada brothels utilize panic buttons, listening devices, management surveillance, leaving doors slightly ajar, and so on (Brents and Hausbeck; Weitzer). Although these precautions are put into place, Brents and Hausbeck explain:

In reality, the safety of the brothel comes into play long before someone relies upon a panic button in their bedroom. Most everyone recognized that the real mechanisms for protection are working in a setting that allows constant scrutiny of the behavior of the customer before the actual paid party, that makes client anonymity and easy exit difficult, and that provides a houseful of people just a flimsy door away from the prostitute-john interaction and exchange. (p. 281)

Other countries have had similar experiences with violence against brothels and the women who work within them. In a large evaluation of legal brothels in Queensland, Australia (a country that is divided on legalization, decriminalization, and criminalization by separate regions and sections) by the Crime and Misconduct Commission in 2004 revealed that licensed brothels offered an environment that was safe for the sex workers, and that the legal brothels propose a “sustainable model for a healthy, crime-free, and safe legal licensed brothel industry” as it is a “state of the art model for the sex industry in Australia” (p. 75, 89; Weitzer, 2005a, p. 217). In the Netherlands, where a legalization policy has been put into place, Daalder (2004, p. 30) explained that “the ‘vast majority’ of workers in brothels, clubs, and window units report that they ‘often or always feel safe’” (Weitzer, p. 217).

As previously mentioned, Farley et al. (2003) examined Germany’s prostitute women and experiences of violence that occur to them. Farley et al. reported that 52% were threatened with a weapon, 61% were physically assaulted, and 63% were raped.

Comparing Germany to the United States using Farley et al.'s reported findings, Germany was lower in every category, as the United States prostitutes reported 78% were threatened with a weapon, 82% were physically assaulted, and 73% were raped. However, these findings are somewhat difficult to interpret in light of Germany having a significantly lower overall violence rate than the United States.

There tends to be conflicting information pertaining to violence against women working in legalized brothels. Farley et al. (2003) state in conclusion, "Women have told us that they felt safer in street prostitution compared to (legal) Nevada brothels, where they were not permitted to reject any customer." It is important to note that Farley et al. only examined countries where prostitution was under a criminalization policy except for one (Germany), and although these women have opinions of legalized brothels, it is not clear as to whether they have ever had experience working in them or have firsthand experience with not being allowed to reject a customer. This conflicts with the information that Brents and Hausbeck (2005) provided through their study on the Nevada brothels, for women were allowed to reject customers on a multitude of reasons, through DCs ("dick checks") and condom requirements. This conflicting information continues, as Vanwesenbeeck (1994) reported from his findings "75% to 80% of the Dutch women reported distrust, symptoms of depression, irritability, and chronic physical discomfort" (Farley et al., p. 61). This finding from Vanwesenbeeck is misleading, as prostitution laws in the Netherlands changed October 1, 2000, with the legalization of brothels. To my knowledge, no research has been done on violence occurring against brothel prostitutes in the Netherlands since the legalization of brothels.

Perceptions and Attitudes

The perceptions and attitudes of the stakeholders in prostitution are placed on a long continuum scale, ranging from acceptance of the criminalization policy to the acceptance of the legalization policy. Not only do the major players of prostitution (prostitutes, pimps, prostitutes' rights groups, and brothel owners) have opinions and reactions on the policies offered from a government, but so do other stakeholders who are not as closely connected to the direct selling of sex (general public, policy makers, police officers, criminal justice system workers). Additionally, major prostitutes' rights groups such as COYOTE and the International Committee for Prostitute Rights (ICP) have made official statements as to how they feel prostitution should be policed and regulated.

Attitudes toward the legalization have been examined within Nevada and within the United States. Symanski (1974) examined prostitution in Nevada and found "an overwhelming majority of those who live with open or legalized prostitution in Nevada favor its presence" and that "this positive attitude is expressed in the news media and by law enforcement officers and people of all socioeconomic classes" (p. 376). Symanski reported that the three top reasons for support were 1. the control factor, 2. the historical factor, and 3. the image (p. 376). In 1988, a statewide poll conducted by the Center for Survey Research at the University of Nevada, Las Vegas, showed that 71.3% of the 1,213 participants disagreed with the statement that legal prostitution "hurts the state's tourism economy" (Weitzer, 1991, p. 26).

Weitzer (2000) explains a possible problem with legalization polls as he states, "there is no majority support for relaxation of prostitution laws, though a significant minority does support legalization (unfortunately, most polls leave 'legalization' undefined, so it's unclear what respondents have in mind)" (p. 163). When asked if prostitution should be legal or illegal,

one Gallup poll (1996) reported that 26% supported legalization (Weitzer). A poll run by Louis Harris in 1978 and 1990, showed increasing support for regulation by law (legalization) as 24% supported legalization in 1978, and 31% supported legalization in 1990 (Weitzer). A survey done by Merit Audits and Surveys in 1983 found 46% in favor of prostitution being “legal under restrictions” (Weitzer). As Weitzer explained, these surveys and polls that range from 1974 through 1990 indicated that phrases such as “legal under restrictions” and “regulated by law” can generate different responses, and it is unclear as to what the respondent is thinking. May (1999) reported that 18% were in favor of a legalization policy towards prostitution, and that “those in favor are relatively more often men, Catholics, residents from the Western states, whites, and those more tolerant towards ‘deviant’ behaviors, such as gambling” (Vanwesenbeeck, 2001, p. 274).

Prostitutes working with a legalized brothel have made statements that regard the brothels as prisons where they are the prisoners. The brothel owners regulate the restricted movement of prostitutes, and prostitutes are only able to leave on specific days, while other brothels require the women to identify where they are going, with specific locations and times (Brents and Hausbeck, 2005). It is important to note that the restricted movement of prostitutes is not an official law, and is entirely up to the individual brothel’s rules (Brents and Hausbeck). The brothel owners claim that although it is difficult to find women who will work under the restriction terms, the women who do work for them have virtually no complaints; as Brents and Hausbeck stated, “Most of the women indicated on written surveys that they felt they were able to leave the brothel at any time” (p. 285).

Surveys and polls of police officers and their perspectives and attitudes towards prostitution have been left understudied. One small national survey done in the large cities of the

United States of forty-one police chiefs showed “support for intensified enforcement and very little support for alternatives to criminalization” (Milman, 1980; Weitzer, 1991, p. 30). Fourteen percent supported legalization in designated areas, 24% supported legalized houses of prostitution, and 41% supported licensing for reasons of public health (Milman; Weitzer, p. 30-31). With regard to policy makers, only proposals involving some sort of regulation receive consideration; as Weitzer explains, “Policymakers and criminal justice officials tend to reject decriminalization, at best finding attractive only those proposals that include viable controls, such as health examinations, taxation, and zoning” (p. 26).

Prostitutes’ rights groups are active not only within the United States, but also internationally. The International Committee for Prostitutes’ Rights (ICP) was “the first transnational manifestation of prostitutes’ rights movements, which is in favor of legalizing prostitution to improve sex workers’ position” (Outshoorn, 2005, p. 149). Unlike the ICP, the prostitutes’ rights group, COYOTE, fully opposes the legalization of prostitution and any regulation that would be imposed. COYOTE rejects legalization on multiple grounds, claiming that the perpetuation of the social stigma would occur, that it would inherently be oppressive through the control of man towards a woman, and that the government would regulate what a woman chooses to do with her own body (Weitzer, 1991).

Conclusion

Drawing from the current literature available through peer-reviewed journals, research articles, and well-known websites, this chapter summarizes the latest and most up-to-date information relating to the legalization policy and prostitution. Uniting all of the research available on the four main key points of policing/regulation, health, violence, and attitudes/perceptions with relation to the legalization policy, a complete literature was obtained

and provides a systematic format/layout that allows for evaluations and critiques to be made concerning the literature. It is from these evaluations and critiques, along with the second and third chapter evaluations and critiques, that the fifth chapter will draw upon for future suggestions on research in the future.

As shown in previous chapters, this chapter explains that the policing and regulation of prostitution is handled in different ways for each country that holds a prostitution policy, no matter which policy is upheld. Policing efforts are largely placed on regulating prostitution through the use of licenses and restricting the sex work to certain red light district zones or small, rural areas with small populations. Particular restrictions focus on advertising and the brothels' appearance to outsiders, as a way to regulate prostitution within a community. There is some noted concern from large groups, such as the CATW, that policing prostitution under a legalization policy allows for more human trafficking, but there is a lack of research studies that focus directly on legalization and human trafficking, which makes analyzing such claims much more difficult.

Although studies have shown that violence against prostitute women occurs in any policy, violence has been notably lower in Nevada brothels. Research indicates that due to public scrutiny and regulation, interpersonal violence, community order violence, and sexually transmitted diseases as violence have been reduced. Safety precautions have been set into place as well, allowing prostitutes to feel much safer. Such precautions include panic buttons, management surveillance, listening devices, and leaving doors ajar, to name just a few.

The health of a prostitute working under a legalization policy is closely monitored and checked on a weekly and monthly basis in many countries. In Nevada, the women are subjected to sexually transmitted disease testing weekly and monthly, depending on which tests are being

conducted, along with the requirement that women must utilize condoms within any legalized setting such as brothels. Records have indicated that in Nevada, no prostitute working in a legalized brothel has tested positive for AIDS since March 1986. Additionally, women within a brothel setting conduct “dick checks” and are allowed to refuse any customer that they feel would endanger their health. When considering the mental health of a legalized prostitute, there is a distinct lack of research that focuses directly on a sex worker’s emotional health.

Attitudes towards legalized prostitution are markedly positive within the state of Nevada; however, public opinion outside Nevada is very different. It is very difficult to assess the percentage of support for legalization because poll and survey questions are often vague and it is unclear as to what the respondent is thinking when answering the questions. Few studies have focused on opinions from police officers, policymakers, or other major stakeholders in regard to prostitution. Groups such as COYOTE strongly oppose the legalization of prostitution, while others, such as ICP, support the legalization policy over any other alternative. Additionally, prostitutes working within the brothels have virtually no complaints, but it has been noted that brothel owners keep major restrictions on the sex workers, which results in many sex workers not wanting to work in a brothel.

Chapter 5: Further Suggestions & Conclusion

The systematic approach to examining the extensive research concerning prostitution and the four key points of policing/regulation, health, violence, and attitudes/perceptions has proved useful in finding gaps in the research that have been left unexamined or understudied.

Additionally, the systematic approach allowed for the comparison and combining of several research findings into a larger approach towards certain areas of prostitution research. The comparisons of research studies involving prostitution have provided a roughly drawn “map” of what has been done and what has yet to be done in regard to prostitution research, and it is on these comparisons and examinations that this chapter is based. This chapter focuses on the strengths and weaknesses found throughout the research surrounding prostitution, makes suggestions for further research in the future, and draws conclusions relevant to the current literature.

As outlined in Chapter 1, the study had two main goals. The first was to systematically organize the current literature surrounding prostitution, policy alternatives (criminalization, decriminalization, and legalization) and the four main key issues, policing/regulation, health, violence, and perceptions/attitudes. The second goal of the study was to identify any gaps, holes, or overlaps in the research through the use of the systematic approach. It was found that the systematic approach proved useful in finding areas of research that have been left understudied or need to be more extensively examined. Systematic relationships between the four main key issues and the policy alternatives were extremely beneficial in locating areas of research that are lacking, and many limits were found through comparisons. Utilizing comparisons and the systematic approach, this chapter aims to identify problem areas within the research, and make suggestions for future research studies to consider.

Criminalization Policy

The criminalization policy (see Chapter 2) has been the reigning policy in multiple countries including the United States and Canada. Criminalizing prostitution has left the United States and Canada with several problems and issues surrounding policing/regulation, health, violence, and attitudes/perceptions that demand the attention of the researchers who study prostitution. Multiple research studies have examined the problems and issues; however, much research still needs to be conducted in an effort to answer some remaining questions concerning prostitution and the criminalization policy.

From the available criminalization policy research, several key points have emerged. It was found that criminalization policy research has a heavy focus on violence, and more specifically, physical violence, as many studies have shown that physical violence occurs most often under a criminalization policy. However, although physical violence is examined, the physical health of a prostitute working under a criminalization policy is left understudied, and research on emotional health (outside of PTSD) and emotional violence towards a prostitute is virtually nonexistent. Nonetheless, posttraumatic stress disorder (PTSD) has been thoroughly examined under the criminalization policy, and extensive studies have been done on a country-by-country basis that allowed for better comparisons to have been made.

Policing and Regulation

As explained in Chapter 2, the policing and regulation of prostitution in a criminalization policy is often left to the police officers' discretion. Police discretion helps prostitutes, but also hinders them, for multiple studies have examined the effects of discretion on prostitution. Two recent studies (Thukral and Ditmore, 2003; Williamson, Baker, Jenkins, and Cluse-Tolar, 2007) have examined prostitute women's experiences with police officers; however, fewer than 100

women were interviewed (between the two studies), and the studies' findings may be difficult to use in applying conclusions to the population of prostitute women due to the same sample sizes. Police discretion is difficult to study, and this is apparent in the lack of research that has been conducted on discretion and prostitution. To my knowledge there are no research studies that primarily focus on the experiences of police officers towards prostitution, which could prove useful in understanding several vantage points in the police interactions with prostitutes. There is a need to examine both the experiences of the prostitute women and also the officers who interact with them to gain better information on how the criminalization policy is carried out through police discretion and to obtain a better understanding of what makes police exploitation of prostitutes more likely.

As Monto (2002) explains, approximately 10% of prostitution arrests are on the clients/johns of prostitutes. With such a large disproportion of the policing efforts being placed on the prostitute, there is little research done on the client side of the prostitution offense. John schools have been implemented, but aside from two studies (Jungels, 2007; Wortley, Fischer, and Webster, 2002), little research has been conducted on the programs' effectiveness. The need for evaluations and analyses of programs such as john schools is apparently clear, as it is still undetermined if these programs are effective and a worthwhile use of the taxpayer's money.

Currently within the United States, the vice units of police departments utilize their time and resources on public order violations that can include alcohol, narcotics, gambling, prostitution, and/or pornography. Due to the police discretion approach to prostitution, it is unclear how much time and how many resources of every vice department within the United States focus on prostitution. This, accompanied with the difficulty of estimating the number of prostitutes in the United States, makes it extremely difficult to understand the roots of

prostitution. Each department chooses what to focus on, which can result in incomparable data, as one department may run 4 sting operations and focus much attention on prostitution within a month, and another department can focus much of its attention on a narcotics bust, which could result in the appearance of prostitution being more prevalent in one jurisdiction over another. Essentially, there is a strong necessity in researching the resources and policing efforts within each department to better understand prostitution violations.

Aside from police officers, the interactions that prostitute women experience from other members of the criminal justice system are not examined in any current research. There are no research studies that have a primary focus of examining the experience a prostitute has with the criminal justice system. A study that incorporated the experiences of a prostitute with other staff and personnel in the police department, court appointed attorneys, court staff, judges, district attorneys, and any other criminal justice system employee would generate much needed information on how the criminalization policy affects prostitution.

There is a lack of research studies that incorporate or examine the opinions of the police officers in a criminalization policy country. While a criminalization policy focuses on prostitution being illegal, the police officer's discretion is often the reason a prostitute encounters the criminal justice system. While discretion is left up to the officer, this leaves a large unstudied population that has a direct affect on prostitution. Further study of police officers and their opinions would give a better understanding of why they make the choices that they do, and what they are thinking while interacting with prostitutes.

Health

Research that involves the health of a prostitute predominantly focuses on communicable diseases and the transmission of the diseases to others. Multiple studies have aimed their scope

of research on HIV and STDs and prevention of prostitutes being carriers of the diseases that infect others. Such studies tend to leave out the physical health of the sex worker, as her health is always associated with one of the following: drugs, sexually transmitted diseases, AIDS/HIV, or risky behaviors.

Multiple studies have shown that prostitute women who have HIV/AIDS are often intravenous drug users and engage in risky behaviors other than prostitution. Aside from the studies of sexual health, little research has focused on prostitutes' physical health in criminalization policy countries. Studies by Farley and Barkan (1998) and Baker, Wilson, and Winebarger (2004) have shown prostitute women to have other physical ailments aside from sexually transmitted diseases. Problems reported included arthritis, liver disorders, reproductive system disorders, neurological symptoms (numbness/seizures), dental problems, drug addiction, gastrointestinal problems, anemia, dizziness and respiratory symptoms. And although these studies have examined the physical complaints of the prostitutes, it remains unclear if these ailments are related directly to prostitution. Additionally, many people suffer from these problems and complaints that do not engage in prostitution, leaving a large gap for researchers to still examine the questions, "What are the physical ailments that predominantly affect prostitute women and what is the direct causation of such ailments?" and "What ailments are related to poverty, which may in turn lead to prostitution?"

The mental health research surrounding prostitution is predominantly focused on posttraumatic stress disorder. Research by Farley, Baral, Kiremire, and Sezgin (1998) and Farley, Cotton, Lynne, Zumbeck, Spiwak, Reyes, Alvarez, and Sezgin (2003) focused on a PTSD diagnosis of prostitutes in multiple countries. It was noted that countries that hold a criminalization policy have more reported cases of PTSD and prostitute women; however, more

research needs to focus on the type of prostitution (street or indoor) and whether this has any effect. Both studies lacked information on the type of prostitution they were studying, which indicates that research in the area of PTSD needs to be examined further, not only in relation to location, but also other factors that could contribute to the PTSD. In future research studies, a focus needs to be placed on whether the prostitutes' experiences are directly linked to PTSD, or if other factors (such as age, education, genetics, childhood experiences, etc) contribute to a diagnosis.

Other aspects of mental health have been largely overlooked and understudied by researchers. Aside from a few studies (Bagley, 1999; Chudakov, Keren, Belmaker, and Cwikel, 2002; Williamson and Folaron, 2003) that examined depression and self-esteem issues, the emotional health of a prostitute working in a criminalization policy country is left unresearched. Further examination of the emotional health of a sex worker would yield vast knowledge as to the risks associated with prostitution. Additionally, investigation into the location of the prostitution (street or indoor) with regard to emotional health would prove useful in understanding the differences between location and mental health as well.

Links between sexual assault, rape, and mental health have been studied; however, little research has focused on prostitutes who experience rape and sexual assault in terms of their mental stability. Eating disorders, fear and anxiety, social adjustment issues, depression, poor self-esteem, PTSD, and sexual dysfunction have been associated with sexual assault and rape. Prostitutes experience sexual assault and rape as well; however, research has not examined the mental health of prostitutes with consideration to these symptoms. This area of prostitute mental health is left vastly understudied and needs to be examined in further research studies. Examining the mental health of a prostitute who has been sexually assaulted or raped will

provide a better understanding of the emotional risks a prostitute encounters and the possible problems/issues she may have in the future. Research concerning such problems could prove useful in identifying, diagnosing, maintaining, and treating the conditions.

Violence

Violence against prostitutes in a criminalization policy is examined in multiple studies with focuses on physical, sexual, and psychological abuse. It has been found that violence against prostitutes is the highest under a criminalization policy, and the type of violence is often overlapped with another, as a prostitute may experience multiple types of violence during the same occurrence. For the most part, violence against prostitutes has been extensively researched; however, small gaps within the current studies do need to be examined.

Overall, physical and sexual violence against a prostitute has been well documented by multiple studies in a criminalization policy; however, research that focuses on the psychological violence experienced by prostitutes is much less. Emotional violence is extremely difficult to recognize, as the scars of psychological violence are much less visible than those of physical or sexual violence. Nixon, Tutty, Downe, Gorkoff, and Ursel (2002) explain that many of the women become desensitized to the emotional violence and do not recognize the violence as violence, which makes it very difficult to study. No study, to my knowledge, specifically focuses on the criminalization policy and the prostitute women's exposure to psychological violence. Further research studies need to focus on a prostitute's experience and examine the prevalence of psychological violence. Studies need to incorporate the understanding that many prostitutes may not recognize psychological violence, so an open-ended face-to-face interview may yield better results than a short questionnaire. Allowing for the researcher to give examples or definitions

may produce a better understanding of the psychological violence that occurs against prostitute women in a criminalization policy country.

Perceptions and Attitudes

Prostitute women experience a social stigma in criminalization policy countries, and much of the general public holds opinions towards prostitutes as being “dirty,” “bad,” or “un-rape-able.” And although prostitutes are highly stigmatized, the clandestine indoor prostitution is tolerated much more so than that of street prostitution. It has been mentioned that the intolerance of prostitution is based on the opinion that Americans consider prostitution to be immoral. Opinion polls generally ask if prostitution should be illegal or legal, with more than half of the participants agreeing that prostitution should be illegal. Further inquires and investigation is needed to understand what the participant is thinking while answering, and perhaps open-ended interviews would generate a better public opinion.

Decriminalization Policy

The decriminalization of prostitution (see Chapter 3 for more information) has been implemented in various ways by multiple countries including Great Britain, Japan, France, and parts of Australia. Systematically examining the prostitution research that incorporates one or more of the four main key points of policing/regulation, health, violence, and attitudes/perceptions has provided a strong literature review that showcases the findings of multiple studies. The review provides not only the advantages and disadvantages to the decriminalization policy, but also identifies the weaknesses in the research where more examination is needed.

Utilizing research that focused on the decriminalization policy, many important observations were made. Decriminalization research has focused on the physical sexual health of

a prostitute, as the concern for the spread of communicable diseases drives and funds multiple studies. Similar to the criminalization policy, the mental health of a prostitute is left unquestioned and understudied, as is the emotional violence that a prostitute may experience while working as a prostitute. Aside from the negative aspects of the understudied research areas, one positive aspect is the study of medical clinic usage with prostitutes and their access to health information and birth control methods.

Policing/Regulation

The policing and regulation of prostitution under a decriminalization policy is focused on eliminating the objective conditions in which a female may enter prostitution, such as trafficking or coercive behavior by someone who stands to gain benefits from the prostitute. The way in which a country polices and regulates prostitution is often the determining factor as to whether or not a country has a decriminalization policy, even if the laws claim prostitution to be a different policy. For example, Japan considers prostitution to be illegal but polices prostitution as though it is decriminalized. Several countries have decriminalized prostitution in the same way as Japan, and prostitution research from these countries can prove useful to the United States in considering policy alternatives.

Britain has undergone some changes regarding prostitution, as Benson and Matthews (2000) investigated the way in which police officers in vice squads handled prostitutes and johns. They reported that police officers had extreme difficulties in making arrests that would stand up in court and that the efforts were placed on reducing the number and visibility of prostitutes, which is similar to the United States' efforts in policing prostitution. Matthews (2005) continued the research to examine the policing efforts for a ten-year period and found that over time, there has been a steady decrease in the number of officers in a vice squad and lists several reasons for

the decrease. Researching the police numbers and efforts put towards prostitution proves beneficial in examining prostitution and alternative policies. Research studies similar to these two studies need to be conducted within the United States in several regions and locations. Conducting research on policing practices within certain areas would generate data on several levels, including number of officers, number of offenses, officer attitudes, and location-specific information.

Due to pressure from the United States, Japan changed prostitution laws to consider prostitution an illegal activity; however, the policing and regulation of prostitution is still regarded as decriminalized. Little research has been done on prostitution in Japan, and studies focusing on prostitution would produce a vast array of information on the decriminalization policy. Studies that focused on the police discretion towards prostitution, the number of prostitution offenses, the criminal justice process for a prostitute, how customers and johns are policed, and where the efforts of the police are placed would all prove useful for the United States in examining a decriminalization policy. By conducting research on policing and regulation within Japan, problems associated with having a decriminalization policy may arise, offering more information and further suggestions of research as well.

Until the early 1960s, France allowed legalized brothels for prostitution; however, France has since revoked legalized brothels, and police focus is placed on those who profit from prostitution, leaving France to be considered a decriminalized policyholder. France reports more issues with police corruption, and law officials are once again seeking legislation to reestablish the legalized brothel. The United States stands to gain much information from research conducted within France on how prostitution is policed and regulated, and also from studying the transition from being a legalization policyholder to a decriminalization policyholder. Future

research studies should incorporate policing examination similar to Benson and Matthews (2000) study in Britain and longitudinal studies starting before the early 1960s to include legalization policies. Examining policing numbers, records, and offense numbers may prove useful in gathering policing/regulation information on a country that has recent shifts in policies. Studies on France and prostitution would also reveal the advantages and disadvantages with regard to policing and regulation for different policies, and these studies on policing should incorporate the number of offenses, number of officers, budget analyses, and the amount of resources utilized during both policy alternatives.

Australia polices and regulates prostitution on a region/location/state basis, meaning that one area of Australia may consider prostitution to be illegal, another may consider it to be decriminalized, and another may deem it legal. Although many studies within Australia often overlap and incorporate many regions and time periods, studies conducted in Australia would provide rich information on prostitution and the policies that are upheld. A research study that examined the number of offenses, number of officers on vice squads, budgetary concerns, and resources (time and money) on a region-by-region basis would give researchers true comparisons on policing/regulation and prostitution policies. For example, the number of offenses in one region could easily be compared to another, providing possible insight into the pros and cons of prostitution policies and how they are policed.

Health

The responsibility for the mental and physical health of a prostitute working in a decriminalized country is left to the prostitute, as there are no mandatory requirements or examinations demanded. The speculation has been made that once the stigma of being a prostitute is removed (an assumption of decriminalization and legalization), a prostitute will be

able to seek medical and health care, and the women's health will improve. No study to my knowledge has examined the social stigma that arises from being a prostitute in various policy countries. To examine this, further research needs to question the general public in multiple countries and include all the policies, such as the United States (criminalization), Japan (decriminalization), and the Netherlands (legalization) as a way to see if the social stigmatization is less in decriminalization when compared to other policies.

The cost and expenditures to receive health care are high in countries that do not have universal healthcare, and studies that examine prostitutes and their regular office visits to a doctor often leave out the concern for cost. Further research studies need to examine the criminalization policy and prostitutes obtaining health care in a country that has universal healthcare (Canada) and one that does not (United States) so that a more accurate number is established when being compared to other policy alternatives. Additionally, similar studies should be done when concerning the decriminalization policy and the legalization policy as a way to eliminate the cost/expenditure variable.

Studies incorporating the mental health of a prostitute working in a decriminalized country are very similar to that of studies on mental health in a criminalized country, as the focus is placed on posttraumatic stress disorder and its related issues. Few studies examine other issues of mental health that may occur in the prostitution occupation such as depression, low self-esteem, and eating disorders. Further research needs to focus on the mental health of prostitutes, and comparisons should be done between countries and policy alternatives; for example, face-to-face, open-ended interviews with street prostitutes and indoor prostitutes need to be done in countries that have each policy such as the United States (criminalization), Japan (decriminalization), and the Netherlands (legalization). Comparison data from these interviews

would prove useful in studying the pros and cons of each policy in relation to a prostitute's mental health.

The studies involving a prostitute's physical health in a decriminalized country are similar to that of the criminalized countries, as the physical health of a prostitute is focused on communicable diseases and the transmission of such diseases. Studies have shown that women in prostitution are more likely to experience infertility, STDs, pregnancies, and pelvic inflammatory disease; however, these likelihoods are not examined on a policy comparison scale. Further research into the likelihood of such health risks per policy would provide a better understanding of which alternative would lead to the lowest amount of risk. Additionally, studies incorporating condom use need to be updated and continued. Although studies consider the use of condoms, having a study that compared condom use among street prostitutes and indoor prostitutes in various countries with all the policies would provide a better understanding of the lowered risks and possible infections that a prostitute may expose herself to depending on the policy a country holds. Such questions as "Does condom use affect health risks in different alternatives?" and "How do prostitutes who use condoms in a decriminalized country compare to prostitutes who use condoms in a criminalized country?" would provide insight into the condom variable when considering health risks within certain prostitution policies.

Violence

Research on violence and prostitution is extensive, and many studies show that the criminalization policy is correlated with the most violence against prostitute women; however, violence does occur in all policy alternatives, including decriminalization. As previously examined in Chapters 2, 3, and 4 under the violence section, violence experienced by prostitutes is full spectrum, as these women experience physical, sexual, and psychological violence on a

regular basis. Although violence is extensively researched among prostitutes, emotional violence against a prostitute is often given less attention than physical or sexual violence.

There are no studies, to my knowledge, that have a primary focus on emotional violence against a prostitute working in a decriminalized country. Multiple studies have utilized “being threatened” with or without a weapon as a category for data collection; however, this approach lacks investigation into the fear, verbal assaults, stigmatization, name-calling, derogatory comments, and any other behavior that could be labeled emotional violence. Further research needs to examine emotional violence that is experienced by prostitute women (both indoor and street), with specific attention to realizing that many prostitutes consider the emotional violence “standard,” meaning that explanations and examples may need to be given to help educate the prostitute women on what to label as emotional violence. Additionally, studies that focus on emotional violence towards prostitute women need to be done in countries that hold criminalization and legalization policies, as a way to compare levels of emotional violence experienced overall. These suggested research studies would expand the knowledge on emotional and psychological violence, which may assist and expand the knowledge on mental health studies that incorporate PTSD, depression, eating disorders, low self-esteem, and so on.

Research by Salfati, James, and Ferguson (2008) suggests that prostitute homicides have gone understudied due to a lack of basic statistics and knowledge, and there is a need for further studies that investigate prostitute violence that results in death. Although their study, and O’Kane (2002), examine prostitute homicides in Europe, prostitute homicides need to be examined in countries that hold all policies as a way to compare prostitute homicides and policies. Additionally, research studies in the future need to consider whether the prostitute was a street worker or an indoor worker, to find any statistics that relate to the prostitute’s working location.

Perceptions and Attitudes

Attitudes and perceptions about prostitution and the decriminalization policy within the United States are mixed among the stakeholders. Larger activist groups such as COYOTE offer their support of the decriminalization policy; however, no studies, to my knowledge, have interviewed, surveyed, or polled prostitutes directly to receive their opinion on policies. Further studies within the United States need to examine the opinions that prostitutes have towards prostitution, the type of prostitution that the prostitute engages in (street or indoor), and where the prostitute works (location: city size, red light district, etc). Research studies that incorporate these variables will prove useful in obtaining the true attitudes and perspectives of the prostitute, and if these studies expanded into countries that hold different policy alternatives, then a comparison of opinions can be made as to what prostitutes prefer in each alternative.

Similar to the criminalization policy, surveys that are given to the general public are often vague and misleading, as well as it is unclear as to what the respondent is thinking, leaving survey results impossible to correctly interpret. Further research into the opinions and attitudes that the general public holds on decriminalization must incorporate better wording and clearer answer choices to avoid the possible vagueness of a question. Additionally, researching the general public's opinion may best be served by open-ended questions in an essay format to allow for the respondent to give full explanation for his or her answer. Further studies into the general public opinion may expand into other countries; with the benefit of understanding public opinion in other countries, comparisons can be analyzed and examined.

Since the criminal justice system (including police officers, lawyers, district attorneys, judges, court staff, etc.) come into contact with prostitutes, it would prove useful in obtaining their attitudes and opinions. Gathering information and data from the criminal justice system

staff members would grant researchers an opportunity to see both sides of a prostitution arrest (from the prostitute and from the criminal justice side). Additionally, the inclusion of the opinions of police officers would allow researchers to analyze just what it means to have a “police discretion” policy of criminalization or decriminalization. Additionally, the other major players within the criminal justice system may have direct influence on a prostitute’s experience with the criminal justice system (for example whether or not a district attorney offers a deal to an arrested prostitute) and his/her attitudes and opinions would provide vast knowledge in predicting and analyzing prostitutes’ experiences while incarcerated or arrested.

Legalization Policy

The legalization of prostitution (see Chapter 4 for more information) has been adopted in many countries, including some counties in Nevada in the United States, along with countries like the Netherlands and Germany. Research studies involving legalization, prostitution, and the four main key points of policing/regulation, health, violence, and attitudes/perceptions have been examined and arranged in a systematic approach for better understanding of the current research available. It was noted that not much research has been done on the legalization of prostitution concerning the four key points, and assessments were made as to what research still needs to be conducted in an effort to improve the information gathered on prostitution and the legalization policy.

Several points have been noted when looking at the legalization policy research. One of the strongest areas of legalization research is focused on the physical health of a prostitute, due to the mandatory health checkups and testing that the prostitutes are subjected to. Additionally, the study of condom usage among prostitutes working in a legalized setting is forthcoming and is examined thoroughly from a disease preventative perspective. It has been noted, however, that

research on the implementation and government regulations are in dire need, as exemplified in the Netherlands, as the change in policy was made with no research on possible repercussions of such vast changes to a prostitution law.

Policing and Regulation

The concentration of the police working within a legalized policy country or region is focused on maintaining the regulations, guidelines, and restrictions that are put into place for the brothel owners and prostitutes. Examples of such guidelines and regulations include brothel location, advertisement, and licensing. Policing prostitution within a legalization policy implies regulation and restriction, in that prostitutes are restricted to certain zoning areas (also known as red light districts) and indoor venues.

Policing and regulation within a legalization policy is understudied in multiple countries, including the United States' Nevada, Germany, and the Netherlands. Aside from Symanski (1974), little research includes or incorporates how the state statutes on prostitution are regulated within each county, or has examined the statistics of the police records. Symanski explains that the sheriff of some counties decides the number of prostitutes and hours of operation, and future research should examine such numbers in a longitudinal study to gather data on brothel operations. Additionally, health requirements are made by the sheriff in regard to medical testing, and these numbers and figures should also be incorporated into further studies to examine policing behavior within legalized brothels in Nevada.

Germany regulates and legalizes prostitution in similar ways to the United States (see Chapter 4). Nazi Germany first incorporated police into regulating the brothels during World War II and now regulates prostitution into “eros centres” or zoned brothel areas and holds restrictions to brothel sizes and location with relation to city size. Thus far, prostitution research

has failed to compare regulations across country lines, and further research should compare regulations placed in Nevada, Germany, and other countries that hold a legalization policy. Examining the way in which the police regulate prostitution to city size, location, and number of prostitutes from each country will give vast knowledge on how each country operates. Future research should examine policing statistics, such as prostitution arrests, regulation violations, and licensing within legalization countries to observe any similarities or differences and/or advantages or disadvantages.

As of late 2000, the Netherlands legalized prostitution with the goals of “1. To emancipate the prostitute and improve her or his position vis-à-vis the owners of sex establishments, 2. To make the prostitution scene transparent and open to monitoring and 3. To combat criminal activities associated with prostitution” (Wagenaar, 2006, p. 207). From this policy change, Wagenaar outlines multiple challenges that the Netherlands has had thus far with regard to prostitution regulation (See Chapter 4). Further research into the problems and issues that arose in the Netherlands post-policy change would prove beneficial in learning how such problems and issues could be avoided for policy changes in other countries. To my knowledge, there are no studies that examine how to implement a policy change into the United States, and further research should study possible scenarios of implementation, discover possible problems, and fully examine all aspects of a policy change in an effort to gain useful information on how to implement changes. Further examination of the Netherlands would prove useful in exploring possible implementation research.

Research rooted in illegal human trafficking and the link to legalized prostitution needs to be made to further explore the claim that legalized prostitution increases illegal human trafficking. Altink (1993) reported that 75% of the prostitute women working within the

prostitution industry in Germany originated from many South American countries. Raymond (2003) reported findings that suggest 80% of the women working in the Netherlands are from other countries; however, it is unclear as to whether these women began their work in the Netherlands prior to the policy change in late 2000. Further examination is needed to explore whether the women working in legalized brothels arrived on their own terms, or if illegal trafficking had occurred, and questions pertaining to whether these women wanted to move to another country to begin with need to be addressed. Additionally, Vocks and Nijboer (2000) suggest that studying prostitution in legalized countries would allow for police officers to supervise and explore how traffickers operate, and provide useful information in decreasing trafficking. Further research should examine this claim and study countries that have legalization policies and learn human traffickers patterns.

Health

Research focusing on prostitution health under a legalization policy is centered around her sexual health, and her regulated, mandatory health check ups. As brothel owners and managers are held accountable/liable for damages resulting from an AIDS-positive prostitute, research has shown that the owners and managers have a vested interest in condom use as a way to prevent communicable diseases, so house rules mandate the use of condoms by all prostitutes. Albert (2001) studied the HIV tests and brothel sex workers within one Nevada brothel and found that of the 42,500 tests conducted, no licensed brothel worker had tested positive. Further research should incorporate Albert's study into multiple brothels in the Nevada counties that allow brothel prostitution, as to strengthen studies that include questions that arise on sexual health, communicable diseases, and prostitution. Additionally, studies that include information gathered from mandatory health checks should be done in other legalized countries within their

brothels, as a comparison between countries would offer information and data on the transference rates of prostitutes and communicable diseases on a country-by-country basis.

There is a lack of research that focuses directly on the mental health of a prostitute working in a legalization policy (similar to criminalization and decriminalization policies as well). Aside from Farley et al. and their examination of PTSD in Germany of 60 prostitutes, research on PTSD and the legalization policy is limited. Further research needs to examine PTSD diagnoses in multiple countries and incorporate larger sample sizes as to apply generalizations to larger populations. Examining prostitution and PTSD occurrences in each country that holds legalization policies would provide a cross-examination analysis that would provide comparisons between countries. Additionally, similar studies on PTSD and prostitution in countries that hold decriminalization and criminalization policies would provide the groundwork for comparisons to be made on the prevalence of PTSD and each policy alternative.

Research on the physical and mental health of a prostitute that does not focus on communicable diseases or PTSD is virtually non-existent. Similar to that of the health studies on prostitutes working in a criminalized or decriminalized country, there is a need for research studies to examine possible health issues that arise from prostitution work, such as eating disorders, depression, low self-esteem, arthritis, exhaustion, and others, and to explain whether such health risks/issues are particular to the occupation of prostitution.

Violence

Research studies that examine violence against prostitutes tend to leave out the distinction between prostitution venues, and prostitution is often combined into one large entity rather than divided by a type (street versus indoor). Aside some of the studies that bundle street prostitution and indoor prostitution into one umbrella term, some studies have reported results

that indicate violence under a legalization policy is lower than in other policies. Brents and Hausbeck (2005) examined 13 brothels within Nevada and conducted face-to-face interviews with brothel owners and managers, prostitutes, and policymakers and found that the legalization of prostitution reduces three types of systematic violence (see Chapter 4). Few studies have been conducted in Nevada brothels with a focus on violence and prostitution, and future research replicating certain aspects of Brents and Hausbeck's study onto other brothels in Nevada and in other legalized countries would prove useful in analyzing and comparing countries and regions.

Brents and Hausbeck (2005) discuss the use of panic buttons, management surveillance, leaving doors ajar, and listening devices. Future studies should examine the use of such violence prevention to see if it causes prevention directly or acts more as a deterrent. Furthering the examination on the preventative measures that brothel owners employ in Nevada, international studies should also examine what preventative measures are being used in other countries such as the Netherlands or Germany. Studying the preventative measures in each country will allow for multiple techniques to be examined and compared, which would further extend the limited knowledge that is known on such techniques and devices within a prostitution setting.

The study of violence in other legalized countries is limited and often left unexamined. Farley et al. (2003) examine violence against prostitutes in multiple countries; however, they only incorporated one country (Germany) that held a legalization policy. Furthermore, the study did not explain whether the women interviewed were working in the legal brothels or working illegally on the street. Further studies need to examine multiple legalized countries, such as Nevada, the Netherlands, parts of Australia, and Germany to obtain a well-rounded analysis of legalized prostitution violence. Additionally, attention should be paid to the type of prostitution

being examined, such as legal brothel prostitutes and illegal street prostitutes, to ensure no room for error in the analysis.

As mentioned in Chapter 4, the Netherlands changed the prostitution policy to legalization, and as of October 2001, prostitution is now regulated through legalized brothels. Prostitution violence within the Netherlands has not been examined, and studies that incorporated violence in the Netherlands have only examined it before October 2001. There is a dire need for studies in the Netherlands that focus directly on violence against prostitutes within the legalized brothels, specifically breaking down into certain types of violence, so that studies should incorporate sexual, physical, and emotional violence to fully encompass violence against prostitutes research. Additionally, further studies that focus on all three types of violence (sexual, physical, and emotional) should be done in other legalized countries such as Australia, the United States (Nevada), and Germany so that comparisons and analyses can be found.

Perceptions and Attitudes

The attitudes and perceptions of the stakeholders in prostitution are on a continuum ranging from full support to complete disapproval; however, not many studies have fully examined the opinions of the stakeholders, leaving a large gap within the research knowledge base. Symanski (1974) noted positive feedback from the general public, media, and law enforcement. Aside from Symanski's, no other studies have examined the opinions of the general public, media, or law enforcement specifically in the locations where prostitution is legalized. Further research needs to be made once again in the Nevada locations, but also in other countries that hold legalization policies to offer a true measurement of the opinions on legalized prostitution from those that experience it firsthand.

Random polls were run throughout the United States in the 1980s and 1990s; however, few surveys and studies have focused direct attention on the opinions and attitudes of the general public or policymakers in the United States in more recent times. More polls and surveys need to be conducted in the future to obtain a better, more reliable estimate of the support for legalization. Additionally, polls and surveys need to be taken in other countries (with no reference to which policy they hold on prostitution) to attain a well-rounded assessment of how people feel about prostitution around the globe.

With reference specifically to legalized prostitute workers, more interviews and studies need to focus on gathering the opinions and attitudes of the workers themselves. Face-to-face interviews and open-ended questionnaires would best suit the studying of legalized brothel workers, as the true feelings and perceptions of the prostitutes would provide inside understanding of what it is like to work in a brothel and other insider information that can only be attained from the prostitute themselves. Additionally, similar interviews and questionnaires should be conducted on brothel owners and managers to fully examine the opinions of those directly influenced by prostitution laws. Further studies should also consider similar interviews and questionnaires in other areas of the world that have legalized brothels, such as the Netherlands and Germany, to offer a comparison analysis.

Aside from Milman (1980), there are no current studies that involve the opinions and attitudes of police officers on supporting the legalization of prostitution. Since a police officer's job plays an important role in carrying out the prostitution laws, there is a dire need to study the attitudes and opinions of police officers and other criminal justice members to examine their views on legalization. Additionally, surveys and polls need to be given to multiple locations of police officers, as rural officers may feel differently than inner city officers. Future studies

should incorporate international studies as well, for the attitudes and opinions of police officers in multiple countries would offer a comparison analysis as to the over all perceptions and attitudes of law enforcement officers towards prostitution.

Conclusion

In conclusion, the process of combining multiple studies involving policing/regulation, health, violence, and attitudes/perceptions with regard to prostitution have been utilized, and several suggestions for further research have been made. Combining and analyzing the research on prostitution has led to many notable observations that demand further attention. It is important to note that each policy alternative (criminalization, decriminalization, and legalization) has advantages and disadvantages, and although they have been mentioned, much more research is required to fill in the understudied and unexamined areas surrounding each advantage and disadvantage. Furthermore, I suggest that prostitution research is in its early, infancy stage, as more research will develop the knowledge base, resulting in better comparisons between policies to be made. Given gender inequality and moral judgments, prostitution will continue to be a source of controversy and problems, but research can be helpful in shedding light on how to reduce some of the problems, and it needs to continue.

References

- Alary, M., Peeters, M., Laga, M., & Piot, P. (1992). HIV infection in European female sex workers. VIII International Conference on AIDS/III STD World Congress, Amsterdam. Abstract PoC 4178.
- Albert, A. (2001). *Brothel. Mustang ranch and its women*. New York: Random House.
- Albert, A., Warner, D., & Hatcher, R. (1998). Facilitating condom use with clients during commercial sex in Nevada's legal brothels. *American Journal of Public Health*, 88(4), 643-646.
- Alexander, P. (1998). Sex work and health: A question of safety in the workplace. *JAMWA*, 53(2), 77-82.
- Altink, S. (1993). *Stolen lives: Trading women into sex and slavery*. London: Scarlet Press.
- Anderson, S. (2002). Prostitution and sexual autonomy: Making sense of the prohibition of prostitution. *Ethics* 112, 748-780.
- Bagley, C. (1999). Adolescent prostitution in Canada and the Philippines: Statistical comparisons, an ethnographic account and policy options. *International Social Work* 42, 445-454.
- Baker, L. (2005). Undercover as sex workers: The attitudes and experiences of female vice officers. *Women & Criminal Justice*, 16(4), 25-41.
- Baker, L., Wilson, F., & Winebarger, A. (2004). An exploratory study of the health problems, stigmatization, life satisfaction, and literacy skills of urban, street-level sex workers. *Women & Health*, 39(2), 83-96.
- Bell, S. (1994). *Reading, writing, and rewriting the prostitute body*. Bloomington: Indiana University Press.

- Benson, C., & Matthews, R. (1995). Street prostitution: Ten facts in search of a policy. *International Journal of the Sociology of Law* 23, 395-415.
- Benson, C., & Matthews, R. (2000). Police and prostitution: Vice squads in Britain. In R. Weitzer (eds.), *Sex for sale: Prostitution, pornography, and the sex industry* (pp. 245-264). New York, NY: Routledge.
- Best, J. (1998). *Controlling vice: Regulating brothel prostitution in St. Paul, 1865-1883*. Columbus: The Ohio State University Press.
- Brents, B., & Hausbeck, B. (2005). Violence and legalized brothel prostitution in Nevada: Examining safety, risk, and prostitution policy. *Journal of Interpersonal Violence*, 20(3), 270-295.
- Brock, D. (1989). Prostitutes are scapegoats in the AIDS panic. *RFR/DRF*, 18(2), 13-17.
- Brown, M. K. (1981). *Working the street*. New York: Russell Sage Foundation.
- Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.
- Bureau of Justice Statistics, *Sourcebook of Criminal Justice Statistics*. 2006. Estimated number of arrests. Washington, D.C.: U.S. Government Printing Office.
- Burt, M. R. (1980). Cultural myths and supports of rape. *Journal of Personality and Social Psychology* 38, 217-230.
- Campbell, C.A. (1991). Prostitution, AIDS, and preventive health behavior. *Sociology Science Medicine*, 32(12), 1367-1378.
- Campbell, R., Coleman, S., & Torkington, P. (1996). *Street prostitution in Inner City Liverpool*. Liverpool: Liverpool City Council.

Campbell, R. (2002). Working on the street: An evaluation of the Linx Project 1998-2001.

Liverpool: Liverpool Hope University.

Chetwynd, J. (1992). HIV/AIDS and sex workers. *New Zealand Journal of Medicine* 105, 227.

Chudakov, B., Keren, I., Belmaker, R.H., & Cwikel, J. (2002). The motivation and mental health of sex workers. *Journal of Sex and Marital Therapy*, 28(4), 305-315.

Church, S., Henderson, M., Barnard, M., & Hart, G. (2001). Violence by clients towards female prostitutes in different work settings: Questionnaire survey. *BMJ* 322, 524-525.

Cwikel, J., Ilan, K., & Chudakov, B. (2003). Women brothel workers and occupational health risks. *Journal of Epidemiology & Community Health*, 57(10), 809-815.

Cwikel, J., Chudakov, B., Paikin, M., Agmon, K., & Belmaker, R. (2004). Trafficked female sex workers awaiting deportation: Comparison with brothel workers. *Archives of Women's Mental Health*, 7(4), 243-249.

Daalder, A.L. (2004). Lifting the ban on brothels. The Hague: Netherlands Ministry of Justice.

Dalla, R., Xia, Y., & Kennedy, H. (2003). "You just give them what they want and pray they don't kill you": Street-level sex workers' reports of victimization, personal resources, and coping strategies. *Violence Against Women*, 9(11), 1367-1394.

Dansky, B., Brewerton, T., Kilpatrick, D., & O'Neil, P. (1998). The National Women's Study: Relationship of victimization and posttraumatic stress disorder to bulimia nervosa. *International Journal of Eating Disorders*, 21(3), 213-228.

Day, S., & Ward, H. (2001). Violence towards female prostitutes: Violence in sex work extends to more than risks from clients. *BMJ*, 323(7306), 230.

- de Sanjose, S., Palacio, V., Tafur, L., Vazquez, S., Espitia, V., Vazquez, F., Roman, G., Munoz, N., & Bosch, F.X. (1993). Prostitution, HIV, and cervical neoplasia: A survey in Spain and Columbia. *Cancer, Epidemiology, Biomarkers & Prevention* 2, 531-535.
- Dodge, M., Starr-Gimeno, D., & Williams, T. (2005). Puttin' on the sting: Women police officers' perspectives on reverse prostitution assignments. *International Journal of Police Science & Management*, 7(2), 71-85.
- Fairstein, L. (1993). *Sexual violence: Our war against rape*. New York: William Morrow.
- Farley, M. (2004). "Bad for the body, bad for the heart": Prostitution harms women even if legalized or decriminalized. *Violence Against Women* 10, 1087-1125.
- Farley, M., & Barkan, H. (1998). Prostitution, violence, and posttraumatic stress disorder. *Women & Health*, 27(3), 37-49.
- Farley, M., Baral, I., Kiremire, M., & Sezgin, U. (1998). Prostitution in five countries: Violence and post-traumatic stress disorder. *Feminism & Psychology*, 8(4), 405-426.
- Farley, M., Cotton, A., Lynne, J., Zumbek, S., Spriwak, F., Reyes, M., Alvarez, D., & Sezgin, U. (2003). Prostitution and trafficking in nine countries: An update on violence and posttraumatic stress disorder. *Journal of Trauma Practice*, 2(3/4), 33-74.
- Fischer, B., Wortley, S., Webster, C., & Kirst, M. (2002). The socio-legal dynamics and implications of 'diversion': The case study of the Toronto 'John School' diversion programme for prostitution offenders. *Criminal Justice*, 2(4), 385-410.
- Frohmann, L. (1991). Discrediting victim's allegations of sexual assault: Prosecutorial accounts of case rejections. *Social Problems*, 38(2), 213-226.
- Frohmann, L. (1992). Screening sexual assault cases: Prosecutorial decision to file or reject rape complaints. Unpublished doctoral dissertation, University of California, Los Angeles.

- Gibbs Van Brunschot, E. (2003). Community policing and “john schools.” *Canadian Review of Sociology & Anthropology*, 40(2), 215-232.
- Gilfoyle, T.J. (1992). *City of Eros: New York City, prostitution, and the commercialization of sex, 1790-1920* (1st ed). New York: Norton.
- Harcourt, C., van Beek, I., Heslop, J., McMahon, M., & Donovan, B. (2001). The health and welfare needs of female and transgender street sex workers in New South Wales. *Australian and New Zealand Journal of Public Health*, 25(1), 84-89.
- Hatty, S. (1989). Violence against prostitute women: Social and legal dilemmas. *The Australian Journal of Social Issues*, 24(4), 235-248.
- Hatty, S. (1991). The desired object: Prostitution in Canada, United States and Australia. Part of: *Sex Industry and Public Policy: Proceedings of a Conference held 6-8 May 1991*. Canberra: Australian Institute of Criminology, 1992.
- Hester, M., & Westmarland, N. (2004). *Tackling street prostitution: Towards an holistic approach*. Home Office: London.
- Hoigard, C., & Finstad, L. (1992). *Backstreets: Prostitution, money and love*. London: Polity.
- Holt, T., & Blevins, K. (2007). Examining sex work from the client’s perspective: Assessing johns using on-line data. *Deviant Behavior* 28, 333-354.
- Hooykaas, C.J., van der Pligt, J., & van Doornum, G.J.J. (1989). Heterosexuals at risk for HIV: Differences between private and commercial partners in sexual behaviour and condom use. *AIDS* 3, 525-532.
- Hubbard, P. (1998). Community action and the displacement of street prostitution” Evidence from British cities. *Geoforum*, 29(3), 269-286.

- James, J. & Meyerding, J. (1978). Early sexual experience as a factor in prostitution. *Archives of Sexual Behavior*, 7(1), 31-42.
- Jeal, N., & Salisbury, C. (2004). Self-reported experiences of health services among female street-based prostitutes: A cross-sectional survey. *The British Journal of General Practice*, 54(504), 515-519.
- Jenkins, C. (1999). Street sex workers in Dhaka: Their clients and enemies. In: Striving to combat violence – the International Psychological Conference on Violence Against Women and Children: University of Dhaka.
- Jenness, V. (1990). From sex as sin to sex as work: COYOTE and the reorganization of prostitution as a social problem. *Social Problems*, 37(3), p. 403-420.
- Jordan, J. (2005). The sex industry in New Zealand: A literature review. Wellington: Ministry of Justice.
- Jungels, A. (2007). “Just say no”: A process evaluation of a johns’ school. Retrieved from Georgia State University. (etd-11272007-182831)
- Kanouse, D.E., Berry, S.A., Duan, N., Richwald, G. & Yano, E.M. (1992). Markers for HIV-1, hepatitis B, and syphilis in a probability sample of street prostitutes in Los Angeles county, California. VIII International Conference on AIDS/III STD World Congress, Amsterdam, Abstract PoC 4192.
- Kilvington, J., Day, S., & Ward, H. (2001) Prostitution policy in Europe: A time of change? *Feminist Review* 67, 78-93.
- Kindschi Gosselin, D. (3rd ed.). (2005). Heavy hands: An introduction to the crimes of family violence. Upper Saddle River, NJ: Pearson Prentice Hall.

- Kinnell, H. (2000). EUROPAP UK Press statement on violence against sex workers, EUROPAP, Department of Epidemiology and Public Health, Imperial College School of Medicine, London.
- Kinnell, H. (2001). Violence against sex workers. Electronic responses to Church et al (2001), 322 (7285), 524-525. Available online at <http://bmjjournals.com/cgi/eletters/322/7285/524#13693>
- Kontula, A. (2008). The sex worker and her pleasure. *Current Sociology*, 56(4), 605-620.
- Larsen, E. N. (1996). The effect of different police enforcement policies on the control of prostitution. *Canadian Public Policy*, 22(1), 40-55.
- Law, S. (2000). Commercial sex: Beyond decriminalization. *Southern California Law Review* 73, 523-610.
- Lowman, J. (2000). Violence and the outlaw status of (street) prostitution in Canada. *Violence Against Women*, 6(9), 987-1011.
- Matthews, R. (2005). Policing prostitution. *British Journal of Criminology* 45, 877-895.
- May, D. (1999). Tolerance of nonconformity and its effect on attitudes toward the legalization of prostitution: A multivariate analysis. *Deviant Behavior: An Interdisciplinary Journal* 20, 335-358.
- McKeganey, N., & Barnard, M. (1996). Sex work on the streets: Prostitutes and their clients. Philadelphia, PA: Open University Press.
- Miller, J. (1995). Gender and power on the streets: Street prostitution in the era of crack cocaine. *Journal of Contemporary Ethnography*, 23(4), 427-452.
- Miller, J., & Schwartz, M. (1995). Rape myths and violence against street prostitutes. *Deviant Behavior*, 16(1), 1-23.

- Milman, B. (1980). New rules for the oldest profession: Should we change our prostitution laws? *Harvard Women's Law Journal* 3, 1-82.
- Monto, M. (2000). Why men seek out prostitutes. In R. Weitzer (eds.), *Sex for sale: Prostitution, pornography, and the sex industry* (pp. 67-83). New York: Routledge.
- Monto, M. (2004). Female prostitution, customers, and violence. *Violence Against Women*, 10(2), 160-188.
- Monto, M., & Hotaling, N. (2001). Predictors of rape myth acceptance among male clients of female street prostitutes. *Violence Against Women*, 7(3), 275-293.
- Murphy, A. & Venkatesh, S. 2006. Vice careers: The changing contours of sex work in New York City. *Qualitative Sociology* 29:129-154.
- Nixon, K., Tutty, L., Downe, P., Gorkoff, K., & Ursel, J. (2002). The everyday occurrence: Violence in the lives of girls exploited through prostitution. *Violence Against Women*, 8(9), 1016-1043.
- O'Kane, M. (2002). Mean streets. *The Guardian*, 16 September.
- Outshoorn, J. (2005). The political debates on prostitution and trafficking of women. *Social Politics: International Studies on Gender, State & Society*, 12(1), 141-155.
- Overall, C. (1992) What's wrong with prostitution?: Evaluating sex work. *Signs*, 17:705-724.
- Parenti, C. (1999). *Lockdown America: Police and prisons in the age of crisis*. New York City, NY: Verso.
- Pateman, C. (1988). *The sexual contract*. Stanford, CA: Stanford University Press.
- Peacock, S. (1991). Establishing an outreach sexually transmitted disease clinic for prostitutes. *International Conference on AIDS*, June 16-21; 7: 329 (abstract no. W.C.3133).

- Pheterson, G. (1990). The category "prostitute" in scientific inquiry. *The Journal of Sex Research*, 27(3), 397-407.
- Pheterson, G. (1996). *The prostitution prism*. Amsterdam: Amsterdam University Press.
- Pinto, S., Scandia, A., & Wilson, P. (1990). Prostitution laws in Australia. *Australian Institute of Criminology: Trends & Issues* 22, 1-9.
- Plant, M.L., Plant, M.A., Peck, D., & Setters, J. (1989). The sex industry, alcohol, and illicit drugs: Implications for the spread of HIV infection. *British Journal of Addiction* 84, 53-59.
- Plumridge, L., & Abel, G. (2001). A 'segmented' sex industry in New Zealand: Sexual and personal safety of female sex workers. *Australian and New Zealand Journal of Public Health*, 25(1), 78-83.
- Potterat, J., Woodhouse, D., Muth, J., & Muth, S. (1990). Estimating the prevalence and career longevity of prostitute women. *The Journal of Sex Research*, 27(2), 233-243.
- Preston, P., & Brown-Hart, A. (2005). John court: Comparison of characteristics, sexual behavior and sexual attitudes of clients of prostitutes. *Journal of Ethnicity in Criminal Justice*, 3(4), 49-68.
- Raphael, J., & Shapiro, D. (2004). Violence in indoor and outdoor prostitution venues. *Violence Against Women*, 10(2), 126-139.
- Raymond, J. (2003). Ten reasons for not legalizing prostitution and a legal response to the demand for prostitution. *Journal of Trauma Practice* 2, 315-332.
- Raymond, J. (2004). Prostitution on demand: Legalizing the buyers as sexual consumers. *Violence Against Women*, 10(10), 1156-1186.

- Resick, P. (1993). The psychological impact of rape. *Journal of Interpersonal Violence* 8, 223-255.
- Romans, S., Potter, K., Martin, J., & Herbison, P. (2001). The mental and physical health of female sex workers: A comparative study. *Australian and New Zealand Journal of Psychiatry* 35, 75-80.
- Roos, J. (2002). Backlash against prostitutes' rights: Origins and dynamics of Nazi prostitution policies. *Journal of the History of Sexuality*, 11(1/2), 67-94.
- Roxburgh, A., Degenhardt, L., & Copeland, J. (2006). Posttraumatic stress disorder among female street-based sex workers in the greater Sydney area, Australia. *BMC Psychiatry* 6, 24.
- Salfati, C. G., James, A. R., & Ferguson, L. (2008). Prostitute homicides: A descriptive study. *Journal of Interpersonal Violence*, 23(4), 505-543.
- Sanders, T. (2004) A continuum of risk? The management of health, physical and emotion risks by female sex workers. *Sociology of Health & Illness*, 26(5), 557-574.
- Sagarin, E., & MacNamara, D. (1970). The problem of entrapment. *Crime & Delinquency*, 16(4), 363-378.
- Sagatun, I. (1988). The issue of entrapment in prostitution. *Journal of Contemporary Criminal Justice*, 4(3), 139-149.
- Sawyer, S., Metz, M., Hinds, J., & Brucker, R. (2001). Attitudes towards prostitution among males: A "consumers' report." *Current Psychology: Developmental-Learning-Personality-Social*, 20(4), 363-376.
- Schwartz, M., & Clear, T. (1980). Toward a new law on rape. *Crime Delinquency*, 26(2), 129-151.

- Shaver, F. (1985). Prostitution: A critical analysis of three policy approaches. *Canadian Public Policy*, 11(3), 493-503.
- Shaver, F. (1994). The regulation of prostitution: Avoiding the morality traps. *CJS/RCDS*, 9(1), 123-145.
- Shrage, L. (Fall 2008). Feminist perspectives on sex markets. *The Stanford Encyclopedia of Philosophy* Edward N. Zalta (ed.), URL = <http://plato.stanford.edu/archives/fall2008/entries/feminist-sex-markets/>.
- Silbert, M., & Pines, A. (1981). Occupational hazards of street prostitutes. *Criminal Justice and Behavior* 8, 395-399.
- Simons, R. & Whitbeck, L. (1991). Sexual abuse as a precursor to prostitution and victimization among adolescent and adult homeless women. *Journal of Family Issues*, 12(3), 361-379.
- Smith, G.L., & Smith, K.F. (1986). Lack of HIV infection and condom use in licensed prostitutes. *Lancet*, 13(2), 1392.
- Surratt, H., Inciardi, J., Kurtz, S., & Kiley, M. (2004). Sex work and drug use in a subculture of violence. *Crime & Delinquency*, 50(1), 43-59.
- Symanski, R. (1974). Prostitution in Nevada. *Annals of the Association of American Geographers*, 64(3), 357-377.
- Thukral, J., & Ditmore, M. (2003). *Revolving door: An analysis of street-based prostitution in New York City*. New York: Sex Workers Project at the Urban Justice Center.

- Tsunoe, H., Tanaka, M., Nakayama, H., Sano, M., Nakamura, G., Shin, T., Kanayama, A., Kobayashi, I., Mochida, O., Kumazawa, J., & Naito, S. (2000). High prevalence of Chlamydia trachomatis, Neisseria gonorrhoeae and Mycoplasma genitalium in female commercial sex workers in Japan. *International Journal of STD & AIDS* 11, 790-794.
- U. S. Department of Justice. 2002. Street prostitution. Washington, D.C.: Department of Justice.
- U. S. Department of Justice. 2007. Sting operations. Washington, D.C.: Department of Justice.
- Valera, R., Sawyer, R., & Schiraldi, G. (2000). Violence and post traumatic stress disorder in a sample of inner city street prostitutes. *American Journal of Health Studies*, 16(3), 149-155.
- Vanwesenbeeck, I. (1994). Prostitutes' well-being and risk. Amsterdam: VU University Press.
- Vanwesenbeeck, I. (2001). Another decade of social scientific work on sex work: A review of research 1990 – 2000. *Annual Review of Sex Research* 12, 242-289.
- Vanwesenbeeck, I., de Graaf, R., van Zessen, G., Straver, C. J., & Visser, J.H. (1993). Condom use by prostitutes: Behavior, factors and considerations. *Journal of Psychology & Human Sexuality*, 6(1), 69-91.
- Vocks, J. & Nijboer, J. (2000). The promised land: A study of trafficking in women from Central and Eastern Europe to the Netherlands. *European Journal on Criminal Policy and Research* 8, 379-388.
- Wagenaar, H. (2006). Democracy and prostitution: Deliberating the legalization of brothels in the Netherlands. *Administration & Society*, 38(2), 198-235.
- Walkowitz, J. R. (1980). Prostitution and Victorian society: Women, class, and the state. Cambridge, UK: Cambridge University Press.

- Ward, H. & Day, S. (2006). What happens to women who sell sex? Report of a unique occupational cohort. *Sexually Transmitted Infections* 82, 413-417.
- Watts, C., & Zimmerman, C. (2002). Violence against women: Global scope and magnitude. *The Lancet* 359, 1232-1237.
- Weber, A., Boivin, J., Blais, L., Haley, N., & Roy, E. (2002). HIV risk profile and prostitution among female street youths. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 74(4), 525-535.
- Weitzer, R. (1991). Prostitutes' rights in the United States: The failure of a movement. *The Sociological Quarterly*, 32(1), 23-41.
- Weitzer, R. (1999). Prostitution control in America: Rethinking public policy. *Crime, Law & Social Change* 32, 83-102.
- Weitzer, R. (2000). The politics of prostitution in America. In R. Weitzer (eds.), *Sex for sale: Prostitution, pornography, and the sex industry* (pp. 159-180). New York, NY: Routledge.
- Weitzer, R. (2005a) New directions in research on prostitution. *Crime, Law & Social Change* 43, 211-235.
- Weitzer, R. (2005b). Flawed theory and method in studies of prostitution. *Violence Against Women*, 11(7), 934-949.
- Williamson, C., & Folaron, G. (2003). Understanding the experiences of street level prostitutes. *Qualitative Social Work* 2, 271-287.
- Williamson, C., Baker, L., Jenkins, M., & Cluse-Tolar, T. (2007). Police-prostitute interactions: Sometimes discretion, sometimes misconduct. *Journal of Progressive Human Services*, 18(2), 15-37.

Wilson, G., Cullen, F., Latessa, E., & Wills, J. (1985). State intervention and victimless crimes: A study of police attitudes. *Journal of Police Sciences and Administration*, 13(1), 22-29.

Woods, K. (1993). "You have sex with a condom. You're making love without." Condom use by women parlour workers in and out of work. University of Auckland: Dept. of Sociology.

Wortley, S., Fischer, B., & Webster, C. (2002). Vice lessons: a survey of prostitution offenders enrolled in the Toronto John School Diversion Program. *Canadian Journal of Criminology*, 44(4), 369-402.

Zierler, S., Feingold, L., Laufer, D., Velentgas, P., Kantrowitz-Gordon, I., & Mayer, K. (1991). Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *American Journal of Public Health*, 81(5), 572-575.