

Florida State University Libraries

Electronic Theses, Treatises and Dissertations

The Graduate School

2010

The Viability of Nevada's Legal Brothels as Models for Regulation and Harm Reduction in Prostitution

David H. Rodgers



THE FLORIDA STATE UNIVERSITY
COLLEGE OF CRIMINOLOGY AND CRIMINAL JUSTICE

THE VIABILITY OF NEVADA'S LEGAL BROTHELS AS MODELS FOR REGULATION
AND HARM REDUCTION IN PROSTITUTION

By

DAVID H. RODGERS

A Thesis submitted to the
College of Criminology and Criminal Justice
in partial fulfillment of the
requirements for the degree of
Master of Science

Degree Awarded:
Fall Semester, 2010

The members of the committee approve the thesis of David H. Rodgers defended on October 20, 2010.

Daniel Mears
Professor Directing Thesis

Sonja Siennick
Committee Member

William Bales
Committee Member

Approved:

Thomas Blomberg, Dean, College of Criminology and Criminal Justice

The Graduate School has verified and approved the above-named committee members.

TABLE OF CONTENTS

List of Tables	iv
Abstract	v
Introduction and Literature Review	1
Method and Results.....	15
Discussion	22
References	25
Biographical Sketch	31

LIST OF TABLES

1	County Arrest Rates for Prostitution and Commercialized Vice in Nevada in 2008	14
2	State Arrest Rates for Prostitution and Commercialized Vice in 2008	16

ABSTRACT

There is evidence in the literature that regulation may be a more efficient means of harm reduction in prostitution than criminalization. However, prostitution is illegal everywhere in the United States except for eight counties in Nevada where regulated brothels are licensed. Studies indicate these brothels are effective at controlling the violence, sexually transmitted diseases, and community disorder typically associated with prostitution. What remains unknown is whether they deter demand for illegal prostitution, which remains plagued by these harms. Comparisons of prostitution arrest rates among counties with and without brothels in Nevada, prostitution arrest rates among all U.S. states, and drug arrest rates among counties in Nevada were completed. While existing data are largely insufficient for evaluating the viability of Nevada's legal brothels as model alternatives to criminalization, it is clear that the brothels, which are located in Nevada's more rural areas, do not adequately address illegal prostitution in urban areas. Debate about the appropriateness of legalization will continue. Nevertheless, some consensus options, such as increasing access to resources for women trying to escape prostitution and emphasizing demand-side controls over supply-side controls, have emerged.

INTRODUCTION AND LITERATURE REVIEW

The present study will examine whether Nevada's legal brothels could serve as viable models for widespread legalization of prostitution in the United States. First, the literature on prostitution in general will be reviewed with a focus on violence, health risks, and community disorder. Second, prior research on Nevada's brothels will be considered. Third, data will be analyzed to determine if legal prostitution in Nevada can be shown to effectively divert the market for illegal prostitution. Finally, results will be discussed and policy implications considered.

Prostitution is widely criminalized in the United States. In fact, with Rhode Island's 2009 law banning all forms of prostitution, Nevada is now the only state in the union with a venue for legal prostitution (Arditi, 2009). Previously, for nearly 30 years, a legislative loophole had allowed indoor prostitution in Rhode Island. There are a variety of reasons for this widespread criminalization, the most common of which include concerns about interpersonal violence against prostitutes, community disorder, and sexually transmitted infections (STIs) (Brents & Hausbeck, 2005; Weitzer, 1999). It could be questioned, though, whether such widespread criminalization is effective in addressing these concerns. Weitzer (1999), for one, notes that substantial criminal justice system resources are expended on controlling prostitution with little noticeable benefit.

The literature provides conceptualization for a possible alternative to traditional criminalization. One strategy is to concede that the targeted behavior will inevitably occur on some level and to accordingly focus public policy on controlling the worst consequences of the behavior. Alder and Polk (2005), for example, in addressing the problem of the black market for plundered antiquities, have suggested that this market could be better controlled by allowing limited legitimate antiquity commerce. A related concept is that of the harm reduction agenda, which has already addressed HIV and drug use, and could be expanded to include prostitution (Cusick, 2006; Rekart, 2005; Spice, 2007).

A successful harm reduction approach to prostitution has to show that it can reduce the most harmful effects while suppressing demand for the illegal market. In other words, unless it can be demonstrated that a regulated legal prostitution industry can produce less harm with more criminal justice system efficiency, it is difficult to make the case for pursuing it. Further, even if

regulation does present as a viable harm reduction strategy, its ultimate efficacy depends on its ability to divert the demand for prostitution services from the existing black market.

There is contentious debate in the literature concerning whether prostitution is per se violent (Farley, 2005; Raphael & Shapiro, 2005; Weitzer, 2005). Studies have indicated that violence frequently occurs in prostitution. Farley and Barkan (1998) interviewed 130 prostitutes in San Francisco and found some sobering statistics. Eighty-two percent had been physically assaulted since entering prostitution, and 55% of those had been assaulted by customers. Sixty-eight percent had been raped since entering prostitution, with 46% of those having been raped by customers. Sixty-eight percent met the criteria for post-traumatic stress disorder (PTSD) diagnosis. Farley et al. (1998) expanded this study to include prostitute samples from South Africa, Turkey, Thailand, and Zambia, and found similar statistics across these countries, thus establishing a transnational link between prostitution and violence and mental health problems.

Further, Raymond (2004) reports on interview studies of trafficked female prostitutes in Indonesia, the Philippines, Thailand, Venezuela, and the United States. Almost 80% of these women had suffered physical harm, more than 60% had been sexually assaulted, more than 80% emotionally abused, more than 70% verbally threatened, and almost 70% controlled through drug or alcohol abuse. Raymond (2003) elsewhere argues that legalized prostitution promotes sex trafficking.

One weakness of the preceding studies is that they provide limited information regarding the prevalence of violence across different forms of prostitution. Raphael and Shapiro (2004), however, were able to address this with interviews of 222 female prostitutes in Chicago. They found alarming frequencies of violence across a variety of prostitution activities and venues, including both indoor and outdoor prostitution.

Further, Nemoto et al. (2003) interviewed a sample of 100 Asian prostitutes in one of twelve massage parlors in San Francisco. They found that 62% had been beaten by a customer, and 45% had been threatened. Rates of abuse from private partners were substantially lower. This study was unique in its focus on the Asian population. Nevertheless, it provides additional evidence that violence in prostitution is not unique to the street.

Cwikel et al. (2003) interviewed 55 female brothel workers in three cities in Israel. Nearly one-third reported being threatened since working in prostitution, and about the same number reported being physically or sexually assaulted at work. Interestingly, only one sample

participant was originally from Israel, and the vast majority was from former Soviet republics. Eighteen percent reported that they had been sold to their brothel owners against their will, but 89% said they were working in prostitution voluntarily. Only 40% had possession of their passport. Cwikel et al. (2003) used an Occupational Risk Scale to assign each member of their sample to a low risk group (0-1 ORS symptoms, 47% of the sample) and high risk group (2-6 ORS symptoms, 53% of the sample). Over half of the high risk group reported having been threatened at work, and almost a third had PTSD symptoms.

Yi et al. (2010) surveyed a sample of 348 migrant female sex workers in Beijing, China. Their sample was grouped according to those who worked in entertainment establishments such as nightclubs, those who worked in personal services establishments such as hair salons and massage parlors, and those who worked in street-based venues such as the streets themselves, truck stops, and roadside brothels. Alarming high levels of unwanted sexual practices, verbal abuse, physical abuse, and forced sex were found across all three groups. The street/brothel group actually had the lowest rates of the three groups across all four categories.

Given these and other studies, commentators such as Farley (2004) and Raymond (1998; 2003; 2004), assert that prostitution is indeed per se violent and have been critical of efforts at regulation in the United States and elsewhere. They believe such efforts inevitably exacerbate rather than help the problems associated with prostitution. Weitzer (2005) contends this view has been unduly influenced by preexisting anti-prostitution bias and has made unwarranted generalizations from methodologically limited data. Specifically, he alleges that such research tends to use samples, especially street prostitutes, that are most prone to the harmful effects of prostitution and then purports to generalize its findings to all prostitutes and all forms of prostitution. He also criticizes the use of former prostitutes as interviewers.

Weitzer (2005) goes on to cite studies, as well as Farley et al.'s (1998) own data, that indicate violence occurs less frequently in indoor prostitution than in street prostitution. Other relevant studies include that by Church et al. (2001), who obtained questionnaires from a sample of female prostitutes in four cities in the United Kingdom. The sample was divided almost evenly between indoor prostitutes and outdoor prostitutes. Outdoor prostitutes were substantially more likely to report having been victimized by violence than indoor prostitutes. Sanders and Campbell (2007) obtained questionnaires from and conducted interviews with a sample of

female prostitutes working in licensed massage parlors and illegal brothels in the United Kingdom, and found that 77.7% did not report having experienced violence at work.

Perkins and Lovejoy (1996) surveyed a sample of call girls and brothel workers in New South Wales, Australia, and found relatively low rates of violent victimization for both groups. Whittaker and Hart (1996) interviewed samples of female prostitutes receiving services at one of two sexual health clinics in London. One clinic served prostitutes working on the street, and the other served those working in flats. Whittaker and Hart (1996) found that the flat prostitutes believed it was safer to work there than on the street. It was believed that the indoor environment and use of an assisting “maid” made the flat a safer venue.

Lever and Dolnick (2010) interviewed a random sample of 998 street prostitutes as well as a non-random sample of 83 call girls in Los Angeles. (A random sample of the call girls was not possible.) Though they did not directly address the issue of violence, they did obtain findings that undercut the premise that all prostitution is per oppressive and violent, and that there are no distinctions to be made between types of prostitution. They found that call girls engaged in significantly more activities associated with emotional intimacy and their own sexual satisfaction than the street prostitutes did. Specifically, call girls were more likely to have clients touch their genitals (26% to 4%), receive oral sex from clients (17% to 4%), provide nonsexual massage (30% to 2%), engage in conversation (51% to 5%), and caress, kiss, and hug (42% to 3%). Interestingly, the incidences of domination fantasies (bondage and discipline, or B&D) were low for both groups, although actually higher for call girls (8% to 0%). Similarly, Seib et al. (2010), in a study of female sex workers in Australia, found that majorities of legal private sole operators and licensed brothel workers (83% and 68%, respectively) received oral sex from clients, compared to just 45% of illegal street workers in 2003.

A related concept is that of emotional labor. Haong (2010) studied emotional labor in the sex work industry in Ho Chi Minh City (formerly Saigon), Vietnam. Ho Chi Minh City began transitioning from a socialist to a market economy in 1986 and is an emergent international city, though still currently one with much poverty. Haong (2010) notes three distinct sectors in the sex work industry there. In the low-end sector, poor women with no makeup or fancy clothes provide services to local men, generally operating out of such places as disguised barbershops. Transactions in this sector are typically brief, focused on the sexual act itself, and with little

conversation. Women working this sector often have to work at concealing their disgust with their clients.

Haong (2010) also notes a mid-tier sector, which caters to foreign tourists, and a high-end sector, which caters to wealthier Vietnamese men who work in other countries and return to Vietnam. Places such as bars are common venues for sex work in these sectors. Women working in the high-end sector are better-off to begin with and make more money than those working in the mid-tier sector. What they have in common, though, is that, far from being subjected to emotional abuse, they actually use manipulative and deceptive expressions of emotion to maximize their income potential.

Brennan (2010) has observed the same use of commoditized emotional expressions among women working in the sex tourism industry in the Dominican Republic. Indeed, the emergence of the “girlfriend experience” in the sex industry underscores the importance of the emotional dimension of much sex work and stands in contrast to the view that all prostitution is monolithically violent and skewed toward abuse of the women in it (Koken, et al., 2010; Lever & Dolnick, 2010; Weitzer, 2010). To emphasize, this is not to say that there may not be appropriate concerns about prostitution as a whole, only that it appears to be a diverse industry with violence and abusiveness more common in certain parts of it than in others.

Most studies of violence in prostitution understandably focus on the prostitutes themselves. However, important knowledge can also come from studies of the customers of prostitutes. Monto (2004), in reviewing the state of the literature on customers of prostitution, concludes that “there is no reason to believe that most customers are violent.”

Monto (2010) elsewhere reports on his findings from questionnaires administered to 1,342 men who were attending “john schools” in San Francisco, Las Vegas, and Portland, the vast majority of whom were arrested for soliciting street prostitutes. Only a small segment of the sample (ranging from 9% to 17%) agreed with statements from a commonly used Rape Myth Acceptance (RMA) scale. Thus, even though violence is more common in street prostitution, there is reason to believe that a minority of customers is responsible for this violence.

Beyond the issue of physical violence is that of unsafe sex and sexually transmitted infections. Raymond’s (2004) report on a United States interview study of fifteen international female prostitutes, most of whom were trafficked to the United States, and 25 American female prostitutes found that nearly half said that men frequently expected sex without condoms. Fifty

percent of international prostitutes and 78% of the American prostitutes stated that men would pay more for sex without a condom. Twenty-nine percent of the internationals and 45% of the Americans reported that men would become abusive if they insisted on using a condom. Raymond (2003), accordingly, elsewhere expresses skepticism that legalization of prostitution can effectively mitigate health risks to prostitutes and points out that their customers are not subject to mandatory health screenings.

Perkins and Lovejoy's (1996) aforementioned study of Australian call girls and brothel workers found that only 23.2% of call girls and 17.7% of brothel workers had never been infected with a sexually transmitted disease (STD), although, in most cases, it was reported that the diseases were contracted outside of work in prostitution. An encouraging 83.2% of call girls and 88.7% of brothel workers claimed to use condoms on every occasion at work, while an additional 14.7% of call girls and 11.3% of brothel workers said they used them during both vaginal and anal sex. Consistent with the finding that most cases of STD transmission took place outside work, only 35.8% of call girls and 31.5% of brothel workers claimed to use a condom on every occasion outside work. Only an additional 13.7% of call girls and 15.3% of brothel workers stated they used condoms during vaginal and anal sex outside work. Further, 24.5% of call girls and 29% of brothel workers admitted they never used condoms outside work. The majority received at least monthly screenings for STDs. Only 12.6% of the call girls and 16.2% of the brothel workers reported significant problems with clients objecting to condom use.

Spina and Tirelli (1999) interviewed 102 female sex workers on streets in nine Italian cities. Ninety-five percent of these workers reported always using a condom with clients, but only six percent regularly used them with non-paying partners. Sixty-three percent admitted that they never used condoms with non-paying partners. An interesting caveat in these findings is that the five percent who admitted not always using condoms with clients were IV drug users. Seventy-five percent of the workers reported having been tested for HIV. Of these, five percent, all IV drug users, were positive.

In Nemoto et al.'s (2003) previously referenced study of Asian prostitutes in San Francisco massage parlors, only 51% reported consistently using condoms with oral sex customers, 91% did so with vaginal sex customers, and 58% did so with oral and vaginal sex customers. Consistent with other referenced studies, only 17% stated that they always used a

condom with their private partners. Forty-eight percent had seen a doctor or nurse in the past six months. Of those, 94% had been diagnosed with at least one sexually transmitted disease.

In Cwikel et al.'s (2003) previously cited study, all participants reported using condoms during vaginal sex with clients, although six said they would be willing to forgo condom use if the client paid more money and looked clean. Condom use during oral sex was less consistent. Again reflecting the pattern of other studies, this one showed that only 19% of those that had current partners used condoms consistently with their partners, and 73% never did. Use of condoms with casual partners was more common but still inconsistent. Among the high Occupational Risk Scale group, almost half had used drugs, and nearly a third reported a problem with alcohol. Within this high risk group, 44% reported depressive symptoms, 75.9% had had suicidal thoughts, and 63.3% gave themselves a fair or poor health evaluation. These symptoms were also common among the low risk group, albeit to a lesser extent.

Sanders and Campbell (2007) report that many of the female prostitutes they studied in the United Kingdom reported that their clients attempted to remove condoms, with some of them succeeding. Lever and Dolnick (2010) found that 64% of call girls and 68% of street prostitutes used condoms with their last clients. The street prostitutes, however, were significantly more likely to have had vaginal intercourse without a condom in the last week (39% to 18%).

Porter and Bonilla (2010) informally interviewed and observed street prostitutes in their work setting in North Philadelphia. They concluded, "As other studies have demonstrated, most of the women with whom we worked, regardless of race, drug, or location, were at high risk of violence and HIV infection, and they lacked essential services. All of these women were in need of drug rehabilitation and housing services" (Porter & Bonilla, 2010). Alarming levels of inconsistent condom use, trading sex for drugs or money for drugs, and sharing IV needles with customers were noted.

Shahmanesh et al. (2009) noted that a red-light district called Baina in the state of Goa, India, where "HIV prevention intervention programs, consisting of behavioral change, condom promotion, and syndromic treatment of sexually transmitted infections, had been provided for the 2,000-3,000 female sex workers in Baina red-light area since the early 1990s" was demolished by the government in 2004. From 2004-2005, they studied a sample of female sex workers in Goa who had previously worked the Baina red-light district and compared it to a sample of those who never had. Among those who had worked in the red-light district and been exposed to the

HIV prevention efforts, 13.3% had curable STIs, 99.2% claimed to always use condoms with their clients, and 74.1% reported having had an HIV session with a non-government organization. In comparison, among the control group, 26.3% had curable STIs, only 54.1% said they always used condoms with clients, and ten percent had had an HIV session with an NGO. It is noteworthy that those who had worked in the red-light district were more likely to have HIV, although this finding lost its statistical significance once confounding variables were controlled for.

In Yi et al.'s (2010) study of migrant female sex workers in Beijing, they found encouragingly high rates of HIV knowledge across all three of their sex worker groups. Discouragingly, though, HIV testing in the last year was relatively rare, ranging from 12.1% of the street/brothel group to 33.3% of the personal services group. Majorities of all three groups reported at least one STI symptom in the past year. Approximately two-thirds of all three groups reported always using condoms with their clients. It is noteworthy that among this sample, illicit drug use was rare, ranging from just 1.7% of the street/brothel group to 10.5% of the entertainment group.

Van Veen et al. (2010) studied a sample of female and transgender sex workers in the Netherlands from 2002-2005. This study is especially noteworthy because brothel prostitution was legalized in the Netherlands in 2000. Rates of reported condom use with clients ranged from a high of 88% among female workers down to 56% of drug-using female workers. Condom failure with clients was disturbingly common, ranging from 36% among female workers to 51% of transgender workers. Inconsistent condom use with steady or casual partners occurred often. HIV was rare among female workers (1.5%) but far more prevalent among drug-using females (13.6%) and transgender workers (18.8%). Among those determined to be HIV positive through testing done as part of the study, 74% were unaware of their condition.

One concern with using self-reports of condom use in research is that social desirability bias, the tendency to respond to questions in a perceived socially favorable manner, may undermine the validity of findings (Morisky et al., 2002). Morisky et al. (2002) addressed this concern by studying a sample of 1,383 establishment-based commercial sex workers in the Philippines. They administered the Marlowe-Crowne Social Desirability Scale to assess this tendency in their participants. A six-item scale to measure condom use habits was also used. Less than half claimed to always use a condom when having vaginal sex, though this question

did not distinguish between clients and non-paying partners. However, almost half admitted they at least occasionally had sex without a condom to make more money. MCSDS scores were found to not be significantly related to condom use reports, thus providing evidence that self-reports of condom use are generally valid. Condom use reports were also cross-validated with actual sexually transmitted infection (STI) diagnoses.

In a separate study, Morisky et al. (2002) studied 628 female Filipino establishment-based sex workers to understand the factors favorably related to condom use. They found that both situational determinants such as manager attitudes and personal determinants such as perceived susceptibility to infection were important in predicting condom use. Accordingly, they recommend educational interventions for managers as well as the sex workers. As will be elaborated on later, these concepts are important for evaluating the potential viability of legalization.

As is the case with physical violence, sexual health risk in prostitution can also be assessed in studies of customers, although this is significantly less common. Ground has been broken, though. In Monto's (2010) study of john school attendees, 74% claimed they always used condoms prostitutes.

The other predominant area of public concern related to prostitution is community order. Weitzer (1999) discusses that street prostitutes generate complaints by soliciting customers, arguing and fighting, using drugs, performing sex acts, and littering with condoms and syringes in public. Customers, for their part, are known to create traffic congestion and proposition women they mistake for prostitutes. Weitzer (1999) ultimately argues that these problems with street prostitution are inapplicable to indoor prostitution, and the public is accordingly more tolerant of indoor prostitution.

It is difficult to argue that decriminalization of prostitution, which would remove all criminal penalties and leave it unregulated, is prudent. Furthermore, it is almost certainly not politically viable in the United States (Weitzer, 2010). Even in two of the most socially liberal cities in the United States, San Francisco and Berkeley, California, recent ballot initiatives that would have made a formal policy of de facto decriminalization (not enforcing existing laws) were defeated (Weitzer, 2010).

Legalization, which implies regulation, is more politically viable, even if this concept is still itself against the tide of current public opinion (Weitzer, 2010). Weitzer (2010), in his

survey of recent polling, notes that 52% of Nevada's population supports the state's legal brothel system, and 71% do not believe it hurt the state's tourism industry. A 1991 poll found that 40% of the national population would favor legalization and regulation. This number fell to 26% in 1996, although the question asked in this poll failed to state whether regulation was included. Interestingly, other polls found that majorities favored legalization in Britain, Canada, the Czech Republic, France, Israel, the Netherlands, New Zealand, Portugal, and Western Australia.

The current state of the research on prostitution has been surveyed above, and several themes emerge. First, although violence has been associated with all forms of prostitution, there is evidence that violence is less common in indoor prostitution and that it could be possible to control violence through legalization. Second, although irresponsible sexual practices are common in prostitution, there is encouraging research concerning condom practices and reason to believe legalization could effectively facilitate mandatory safe sex practices. Third, it appears likely the public would be willing to tolerate legalized indoor prostitution that eliminates the harmful community order effects of street prostitution.

In summary, notwithstanding arguments to the contrary, the literature reflects that there is reason to believe regulation could be a more effective and efficient means of controlling prostitution's harmful effects than criminalization. This is not to suggest that any particular form of prostitution is per se free of ill effects, only that potential for meaningful regulation exists and should be explored further. The present study will specifically consider whether the legal brothel system in Nevada indeed accomplishes this.

Brothel prostitution has existed in Nevada since the days of the Old West and is reflective of Old West libertarian values and frontier economics (Hausbeck & Brents, 2010). Federal pressure led to the closure of many brothels during World Wars I and II because of concern over spreading disease to members of the armed forces stationed in Nevada. After World War II, though, rural brothels reopened. In 1949, the state supreme court declared brothels a public nuisance, but counties desiring to keep their brothels were able to do so by passing applicable county ordinances. Modern economic development, particularly in the gaming industry, contributed to the end of brothels in the urban areas of Las Vegas and Reno. However, the more rural counties still needed them. Storey County commissioners passed the first brothel licensing ordinance in the nation in 1970. State legislators, seeking to head off plans to open a new brothel in Las Vegas, passed a law in 1971 banning brothel licensure in counties with a population over

200,000. Only Clark County, where Las Vegas is located, was affected. In 1978, the state supreme court ruled that this law implied brothel licensing was legal in unaffected counties.

Today, state law in Nevada prohibits the legal licensing of brothels in counties with a population of 400,000 or greater (NRS 244.345). Only Clark County actually had a population greater than 400,000 as of the last census (U.S. Census Bureau, 2000). By default, decisions on brothel licensing fall to the county and local governments in the remaining counties. There are sixteen total counties and an independent city (Carson City, the capital city) in Nevada (U.S. Census Bureau, 2000). Legal brothels currently operate in eight of the sixteen counties (Hausbeck & Brents, 2010; and <http://www.sex-in-nevada.com/directions/table.html>).

Contexts in which these brothels operate range from sparsely populated rural counties to suburban areas near Reno and Las Vegas (Hausbeck & Brents, 2010). A map of Nevada's counties from the Nevada Department of Public Safety's *Crime and Justice in Nevada* (2008) is reprinted below (Figure 1). In 2007, legal brothels operated in Elko, Humboldt, Lander, Lyon, Mineral, Nye, Storey, and White Pine counties (Hausbeck & Brents, 2010). A current Internet directory indicates this list is unchanged (<http://www.sex-in-nevada.com/directions/table.html>). The bulk of the revenue generated from brothel prostitution is made in the larger brothels, which may employ up to 80 prostitutes at a time. Smaller brothels generally employ two to ten women.

The only restrictions imposed on brothel operations by state law, other than county population restrictions, are that they may not be located closer than 400 yards to a school, religious building, or primary business street (Hausbeck & Brents, 2010). Additional regulation comes from the State Health Department. These regulations require that prospective prostitutes must have a state health card certifying that they have tested negative for STDs prior to applying to work in a brothel. Weekly exams and monthly blood testing are required for all working brothel prostitutes. If a prostitute ever tests positive for an STD, her health card is revoked until she is deemed cured. Further, each brothel is required to post a notice that condom use is mandated by the state.

Brothel prostitutes in Nevada are independent contractors (Hausbeck & Brents, 2010). They sign contracts with the brothel owners that stipulate the time and terms of their work there. Their earnings are split with the brothel, and they also have to provide tips for auxiliary services such as housekeeping and pay for their own health care. Within this framework, they negotiate their fees directly with their customers. Contracts may be broken, but prostitutes who exercise

NEVADA

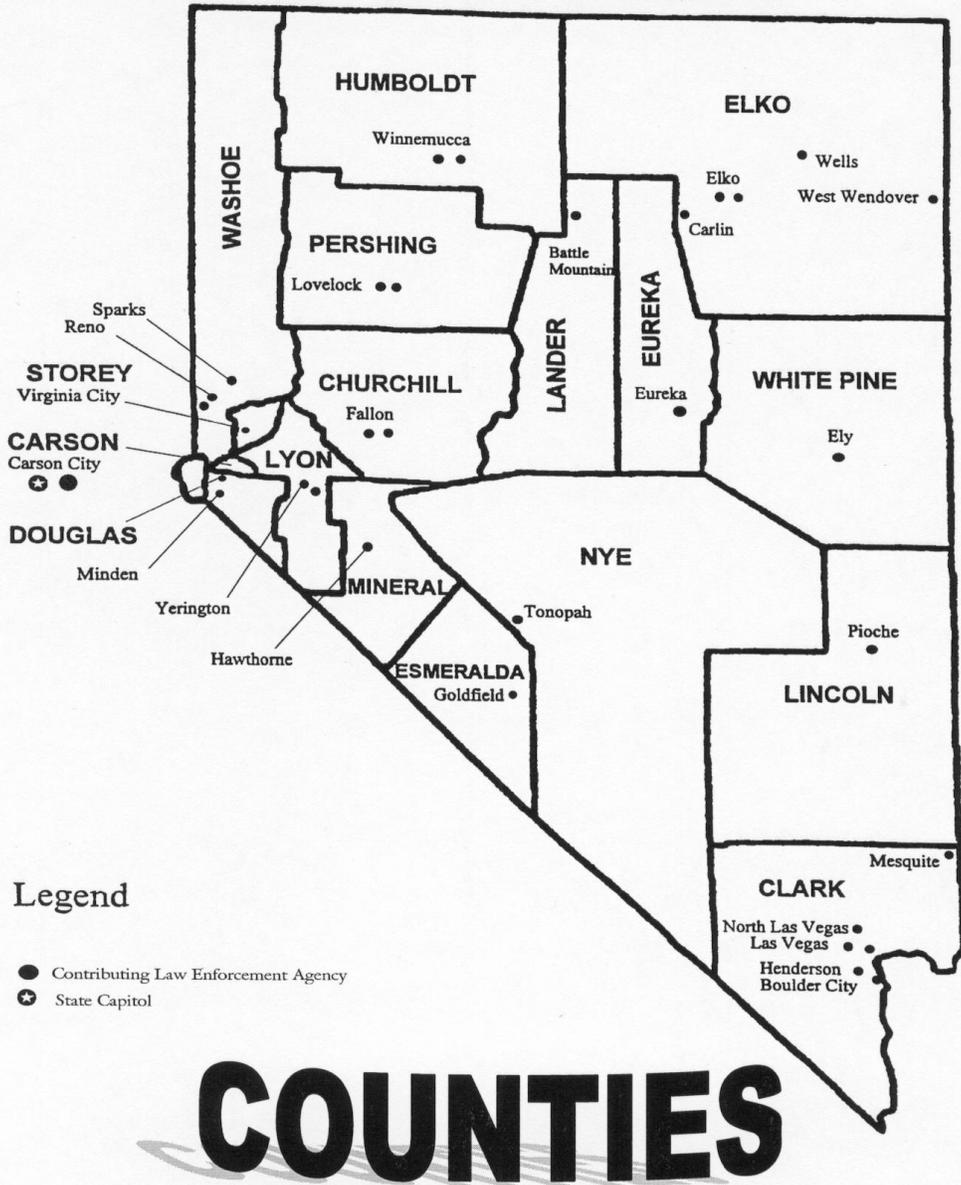


Figure 1. Nevada Counties

this option may not be able to return to work at that brothel.

Physical safety provisions are built into the brothel environment (Brents & Hausbeck, 2010). The brothels are public places with all of the corresponding scrutiny, and others are never far away. Brothel staff listen to the negotiations between the prostitutes and the customers, and the women may turn away prospective customers they are uncomfortable with. Panic buttons are in the brothel rooms, and, because they are legal, there are no concerns about calling the police when necessary. The preceding discussion provides the conceptual framework for how legal brothel prostitution in Nevada could provide a safe and orderly alternative to illegal prostitution. Provisions are in place to address the primary concerns relating to risks to health, safety, and community order. The next question to be addressed is whether there is reason to believe this conceptual framework actually works in the real world.

Brents and Hausbeck (2005) have provided the most in-depth examination of the Nevada brothel system completed so far. Their research included personal interviews with 40 brothel prostitutes and completed surveys from 25 additional prostitutes. Data were collected from among 13 brothels between 1998 and 2002. They found some encouraging statistics. Only one of the 40 interviewees reported having been victimized by violence in one of the brothels. Twenty-one of 25 survey respondents considered their jobs to be safe.

All of Brents and Hausbeck's (2005) interviewees articulated their understanding of STD risk and support for mandatory medical testing and condom laws, and claimed to always use condoms regardless of client preference. Albert et al. (1998) interviewed 40 licensed prostitutes from two of Nevada's brothels. Their findings are also encouraging. While 65% had at least one experience with a client resistant to condom use in the month prior to their interview, only 2.7% of their total clients had been resistant. Among these clients, 72% ultimately agreed to use a condom after the prostitutes told them they would not otherwise provide vaginal intercourse or fellatio. (It should be noted that condom use was voluntary in 61 of these cases, while in four cases, the prostitute claimed to have placed a condom on the client's penis without his knowledge.) Besides these clients, 12% chose to have nonpenetrative services such as masturbation or body massage that did not require condom use, while the remaining 14% left the brothel without receiving services. Five clients who left without service had to be removed by security guards. According to these interviews, no penetrative sexual services were provided

without condom use. Consistent with the findings of other research, although the interviewed prostitutes reported 100% condom use with brothel customers, 95% reported having had lovers outside the brothel in the last year, and only 18% of these reported consistently using condoms with their lovers. Nevertheless, Hausbeck and Brents (2010) elsewhere report that there have not been any cases of HIV reported in Nevada's brothel prostitutes since mandatory testing began in 1985. It is also noteworthy that all of the prostitutes interviewed by Hausbeck and Brents (2010) reported that they were working in brothels as a matter of voluntary choice, and none reported being trafficked or knowing of anyone else who had been trafficked. Although they were not directly questioned about pimps, few mentioned them, and some said they had fled to the brothels to get away from them. Further, the point was made that the brothel owners themselves depend on being able to provide a safe and acceptable alternative to illegal prostitution in order to survive, thus providing common goals from ethical and economic interests.

These findings provide compelling reason to believe that Nevada's legal brothels do indeed successfully address concerns about health, violence, and community order, and are therefore superior to unregulated illegal prostitution. However, in order for the benefit of regulation to be realized, it needs to be shown if the legal and regulated brothels actually suppress the illegal prostitution market. Raymond (1998 and 2003), for one, has argued that legal prostitution generally proliferates rather than controls illegal prostitution. Further, van Veen et al. (2010) cited a Dutch study indicating that illegal prostitution has indeed increased in the Netherlands since that country implemented a legal form of prostitution in 2000. (An English version of the cited study could not be obtained.) No research has specifically addressed this question with respect to Nevada's brothel system.

METHOD AND RESULTS

Nevada’s Uniform Crime Reporting (UCR) data lists arrests for prostitution and commercialized vice by arresting agency (Nevada Department of Public Safety, 2008). This data can be converted into countywide data, allowing a county arrest rate to be calculated from estimated population statistics. If Nevada’s legal brothels effectively suppress the market for illegal and more harmful prostitution, then arrest rates for prostitution in counties with legal brothels should be significantly lower than corresponding rates in counties without legal brothels. Actual arrest rate data is shown below in Table 1.

Table 1. County Arrest Rates for Prostitution and Commercialized Vice in Nevada in 2008

County	Arrests	Estimated Population	Rate Per 1,000 People
Carson City	0	57,600	0
Churchill	0	26,981	0
Clark	4,531	1,967,716	2.3
Douglas	0	52,131	0
Elko	0	23,004	0
Esmeralda	0	1,262	0
Eureka	0	1,460	0
Humboldt	0	17,751	0
Lander	0	5,655	0
Lincoln	0	3,987	0
Lyon	0	54,031	0

Table 1 - continued

County	Arrests	Estimated Population	Rate Per 1,000 People
Mineral	0	4,399	0
Nye	2	44,795	0.04
Pershing	0	6,955	0
Storey	0	4,110	0
Washoe	122	409,085	0.3
White Pine	0	9,542	0

Source: Arrest data and population estimates are from the Nevada Department of Public Safety's *Crime and Justice in Nevada* (2008).

As it turns out, arrests for prostitution are rare statewide. In fact, only two of the state's 4,655 arrests for prostitution and commercialized vice in 2008 occurred outside Clark and Washoe counties, which include the metropolitan areas of Las Vegas and Reno, respectively. Because brothel prostitution is illegal in these counties, the vast majority of prostitution arrests did, as predicted, happen in counties with no legal venue for prostitution. The two outlying arrests were made in Nye County, where brothels are legal.

Limitations in the available data, though, prevent much confidence in interpreting these results as supportive of the hypothesis. No arrests for prostitution occurred in other counties where prostitution is illegal. Most of the arrests were made in the Las Vegas metropolitan area, and almost all happened in either the Las Vegas or Reno metropolitan areas. These facts, taken together, would seem to suggest that prostitution arrests were more a function of the dynamics of urban versus rural areas than of the effect of legal brothels. Indeed, the compelling majority of the population of Nevada is concentrated in these two major areas, and the rest of the state is largely rural, where illegal prostitution activity may not be expected to proliferate anyway.

Further data limitations arise from the reliance on official arrest statistics. As has been noted in criminological literature, arrest statistics only record incidents that result in arrest and

undoubtedly underestimate the actual rate of occurrences of behaviors in question. The hierarchical nature of Uniform Crime Reporting (UCR) statistics likely amplifies this underestimation. It may be that as more law enforcement agencies begin reporting to the more comprehensive National Incident Based Reporting System (NIBRS), this problem will be remedied to some degree, but only a minority of agencies currently provides data to this system.

Of course, arrest statistics may also reflect the policies and practices of individual law enforcement agencies. For example, one reason for the light arrest numbers in areas outside Las Vegas and Reno may very well be a form of de facto decriminalization where prostitution control is given low or no priority. Some law enforcement agencies may simply not keep good data.

Unfortunately, because Nevada is the only U.S. state to allow a form of legal prostitution and because little comprehensive data can be gleaned from non-official sources, it is difficult to find a more adequate means of measuring the impact of legal prostitution on the illegal market. One possibility, however, is to compare the overall arrest rate for prostitution and commercialized vice in Nevada with that in other states. Table 2 presents this comparison. If legal prostitution in Nevada does indeed suppress the illegal market, one would expect Nevada, as a state, to have the lowest, or at least one of the lowest, arrest rates in the nation.

Table 2. State Arrest Rates for Prostitution and Commercialized Vice in 2008

State	Arrests	Estimated Population	Rate Per 1,000 People
Alabama	260	4,677,464	0.06
Alaska	159	688,125	0.23
Arizona	1,602	6,499,377	0.25
Arkansas	316	2,867,764	0.11
California	13,385	36,580,371	0.37

Table 2 – continued

State	Arrests	Estimated Population	Rate Per 1,000 People
Colorado	618	4,935,213	0.13
Connecticut	523	3,502,932	0.15
Delaware	132	876,211	0.15
Florida	6,059	18,423,878	0.33
Georgia	1,848	9,697,838	0.19
Hawaii	421	1,287,481	0.33
Idaho	21	1,527,506	0.01
Illinois	3,616	12,842,954	0.28
Indiana	1,256	6,388,309	0.2
Iowa	129	2,993,987	0.04
Kansas	227	2,797,375	0.08
Kentucky	539	4,287,931	0.13
Louisiana	412	4,451,513	0.09
Maine	26	1,319,691	0.02
Maryland	1,137	5,658,655	0.2
Massachusetts	1,229	6,543,595	0.19
Michigan	761	10,002,486	0.08

Table 2 – continued

State	Arrests	Estimated Population	Rate Per 1,000 People
Minnesota	1,338	5,230,567	0.26
Mississippi	119	2,940,212	0.04
Missouri	635	5,956,335	0.1
Montana	11	968,035	0.01
Nebraska	212	1,781,949	0.12
Nevada	4,659	2,615,772	1.78
New Hampshire	56	1,321,872	0.04
New Jersey	1,453	8,663,398	0.17
New Mexico	219	1,986,763	0.11
New York	824	19,467,789	0.04
North Carolina	1,408	9,247,134	0.15
North Dakota	3	641,421	0
Ohio	1,266	11,528,072	0.11
Oklahoma	412	3,644,005	0.11
Oregon	752	3,782,991	0.2
Pennsylvania	2,498	12,566,368	0.2
Rhode Island	216	1,053,502	0.21

Table 2 – continued

State	Arrests	Estimated Population	Rate Per 1,000 People
South Carolina	388	4,503,280	0.09
South Dakota	10	804,532	0.01
Tennessee	2,111	6,240,456	0.34
Texas	8,784	24,304,290	0.36
Utah	463	2,727,343	0.17
Vermont	6	621,049	0.01
Virginia	558	7,795,424	0.07
Washington	694	6,566,073	0.11
West Virginia	150	1,814,873	0.08
Wisconsin	687	5,627,610	0.12
Wyoming	34	532,981	0.06

Source: Arrest data is from Table 69 in the FBI's *Crime in the United States* (2008). Population estimates are from the U.S. Census Bureau.

Just the opposite is the case, however. Nevada's statewide arrest rate for prostitution and commercialized vice in 2008 of 1.78 per 1,000 people was, by far, the highest in the nation. In fact, Nevada was the only state with a rate of greater than one per 1,000 people. Further, despite the fact that Nevada is not among the most heavily populated states, its raw total of 4,659 arrests was the fourth highest in the country.

Of course, Nevada's high rate and total are attributable to activity in areas within the state where all prostitution is illegal. This creates the possibility for one other potentially meaningful

comparison. Subtracting the populations of Clark and Washoe counties leaves an estimated population of 338,998 in the rest of the state (Nevada Department of Public Safety, 2008). (It should be noted that the NDPS's population estimate is slightly lower than the U.S. Census Bureau's.) Given that only two arrests occurred in these other parts of the state, the resulting arrest rate is then 0.01 per 1,000 people. Only North Dakota had a lower rate, and only Idaho, Montana, South Dakota, and Vermont had as low a rate. A common denominator among these states is that they all have small, scattered populations. It is noteworthy that the arrest rate in Rhode Island, where indoor prostitution was legal during the data period, was the eleventh highest in the nation. Now that all prostitution has been banned in the state, it should be possible, in the future, to note the effect this ban will have on the arrest rate.

It is also possible to examine whether there are differences in drug abuse arrests between counties with legal brothels and those without them. Because prostitution is often linked with drug abuse, it may be that law enforcement agencies, either because they are only charging offenders with drug abuse violations or due to the limitations of the UCR system, are reporting a significant number of cases involving prostitution as drug abuse offenses. If this is the case, and if regulated prostitution is effective in suppressing black market prostitution, then one would expect drug abuse arrest rates in counties without legal prostitution to be elevated over the rates in the counties with approved brothels. In fact, the mean drug abuse arrest rate per 1,000 people for counties without legal prostitution in 2008 was 3.08, while the mean rate for counties with legal prostitution was 4.84. Two counties with legal brothels, Mineral and Storey, had exceptionally high rates (11.59 and 10.71, respectively), thus inflating the mean rate for that group of counties. Excluding these counties from the calculation would yield a new mean rate of 2.74 for the legal prostitution group, nearly even with that of the control group. Hence, little can be learned from drug abuse rates regarding the impact of the legal brothel system.

DISCUSSION

In summary, it is still feasible to believe legal prostitution may have potential as a preferable alternative to black market prostitution that suppresses the demand for the black market. However, there is not yet adequate data to conclusively determine if it has the desired effect on the black market. One thing is clear, though. There are many prostitution consumers in Las Vegas who are not content to drive to legal brothels in neighboring counties. Whatever the reasons for this, and convenience is almost certainly one, and whatever their other merits, the legal brothels in Nevada's rural counties hardly present as an adequate solution to the ills of black market prostitution in its urban areas. Clearly, any public policy strategy aimed at alleviating the worst effects of illegal prostitution in metropolitan areas with legal, regulated prostitution will have to go beyond legalizing brothels exclusively in rural counties.

Weitzer (2010) recognizes the inadequacy of Nevada's current brothel system for alleviating the problem of illegal prostitution in its urban areas, and cites opposition from the gaming industry as the primary reason for prostitution being banned in these areas. Accordingly, he argues that for more targeted solutions. Options include "vetting and licensing business owners, registering workers, zoning street prostitution, mandatory medical exams, special business taxes, or officials' periodic site visits and inspections of legal establishments" (Weitzer, 2010). Whatever strategy is chosen, the legal avenue for prostitution would have to be in effect in the areas where the ill effects of illegal prostitution are to be suppressed. Further, there needs to be a mixture of both regulation and accessibility, in order to effectively enforce harm reduction while still providing realistic legal options to both prostitutes and their customers.

It is feasible that Nevada's brothel system would be effective if legalized in urban areas. Without actual data to analyze, however, this cannot be known for sure. Nevertheless, it does appear to be a viable option.

Weitzer (2010) does discuss two other points of caution. First, there is concern that legalization of prostitution could result in its increased proliferation. Better controlling existing prostitution is one thing, but encouraging its growth is another. Right now, evidence of the effect of legalization on supply and demand is mixed (Weitzer, 2010).

On this note, Seib et al. (2010) have noted that laws were passed in Australia in 1992 and 1999 allowing sex workers to operate as private sole operators on private property or at licensed brothels. Street prostitution and other forms of sex work are still illegal there. Prior to passage of

these laws, all forms of sex work were illegal. Seib et al. (2010) were able to compare a 1991 survey of a sample of female sex workers in Queensland, Australia, with a 2003 survey of a comparable sample. Six percent of the 1991 sample comprised street workers, while 17% of the 2003 sample consisted of illegal workers. This study was limited in that it was not able to isolate the effects of legalization from other conceivably relevant variables. Nevertheless, it is noteworthy that certain exotic sexual services such as bondage and discipline, fantasy, and lesbian doubles increased significantly from 1991 to 2003. More traditional services remained at about the same levels. There was even a significant decrease in oral sex without a condom. The 2003 survey also included a sample of male clients that indicated demand for certain services is greater than the available supply.

Second, it is inevitable that not all prostitutes and customers will follow regulations (Weitzer, 2010). Prostitutes that are not able to work legally for whatever reason will still offer their services on the black market, and some customers actually prefer the characteristics of street prostitution (Weitzer, 1999 & 2010). Whether efforts at harm reduction through regulation as opposed to criminalization will yield a net positive cost-benefit analysis will only be known through empirical research as opportunities to study such situations present themselves.

Weitzer (1999 & 2010) proposes a two-track public policy approach, suggesting that law enforcement control should be primarily targeted at street prostitution, which research shows has the most overall harmful impact, while relaxing controls on indoor prostitution. With respect to controlling street prostitution, he suggests a move toward community service sanctions in lieu of fines for prostitutes. This would be to avoid inadvertently driving the prostitutes back to the streets out of a need to make money to pay their fines. The other component of street prostitution control would involve improved access to such resources as housing, job training, counseling, and drug treatment. Ironically, despite the ongoing debate over the nature of prostitution, these resource recommendations actually parallel Farley's research concerning what prostitutes would need to escape prostitution (Farley and Barkan, 1998; Farley et al., 1998). Moreover, they reflect the overall harm reduction agenda as it relates to prostitution (Cusick, 2006; Rekart, 2005; Spice, 2007).

Weitzer (1999) also notes that the criminal justice system has historically been harder on prostitutes themselves than on clients. He argues it would be more productive to emphasize demand-side control rather than supply-side control. This is so because clients tend to have more

of a stake in conventional society than prostitutes, and their recidivism rates are lower. Available control strategies include arrests, shaming, “john’s school” education programs, and vehicle seizure. Again, overlap in policy recommendations can be seen in the two competing sides, as Raymond (2003) has also argued for demand-side legal controls and cited Sweden as a successful model.

The Law that Prohibits the Purchase of Sexual Services took effect in Sweden on January 1, 1999, and imposes criminal penalties only on buyers of prostitution services (Ekberg, 2004). No penalties are imposed on the prostitutes themselves. Throughout her review of the law, Ekberg (2004) strongly bases support for the law in the idea that prostitution is a per se act of violence against women and that all prostitution is inevitably linked to human trafficking. The literature reviewed here does not support that viewpoint. Nevertheless, Ekberg (2004) is able to offer some compelling reasons to consider the Swedish law as another possible model. First, the number of women estimated to be in prostitution in that country declined from 2,500 to 500 between 1999 and 2004. Second, there is reason to believe Sweden is not an attractive target for human traffickers of prostitutes. Third, there is evidence that the law has made female prostitutes more willing to seek assistance in leaving prostitution. Moreover, the law is supported by an estimated 80% of the Swedish population.

In conclusion, several options that appear to be superior to the status quo are out there for policy makers. At a minimum, there seems to be broad agreement in the literature about the importance of improving access to resources for prostitutes seeking escape from sex work. To the extent that prostitution continues to be criminalized, criminal justice system efforts should be oriented toward demand-side controls. The case for legalization remains tenuous pending further opportunities for empirical study. However, an argument for legalization, while tentative, has a viable basis in the literature. Effective legalization, though, needs to be carefully tailored to directly address the harm caused by prostitution and markets where harm is most likely to occur.

REFERENCES

- Albert, A. E., Warner, D. L., & Hatcher, R.A. (1998). Facilitating condom use with clients during commercial sex in Nevada's legal brothels. *American Journal of Public Health, 88*(4), 643-646.
- Arditi, L. (2009, November 3). Bill signing finally outlaws indoor prostitution in R. I. *Providence Journal*. Retrieved from <http://www.projo.com>.
- Brennan, D. (2010). Sex tourism and sex workers aspirations. In Weitzer, R. (ed.). *Sex for Sale: Prostitution, Pornography, and the Sex Industry* (307-323), New York: Routledge.
- Brents, B. G. & Hausbeck, K. (2005). Violence and legalized brothel prostitution in Nevada: Examining safety, risk, and prostitution policy. *Journal of Interpersonal Violence, 20*(3), 270-295.
- Church, S., Henderson, M., Barnard, M., & Hart, G. (2011). Violence by clients towards female prostitutes in different work settings: Questionnaire survey. *British Medical Journal, 342*, 524-525.
- Cusick, L. (2006). Widening the harm reduction agenda: From drug use to sex work. *International Journal of Drug Policy, 17*, 3-11.
- Cwikel, J., Ilan, K., & Chudakov, B. (2003). Women brothel workers and occupational health risks. *Journal of Epidemiology and Community Health, 57*(10), 809-815.
- Ekberg, G. (2004). The Swedish Law that Prohibits the Purchase of Sexual Services: best practices for the prevention of prostitution and trafficking in human beings. *Violence Against Women, 10*(10), 1187-1218.
- Farley, M. (2004). "Bad for the body, bad for the heart": Prostitution harms women even if legalized or decriminalized. *Violence Against Women, 10*(10), 1087-1125.

- Farley, M. (2005). Prostitution harms women even if it is indoors: Reply to Weitzer. *Violence Against Women, 11*(1), 950-964.
- 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.
- Federal Bureau of Investigation. (2008). Table 69: Arrest data by state, 2008. *Crime in the United States*. Retrieved from http://www.fbi.gov/ucr/cius2008/data/table_69.html.
- Haong, K. K. (2010). Economies of emotion, familiarity, fantasy, and desire: emotional labor in Ho Chi Minh City's sex industry. *Sexualities, 13*(2), 255-272.
- Hausbeck, K. & Brents, B. G. (2010). Nevada's legal brothels. In Weitzer, R. (ed.). *Sex for Sale: Prostitution, Pornography, and the Sex Industry* (255-281), New York: Routledge.
- Koken, J., Bimbi, D. S., & Parsons, J. T. (2010). Male and female escorts: a comparative analysis. In Weitzer, R. (ed.). *Sex for Sale: Prostitution, Pornography, and the Sex Industry* (205-232), New York: Routledge.
- Lever, J. & Dolnick, D. (2010). Call girls and street prostitutes: Selling sex and intimacy. In Weitzer, R. (ed.). *Sex for Sale: Prostitution, Pornography, and the Sex Industry* (187-203), New York: Routledge.
- Monto, M. A. (2004). Female prostitution, customers, and violence. *Violence Against Women, 10*(2), 160-188.

- Monto, M. A. (2010). Prostitutes' customers: Motives and misconceptions. In Weitzer, R. (ed.). *Sex for Sale: Prostitution, Pornography, and the Sex Industry* (233-254), New York: Routledge.
- Morisky, D. E., Ang, A., & Sneed, C. D. (2002). Validating the effects of social desirability on self-reported condom use behavior among commercial sex workers. *AIDS Prevention and Education, 14*(5), 351-360.
- Morisky, D. E., Stein, J. A., Sneed, C.D., Tiglao, T. V., Liu, K., Detels, R., Temponko, S.B., & Baltazar, J. C. (2002). Modeling personal and situational influences on condom use among establishment-based commercial sex workers in the Philippines. *AIDS and Behavior, 6*(2), 163-172.
- Nemoto, T., Operario, D., Takenaka, M., Iwamoto, M., & Le, M. N. (2003). HIV risk among Asian women working at massage parlors in San Francisco. *AIDS Education and Prevention, 15*(3), 245-256.
- Nevada Department of Public Safety. (2008). *Crime and Justice in Nevada*. Retrieved from <http://nvrepository.state.nv.us/ucr/annual/2008CrimeJustice.pdf>.
- Nevada Revised Statutes ch. 244, § 345.
- Perkins, R., & Lovejoy, F. (1996). Health and unhealthy life styles of female brothel workers and call girls (private sex workers) in Sydney. *Australia and New Zealand Journal of Public Health, 20*(5), 512-516.
- Porter, J. & Bonilla, L. (2010). The ecology of street prostitution. In Weitzer, R. (ed.). *Sex for Sale: Prostitution, Pornography, and the Sex Industry* (163-185), New York: Routledge.
- Raphael, J. & Shapiro, D. L. (2005). Reply to Weitzer. *Violence Against Women, 11*(1), 965-970.

- Raphael, J. & Shapiro, D.L. (2004). Violence in indoor and outdoor prostitution venues. *Violence Against Women, 10*(2), 126-139.
- Raymond, J. G. (1998). Prostitution as violence against women: NGO stonewalling in Beijing and elsewhere. *Women's Studies International Forum, 21*(1), 1-9.
- Raymond, J. G. (2003) Top ten reasons for not legalizing prostitution and a legal response to the demand for prostitution. *Journal of Trauma Practice, 2*, 315-332.
- Raymond, J. G. (2004). Prostitution on demand: Legalizing the buyers as sexual consumers. *Violence Against Women, 10*(10), 1156-1186.
- Rekart, M. L. (2005). Sex-work harm reduction. *The Lancet, 366*(9503), 2123-2134.
- Sanders, T., & Campbell, R. (2007). Designing out vulnerability, building in respect: Violence, safety, and sex work policy. *The British Journal of Sociology, 58*(1), 1-19.
- Seib, C., Dunne, M. P., Fischer, J., & Najman, J. M. (2010). Commercial sexual practices before and after legalization in Australia. *Archives of Sexual Behavior, 39*(4), 979-989.
- Shamanesh, M., Wayal, S., Copas, A., Patel, V., Mabey, D., & Cowan, F. (2009). A study comparing sexually transmitted infections and HIV among ex-red-light-district and non-red-light-district sex workers after the demolition of Baina red-light district. *Journal of Acquired Immune Deficiency Syndrome, 52*, 253-257.
- Speed Racer's Driving Directions to Nevada's Legal Brothels*. (2010, January 18). Retrieved from Sex-in-Nevada website: <http://www.sex-in-nevada.com/directions/table.html>.
- Spice, W. (2007). Management of sex workers and other high-risk groups. *Occupational Medicine, 57*, 322-328.

- Spina, M. & Tirelli, U. (1999). Condom use in female sex workers in Italy. *American Journal of Public Health, 89(1)*, 108-109.
- U. S. Census Bureau. (2010, January 18). *Census 2000 Data for the State of Nevada*. Retrieved from <http://www.census.gov/census2000/states/nv.html>.
- U. S. Census Bureau. (2010, May 31). *Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2009*. Retrieved from <http://www.census.gov/popest/states/NST-ann-est.html>.
- Van Veen, M. G., Gotz, H. M., van Leeuwen, P. A., Prins, M., & van de Laar, M. J. W. (2010). HIV and sexual risk behavior among commercial sex workers in the Netherlands. *Archives of Sexual Behavior, 39*, 714-723.
- Whittaker, D. & Hart, G. (1996). Research note: Managing risks: The social organization of indoor sex work. *Sociology of Health & Illness, 18(3)*, 399-414.
- Weitzer, R. (2005). Flawed theory and method in studies of prostitution. *Violence Against Women, 11(7)*, 934-949.
- Weitzer, R. (1999). Prostitution control in America: Rethinking public policy. *Crime, Law, & Social Change, 32(1)*, 83-102.
- Weitzer, R. (2005). Rehashing tired claims about prostitution: A response to Farley and Raphael and Shapiro. *Violence Against Women, 11(7)*, 971-977.
- Weitzer, R. (2010). Sex work: paradigms and policies. In Weitzer, R. (ed.). *Sex for Sale: Prostitution, Pornography, and the Sex Industry* (1-43), New York: Routledge.

Yi, H., Mantell, J. E., Wu, R., Lu, Z., Zeng, J., & Wan, Y. (2010). A profile of HIV risk factors in the context of sex work environments among migrant female sex workers in Beijing, China. *Psychology, Health & Medicine, 15*(2), 172-187.

BIOGRAPHICAL SKETCH

David H. Rodgers has been an adult probation officer for Bowie and Red River counties in Texas since 2001. He supervises a sex offender and general felony caseload. In 2000, he earned a Bachelor of Arts degree in psychology and religion from East Texas Baptist University. He is scheduled to complete a Master of Science in criminal justice studies from Florida State University in 2010.