Prostitution and Health: A Comparative Overview of the United States, Canada and Germany

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ABSTRACT
Prostitution and sex trafficking are complex social and public health issues with international reach. Prostitution is practiced in countries where it is legal such as the Federal Republic of Germany. Prostitution is also practiced in countries where it is a predominantly illegal or functionally illegal practice such as the United States and Canada, respectively. To maintain the supply of prostitutes, the illegal practice of sex trafficking has been employed to deceive and coerce women and men into forced prostitution in both legal and illegal areas. Historically, most legislation and intervention that these governments have targeted at the practice of prostitution have been focused on the prevention and regulation of sexually transmitted diseases (STDs). The physical and mental health effects on prostitutes are much more varied then are the STDs. There are several intervention organizations that work with prostitutes to aid them in aspects of health literacy, social services, and getting out of prostitution. However, the public health problems created by prostitution and sex trafficking are still pervasive and requires international will and cooperation by the governments of the world and NGOs to address the problem effectively. Effective and sustainable health education programs may promote health literacy through skills-based learning.
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Introduction

Prostitution is an ever pervasive practice throughout the world. It exists in countries where it is an illegal practice, (United States) and in countries where it is legal and taxed, (Germany). Regardless if prostitution is legal or illegal it needs sex workers to survive. A large source of sex workers comes from the illegal practice of sex trafficking. According to Butcher (2003), trafficking, though variously defined, covers coercion, forced labor and slavery.

Prostitution and the sex trade have been intricately woven into the fabric of American, Canadian and German societies. Prostitution is made invisible when it is called entertainment work, "hostessing," or the sex sector (Farley, 2003) making it even more challenging to track and document incidents and prevalence. This paper will provide an overview of the history of female prostitution in the United States, Canada, and Germany, touching on the sex trade and its role in prostitution. Specific regard is given to the variations in legislation among the three countries. The health issues of prostituted women are critically examined and compared amongst the three countries. A cross-cultural comparison of the selected agencies offering health services for female prostitutes, takes into consideration the four domains of health literacy: *accessing*, *comprehending*, *evaluating*, and *communicating* (British Columbia Health Literacy Team, 2006). A coordinated community approach for the development of a health education program using a socio-ecological perspective and social cognitive theoretical principles offering skills-based learning solutions is suggested.

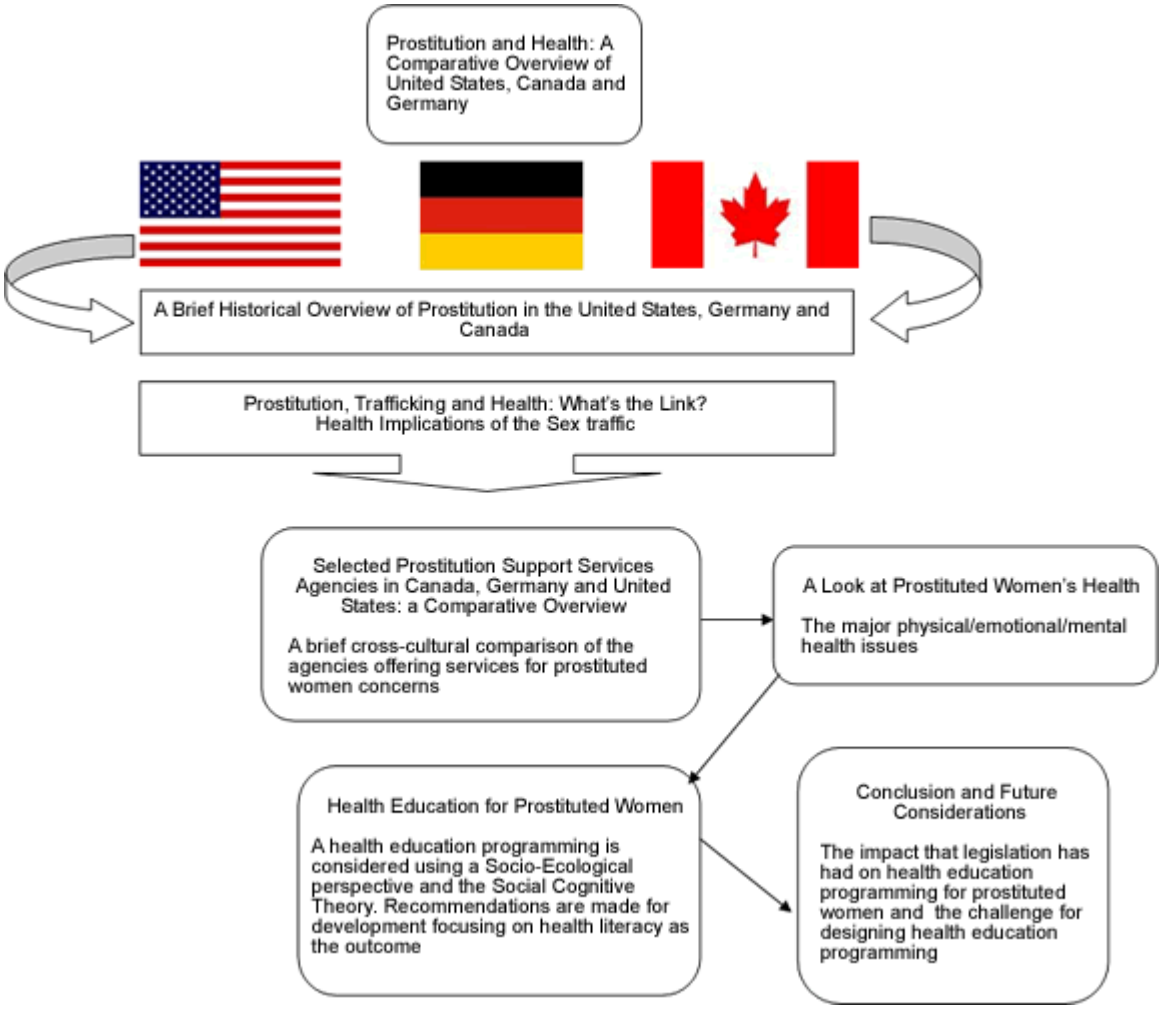
A Brief Historical Overview of Prostitution in the United States, Germany and Canada

The United States

The sentiment regarding prostitution has evolved and its legality has been much debated in the United States over the past two hundred years. In the early 1800s, prostitution was considered a notable necessity, in which prostitutes were recipients of much empathy. By the mid-1800s, prostitution became a highly visible, industrialized business (Hickenbottom, 2002). Moreover, as the industrial revolution boomed so did prostitution; it was commercialized and sex-for-hire became an attractive means of profiteering (Hickenbottom, 2002). At about this same time, feminists viewed prostitutes as victims of men who wished to keep women subservient and oppressed (Hickenbottom, 2002). They also believed that prostitution was an indication of the double standard that existed in societies toward men and women (Clemmitt, 2008; Hickenbottom, 2002).

By the end of the 19th century, although the number of prostitutes had significantly increased,

Figure 1. Prostitution and Health – A Comparative Overview of Three Countries



people's attitudes toward prostitution changed to that of viewing the occupation as immoral, degrading, and evil. Ultimately, two groups emerged - the abolitionists and the regulationists. Whereas the abolitionists wanted to eliminate prostitution completely, the regulationists wanted to regulate prostitution to help control venereal disease, sanitation and crime (Hickenbottom, 2002).

At the beginning of the 20th century, an anti-prostitution sentiment continued to rise and a national movement coalesced as a result of increased voluntary and forced prostitution, stories of white-slavery and trafficking, and the increased cases of sexually transmitted diseases (STDs). These events precipitated the enactment of the Mann Act (White-Slave Traffic Act) on June 25, 1910, a federal law primarily against prostitution, debauchery and prohibiting the transportation of prostitutes across state lines (procon). The Mann Act sent prostitution and the sex industry underground because federal agents dedicated to its enforcement aggressively pursued non-abiders of the law by fighting prostitution, arresting persons engaged in immoral behaviors, and closing brothels and other activities in the so-called "red-light districts" (Clemmitt, 2008). In 1913, the United States Supreme Court decided the case of *Hoke v. U.S*, upholding the practice of Congress regulating the interstate transportation of prostitutes; however, the Court amended the Mann Act by ruling that the power of regulating prostitution be held at the state level (Hoke v US, 1913).

During World War I, the Chamberlain-Kahn Act (enabling the government to quarantine any woman suspected of having a sexually transmitted disease) was passed because there was a rise in venereal disease cases among soldiers and prostitutes; the military feared that if it remained uncontrolled, venereal disease could devastate the U.S. armed forces (procon).

The first regulations enacted in the United States were to address public health issues and ways to control prostitutes and the transmission of STDs through medical testing and quarantines, rather than to eliminate prostitution or control the customers. These laws portrayed prostitutes as vectors of disease and tried to influence social morality. Policies around prostitution today are still centered on maintaining sound public health and controlling disease, violence, assaults, sex trafficking (white slavery) and other types of social disorder. Current state policies on prostitution are divided into four categories: "legalization (state licensing and various state regulations), abolitionist policies (laws punishing third-party 'exploiters,' not the 'innocent' prostitute), criminalization (solicitation is illegal and the prostitute is criminalized) and decriminalization (regulation of prostitutes as independent businesses)" (Brent & Hausbeck, 2001). Limited prostitution has been legalized in only two states: Nevada and Rhode Island. Hawaii introduced legislation, House Bill 982, in 2007 to decriminalize the offense of prostitution, making it a violation only if it is committed in a public place. The bill was carried over to the 2008 regular legislative session and is pending action.

Nevada was the first state to regulate prostitution formally (Brents & Hausbeck, 2005). Nevada legalized prostitution in 1971 for counties with a population less than 400,000 and only to take place in licensed "houses of prostitution" or brothels (NRS Chapter 201). All prostitutes must surrender to weekly medical visits for STD testing and monthly blood tests for HIV and syphilis; furthermore, condom use is mandatory (NRS Chapter 201). Further legislation was passed in 1987, making it a felony for any one who is HIV positive to work as a brothel prostitute (Brent & Hausbeck, 2005).

Prostitution is also legal in Rhode Island. However, the law only allows prostitution to occur indoors between consenting adults (RI CHAPTER 11-34). There are no laws that regulate prostitution or the health status of prostitutes. Similarly, the laws do not require regular testing for HIV, other STDs, or use of condoms. However, any person convicted for unlawful sexual activity may be tested for STDs and HIV (RI CHAPTER 11-34). Both Nevada and Rhode Island legislation prohibits pandering, street prostitution, forced prostitution and transporting prostitutes (RI CHAPTER 11-34, NRS Chapter 201).

Germany

The first reference regarding prostitution in the German civil code occurred in1901. Prostitution was deemed immoral for all "thinking people and their sense of decency" (Imperial Court, 1901). Since 1973 (later modified in 2001), prostitution has been assigned a lawful "grey-zone" for practicality's sake, i.e., either legal or illegal (Renzikowski, 2007). Because many do not work as full time prostitutes, there are no statistical data in Germany regarding the actual numbers of prostitutes. However, according to some estimates, the number may be approximately 400,000 (German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2007). About half of these women are immigrants, often illegal without residency permits, and engaged in prostitution against their will (German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2007).

In 2001, a new prostitution law was passed in the German Bundestag, to manage the reality of prostitution in modern German society. The central goal of the legislation was to regulate the social and lawful situation of voluntary prostitutes and to protect their interests. The situation of underage prostitutes and illegal sex workers from Eastern Europe or other countries is not regulated, however, in the new law (German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2007). Under the new law, prostitution is no longer immoral and against public policy. Prostitutes are no longer deemed to be socially disadvantaged and are granted the same rights of all other working individuals (Renzikowski, 2007). Furthermore, prostitutes are able to obtain an agreed upon sum of money for their sexual activity and have a contract in place between themselves and their clients. With the introduction of the new law, prostitutes have the opportunity to be insured officially as a prostitute with all the benefits other insured individuals have. They also have the right to social insurance while working in a brothel or being self-employed.

Canada

As early as 1869, the criminal code of Canada dealt with prostitution as a public order matter and issued "An Act Respecting Vagrants" also known as the Vagrancy Law, prohibiting all common prostitutes or "night walkers" from the streets and public places (Francis, 2006). The law also identified "keepers of bawdy houses and houses of ill-fame" as well as people who for the most part supported themselves by the avails of prostitution and subjected these to a fine of up to $50 and jail terms of several months (Francis, 2006). After 1911, prostitution spread towards Vancouver's early Chinatown, and brothels emerged along Canton Alley and Shanghai Alley, (Francis, 2006). The term "white slavery" was used to describe this belief, which by the late 1880s, had brought on the Convention of the International Suppression of White Slave Traffic, created by several countries in Europe including Canada (Francis, 2006). Shortly thereafter, the Protestant

churches of Canada along with civilian and militant groups established the Moral and Social Reform Council of Canada to lobby government to makes changes to the prostitution legislation in Canada (Moral and Social Reform Council of BC, 1912). In 1923, the Province of British Columbia passed the women and girls protection act that criminalized Chinese-owned businesses and their employment of white females as a way of protecting white women from "corruption." With the outbreak of venereal diseases (i.e., STDs) among the Canadian expeditionary militia, the Ontario government was forced to address the issue of prostitution and the spread of STDs as a public health concern and passed legislation requiring those infected to seek treatment or face a fine (Francis, 2006). In 1919, Canadian health officials established the Canadian National Council for Combating Venereal Disease, later renamed the Canadian Social Hygiene Council (Francis, 2006).

In 1972, the Vagrancy Law was repealed and replaced with a law prohibiting solicitation. By the late 1970s, police officers were experiencing greater difficulty arresting prostitutes due to the vagueness of the law and interpretations of the term "solicitation" (Francis, 2006). By the mid-1980s, the national government convened the Special Committee on Pornography and Prostitution, (also known as the Fraser Committee) consisting of seven panel experts mandated to provide the minister of justice with an analysis of the problems associated with pornography and prostitution (Francis, 2006). The Fraser Committee commissioned studies of prostitution in several Canadian cities, which in Vancouver, was headed by John Lowman at Simon Fraser University (Lowman, 1984). Lowman's study included the results of interviews with various key stakeholders, giving the clearest and most detailed picture of the sex trade in Vancouver to date, including the numbers of prostitutes working "indoors" or "off street" and associated risks (Lowman, 1984).

In 1985, the Fraser Committee released its report; the same year the International Committee for Prostitutes' Rights (ICPR) also released the World Charter for Prostitutes' Rights, clarifying their health needs and working conditions (McClintock, 1993). The government repealed the soliciting law and replaced it with the "communicating law" or Bill C-49 (Federal/ Provincial, Territorial Working Group, 1998). A working group on prostitution was established in 1992 by the Federal, Provincial and Territorial Deputy Ministers Responsible for Justice and entrusted to produce a report offering recommendations on prostitution in Canada (Federal/ Provincial Territorial Working Group, 1998). The group consulted with various key stakeholders in the community to review the adequacy of current legislation, the role of municipalities, law enforcement issues and possible partnerships among departments of justice and other government/social agencies (Federal/Provincial Territorial Working Group, 1998). In 1995, the group offered recommendations to the deputy ministers, which produced Bill C-27 and introduced extra protection for youth in prostitution (Federal/Provincial, Territorial Working Group, 1998).

Canadian law states that prostitution in itself is not illegal (Barnett, 2008). Although consensual sex between two adults is not in itself punishable under the law, other events surrounding the act of prostitution are prohibited and prostitution-related offenses are contained with the criminal code (Barnett, 2008).

Prostitution, Trafficking, and Health: What's the Link?

"Despite the illogical attempt of some to distinguish prostitution and trafficking, trafficking is simply the global form of prostitution," (Farley & et al., 2003 p. xvii). Sex trafficking is an international problem with various destination countries. Currently, for sex traffickers, Germany is the top destination and the United States is second as a recipient site for women working in prostitution ("Germany, U.S.," 2003). Sex trafficking does not only affect adults - nearly half of the persons trafficked are children, and 96% are female ("Germany, U.S.," 2003). Each year, more than two million children are exploited in the global commercial sex trade (Trafficking of Persons, 2008). In the United States, an estimated 50,000 women and children are annually trafficked into the country (Miller, Decker, & Silverman, 2007). Sex trafficking is an international crime, but the people who commit the crime are not the same all around the world. It is a complex problem that requires knowledge of the problem at both the international and local level. Even between the two largest destinations for sex trafficked individuals, the criminal demographics are different. Whereas in Europe, large-scale and organized crime dominates, sex trafficking groups in the United States historically have been comprised of small criminal groups or gangs. However, organized crime appears recently to be securing greater footing within the U.S. sex trafficking industry (Miller et al., 2007).

The health effects of sex trafficking can involve severe emotional, physical, legal, and financial trauma. Victims of sex trafficking are often coerced to use drugs and alcohol, subjected to movement restriction and social isolation, economic exploitation, debt bondage, and abusive working and

living conditions (Miller et al., 2007). Sexual assault appears to be universal for victims of sex trafficking, typically involving some form of rape (Miller et al., 2007). In addition to substance abuse concerns, high rates of post-traumatic stress disorder, depression, anxiety, and suicidal ideation and attempts have been documented among sex trafficked women (Miller et al., 2007). These victims are often marginalized and unable to access needed services. Sex trafficking victims often have an absence of gynecologic care and HIV testing and are forced to have high risk abortions (Stewart & Veljanoski, 2005).

Selected Prostitution Agencies in Germany, Canada and United States: A Comparative Overview

In Vancouver, Prostitutes Empowerment Education Resource Society (PEERS) (www.peersvancouver.org) is dedicated to empowering and supporting sex workers, specifically those that wish to exit the sex industry. PEERS works to increase public understanding and empathy and offers a federally funded skills link program for employment support for prostitutes (PEERS, 2008). PEERS also offers a unique three-phase mentorship program (funded by the Provincial government) focusing on prostitutes wishing to exit the trade (PEERS, 2008). Another highly regarded agency in the Vancouver area is Prostitution Alternatives Counseling and Education Society (P.A.C.E.) (www.pace-society.ca), which is uniquely funded by private enterprises and government monies. Services offered include outreach, peer support, violence prevention, education and health services (P.A.C.E., 2008). Health services provided by P.A.C.E. follow a harm reduction model and are primarily focused on sexual health and STDs (P.A.C.E, 2008).

In Germany, *Mitternachtsmission* ("midnight mission") was established at the end of the 19th century in the United Kingdom (www.standort-dortmund.de/mitternachtsmission.com). Mitternachtsmission serves as a point for guidance and supervision for prostitutes in Dortmund in Germany's densely populated Ruhr district in North Rhine-Westphalia. The agency is financed by the Protestant Church, public money, and bounties. Mitternachtsmission's main aim is to support prostitutes to live a healthy life, free of fear, emotional turmoil and financial concerns (Mitternachtsmission, 2008). Outreach staff advises individuals regarding questions of general health, STDs, legal issues, exiting the trade, and support for trafficked sex workers (Mitternachtsmission, 2008). The agency also aims to end the social and legal discrimination as well as stigmatization of female prostitutes (Mitternachtsmission, 2008).

In the United States, the first group established in support of prostitutes' rights and support groups was *COYOTE* (Call Off Your Tired Ethics) founded by Margo St. James in 1973. Its mission is to advocate for the repeal ("decriminalizes as opposed to legalize") of the prostitution laws and an end to the stigma associated with sex work (COYOTE, 2004). COYOTE supports programs to assist sex workers to change their occupation and to educate sex workers, their clients, and the general public about safe sex and the consequences of contracting STDs (COYOTE, 2004).

Prostitution Research and Education (PRE) is an abolitionist nonprofit organization established in 1995 by Melissa Farley. It conducts research about prostitution, pornography and trafficking, and offers education and consultation to researchers, survivors, the public and policymakers (PRE, 2004). Its goal is to abolish prostitution and to advocate for alternatives, including emotional and physical healthcare prostitutes (PRE, 2004). The city of San Francisco has implemented a program targeting customers, a "john school," for first time offenders to attend a Saturday afternoon school and listen to presentations about STDs and human sex trafficking. The attending "johns" are 30% less likely to be re-arrested than those who do not attend these classes (Clemmitt, 2008).

An Examination of the Health of Female Prostitutes

The literature reviewed demonstrates that whereas STDs are a serious health concern of sex workers and prostitutes, the physical/emotional/mental health concerns are of much greater prevalence and are considerably more debilitating (Farley & Kelly, 2000; Farley, Lynne, & Cotton 2005; Lowman, 2000). The health concerns that prostitutes commonly face include: neurobiological problems, including severe forms of emotional and bodily dysregulation; character problems, including personality disorders; and social problems including the physical danger that prostitutes face when they attempt to leave the "trade" (Herman, 2003).

A harrowing health concern in prostitution is the overwhelming diagnosis of post-traumatic stress disorder (PTSD). In a comparative study of nine countries (Canada, Colombia, Germany, Mexico, South Africa, Thailand, Turkey, United States, and Zambia) and with a sample of 854 female prostitutes, 68% met the criteria for a diagnosis of PTSD (Farley et al., 2003). More specifically, the rates in Canada, Germany and the United States were, 74%, 60% and 69% respectively (Farley & et al., 2003). Canada had the second highest rate among the countries surveyed (Farley & et al., 2003).

Table 1. Selected Prostitution Agencies in Germany, Canada and United States

	Agency Legislation Approach	Exiting Trade Support	Health Services Provided	Health Literacy Domain Achieved
PEERS	Decrimininalization Legalization	Yes	No	Accessing/Communicating
P.A.C.E	Decriminalization	Yes	Yes	Accessing/Communicating
PRE	Abolitionism	Yes	No	Comprehending
COYOTE	Legalization	No	No	Accessing
Mittersnachtsmission	N/A	Yes	Yes	Accessing/Communicating

The Canadian sample included 100 female prostitutes from Vancouver, of which 52% were native or Métis (descendants of marriages of Cree, Ojibway, Saulteaux, and Menominee aboriginals to French Canadians, Scots, and English). Given the 1.7% ratio of Natives in the Vancouver community (Farley et al, 2005), the over-representation of Native women involved in prostitution is an alarming reminder of the detriments that colonization and racism have on prostitution. This same study also considered the use of drugs and alcohol among prostitutes, demonstrating that across the nine countries, 48% of those responding to this item reported drug use and 52% reported alcohol use. Once again, Canada, the United States, and Germany reported the highest rates of drug use - between 70% and 95%, with Canada reporting the highest rate (Farley et al., 2003). Some of the common medical problems of the study participants included tuberculosis, HIV, diabetes, cancer, arthritis, tachycardia, syphilis, malaria, asthma, anemia and hepatitis (Farley et al., 2003). Whereas the study did not specifically inquire about mental health, 17% described severe emotional problems, depression, suicide ideation, flashbacks of child abuse, anxiety and extreme tension, terror regarding relationship with their "sex supervisors" or "pimps," low self-esteem, and mood swings (Farley et al., 2003).

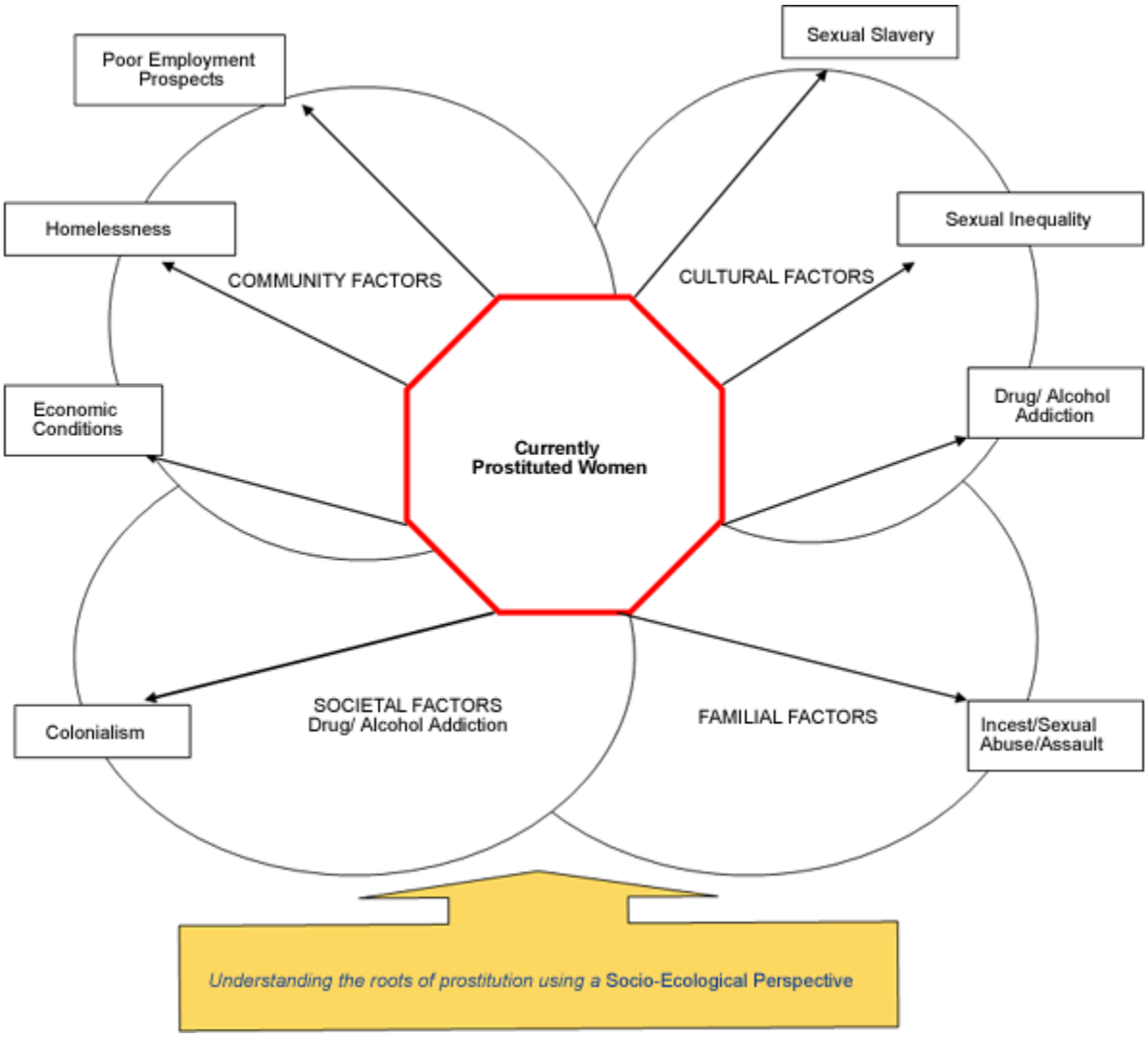
Health Education for Female Prostitutes

The implications of a dysfunctional family environment or relationship, notably the occurrence of incest or sexual molestation/abuse, have been linked with women in prostitution. Farley et al. (2005) state that over 89% of their respondents (100 Vancouver women) reported a history of childhood sexual abuse and 72% reported childhood physical assault. Furthermore, Currie (2004) studied 600 prostitutes in Vancouver, and found a comparable prevalence of childhood sexual abuse (73%) among respondents. These staggering numbers corroborate the notion that childhood experience (sexual assault and physical violence) are strong correlates of future involvement with prostitution. Aral and Mann (1998) suggest that most women enter prostitution as a result of poverty, rape, infertility, or divorce; therefore, it is essential that public health programs address these social factors. Examining prostitution from a socio-ecological perspective helps one to see that the roots of prostitution lie within interpersonal and intrapersonal variables such as, sex inequality, racism and colonialism, poverty, tourism and economic development, and traumatic childhood experiences (incest and/or sexual abuse/assault). These many variables and the layers that interplay with the issue must be identified and systematically addressed with effective health education programs. Moreover, to reduce the incidences of STDs, blood-borne viral infections, rape, other violence, and other public health concerns surrounding prostitution, more social service and health education programs such as drop-in centers, support groups, safe-sex and STD training need to be established (Clemmitt, 2008). Transitional housing, free medical care and STD testing, drug-dependency assistance and job skill training programs are needed to assist prostitutes and customers, and may be preferred avenues to arrest and prosecution (Clemmitt, 2008).

How should health education programs addressing these root causes of prostitution target the needs of prostitutes? Programs built using a socio-ecological framework would allow the program developers to address various layers of the prostitution "problem" - addressing not only the

societal constructs, but the community and family constructs surrounding the prostitutes. A socio-ecological perspective enables health program developers to understand the health behaviors of

Figure 2. Socio-Ecological View of Prostitution



female prostitutes by focusing on the nature of their transactions with their physical and socio-cultural surroundings, considering also the health behaviors influenced by intrapersonal (family dynamics), sociocultural (ethnic groups such as Native bands), and physical–environmental factors (Sallis & Owen, 2002). A program that uses this perspective would assist the priority population in identifying health behaviors, and more importantly, why those health behaviors occur. In addition it would allow health educators and other practitioners to develop strategies that are suitable and realistic for intervention and long-term, prevention.

With use of the Social Cognitive Theory health educators are able to address prostitution's multi-layered complexities by examining the psychosocial dynamics influencing health behavior, as well as the reciprocal interaction of personal/environmental factors (Baronowski, Perry, & Parcel, 2002). Health education programs must strive to increase self-efficacy in prostituted women, which means more than offering health services and support at the community level. Rather, building sustainable skills-based learning opportunities is a more parsimonious long-term solution. A health education program built on sustainable skills-based learning ensures on-going

access, comprehension, evaluation and communication of relevant health principles within a priority population.

The Federal/Provincial and Territorial Working Group on Prostitution (2008) received unanimous support from all key stakeholders regarding the need for an interagency, multi-disciplinary approach to the provision of services for youth and women involved in prostitution. This support reflects their desire for a coordinated and comprehensive service delivery agency that both addresses and prevents the involvement of youth and women in prostitution. Moreover, communities complain about the violence that street prostitutes bring, along with public displays of sexual acts, and the littering of paraphernalia such as used and soiled condoms and IV drug syringes, believing this behavior will lead their communities' to general health degradation (Weitzer 1999). By aligning a health education program within a comprehensive school health program model the inclusion of the community is assured and health literacy will transcend into the schools and serve a preventative purpose.

Conclusion and Future Considerations

The challenge of designing programs for women in prostitution lies in the need to create programs that will offer sustainable skills-based learning experiences for a population group that is highly stigmatized, at risk for a plethora of health problems, and with monumental barriers for accessing health and social services. Future research is needed to investigate the health issues and their implications with respect to global prostitution. Without empirical evidence on the health statistics of trafficked women, it is challenging to lobby local and national governments for the development of uniform laws that protect this population. Understanding how variation in legislation has impacted the health of prostitutes is essential for designing effective and sustainable health education programs that promote health literacy. The end goal of such health education programming must be the on-going and sustainable increase of health literacy for this population, as only then will the health issues tied to prostitution be addressed more adequately.

References

Aral, S.O., & Mann, J. M. (1998). Commercial sex work and STD: The need for policy interventions to chance societal patterns. *Sexually Transmitted Diseases, 25* (9), 455–456. Retrieved June 15, 2008 from http://ovidsp.tx.ovid.com.proxy.lib.sfu.ca/spb/ovidweb.cgi.

Barnett, L. (2008). Prostitution in Canada: International obligations, federal law, and provincial and municipal jurisdiction. *Library of Parliament*. Retrieved April 30, 2008 from http://dsp-psd.pwgc.ca/collection_2008/lop-bdp/prb/prb0330-1e.pdf.

Baronowski, T., Perry, C.L., & Parcel, G.S. (2002). How individuals, environments, and health behaviour interact: Social cognitive theory. In Glanz, K., Rimer, B. K., & Lewis, F. M (Eds.), *Health Behavior and Health Education, Theory Research and Practice* (3rd ed.). San Francisco: Jossey-Bass, pp. 165-184.

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.

Brents, B.G., Hausbeck, K. (2001). State-sanctioned sex: Negotiating formal and informal regulatory practices in Nevada brothels. *Social Perspectives, 44*(3), 307-332.

Butcher, K. (2003). Confusion between prostitution and sex trafficking. *The Lancet, 361*(9373), 1983.

Clemmitt, M. (2008). Prostitute debate: Should the United States legalize sex work? *CQ Researcher, 18*(19), 433-456. Retrieved June 11, 2008 from http://libarary.cqpress.com/cqresearch/cqresre2008052300.

COYOTE LA, What is COYOTE? (2004). Retrieved May 1, 2008 from http://www.coyotela.org/what_is.html.

Currie, S. (1994). Assessing the violence against street involved women in the downtown eastside/Strathcona community: A needs assessment. Cited in Federal/Provincial Territorial Working Group on Prostitution (1998) *Report and recommendations in respect of legislation, policy and practices concerning prostitution-related activities*. Canadian Federal/Provincial Working Group on Prostitution.

Different Avenues. (n.d.) Accessed June 16, 2008 from http://www.differentavenues.org/.

Farley, M. (Ed.). (2003). *Prostitution, Trafficking and Traumatic Stress*. New York: Haworth Press, Inc.

Farley, M., & Kelly, V. (2000). Prostitution: A critical review of the medical and social sciences literature. *Women and Criminal Justice, 11*(4), 29-64.

Farley, M., Lynne, J., & Cotton, A. (2005). Prostitution in Vancouver: Violence and the colonization of first nations women. *Transcultural Psychiatry, 42*(2), 242 – 271. Retrieved May 1, 2008 from http://tps.sagepub.com/cgi/content/abstract/42/2/242

Farley, M., Cotton, C., Lynne, J., Zumbeck, S., Spiwak, F., Reyes, E.M., et al. (2003). Prostitution and trafficking in nine countries: An update on

violence and posttraumaticstress disorder. In Farley, M. (Ed.), *Prostitution, Trafficking, and Traumatic Stress*. New York: Haworth Press Inc., pp. 33-74.

Federal Ministry for Family Affairs, Seniors, Women and Youth (2007). *Bericht de Bundesregierung zu den Auswirkungen des Gesetztes zur Regelung derRechtsverhältnisse der Prostituierten*. 3-64- Retrieved June 24, 2008 from http://www.bmfsfj.de/bmfsf/generator/RedaktionBMFSFJ/Abteilung4/PdfAnlagen/bericht-bureg-auswirkungenprostitutionsgesetz,property=pdf,bereich=,sprache=de,rwb=true.pdf.

Federal/Provincial Territorial Working Group on Prostitution. (1998). *Report and recommendations in respect of legislation, policy and practices concerning prostitution-related activities*. Canadian Federal/Provincial Working Group on Prostitution.

Fischer, C., Helfferich, C., Kavemann, B., & Rave, H. (2007). V*ertiefung spezifischer Fragstellungen zu den Auswirkungen des Prostutionsgesetzes*. Berlin: German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

Francis, D. (2006). *Red Light Neon, A History of Vancouver's Sex Trade*. Vancouver: Subway Books

Germany, U.S. receive most sex-trafficked women. (2003). *Off our Backs*, *33*(7/8), 4. *EBSCOhost.* Retrieved June 11, 2008, from http://web.ebscohost.com/ehost/pdf?vid=1&hid=16&sid=31cd64ff-9fb2-4743-a9eb-296ebfd19445@sessionmgr8.

Hawaii State Legislature Website. Hawaii State Legislature Bill Status HB982. Retrieved May 1, 2008 from http://www.capitol.hawaii.gov/site1/docs/getstatus2.asp?billno=HB982.

Herman, L.J. (2003). Introduction: Hidden in plain sight: Clinical observations on prostitution. In Farley, M. (Ed.), *Prostitution, Trafficking and Traumatic Stress*. New York: Haworth Press Inc., pp. 1-13.

Hickenbottom, I.L. (2002). Women's Issues Then & Now: A Feminist Overview of the Past 2 Centuries Prostitution: Then and Now. Retrieved June 13, 2008 from http://www.cwrl.utexas.edu/~ulrich/femhist/sex_work.shtml.

Kwan. B., Rootman, I., & Frankish, J. (2006). The development and validation of measures of health literacy in different populations.Vancouver, British Columbia: Centre for Population Health Promotion Research, p.ii.

Lowman, J. (1984). Vancouver Field Study of Prostitution. *Working Papers on Pornography and Prostitution Report No. 8.* Ottawa: Department of Justice. Cited in Francis, D. (2006) *Red Light Neon, A History of Vancouver's Sex Trade*. Vancouver: Subway Books Ltd.

Lowman, J. (2000). Violence and the outlaw status of street prostitution in Canada. *Violence Against Women*, *6*, 987- 1011.

Miller, E., Decker, M.E., & Silverman, J.G.. (2007). Migration, sexual exploitation, and women's health: A case report from a community health center. *Violence Against Women*, *13*(5), 486-497.

McClintock, A. (1993). World charter for prostitutes' rights: International committee for prostitutes' rights. *Social Text*, *37*(0), 183-185.

Milkovits, A. (2005). Providence Democrats abandon their bills strengthening the state's prostitution laws after critics say the language unfairly targets women. *The Providence Journal*. Retrieved June 13, 2008 from http://www.projo.com/news/content/projo_20050616_prost16.2376e31.html.

Mitternachtsmission e.V. (2008). 90 Jahre Dortmunder Mitternachtsmission. Retrieved June 24, 2008 from http://www.mitternachtsmission.de/.

Moral and Social Reform Council of British Columbia. (1912). *Social vice*. Vancouver, BC: Social Reform Council of British Columbia.

Morse, C.A. (2006) Rhode Island's Weird Prostitution Law, and Why the ACLU Doesn't Want it Changed. Retrieved June 14, 2008 from http://www.anchorrising.com/barnacles/003267.html.

Nevada Legislation Nevada NRS http://www.leg.state.nv.us/NRS/NRS-201.html#NRS201Sec295.

P.A.C.E (Prostitution Alternatives, Counselling and Education). (2008) Retrieved May 1, 2008 from http://www.pace-society.ca/.

PEERS (Prostitution Empowerment Education and Resource Society). (2008) Retrieved May 1, 2008 from http://www.peersvancouver.org/.

Prostitution ProCon (Year?). History of prostitution. Retrieved May 1, 2008 from: http://www.prostitutionprocon.org/history.htm.

Prostitution Research and Education. (2004). Retrieved June 16, 2008 from http://www.prostitutionresearch.com/about.html.

Renzikowski, J. (2007). *Reglementierung von Prostitution: Ziele und Probleme*. Berlin: German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

Sallis, J.F., & Owen, N. (2002). Ecological models of health behavior. In Glanz, K., Rimer, B.K., & Lewis, F. M (Eds.), *Health Behavior and Health Education, Theory Research and Practice* (3rd ed.). San Francisco: Jossey-Bass, pp. 462-484.

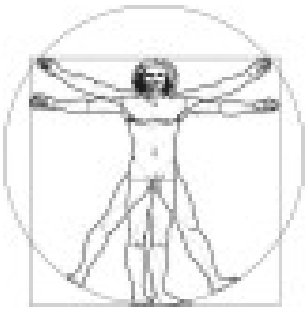
State of Rhode Island General Assembly. TITLE 11 Criminal Offenses. Retrieved June 13, 2008 from

http://www.rilin.state.ri.us/Statutes/TITLE11/11-34/INDEX.HTM.

Stewart, D.E., & Gajic-Veljaianoski, O. (2005). Trafficking in women: the Canadian perspective. *Canadian Medical Association Journal*, 173(1) doi:10.1503/cmaj.1041360. Retrieved July 3, 2008 from http://www.cmaj.ca/cgi/content/full/173/1/25.

U.S State Department. (2008). Trafficking in Persons Report. 1-295. Retrieved June 11, 2008 from http://www.state.gov/g/tip/rls/tiprpt/2008/.

Weitzer, R. (1999). Prostitution control in America: Rethinking public policy. *Crime, Law & Social Change, 32*, 83-102.



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