

Decriminalizing prostitution could reduce sexual violence and STD transmission

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A new study published in the *Review of Economic Studies* finds that Rhode Island's 6-year prostitution decriminalization policy increased the size of the sex market, but it also appears that during this period both rape offenses and female gonorrhea incidence declined dramatically.

Prostitution prohibition is mostly due to moral concerns, though disease transmission and victimization risks associated with sex markets are also policy concerns. For example, the 1992 National Health and Social Life Survey showed that 23% of female sex workers report they have ever had gonorrhea compared to 4.7% for females who have never been paid to have sex. Given the average sex [worker](#) sees 200-300 clients per year, and men have a 20% risk of getting the infection from a single act of vaginal intercourse with an infected woman, while women have a 60-80% risk of getting the infection from a single act of vaginal intercourse with an infected man, the spread of disease is a significant public health concern. Sex market related violence is also common. The incidence of rape and homicide victimization is extremely high for women engaged in [prostitution](#).

Most governments around the world, including the United States, prohibit sex work; knowledge about the impact of decriminalizing sex work is largely conjectural. But between 2003 and 2009 Rhode Island unexpectedly decriminalized indoor sex work.

The aim of this paper was to provide quasi-experimental estimates of the causal effect of decriminalizing indoor prostitution on the composition of the sex market (supply and price), population sexually transmitted infection outcomes, and reported female rape offenses. The researchers focused on reported rape offenses and gonorrhea incidence due to the high association each has with prostitution.

All evidence suggests that a 2003 District Court

judge's decision, which caused the de facto decriminalization of indoor sex work, was due to the court's discovery that a May 1980 amendment to the General Laws of Rhode Island had created an inadvertent legal loophole decriminalizing indoor sex work. But in rewriting the statute, the amendment removed certain key phrases that addressed the commission of the act of prostitution itself, rendering prostitution itself effectively legal in the state.

The de facto decriminalization of indoor prostitution became policy in late 2003 when District Court Judge Bucci dismissed charges against a group of massage parlor employees arrested and charged with "loitering for the purposes of street prostitution," arguing that Rhode Island's existing law did not apply to indoor prostitution in Rhode Island. Police became powerless to arrest prostitutes or their customers inside massage parlors.

Indoor prostitution was ultimately re-criminalized in November 2009, but for approximately six years, Rhode Island was the only state in the US with unbridled, decriminalized indoor prostitution, and prohibited street prostitution.

The study used six unique datasets: crime arrests and reported rape offenses from the Uniform Crime Reports; gonorrhea cases from the Centers for Disease Control's Gonorrhea Surveillance Program; data on sex worker and transaction characteristics from a popular website called The Erotic Review; weekly classified advertisements from the "adult services" section and restaurant advertisements from The Providence Phoenix; sexual behavior outcomes from the 1992 National Health and Social Life Survey; and state level covariates from the Current Population Survey.

The outcomes of interest in this paper were not only prostitution related—researchers used population level sexually transmitted disease rate

outcomes and reported rape offenses. This allowed the researchers to draw conclusions about the impacts of decriminalization as they relate to the population at large, not just sex workers. They estimate that approximately 5 to 50 percent of the decline in gonorrhea was from sex workers, with the rest coming from the general female population in Rhode Island.

The results of the study indicated that decriminalization reduced sexual violence by 30 percent. Decriminalization also improved public health outcomes by decreasing female gonorrhea incidence by more than 40 percent.

Researchers estimated that that approximately 5 to 50 percent of the decline in gonorrhea could be from [female sex workers](#). The rest was likely from non-sex workers. While researchers could not perform similar estimates for rape offenses, they believe that some proportion of the decrease in rape offenses came from non-sex workers. Sex workers are more likely to report rape after decriminalization, so the fact that researchers discovered an overall decrease suggests that non-sex workers are part of this decrease.

More sex in the population, even among [sex workers](#), may reduce a sexually transmitted disease epidemic if the marginal sex worker has lower background risk or engages in safe behaviors that dilute the risk in the sexual network.

The effect of decriminalization on rape is complex and unclear. Decriminalization will increase sexual violence if violence is an increasing function of the number of women employed in the market, but decriminalization could also result in safer work spaces since firms might be more willing to invest in security due to well-defined property rights after decriminalization. Sex workers may also be more willing to cooperate with police following decriminalization of prostitution.

"Recently big organizations like Amnesty International and the Lancet Board have come out in favor of decriminalizing sex work. This paper presents important causal evidence that doing so would improve public health outcomes and reduce violence against women," said one of the paper's

authors, Manisha Shah, an associate professor of public policy at UCLA. "We think this is a big finding in a world where good empirical evidence has historically been limited."

More information: "Decriminalizing Indoor Prostitution: Implications for Sexual Violence and Public Health", *Review of Economic Studies* (2017). [DOI: 10.1093/restud/rdx065](https://doi.org/10.1093/restud/rdx065)

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