Examining Alternatives to Criminalizing Sex Work in the United States

By Stacey McKenna and Chelsea Boyd

A growing body of international research shows that any criminalization of sex work is associated with a range of health and safety consequences.

Introduction

Often referred to as the world’s oldest profession, prostitution was largely legal in the United States until the early 1900s.1 Since that time, the commercial sex trade—encompassing prostitution, pornography, exotic dancing, escort services, erotic massage and more—has come under a flurry of regulations, primarily at the state level.2 In particular, prostitution, or “full-service” sex work (the focus of this policy paper, and heretofore referred to simply as sex work), is criminalized to varying degrees in all 50 states, with few jurisdictional exceptions.3

The definition of prostitution and its associated laws are reflections of “cultural, economic, political, and sexual dynamics.”4 Research demonstrates that people of varied gender identities; sexual orientations; and racial, ethnic and socioeconomic backgrounds choose to enter the commercial sex industry.5 In addition, as with most jobs, sex workers report a range of reasons for entering the trade, including limited alternative job options, superior earning potential, flexible schedules, enhancement of self-worth, enjoyment and more.6 Importantly, while existing research demonstrates that many sex workers choose the profession freely and report benefits from that choice, a subset of people involved in sex work are victims of sex trafficking, and finding ways to assist these victims is critical.7 Equally vital to the conversation about the harms of criminalizing sex work is recognizing that many organizations, politicians and activists promote strict, gendered narratives and conflate consensual sex work with sex trafficking to justify prohibition.8

Evidence from diverse political, cultural and socioeconomic contexts across the globe indicates that prohibitionist policies “undermine the rights and safety of sex workers,” which harms sex workers who have been coerced as well as those who enter the trade voluntarily.9 Indeed, a growing body of international research shows that any criminalization of sex work—including the so-called “end-demand” model in which only buyers and third parties are targeted for arrest and prosecution—is associated with a range of health and safety consequences.10 For example, sex workers who have experienced criminalization or who live in even partially prohibitionist policy environments have an elevated risk of contracting sexually transmitted infections.
Examining Alternatives to Criminalizing Sex Work in the United States

(STIs); experiencing violence at the hands of clients and law enforcement officers; and having difficulty accessing health care services. Furthermore, the stigma and isolation associated with sex work’s social and legal status can be harmful to mental health.

Recognizing these harms, sex worker advocates around the world are calling for decriminalization. Although the movement has yet to garner substantial traction in the United States, some jurisdictions have implemented alternatives to the full criminalization of sex work, albeit temporarily in some cases. In this policy study, we review the scientific literature and present perspectives from interviews we conducted with activists and scholars to explore real-world examples of alternatives to criminalization and their associated public health implications.

Alternatives to Criminalizing Sex Work in the United States

In this section, we outline the predominant alternatives to sex work criminalization that have been implemented in the United States. These include the legalization of commercial sex; the decriminalization of indoor sex work; the use of discretion to restrict or redirect sex-work-related prosecution or arrests by police or district attorneys; and the introduction of other relevant, incremental policies.

Legalization

The legalization of sex work involves the “introduction of laws that aim to impose state regulation and control sex work.” Regulations limit how, when, where and which individuals may engage in sex work and are often enforced by the police. In Nevada, for example, sex work is legal only in licensed brothels in select counties with populations under 700,000 people, and it is heavily regulated by the state. Regulations include mandatory condom use; mandatory human immunodeficiency virus (HIV)/STI testing; age restrictions (i.e., workers must be at least 18 years of age); employment restrictions (i.e., workers must hold Nevada work cards and must participate in the work voluntarily); location restrictions (i.e., brothels cannot be located near a church, school or main street); and advertising restrictions (i.e., advertisements are allowed only in counties with legalized prostitution).

The heavy regulation that accompanies legalization raises red flags among sex work activists, who note that the approach can create a two-tiered system that privileges management and excludes the most vulnerable. In addition, brothels often set parameters that exclude certain segments of the population and reflect and reinforce stigmatizing cultural norms, such as requiring workers to stay on-site for upwards of a week at a time or only employing cisgendered women to provide services.

Interestingly, despite having areas where the practice is legalized, Nevada has the highest rate of prostitution-related arrests in the United States, with almost 11 arrests per 10,000 people compared to the next closest (Wyoming), which has about three prostitution arrests per 10,000 people. As one attorney and sex work advocacy expert explained:

[Nevada’s system] works well for the clients … but it is less of a good deal for sex workers because you have to jump through so many hurdles to be a legal sex worker… And so, it’s a good system if you can get into the system, but it’s not something that can be utilized for the larger public.

Decriminalization

In contrast, under decriminalization, no aspects of adult consensual sex work—including selling, purchasing or facilitating—are subject to criminal sanction, and the industry is generally regulated in accordance with standard labor laws, if at all.
According to a sex work advocate we interviewed, this relative lack of government regulation is a main reason that the majority of people in the sex worker rights movement favor decriminalization over legalization. Legalization requires policing, whereas decriminalization removes the role of law enforcement and drastically limits government interference.

This approach has been implemented nationwide in New Zealand and in parts of Australia, but the only U.S. example of official, state-wide decriminalization of sex work occurred in Rhode Island. In 1980, Rhode Island legislators removed language from the state’s prostitution law, unintentionally eliminating the criminalization of indoor sex work while continuing to prohibit outdoor solicitation. This new language was upheld by a 1998 state Supreme Court ruling that the law barred “prostitutes from hawking their wares in public” and could not be applied to convict someone for private sexual activity.

The ramifications of the language change largely went unrecognized by police and prosecutors until 2003, when a civil attorney used it to successfully defend women who had been charged with selling sexual services at Providence spas. As a result, indoor sex work remained decriminalized in Rhode Island until 2009, when the state Legislature passed new laws explicitly criminalizing sex workers, clients and third parties, regardless of where the solicitation or services took place.

Discretion

Although Rhode Island is the only U.S. example of on-the-books sex work decriminalization, public officials in some jurisdictions have used discretion to decrease criminalization of the trade. Seattle, Baltimore and the borough of Manhattan in New York City are just a few examples of places where policy change has happened through this subjective process.

For example, last year, the Manhattan district attorney announced that his office would no longer prosecute sex workers, their clients or individuals practicing massage without a license. However, according to the legal director of a national nonprofit that focuses on improving public attitudes toward sex work, the police “can still go and arrest somebody” on these charges, potentially leading to confusion or conflict between the police and the district attorney’s office.

Seattle represents another localized experiment in which there was “an administrative-level decision to go toward an end demand policy.” In contrast to Manhattan’s full decriminalization approach, end-demand models shift criminal penalties from sex workers to clients and third parties.

Relying on administrative discretion has limitations. For example, policies could change suddenly if a district attorney is replaced or yields to political pressure. However, as the staff attorney at the aforementioned national nonprofit explained, discretionary measures often represent “a quicker and more effective way to help sex workers versus the process of amending a criminal code.”

Incremental Change

Another pragmatic approach to decriminalization is small-scale, incremental change. “Criminalizing sex work [directly] is not the only way to criminalize sex workers,” noted a medical anthropology and public health graduate student who has been conducting research on the criminalization of sex work and HIV in Florida, Tennessee and Texas. Rather, dozens of seemingly minor or unrelated policies, from loitering laws to mandatory HIV testing, are used to justify arrest, target vulnerable populations, enhance criminal sentences and increase charges from misdemeanors to felonies. Some jurisdictions treat sex workers’ harm reduction practices—such as carrying condoms—as evidence.
Thus, while all of the advocates we consulted and many others across the United States and the globe call for wide-scale decriminalization of sex work, many also recognize that such a controversial ask may be out of reach—at least for now. An advocate we interviewed explained, “our priority in a lot of states is incremental, harm reductive measures because we’re not getting decriminalization in most states soon. It’s just too complicated.”

The specific harm reducing measures being implemented are diverse and address a wide range of concerns. For example, New York State is home to a network of Human Trafficking Intervention Courts, which divert people arrested for prostitution to social services. Earlier this year, California repealed a loitering law that targeted sex workers. In 2021, the Rhode Island Legislature formed a study commission to review the impact of sex work laws on select outcomes of interest and marginalized communities. And between 2019 and 2022, eight states—Oregon, California, Utah, Washington, New Hampshire, Vermont, Montana and Colorado—passed immunity laws to encourage witnesses or victims of violence to come forward to law enforcement without risking their own arrest or prosecution, even if they work in the commercial sex industry.

**Public Health Implications**

In this section, we discuss the public health harms inherent in the criminalization of sex work and also consider how alternatives to criminalization could positively influence health outcomes.

**The Health Harms of Criminalization**

Although risks to individual and public health have long been used to justify the prohibition of sex work, a growing body of literature implicates criminalization itself as the main driver of these potential harms. All of the advocates we interviewed highlighted interpersonal violence—at the hands of police, clients and others—as a top concern. In fact, one expert pointed out that considerable risk arises directly from trying to avoid arrest. For example, if the negotiation itself is considered to be a criminal activity:

> That means I’m not super comfortable saying to you, ‘Hey, this is what I’ll do. These are my boundaries and this is how much it’s going to cost.’ So people don’t disclose that information, and then you end up in a private space with a person you don’t really know who might get angry because they thought you were going to do something that you’re like, ‘I will absolutely not do that,’ or ‘I will do that for a lot more money.’

Furthermore, tangential laws and policing practices such as those discussed above have been shown to discourage sex workers from engaging in health-protective behaviors. For example, in cities where police and prosecutors use condoms as evidence, sex workers are often reluctant to carry them. Additionally, the use of HIV status to enhance criminal charges or sentencing may make sex workers reluctant to learn their own status.

**Health Outcomes and Alternatives to Criminalization**

Because criminalization itself is so harmful, advocates posit that decriminalizing sex work, even with limited or no regulation, would inherently make the job safer. However, given the hidden nature of the vast majority of sex work in the United States as well as the complex legal and cultural landscapes associated with it, health-related outcomes for sex workers and broader communities can be difficult to identify, assess and analyze. Within the United States, the best data available comes from very specific legal and decriminalized environments: Nevada and Rhode Island.
While Nevada’s legal brothel system comes with a range of issues, some of which were mentioned above, the health regulations are effective and generally accepted by people working in the brothels. In fact, research suggests that sex workers in Nevada’s brothels have lower rates of STIs such as gonorrhea and syphilis than the general population. Furthermore, the legal environment of brothels—which prioritize both safety and health as good business practice—ensures a lower risk of violence compared to illegal counterparts.

However, such regulations may not be necessary to protect sex workers and ensure public health if sex work were decriminalized. One expert explained that sex workers would be more likely to use condoms and practice safer-sex behaviors without the fear of criminalization, adding:

I think what gets in the way of condom usage is [...] police confiscating condoms as evidence [...] So it’s sort of a consequential argument—criminalization makes all these protective measures that sex workers desperately want and will utilize much harder. That would be my argument [for] why full decriminalization would ensure the health and safety as well. It [...] would allow sex workers who do want to maximize their own health and the wellness of their clients [...] access to anything that is needed to ensure that everyone is healthy and safe.

The case of Rhode Island seems to support this argument. During the six-year decriminalization, sex worker arrests declined, and the state’s indoor prostitution market expanded. Despite this larger market, new cases of gonorrhea in the community fell by more than 40 percent, and reported cases of rape declined by 30 percent.

Interestingly, while discretionary decriminalization of sex work can potentially lead to similar public health and safety benefits, partial decriminalization is unlikely to result in such improvements. For example, when Seattle implemented the end-demand model, “people on the ground didn’t necessarily feel any less criminalized or any less policed,” one expert explained. This is consistent with findings from jurisdictions in other countries that have officially adopted this approach. For instance, after Vancouver, Canada, implemented policing guidelines that emphasized the criminalization of clients and third parties, researchers found no declines in physical or sexual violence, and sex workers who were surveyed reported an increase in “rushed negotiations with clients due to police pressure,” which impacted their ability to negotiate condom use and other boundaries.

Conclusion
A growing body of scientific literature demonstrates that the prohibition of sex work increases the risks to sex workers’ health and well-being. Consequently, in recent years, health, advocacy and human rights organizations across the globe have been calling for the decriminalization of consensual commercial sex. In the United States, while the vast majority of jurisdictions have retained policies that prohibit all sex work, a handful of cities, counties and states have opted for alternatives to criminalization. Scientific research and on-the-ground reports from this patchwork of exceptions provide insights into the potential role that sex work decriminalization could play in protecting public health.

ABOUT THE AUTHORS
Stacey McKenna is a resident senior fellow in the R Street Institute’s Integrated Harm Reduction Program. Chelsea Boyd is a resident fellow in the R Street Institute’s Integrated Harm Reduction Program.
Endnotes


16. Ibid.


22. Ibid.

23. Ibid.

24. Ibid.

25. Ibid.


27. Ibid.


29. Ibid.

30. Ibid.

31. Ibid.

32. Ibid.

33. Ibid.
38. McKenna and Boyd interview with Melissa Sontag Broudo and Becca Cleary (Zoom), Oct. 6, 2022.
44. McKenna and Boyd interview with Melissa Sontag Broudo and Becca Cleary (Zoom), Oct. 6, 2022; McKenna and Boyd interview with Kate D’Adamo (Zoom), Oct. 6, 2022; McKenna and Boyd interview with Lydia Babcock (Zoom), Oct. 11, 2022.
45. McKenna and Boyd interview with Kate D’Adamo (Zoom), Oct. 6, 2022.
47. McKenna and Boyd interview with Lydia Babcock (Zoom), Oct. 11, 2022.
48. McKenna and Boyd interview with Melissa Sontag Broudo and Becca Cleary (Zoom), Oct. 6, 2022; McKenna and Boyd interview with Kate D’Adamo (Zoom), Oct. 6, 2022; McKenna and Boyd interview with Lydia Babcock (Zoom), Oct. 11, 2022.
50. Ibid.
52. McKenna and Boyd interview with Melissa Sontag Broudo and Becca Cleary (Zoom), Oct. 6, 2022.
54. McKenna and Boyd interview with Kate D’Adamo (Zoom), Oct. 6, 2022.
55. Platt et al., p. 21. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002680&fbclid=IwAR3a4FCoiXyQdBlymAkqD107nQFd7JsV6bYkhhr-ldtjaX35avUX3MPfkhE.