Stigma and Policy Preferences in Taboo Markets: Sex Work Decriminalization*

Preliminary draft - please do not circulate

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Abstract

Does stigma shape policy preferences in taboo markets? We study this question in the context of sex work, arguing that stigma toward sex workers constitutes an independent barrier to policy reform beyond moral opposition to taboo markets. Using a large-scale, nationally representative survey experiment in the United States, we randomly assign respondents to watch videos containing information on taboo trade-offs, destigmatizing content, stigmatizing content, or neutral content. We measure multidimensional stigma—stereotypes, separation, status loss, and discrimination—alongside policy preferences for criminalization. We find that both taboo-focused information and destigmatizing treatments reduce stigma and support for criminalization, though through different channels. Taboo-focused information produces broader and more persistent effects, improving knowledge retention, shifting moral views, and increasing openness to policy change. Effects survive when benchmarked against a strong demand-effect condition. To our knowledge, this is the first study to experimentally identify and separately estimate the roles of stigma and taboo in shaping policy preferences.

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1 Introduction

Economic research has extensively studied how markets function, how they should be regulated, and how policy interventions affect welfare once markets are in place. Much less attention has been devoted to a more fundamental question: whether certain markets should exist at all. Some exchanges are resisted not because of efficiency or distributional concerns, but because they are perceived as morally unacceptable (Elias, Lacetera, and Macis, 2015; Grodeck, Xiao, and Xue, 2024; Roth, 2007; Roth and Wang, 2020). These so-called repugnant or taboo markets include markets for human organs, surrogate pregnancy, and sex work. In such contexts, policy debates often stall despite accumulating evidence of welfare gains from reform. This paper focuses on sex work, a paradigmatic example of a taboo market.

A growing empirical literature documents that decriminalizing sex work can generate substantial social benefits, including improvements in public health and reductions in sexual violence (Cameron, Seager, and Shah, 2021; Cunningham and Shah, 2018; Lee and Persson, 2016). These findings have informed the policy positions of international organizations such as Amnesty International, the United Nations, and the World Health Organization. Nevertheless, sex work remains illegal in most countries, and public support for decriminalization remains limited. This raises a central question: why does evidence that is persuasive in other policy domains fail to translate into support for reform in the case of sex work?

We argue that the answer lies in the interaction between taboo and stigma. While taboo refers to moral constraints on certain exchanges, stigma targets the individuals associated with those exchanges. Sex work is not only viewed as a morally problematic activity; sex workers themselves are subject to pervasive social stigma. This distinction is crucial. Even when individuals are informed about the aggregate welfare benefits of decriminalization, stigma toward sex workers may prevent belief updating and inhibit support for policy change. Despite its importance, stigma has received surprisingly little attention in the economics literature on policy preferences. Our study examines the role of stigma in shaping individuals' preferences regarding the decriminalization of sex work. We ask whether stigma constitutes an independent barrier to policy reform beyond taboo, whether information alone is sufficient to overcome it, and whether directly challenging stigma can shift policy preferences.

We conceptually distinguish taboo from stigma and measure them separately. Following Bénabou and Tirole (2011) and Tetlock, Kristel, Elson, Green, and Lerner (2000), we define taboo as arising from sacred–secular trade-offs. Certain goods or activities are regarded as "priceless" and should not be traded in markets; attempting to do so triggers moral outrage. Taboos are enforced internally, through the avoidance of belief-challenging information, and externally, through social sanctions and the

suppression of discussion. Because taboo restricts information processing, it can impede belief updating even in the presence of strong empirical evidence.

Stigma, by contrast, concerns the social evaluation of people rather than activities. We adopt the framework of Link and Phelan (2001), who define stigma as the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a context of power. Applied to sex work, stigma manifests in negative stereotypes about sex workers' morality, education, substance consumption or health; social distancing with an "us versus them" mentality; reluctance to accept sex workers in higher social status; and discriminatory behavior in social and economic interactions. Importantly, stigma can persist even when individuals acknowledge that a policy may generate positive aggregate outcomes.

To study these mechanisms, we conducted a large-scale pre-registered survey experiment in the United States, where sex work is illegal. We recruit approximately 6,000 respondents aged 18 to 95 through Prolific in February 2026. The final sample is nationally representative along gender, age, and ethnicity dimensions. Respondents receive monetary compensation conditional on passing attention checks, and a follow-up survey is administered on average three weeks later to assess the persistence of treatment effects.

Participants first answer demographic questions and baseline opinion items, including questions drawn from the World Values Survey to allow for benchmarking. We then elicit pre-treatment measures of taboo. Taboo is measured along three dimensions: emotional outrage or sadness toward the topic of sex work, unwillingness to consume further information about it (internal enforcement), and unwillingness to publicly discuss it (external enforcement).

Participants are then randomly assigned to one of six experimental conditions in a between-subject design. The *taboo market* treatment (T1) provides welfare-relevant evidence on the temporary decriminalization of indoor sex work in Rhode Island, designed to lower sacred–secular trade-offs (Elias et al., 2015) by confronting respondents with efficiency and public health gains (Cunningham and Shah, 2018). The *destigmazing* treatment (T2) challenges separation, status loss, and stereotypes through a counter-stereotypical narrative of a sex worker, while the *destigmazing no-label* condition (T3) isolates the role of labeling by removing any reference to sex work from the same treatment. The *stigmatizing* treatment (T4) reinforces all components of stigma by portraying a stereotypical and marginalized depiction of a sex worker. The *experimenter motivation* treatment (T5) explicitly addresses experimental demand by presenting researchers' normative opinions in favor of decriminalization without substantive information. The control group receives no video intervention.

After treatment, we elicit detailed measures of stigma. Following Link and Phelan (2001), we measure stigma along four dimensions. Negative stereotypes are captured

through agreement with statements reflecting common beliefs about sex workers, drawing on the representativeness framework of Bordalo, Coffman, Gennaioli, and Shleifer (2016). Separation is measured using adapted psychological scales of social distance and group inclusion, following Baader, Starmer, Tufano, and Gächter (2024). Status loss is elicited through social ladder questions, widely seen as a good measure of subjective social status (Gidron and Hall, 2017). Discrimination is measured through respondents' stated willingness to engage in social, romantic, and economic interactions with sex workers, including hiring, renting, and lending decisions. Each dimension is aggregated into a standardized index, and the overall stigma measure is constructed as their sum.

Finally, we elicit policy preferences using multiple outcomes. These include and incentivize donation to association in favor or against the decriminalization of sex work through a lottery. A second question concerns the support for petitions in favor of or against decriminalization, and finally stated support for alternative legal regimes ranging from full criminalization to decriminalization. Using multiple measures allows us to capture both expressive and consequential dimensions of policy support.

Overall, the results provide clear evidence that both stigma and taboo play central roles in shaping policy preferences in taboo markets. Information targeting taboo trade-offs (T1) and narratives explicitly addressing stigma (T2) both significantly reduce stigma and decrease support for criminalization, though they activate slightly different channels. The taboo market treatment (T1) produces broader and more persistent effects: it reduces stigma, shifts policy preferences, and—as mechanism analyses reveal—improves knowledge retention, increases moral acceptance, reduces the perception that criminalization would erase the market, lowers perceived threats to fidelity, and increases general openness to change. The destigmatize treatment (T2) operates primarily by reshaping stigma, with effects on mechanisms concentrated on knowledge and fidelity perceptions and more limited spillovers to policy support. The null effect of the no-labeling condition (T3) highlights the importance of explicit stigma cues in activating attitude change. The stigmatize treatment (T4) reduces support for criminalization despite producing no significant increase in stigma, and mechanism results suggest this may operate through increased salience—reducing perceived threats to fidelity and increasing openness to change. Disaggregated analyses show that stigma reductions are strongest for disease and drug-related stereotypes and translate into greater willingness to engage in social and economic interactions. Finally, sizable effects in the experimenter motivation condition (T5) indicate sensitivity to demand, but treatment effects under T1 and T2 remain significant when benchmarked against this very strong condition, confirming they are not fully attributable to experimenter demand. Together, the findings demonstrate that stigma and taboo constitute binding and multidimensional constraints on policy change, with taboo-focused information

proving more effective and persistent across outcomes.

Our work speaks to a few strands of literature. First, the implementation of repugnant markets as so far been studied through the taboo trade-offs (Elias, Lacetera, and Macis, 2015; Elías, Lacetera, and Macis, 2019). We are the first to study the role of stigma on policy preferences.

Second, the literature on stigma has only focused on self-stigma (Celhay, Meyer, and Mittag, 2025; Moffitt, 1983; Roth, Schwardmann, and Tripodi, 2024). Instead, we focus on stigma on others and how this impacts policy preferences. To do so, we apply a well-established measure from sociology Link and Phelan (2001).

Third, the literature on sex work focuses on the effect of the legal changes (Cameron et al., 2021; Cunningham and Shah, 2018; Lee and Persson, 2016). We look at how stigma on sex work impact policy preferences over its decriminalization.

Finally, the paper also contributes to the literature on taboo and repugnant markets. Existing work conceptualizes taboo as a consequence of moral identity and sacred–secular trade-offs, emphasizing how moral boundaries constrain belief updating and market acceptance (Bénabou and Tirole, 2011; Tetlock, Kristel, Elson, Green, and Lerner, 2000). More recent research highlights the social dimension of taboo, showing how social norms and their misperception can sustain moral opposition and slow changes in attitudes (Bursztyn, González, and Yanagizawa-Drott, 2020). We extend this literature by proposing an individual-level measurement of taboo and by studying its correlation with stigma and policy preferences.

The rest of the paper is organized as follow. Section 2 presents the survey and the experimental design. Section 4 discuss the main results, section 5 the mechanism, section 6 some robustness and section 7 concludes.

2 Experimental design and survey

2.1 Data collection and sample

We conducted a large-scale survey on around 6'000 individuals in the U.S in February 2026.[1] We targeted residents between 18 and 95 years of age, representative of the American population by age, gender, and ethnicity. The link to the Qualtrics survey was distributed by *Prolific*, a commercial survey company (https://www.prolific.com/). Participating respondents received a payment upon full completion[2]. Average completion time was 22 minutes in the main survey sample. A follow-up on 60% of the

[1] This sample size allows us to detect a minimum effect MDE=0.12 standard deviations over pairwise experimental condition comparisons (1000 observations per branch) of standardized outcomes, at power p=0.8 and $\alpha = 0.05$.

[2] The pay was USD 4 for the main study and USD 1 for the follow-up.

respondents[3] was implemented on average three weeks after for groups T1, T2, T4, and T5. Average completion time was 7 minutes in the follow-up survey sample.

Table 1 displays the ability of the covariates to predict the treatment. There are only a handful of significant coefficient which however display a magnitude very close to zero.

Table 1: Balancing tests.

	C		T1		T2		T3		T4		T5	
	β	ρ	β	ρ	β	ρ	β	ρ	β	ρ	β	ρ
male	0.00	0.72	0.02*	0.06	0.00	0.79	0.00	0.90	-0.01	0.38	-0.01	0.23
age	0.00	0.59	0.00	0.18	0.00	0.36	0.00	0.83	0.00	0.92	0.00	0.98
ethnicity	0.00	0.85	0.00	0.62	0.01	0.27	-0.01	0.19	0.00	0.74	0.00	0.69
bachelor	0.00	0.92	-0.02*	0.07	0.01	0.13	0.00	0.90	0.01	0.38	-0.01	0.43
income	0.00	0.50	0.00	0.88	0.00	0.67	0.00	0.38	0.00**	0.03	0.00	0.72
religion	0.00	0.90	0.02*	0.09	0.00	0.67	0.00	0.83	0.00	0.79	-0.02**	0.05
political	0.00	0.46	0.00	0.45	-0.01	0.19	0.00	0.83	0.00	0.41	0.00	0.69
taboo	-0.01	0.29	0.01	0.55	0.00	0.90	0.00	0.83	0.01	0.49	-0.01	0.56

NOTE: The table shows the coefficients β and p-values from a series of regressions of the form $y_i = a + b * Covariate_i + FE + e_i$, where y_i is a dummy variable taking value 1 for each of the conditions (controls C, and treatments T1, T2, T3, T4, and T5), $Covariate_i$ is the variable listed in the row, FE are regional and wave fixed effects.

2.2 Main survey

We here describe the structure of the survey, mentioning and discussing the fielded items and questions in the order of elicitation.

Demographics and opinions. Participants first answer demographic questions and baseline opinion items. In particular, we include questions drawn from the Haerpfer, Inglehart, Moreno, Welzel, Kizilova, Diez-Medrano, Lagos, Norris, Ponarin, and Puranen (2022) about justifiability of several practices: homosexuality, abortion, divorce, sex before marriage, having casual sex, for a men to beat his wife, parents beating children, and violence against other people.

Individual taboo. Following Bénabou and Tirole (2011), we then elicit pre-treatment measures of taboo along three dimensions: emotional outrage or sadness toward the topic of sex work, unwillingness to consume further information about it (internal enforcement), and unwillingness to publicly discuss it (external enforcement). These measures allow us to capture both the emotional and behavioral components of taboo

[3]The follow-up study assumed a re-contact response rate of 60%, orthogonal to the experimental variation. We reach 600 individuals per treatment arm, and thus we obtain an MDE=0.16 standard deviations, at power p=0.8 and $\alpha = 0.05$.

prior to any intervention. In particular, we ask respondents about feeling associated with a list of topics. The list of feeling includes: outrage - indignation; sadness - depression; fear - anxiety; enthusiasm - excitement; interest - curiosity; indifference - no feeling. The list of topics includes: organ buying, technology, abortion, super bowl, sex work, food, surrogate pregnancy, gun ownership. We then ask:

> *We will ask you an open question [give you more information] at the end of the survey about a topic from the previous list. How willing would you be to WRITE [READ] about each of them?*

Information videos. Participants are randomly assigned to one of the six experimental conditions in a between-subject design. Links to the five video treatments can be find the Appendix A-1. The control group receives no video intervention.

Outcome 1: stigma. After treatment, we elicit detailed measures of stigma. Following Link and Phelan (2001), we measure stigma along four dimensions. First, negative stereotypes are captured through agreement with statements reflecting common beliefs about sex workers, drawing on the representativeness framework of Bordalo et al. (2016). We ask:

> *We are interested in your opinion about a few statements. Please tell us to which extent you agree or disagree. The vast majority of sex workers suffer from drug and alcohol addiction.*

We similarly asked about sex workers being exploited victims, having a low level of education, and being a vector of diseases.

Second, separation is measured using an adapted psychological scales of social distance and group inclusion. The measure has been validated by Baader et al. (2024) and it is now widely used in economic literature as well.

> *Once you move the slider below, a pair of circles will appear in the box. The position of the slider will determine the extent to which the circles overlap. When the slider is all the way to the left, the circles will look like this . When the slider is near the middle, the circles look like this . With it all the way to the right the circles look like this . You should interpret the degree of overlap as representing the relationship between you and a "sex worker". Please position the slider so that the circles indicate to what extent you and a "sex worker" are connected.*

Third, we measure status loss using hypothetical scenarios involving social hierarchy ladder. To elicit this measure we follow ISSP Research Group (2022). We ask:

In our society there are groups which tend to be towards the top and groups which tend to be towards the bottom. Below is a scale that runs from top to bottom. Where would you put a SEX WORKER [YOU] now on this scale?

Fourth, discrimination is measured through respondents' stated willingness to engage in social, romantic, and economic interactions with sex workers, including hiring, renting, and lending decisions.

Finally, each dimension is aggregated into a standardized index, and the overall stigma measure is constructed as their sum. Higher values of our indicator represent higher level of stigma. To prevent order effect, we randomize the order of the questions within the stereotype and discrimination block.

Outcome 2: policy preferences. Our main outcome of interest is the policy preference about the decriminalization of sex work.

You now have the opportunity to participate in two lotteries. First, one of the two lotteries will be randomly selected. Then, one participant from the selected lottery will be randomly chosen to receive USD 200. The winner will be contacted in a few weeks.

If you were selected as a winner, how would you prefer to allocate the USD 200 between yourself and a donation to "Decriminalizing Sex Work", an association in favor of the decriminalization of sex work. Note that we will implement the decision of the winner if this lottery is selected. Please select below the amount you want to donate. The remaining amount is intended to be kept for yourself.

In the second lottery, we ask respondents to use a slider to tell us how much they will be willing to donate to an association that advocates for making buying sex a felony[4]. Second we ask whether they will be willing to sign a petition in favor of or against criminalization. Finally, we ask:

Which law would you like your state to implement with respect to sex work? Please rank the options from your most preferred (1) to your least preferred (7)

where the alternatives are: completely illegal; legal only for buying sex, not selling; legal only for selling sex, not buying; legal only in licensed brothels; legal only in designated red-light districts; legal only if sex work is recognized as a job; fully legal. For the latter question, we randomize the order of the answers to prevent nudging. Using multiple measures allows us to capture both expressive and consequential dimensions of policy support. Higher values of our indicator represent preferences for more restrictive policy - e.g. criminalizing sex work - while lower level represent less restrictive policy preferences - e.g. decriminalizing sex work.

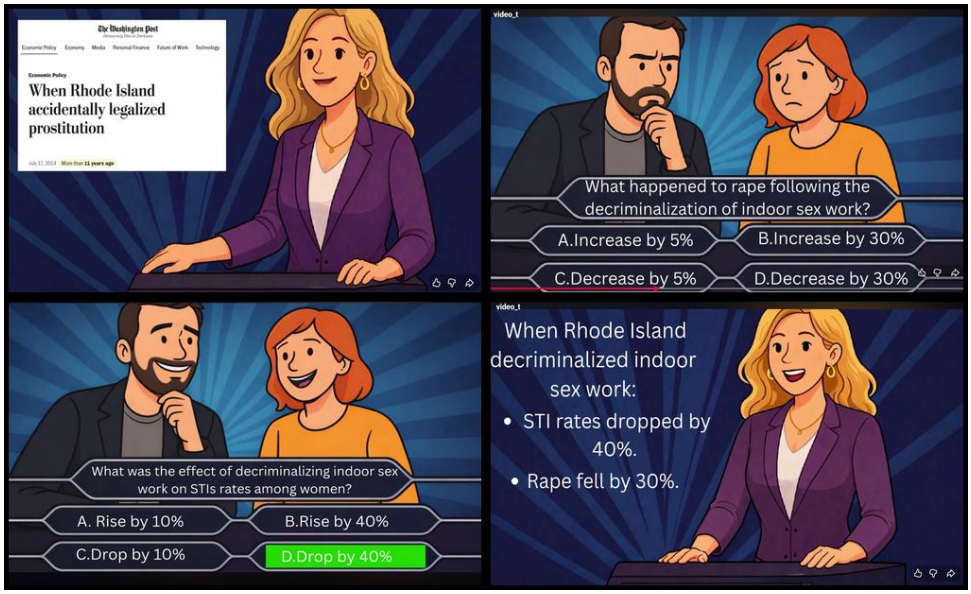
[4]Exodus Cry https://exoduscry.com/ and Decriminalizing Sex Work https://decriminalizesex.work/.

2.3 Experimental Design

We now describe the experimental design that allows us to study the effect of stigma and taboo on policy preferences. Links to the five video treatments can be find the Appendix A.

T1 - Taboo market. The first treatment is an information treatment that builds on the work of Elías et al. (2019) (see figure 1). It presents evidence from the temporary and involuntary decriminalization of indoor sex work in Rhode Island between 2003 and 2009, emphasizing reductions in reported rape offenses and declines in sexually transmitted infections, as documented by Cunningham and Shah (2018). This treatment targets taboo trade-offs – e.g. sacred versus secular – by confronting respondents with welfare-relevant evidence and lowering the cost of the trade-off. We present this information in a video format, where we propose a quiz show about true and surprising facts. A moderator introduces the involuntary decriminalization of indoor sex work in Rhode Island. She then asks to two players whether rape and STIs rates increase or decrease. The two players give the correct answers.

Figure 1: Taboo market treatment (T1).

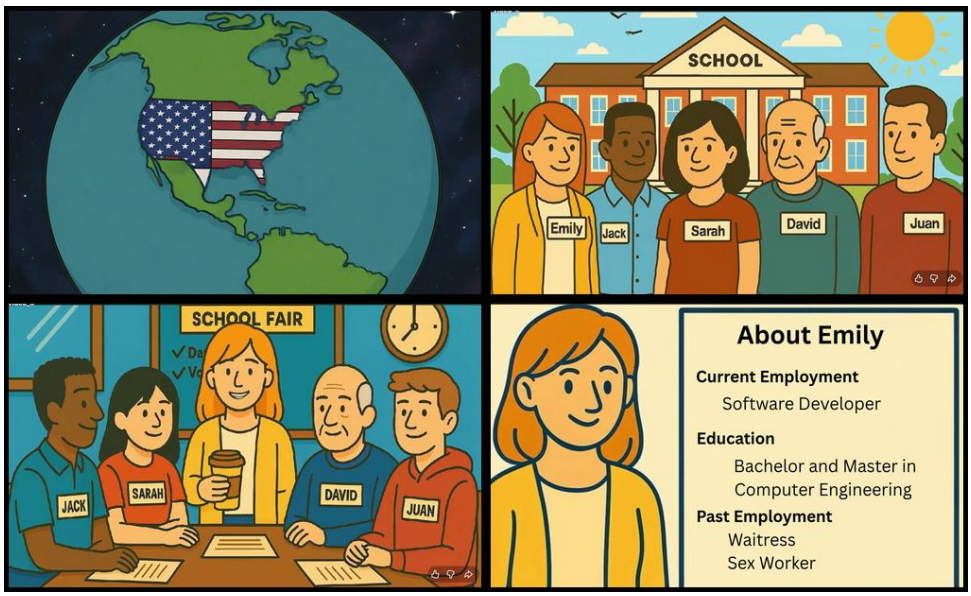


NOTE: Screenshots from the *taboo market* treatment. The treatment is a a quiz-show-style video. The presenter introduces the Rhode Island decriminalization episode using a newspaper prop to enhance credibility (top left). Participants are then prompted to consider whether reported rape rates increased or decreased (top right), followed by an analogous question on sexually transmitted infections, with the correct answer highlighted (bottom left). The presenter concludes by summarizing the key evidence (bottom right). Full video: `https://youtu.be/WGuq5iWcQeo`.

T2 - Destigmatize. The second treatment is a stigma-focused narrative designed to challenge key components of stigma (see figure 2). It explicitly addresses separation,

status loss, and stereotypes by presenting a counter-stereotypical profile of a sex worker, highlighting shared social identity, educational attainment, and professional competence. The video starts with a view on planet earth and then focuses on the U.S. (reduce separation). Then it presents a few activities that support local communities and focuses on school board. The head of the school board (reduce status loss) is Emily. She has bachelor and master degree in computer engineering (reduce negative stereotypes on education). We mention sex work only in the final sentence of the video, where we say that she has worked as a sex worker (labeling) to maintain her studies.

Figure 2: Destigmatize treatment (T2).



NOTE: Screenshots from the *destigmatize* treatment. The video opens with a view of planet Earth focusing on the United States to reduce "separation" (top left). The setting then shifts to a local school board (top right), followed by a meeting scene in which Emily is shown in a leadership role, addressing status loss (bottom left). The final frame presents Emily's CV, emphasizing her educational attainment and professional competence to counter negative stereotypes (bottom right). The narrative reveals her experience with sex work only at the end. Full video: https://youtu.be/O2pAWYLmogM.

T3 - Destigmatize no-label. The third treatment removes the *labeling* component of stigma, that is the reference to sex work, from T2 – see figure A-1 in Appendix A-1. The video is identical, with the only difference that Emily has worked only as a waitress to pay her studies.

T4 - Stigmatize. The fourth treatment is a negative stigma-focused narratives that fuels all components of stigma – see figure A-2 in Appendix A-1. It presents the lives of two different woman (increase separation): Elizabeth, a nurse, and Ruby, a sex worker. The name are intentionally chosen to reinforce the stereotypes of the two roles. Ruby is presented as a high-school drop out (increase negative stereotype on education) and she

works a sex worker (labeling) due to her precarious financial condition. In the video, Ruby is seen smoking (increase negative substance consumption) and working in sex work to afford safer night in hotel rooms (increase negative stereotype on victimization).

T5 - Experimenter motivation. In this video the experimental demand is addressed explicitly (Acemoglu, Cheema, Khwaja, and Robinson, 2020; Acemoglu, Aksoy, Baysan, Molina, and Zeki, 2024) – see figure A-3 in Appendix A-1. The video displays two researchers calling for decriminalization of sex work mentioning only their own personal opinion. It is mentioned that the researcher believe that sex workers deserve the same rights as other worker and that the solution to achieve it is to decriminalize sex work, which would make the world safer and healthier for all women.

C - Control. Pure control group goes directly to next block of the survey.

2.4 Follow-up survey

To gauge the persistence of our effects, we field a follow-up study by recontacting respondents via the survey company on average three weeks after completion of the main the study. The follow-up consists of a short survey, obfuscated as a study on opinions about sexuality. First, individuals answer questions about sexuality in general, such as number of sexual partners ever had in their life and how often they talk about sex. To obfuscate further the elicitation of the outcome variables, we rephrase the questions about the outcomes and ask participants' opinion about four group of individuals: selling sex, transsexuality, same-sex relationship and polygamous relationships. Further, we changed the layout, font, and background color of the survey, as shown by the screenshot in Appendix A.

2.5 Demand effect and data quality

A common limitations of experiments are demand effect. We discuss here four strategies we adopted to tackle this concern.

First, we obfuscate the study by embedding the treatment within a set of taboo and controversial topics, presenting the reading and writing exercise as pertaining to one such topic among several. This framing plausibly suggests that other respondents may receive different topics, thereby masking the study's true objective.

Second, we introduce an incentivizes measure of support for association in favor and against sex work. This way, we capture underlying preferences in an incentive compatible framework.

Third, and perhaps more importantly, we fielded an obfuscated follow-up study in which we re-contacted respondents three weeks, on average, after their participation in

the main study. Participants in the follow-up are not aware of filling a survey related to the baseline. Moreover, the follow-up is obfuscated as a study on opinions about sexuality. The follow-up study platform also changed the font, the look and feel of the survey, to minimize the chances that a respondent might link the two studies.

Fourth, we balanced sentences in favor/against sex work decriminalization and we vary positive versus negative wording to refer to it. We ask respondents whether they perceived the survey as left/right bias or none and 80% reported unbiased perception.

Finally, to ensure highest data quality, we use two attention checks questions. Respondents were aware that failing to answer correctly might might cause loss of their compensation. For both questions, 94% of the participants gave the correct answer.

3 Empirical model

We investigate the the impact of our treatment conditions on stigma an policy preferences using the following standard OLS pecification:

$$Y_i^k = \alpha^k + \sum_{j=1}^{J} \beta_j^k T_{ij} + \mathbf{X}_i' \gamma^k + \delta_{r(i)} + \varepsilon_i^k, \qquad k \in \{S, P\}. \tag{1}$$

where Y_i^k is the relevant outcome variable, with $k \in \{S, P\}$ denoting stigma or policy preference, T_{ij} is a set of indicator variables for the experimental conditions $j = 1, \ldots, 5$ (with the pure control group omitted), $\mathbf{X}_i'$ is a vector of pretreatment individual characteristics, and $\delta_{r(i)}$ denotes regional fixed effects. The coefficients of interest, β_j^k, identify the causal effects of each treatment relative to the pure control condition.

4 Results

We now provide an empirical answer to our research question: does stigma play a role on policy preferences in taboo markets? Overall, our intervention was successful at identifying changes in both stigma and policy preferences.

Specification. In our main specifications we work with two outcome variables. First, *stigma* is the sum of four dimensions – stereotype, separation, status loss and discrimination – and takes values between 0 and 4 included. Second, *policy* is the sum of the three policy outcomes – lotteries, petition and policy rank — and takes values between 1 and 3 included. In our baseline specification we exclude participants that did not pass the attention checks. We additionally trim the upper and lower 2% of the response time distribution. All our baseline specifications include a set of control variables

(age brackets dummies, male dummy, bachelor degree dummy, income brackets dummies, individual taboo dummy, religion dummies, political leaning dummies, wave dummy, and region fixed effects) and robust standard errors. The outcome variables are standardized against the mean and standard deviation of the control group. The non-standardized mean and standard deviation of the control group, conveying information about baseline attitudes across the general population, are reported at the bottom of the table. All coefficients can be interpreted as percentage standard deviation with respect to the control mean.

Table 2: Stigma and policy preferences.

	(1) stigma	(2) stigma	(3) criminalize	(4) criminalize
T1: taboo market	-0.215***	-0.218***	-0.249***	-0.259***
	(0.047)	(0.042)	(0.047)	(0.040)
T2: destigmatize	-0.252***	-0.248***	-0.108**	-0.099**
	(0.047)	(0.042)	(0.047)	(0.041)
T3: destigmatize no-label	-0.026	-0.023	-0.015	-0.020
	(0.046)	(0.042)	(0.047)	(0.040)
T4: stigmatize	0.054	0.059	-0.119**	-0.121***
	(0.045)	(0.041)	(0.047)	(0.040)
T5: experimenter motivation	-0.187***	-0.173***	-0.192***	-0.177***
	(0.048)	(0.044)	(0.047)	(0.041)
Observations	5,384	5,384	5,384	5,384
R-squared	0.014	0.205	0.008	0.275
Controls	N	Y	N	Y
Control Mean	3.172	3.172	1.638	1.638

NOTES: This table reports the effects of the treatments versus the control group on stigma and policy preferences. The treatments are described in details in section 2.3). Outcomes: *stigma* is the sum the four dimensions — stereotype, separation, status loss and discrimination; *criminalize* is the sum of three policy outcomes — lotteries, petition and policy rank. All coefficients can be interpreted as percentage standard deviation changes with respect to the control mean reported at the end of the table. Control variables in column (2) and (4) include: age brackets dummies, male dummy, bachelor degree dummy, income brackets dummies, individual taboo dummy, religion dummies, political leaning dummies, wave dummy, and region fixed effects. Robust standard errors in parentheses. * p<0.1, ** p<0.05, *** p<0.01.

Stigma and policy preferences. Table 2 shows that taboo and stigma treatments have sizable and statistically significant effects on both stigma and policy preferences relative to the omitted baseline. The comparison between odd and even columns shows that results are robust to a large set of controls. The *taboo markets* treatment (T1) is associated with large negative coefficients in both columns 2 and 4, indicating decreased stigmatization and decrease in support for the policy outcome (criminalization). For *stigma*, the estimated effect corresponds to an increase of 0.12 units relative to a control mean of 3.17. For *policy*, the estimated effect corresponds to an increase of 0.15 units relative to a control mean of 1.64. These effects are precisely estimated and significant

at the 1% level. The *destigmatize* treatment (T2) generates larger effects on stigma, as expected, and smaller effects on policy which remain significant at the 5% level.

In line with our hypothesis, the *destigmatize no-label* condition has no effect on the outcomes. The treatment isolates the effect of a destigmatizing environment from its association with the stigmatized group. The result confirms that a destigmatize narrative without explicit reference to the stigmatize group does not change stigma and policy preferences associated with the stigmatized group.

While T2 introduces a destigmatized narrative, we additionally test a stigmatized narrative with for comparison. The *stigmatize* treatment (T4) has no effect on stigma but, contrary to our hypothesis significantly reduces policy support for criminalization. We discuss the mechanism behind this in the next section.

Finally, we propose a strong test for the demand effect with the *experimenter motivation* treatment (T5), which produced negative and significant coefficients. We return to this point in section 6 where we use T5 as a control group for T1 and T2.

Table 3: Stigma and policy preferences disaggregated.

	(1) stereotype	(2) discrimination	(3) separation	(4) status	(5) donation	(6) petition	(7) policy
T1: taboo market	-0.262***	-0.127***	-0.081*	-0.189***	-0.158***	-0.223***	-0.217***
	(0.047)	(0.042)	(0.046)	(0.046)	(0.046)	(0.042)	(0.041)
T2: destigmatize	-0.332***	-0.156***	-0.095**	-0.167***	-0.064	-0.071	-0.094**
	(0.046)	(0.042)	(0.045)	(0.045)	(0.045)	(0.043)	(0.041)
T3: destigmatize no-label	-0.005	0.008	-0.045	-0.033	-0.015	-0.042	0.006
	(0.045)	(0.042)	(0.045)	(0.045)	(0.045)	(0.043)	(0.041)
T4: stigmatize	0.178***	0.007	-0.104**	0.111**	-0.155***	-0.102**	-0.071*
	(0.043)	(0.041)	(0.048)	(0.045)	(0.048)	(0.042)	(0.041)
T5: experimenter motivation	-0.129***	-0.112***	-0.153***	-0.120***	-0.142***	-0.155***	-0.131***
	(0.046)	(0.042)	(0.049)	(0.046)	(0.047)	(0.042)	(0.041)
Observations	5,384	5,384	5,384	5,384	5,384	5,384	5,384
R-squared	0.140	0.222	0.056	0.063	0.100	0.183	0.225
Controls	Y	Y	Y	Y	Y	Y	Y
Control Mean	0.673	0.823	0.914	0.762	0.466	0.597	0.576

NOTES: This table reports the effects of the treatments versus the control group on stigma and policy preferences disaggregated. The treatments are described in details in section 2.3). Outcomes: columns 1 to 4 are the four dimensions of stigma — stereotype, separation, status loss and discrimination; columns 5 to 7 are the three policy outcomes. All coefficients can be interpreted as percentage standard deviation changes with respect to the control mean reported at the end of the table. Control variables include: age brackets dummies, male dummy, bachelor degree dummy, income brackets dummies, individual taboo dummy, religion dummies, political leaning dummies, wave dummy, and region fixed effects. Robust standard errors in parentheses. * p<0.1, ** p<0.05, *** p<0.01.

Stigma and policy preferences disaggregated. Table 3 decomposes the aggregate effects into distinct dimensions of stigma and policy engagement, revealing substantial heterogeneity across outcomes. *Taboo market* T1 and *destigmatize* T2 consistently and significantly reduce stereotypes, perceived discrimination, social separation, and status. Regarding policy-related outcomes, *taboo market* T1 significantly improve all outcomes

towards a preference for decriminalization while *destigmatize* T2 only increase the support through change in relative ranking of preferred policy. The largest effects are observed for stereotypes, particularly under the *destigmatize* T2. By contrast, the *destigmatize no-label* T3 yields coefficients that are small and statistically insignificant across all dimensions, confirming that neutral framing does not affect stigma or policy preferences. The *stigmatize* treatment T4 exhibits a more nuanced pattern: while it increases stereotypes and status loss, it also reduces the separation between participants and sex workers. Further, it has limited or even adverse effects on policy outcomes by increasing the likelihood of signing a petition in favor of decriminalization and rising the amount of the donation that support this policy. Interestingly, we observe that even if both positive (T2) and negative (T4) stigma treatment resulted in a similar effect on policy preference the channels of the change are opposite. Finally, the *experimenter motivation* T5 produces uniformly negative and highly significant effects across all outcomes. Overall, the results indicate that stigma operates through multiple channels, with stigma-based components responding more strongly than policy-oriented margins while taboo exhibit a more consistent effect.

Table 4: Stigma - stereotypes disaggregated.

	(1) disease	(2) drug	(3) education	(4) victims
T1: taboo market	-0.209***	-0.224***	-0.137***	-0.203***
	(0.044)	(0.047)	(0.046)	(0.047)
T2: destigmatize	-0.240***	-0.343***	-0.202***	-0.197***
	(0.043)	(0.047)	(0.047)	(0.047)
T3: destigmatize no-label	0.014	-0.069	0.007	0.029
	(0.042)	(0.046)	(0.046)	(0.046)
T4: stigmatize	0.010	0.135***	0.277***	0.117**
	(0.044)	(0.045)	(0.044)	(0.046)
T5: experimenter motivation	-0.073*	-0.138***	-0.069	-0.107**
	(0.044)	(0.046)	(0.046)	(0.048)
Observations	5,384	5,384	5,384	5,384
R-squared	0.140	0.108	0.086	0.058
Controls	Y	Y	Y	Y
Control Mean	2.945	3.479	3.327	3.709

NOTES: This table reports the effects of the treatments versus the control group on the different stereotypes. The treatments are described in details in section 2.3). Outcome variables measure agreement with four common stereotypes about sex workers – disease carriers, substance addiction, low education, and victimization – on a five-point scale (strongly disagree to strongly agree). All coefficients can be interpreted as percentage standard deviation changes with respect to the control mean reported at the end of the table. Control variables include: age brackets dummies, male dummy, bachelor degree dummy, income brackets dummies, individual taboo dummy, religion dummies, political leaning dummies, wave dummy, and region fixed effects. Robust standard errors in parentheses. * p<0.1, ** p<0.05, *** p<0.01.

Stereotypes. We next examine whether treatment effects vary across stereotype measures. Table 4 reports effects separately for each of the four stereotypes: disease carrier, drug and alcohol addiction, low education, and exploited victim. Both the taboo market (T1) and stigma (T2) treatments generate large, negative, and highly significant effects across all four dimensions, with the strongest responses observed for drug and disease stereotypes. The *destigmatize no-label* condition (T3) has no effects. In contrast, the *stigmatize* (T4) does not significantly affect disease stereotypes, but exhibits positive effects on drug, education, and victimization stereotypes, which is consistent with the design of the experiment. Finally, the *experimenter motivation* condition (T5) produces smaller and significant negative coefficients for most dimensions, particularly disease, drug, and victim stereotypes.

Table 5: Stigma - discrimination disaggregated.

	(1) friend	(2) hiring	(3) loan	(4) relationship	(5) rent
T1: taboo market	-0.127***	-0.129***	-0.116**	-0.067	-0.073*
	(0.042)	(0.044)	(0.045)	(0.045)	(0.044)
T2: destigmatize	-0.110***	-0.161***	-0.122***	-0.125***	-0.116***
	(0.042)	(0.044)	(0.045)	(0.046)	(0.044)
T3: destigmatize no-label	0.005	0.006	0.040	-0.021	0.002
	(0.042)	(0.044)	(0.045)	(0.043)	(0.043)
T4: stigmatize	-0.045	-0.072*	0.105**	-0.023	0.064
	(0.042)	(0.043)	(0.045)	(0.044)	(0.043)
T5: experimenter motivation	-0.089**	-0.111**	-0.090**	-0.053	-0.107**
	(0.042)	(0.044)	(0.044)	(0.044)	(0.044)
Observations	5,384	5,384	5,384	5,384	5,384
R-squared	0.219	0.157	0.106	0.119	0.159
Controls	Y	Y	Y	Y	Y
Control Mean	2.808	3.259	2.626	4.331	3.438

NOTES: This table reports the effects of the treatments versus the control group on the different discrimination scenarios. The treatments are described in details in section 2.3). Outcome variables measure discrimination across five domains—friendship, hiring, lending, relationships, and renting—on a five-point scale (very uncomfortable to very comfortable). All coefficients can be interpreted as percentage standard deviation changes with respect to the control mean reported at the end of the table. Control variables include: age brackets dummies, male dummy, bachelor degree dummy, income brackets dummies, individual taboo dummy, religion dummies, political leaning dummies, wave dummy, and region fixed effects. Robust standard errors in parentheses. * p<0.1, ** p<0.05, *** p<0.01.

Discrimination. Table 5 disaggregates the discrimination index into its five measures—friendship, hiring, lending, relationships, and renting—showing that stigma-related framings increase comfort across most types. The *taboo market* (T1) and *destigmatize* (T2) treatments generate negative and statistically significant effects on discrimination in friendship, hiring, renting, and lending, with particularly strong and consistent effects for the T2, which also extends to intimate relationships. These results

indicate that explicit destigmatizing cues reduce exclusion across both personal and market contexts. In contrast, the *destigmatize no-label* condition (T3) has no discernible impact on any discrimination measure. The *stigmatize* treatment (T4) significantly reduces discrimination in hiring but increases it in lending, with no systematic effects elsewhere. This divergence aligns with the video's narrative: respondents may view hiring as helping someone in need of stable income, while the portrayal of precarious circumstances discourages lending to someone perceived as financially unreliable. Finally, the *experimenter motivation* treatment T5 reduces discrimination across several types, notably friendship, hiring, lending, and renting. Effects are smaller and less precise with respect to T1 and T2.

Follow-up. Our follow-up results in table 6 indicate that the main treatment effects persist three weeks after the intervention. In particular, *taboo market* T1 continues to have a significant impact on both stigma and policy outcomes, while *destigmatize* T2 sustains its effect on stigma. Additionally, the effect of the *experimenter motivation* T5 on stigma remains robust over this period.

Table 6: Follow-up.

	(1) stigma	(2) criminalize
T1: taboo market	-0.160***	-0.136**
	(0.054)	(0.061)
T2: destigmatize	-0.098*	-0.055
	(0.054)	(0.061)
T4: stigmatize	-0.074	-0.058
	(0.053)	(0.062)
T5: experimenter motivation	-0.094*	-0.054
	(0.054)	(0.062)
Observations	2,684	2,684
R-squared	0.245	0.0132
Controls	Y	Y
Control Mean	3.602	0.442

NOTES: This table reports the effects of the treatments versus the control group on stigma and policy preferences of the follow-up study. The treatments are described in details in section 2.3). Outcomes: *stigma* is the sum the four dimensions — stereotype, separation, status loss and discrimination; *criminalize* is a binary outcome taking value 1 if respondents are in favor of criminalization of sex work, 0 if they are against. All coefficients can be interpreted as percentage standard deviation changes with respect to the control mean reported at the end of the table. Control variables include: age brackets dummies, male dummy, bachelor degree dummy, income brackets dummies, individual taboo dummy, religion dummies, political leaning dummies, wave dummy, and region fixed effects. Robust standard errors in parentheses. * p<0.1, ** p<0.05, *** p<0.01.

5 Mechanism

In the follow-up survey, we elicit several outcomes to explore potential mechanisms. First, we measure knowledge retention by asking respondents what effect legalizing sex work would have on the frequency of sexual assault (for half the sample) or sexually transmitted infections (for the other half), with responses on a 5-point scale from "definitely rise" to "definitely drop." We code responses as incorrect (=1) unless respondents answered "definitely drop," which reflects the evidence presented in the T1 video. Second, we measure moral acceptance by asking whether respondents consider sex work morally wrong (5-point scale from "definitely yes" to "definitely no"). Third, we elicit second-order beliefs by asking respondents what percentage of the American population they think favors legalization, with an incentive for accuracy (USD 10 bonus for the closest answer). Fourth, we ask whether respondents consider sex work a taboo topic. Fifth, we measure discussion frequency by asking how often respondents talked about sex work with friends in the past month (1 = yes, 2 = maybe, 3 = no). Sixth, we ask whether respondents think criminalization would erase the sex work market. Seventh, we ask whether sex work poses a threat to fidelity. Finally, we measure general openness to change by asking whether respondents prefer things to change or remain as they are.

Table 7: Mechanism.

	(1) knowledge	(2) morality	(3) others	(4) taboo	(5) talk sw	(6) erase	(7) infidelity	(8) change
T1: taboo market	-0.194***	-0.104**	0.022	0.019	-0.073	-0.157***	-0.122**	-0.199***
	(0.063)	(0.049)	(0.061)	(0.057)	(0.061)	(0.051)	(0.053)	(0.059)
T2: destigmatize	-0.114*	-0.077	-0.079	-0.042	-0.093	-0.086	-0.143***	-0.057
	(0.061)	(0.048)	(0.059)	(0.055)	(0.061)	(0.053)	(0.055)	(0.060)
T4: stigmatize	-0.030	-0.049	-0.049	0.013	-0.016	-0.092*	-0.150***	-0.150**
	(0.058)	(0.048)	(0.059)	(0.057)	(0.060)	(0.053)	(0.055)	(0.061)
T5: experimenter motivation	-0.099	-0.068	0.029	-0.017	-0.001	-0.094*	-0.051	-0.074
	(0.061)	(0.048)	(0.059)	(0.057)	(0.059)	(0.053)	(0.053)	(0.060)
Observations	2,684	2,684	2,684	2,684	2,684	2,684	2,684	2,684
R-squared	0.044	0.360	0.060	0.174	0.042	0.206	0.175	0.073
Controls	Y	Y	Y	Y	Y	Y	Y	Y
Control Mean	0.894	3.185	34.18	0.453	2.670	2.192	3.461	2.884

NOTES: This table reports the effects of the treatments versus the control group on the outcomes in the columns. The treatments are described in details in section 2.3). Outcomes: *stigma* is the sum the four dimensions — stereotype, separation, status loss and discrimination; *criminalize* is a binary outcome taking value 1 if respondents are in favor of criminalization of sex work, 0 if they are against. All coefficients can be interpreted as percentage standard deviation changes with respect to the control mean reported at the end of the table. Control variables include: age brackets dummies, male dummy, bachelor degree dummy, income brackets dummies, individual taboo dummy, religion dummies, political leaning dummies, wave dummy, and region fixed effects. Robust standard errors in parentheses. * p<0.1, ** p<0.05, *** p<0.01.

Table 7 reports treatment effects on these mechanism variables. The taboo market treatment (T1) produces the most consistent effects: it significantly reduces incorrect

answers on knowledge (column 1), suggesting respondents retained the factual information presented in the video three weeks later. T1 also increases moral acceptance (column 2), reduces the perception that criminalization would erase the market (column 6), lowers perceived threats to fidelity (column 7), and increases general openness to change (column 8). These patterns suggest that T1 operates through multiple channels—informational, moral, and attitudinal. The destigmatize treatment (T2) shows more limited effects, with significant reductions only in incorrect knowledge (column 1) and perceived threats to fidelity (column 7). The stigmatize treatment (T4), despite its negative framing, reduces perceived threats to fidelity and increases openness to change, possibly reflecting increased salience of the topic. Neither treatment significantly shifts second-order beliefs (column 3), perceptions of taboo (column 4), or discussion frequency (column 5), suggesting that these dimensions are more resistant to short video interventions. The experimenter motivation treatment (T5) produces only a marginally significant effect on the erase variable, consistent with its role as a demand-effect benchmark rather than a substantive informational treatment.

Table 8: Experimenter motivation as control group.

	(1) stigma	(2) criminalize
T1: taboo market	-0.047	-0.078*
	(0.044)	(0.040)
T2: destigmatize	-0.078*	0.078*
	(0.044)	(0.040)
Observations	2,682	2,682
R-squared	0.198	0.265
Controls	Y	Y
Control Mean	3.172	1.638

NOTES: This table reports the effects of the treatments *taboo markets* T1 and *destigmatize* T2 versus *experimenter motivation* T5 on stigma and policy preferences. The treatments are described in details in section 2.3). Outcomes: *stigma* is the sum the four dimensions — stereotype, separation, status loss and discrimination; *criminalize* is the sum of three policy outcomes — lotteries, petition and policy rank. All coefficients can be interpreted as percentage standard deviation changes with respect to the control mean reported at the end of the table. Control variables include: age brackets dummies, male dummy, bachelor degree dummy, income brackets dummies, individual taboo dummy, religion dummies, political leaning dummies, wave dummy, and region fixed effects. Robust standard errors in parentheses. * p<0.1, ** p<0.05, *** p<0.01.

6 Robustness

To assess whether our main results are driven by demand effects, we conduct an additional analysis using the *experimenter motivation* treatment as the control group. This treatment represents a strong demand effect condition, as respondents are explicitly

made aware of the experimenters' perspective in favor of decriminalization. If the main treatment effects were entirely attributable to demand effects, we would expect them to disappear when compared against this benchmark.

Table 8 shows that the effects of T1 on policy and T2 on stigma remain negative and significant, suggesting these results are not fully explained by the experimenter demand. However, T2 now yields a positive and significant effect on policy, indicating that the *experimenter motivation* treatment reduced preferences for criminalization more than the stigma treatment. This pattern suggests that while demand effects may partially explain shifts in policy preferences, they cannot account for the reductions in stigma observed under T2.

7 Conclusion

This paper provides new evidence on the political economy of taboo markets by showing that stigma toward affected individuals constitutes a distinct and binding constraint on policy reform. Using a large-scale survey experiment on sex work in the United States, we disentangle taboo—moral opposition to market exchange—from stigma—negative social evaluations of people—and demonstrate that both shape policy preferences through different mechanisms. Information about welfare gains from decriminalization reduces opposition by lowering sacred–secular trade-offs, while stigma-focused narratives primarily operate by reshaping stereotypes, social distance, status perceptions, and discriminatory intentions. Reinforcing stigma, lower support for criminalization even when its effects on stigma components are mixed, underscoring the asymmetric relationship between stigma and policy outcomes.

These findings have broader implications for the design of evidence-based policy in morally contested domains. More generally, our results call for incorporating stigma into economic models of policy preferences and norm change. Future research could examine the persistence of stigma over time, its interaction with political narratives and media framing, and whether similar mechanisms operate in other repugnant markets such as organ donation or surrogacy.

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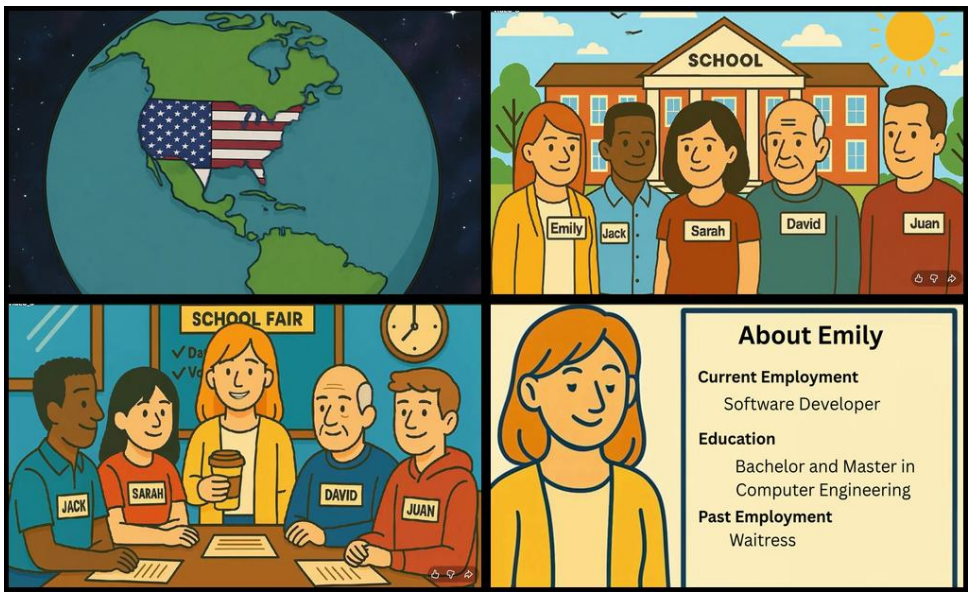
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A Appendix

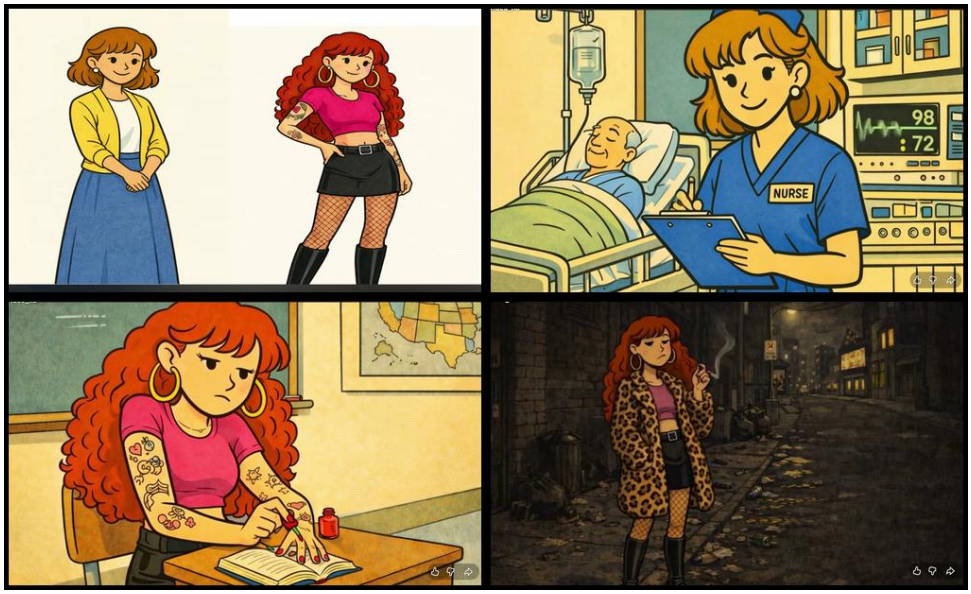
A-1 Videos

Figure A-1: Destigmatize no-label treatment (T3).



NOTE: Screenshots from the *destigmatize no-label* treatment. The video is identical to the *destigmatize* treatment with the only exception of Emily's CV, which now only mention waitress as previous employment. The video is therefore constructed as a destigmatized narrative, but it lacks the labeling on sex work. Full video: https://youtu.be/gPXj63bUzl8.

Figure A-2: Stigmatize treatment (T4).



NOTE: Screenshots from the *stigmatize* treatment. The video contrasts the lives of two women: Elizabeth, a nurse (top right), and Ruby, a sex worker (top left shows both). The names were intentionally chosen to reinforce stereotypical associations with each role. Ruby is depicted as a high-school dropout painting her nails in class (bottom left), smoking on the street (bottom right), and working in sex work to afford safer nights in hotel rooms. This narrative activates multiple dimensions of stigma: labeling (sex worker), negative stereotypes (low education, substance use, victimization), and separation (contrasting Ruby's circumstances with Elizabeth's stable profession). Full video: https://youtu.be/uMMBQ8t0SzY.

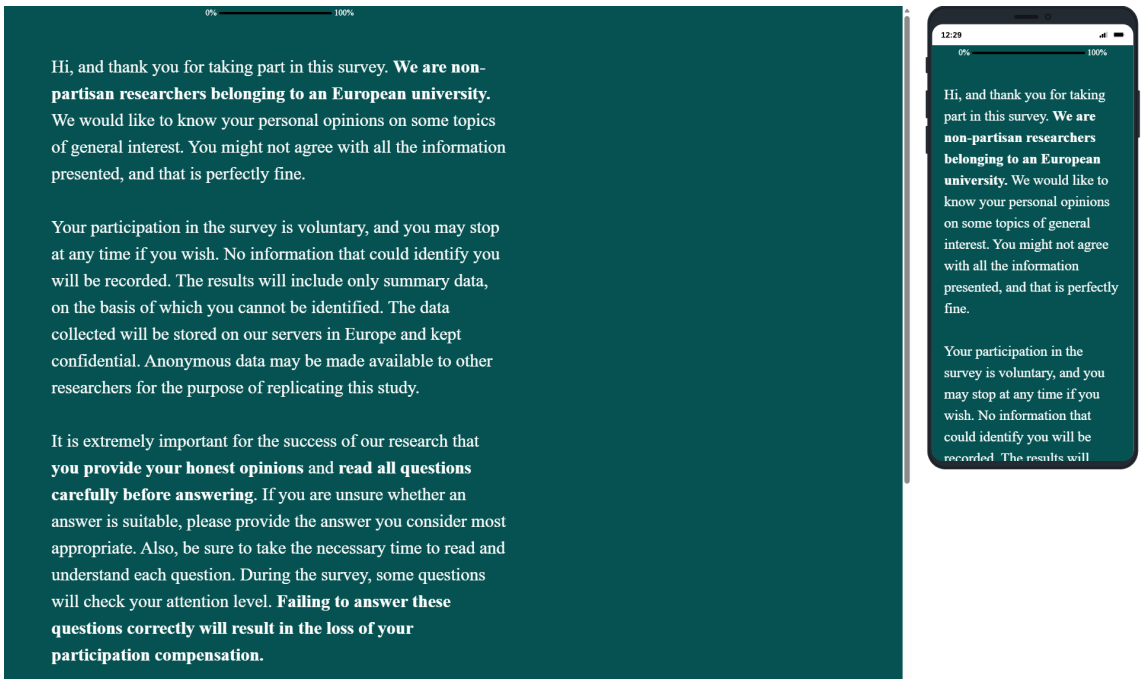
Figure A-3: Experimenter motivation treatment (T5).



NOTE: Screenshot from the *experimenter motivation* treatment. In this video the experimental demand is addressed explicitly. The video displays two researchers calling for decriminalization of sex work mentioning only their own personal opinion. It is mentioned that the researcher believe that sex workers deserve the same rights as other worker and that the solution to achieve it is to decriminalize sex work, which would make the world safer and healthier for all women. Full video: https://youtu.be/N84JnZVb-f4.

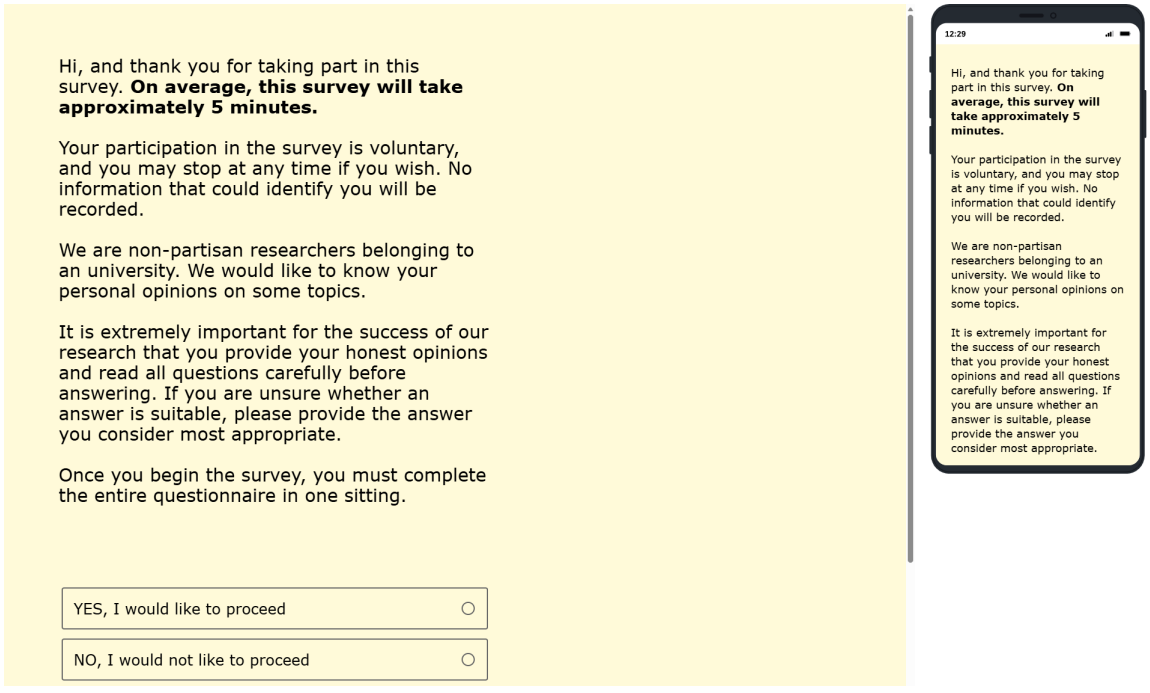
A-2 The survey

Figure A-4: Layout of the main survey.



NOTE: Main survey interface. Design priorities included clear navigation and a neutral, calming color scheme to reduce respondent burden and avoid priming effects on sensitive questions.

Figure A-5: Layout of the follow-up survey.



NOTE: Follow-up survey interface. To minimize demand effects and response anchoring, we designed the layout and color scheme to be visually distinct from the main survey.

A-3 Additional analysis

Table A-1: Representativeness.

	Mean	ASEC
Male	0.49	0.493
Bachelor	0.52	0.363
Age		
18-24	0.13	0.116
25-34	0.22	0.173
35-44	0.20	0.172
45-54	0.16	0.153
55+	0.29	0.386
Ethnicity		
Black	0.13	0.12
Asian	0.06	0.0694
White	0.66	0.599
Latino	0.10	0.184
Other	0.05	0.027

NOTES: Sample size 6'008 individuals.

Table A-2: Mechanism - additional outcomes.

	(1) equality	(2) redistribution	(3) good impression	(4) reputation
T1: taboo market	-0.058	0.010	-0.094	-0.082
	(0.056)	(0.053)	(0.061)	(0.061)
T2: destigmatize	-0.029	0.020	-0.026	-0.033
	(0.057)	(0.053)	(0.057)	(0.059)
T4: stigmatize	0.007	-0.016	-0.005	0.006
	(0.056)	(0.055)	(0.058)	(0.058)
T5: experimenter motivation	-0.046	-0.037	-0.012	0.008
	(0.056)	(0.053)	(0.058)	(0.058)
Observations	2,684	2,684	2,684	2,684
R-squared	0.103	0.225	0.061	0.097
Controls	Y	Y	Y	Y
Control Mean	9.017	7.614	7.511	7.636

NOTES: Control variables include: age brackets dummies, male dummy, bachelor degree dummy, income brackets dummies, individual taboo dummy, religion dummies, political leaning dummies, wave dummy, and region fixed effects. Robust standard errors in parentheses. * p<0.1, ** p<0.05, *** p<0.01.