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To cite this article: Kelly Fritsch, Robert Heynen, Amy Nicole Ross & Emily van der Meulen (2016) Disability and sex work: developing affinities through decriminalization, *Disability & Society*, 31:1, 84-99, DOI: [10.1080/09687599.2016.1139488](https://doi.org/10.1080/09687599.2016.1139488)

To link to this article: <https://doi.org/10.1080/09687599.2016.1139488>



Published online: 12 Feb 2016.



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Disability and sex work: developing affinities through decriminalization

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ABSTRACT

This article argues that strong policy frameworks are required to support the health and well-being of sex workers, disabled people, and disabled sex workers. Through an examination of the context of sex work in Canada, we articulate the flaws of sex work criminalization and the persistent barriers that criminalization creates. Our analysis of the intersection of disabled sexuality and access to sexual services identifies how the sex industry can aid in the flourishing of the erotic lives of disabled people. The article culminates in a discussion of the benefits of sex work decriminalization for sex workers, disabled people, and disabled sex workers.

ARTICLE HISTORY

Received 6 September 2014
Accepted 5 January 2016

KEYWORDS

Decriminalization; sexuality;
sex work; commercial sex;
facilitation; sexual surrogacy

Points of interest

- While disabled people face innumerable barriers to sexual expression and fulfilment within ableist culture, disabled people also face substantial barriers as clients trying to access sex, sexual services, and supports.
- Research has shown that the criminalization of clients is a barrier to disabled peoples' erotic lives because the sex industry can provide a valuable avenue for sexual fulfilment.
- Sex work should be recognized as an important avenue of sexual fulfilment, and through decriminalization and conceptualization of sex work as labour the myriad ways in which disability and sex work intersect can be more fully explored – not only for disabled people accessing sexual services, but also for disabled sex workers.
- Research and political organizing connecting sex workers' and disabled peoples' rights remain relatively limited, but they are growing.

Introduction

Despite an extensive and growing body of literature that charts the relations between disability and sexuality – which includes reference to disabled peoples' buying of sexual

services – there is a persistent global lack of substantive policy and legal frameworks to directly facilitate and enhance the erotic lives of disabled people (Kulick and Rydström 2015; Shuttleworth and Mona 2002). Consistent within this literature is the acknowledgement that disabled people face both innumerable barriers to sexual expression and fulfilment within ableist culture as well as substantial barriers as clients trying to access sexual services and supports (Bahner 2015; Finger 1992; Sanders 2007; Shakespeare 2000; Shakespeare, Gillespie-Sells, and Davies 1996; Shuttleworth and Sanders 2010; Waxman and Finger 1989). Some researchers have stressed that the criminalization of various aspects of the sex industry – in particular the criminalization of sex workers’ clients – forms an especially problematic barrier to disabled peoples’ sexual freedoms as the sex industry can provide a valuable avenue for sexual fulfilment (Liddiard 2014; Sanders 2006; Wotton and Isbister 2010). Likewise, we argue that sex work should be recognized as an important avenue to fulfil the erotic lives of disabled people, and that through the decriminalization of sex work the myriad ways in which disability and sexual labour intersect can be more fully explored, facilitated, and supported. This is especially the case for disabled people accessing sexual services, but also for disabled sex workers.

Building on Russell Shuttleworth and Linda Mona’s (2002) call to examine the policy changes required to enable disabled peoples’ access to meaningful erotic lives, this article develops an analysis of the intersections and mutual implications of disability and sex work so as to develop joint alliances and affinities for political, legal, and policy reform. These are timely issues especially as sex work has moved to the forefront of the legislative agenda in many countries, most notably in Canada where, in December 2013, the Supreme Court struck down key anti-prostitution provisions of the Criminal Code as unconstitutional. Instead of letting the laws lapse and *de facto* decriminalizing sex work, as Canadian sex workers, rights activists, and academics suggested (Gender and Sexual Health Initiative 2014; van der Meulen et al. 2014; Shannon, Bruckert, and Shaver 2014), the Conservative-led government introduced and quickly passed new legislation that criminalizes people who purchase sexual services. We thus begin with an examination of the Canadian context as a way to frame the issues at stake and develop a critique of the persistent barriers that are created through the criminalization of sex work generally, and of sex workers’ clients specifically. Next, we explore the intersection of disabled sexuality and access to sexual services, paying particular attention to how the sex industry can facilitate the erotic lives of disabled people. Finally, we discuss how our re-thinking of the relationship between disability and sex work supports not only a decriminalization politic, but also importantly opens up new conceptual, political, and activist perspectives and affinities. While we recognize that much more research needs to be done with disabled people as clients and as sex workers, we argue that relevant policies are required to support the health and well-being of sex workers and disabled people, as well as disabled sex workers.

Criminalization, clients, and sex workers

Criminal justice responses to sex work have tended to criminalize the various transactions around the selling of sex, the purchase of sex, and the third-party management and facilitation of such commercial exchanges. Increasingly, there have been changes to the ways in which criminalization occurs, especially in North America and Europe, as governments are shifting focus and increasingly penalizing and attempting to prohibit the purchase of sexual

services, while purporting to alleviate the legal barriers against selling. The European Union Parliament, for example, passed a motion in 2014 supporting criminalizing the clients of sex workers, suggesting that such an approach reduces demand for prostitution, fights trafficking and sexual exploitation, offers 'exit' strategies to women, and combats violence against women (Sinha 2014; see also Ekberg 2004; Smith 2014a). Also known as 'prohibitionism', 'abolitionism', 'asymmetrical criminalization', and 'end demand' approaches, this criminalization policy framework is thought to have growing appeal 'because it appears to leave marginalized women alone while taking aim at their clients ...' (Hughes, MacDonnell, and Pearlston 2014, n.p.). Advocates believe it is a positive step towards abolishing prostitution as a whole, suggesting that '... prostitutes themselves should not be criminalized, but given support to help them exit... Criminal laws and enforcement should instead target pimps, traffickers, and johns with enhanced penalties – they are the perpetrators responsible for the harms of prostitution' (Perrin 2014, 2). As we argue in the following, however, this contention is false, with both empirical evidence and lived experience demonstrating clearly that the criminalization of either selling or buying of sex has dire consequences for sex workers, with the 'harms of prostitution' not intrinsic to the sex trade but largely stemming from criminalization itself (Allinott et al. 2004; Betteridge 2005; Childs et al. 2006; Gender and Sexual Health Initiative 2014; van der Meulen 2010). In a range of ways, these consequences also have particularly negative implications for disabled people, including both disabled sex workers and disabled clients who are placed at increased risk in the new legislative context.

Various configurations of the end demand approach underlie the regulatory model in Sweden (Ekberg 2004; Perrin 2014; Smith 2014a, 2014b; Swedish Institute 2010), Finland, and Norway (Bucken-Knapp and Schaffer 2010), and have been proposed in France (MacPartland 2014; Willsher 2013). Perhaps the most interesting case, however, is Canada, which recently passed legislation criminalizing the purchase of sexual services. Especially notable here is that this legislation was prompted by a 2013 Supreme Court ruling which deemed that the primary anti-prostitution provisions of the *Criminal Code* contravened sex workers' constitutional rights to life, liberty, and security of person (*Canada (Attorney General) v. Bedford* 2013). Until that point, the *Criminal Code* had included provisions that criminalized working, keeping, or being found in a common bawdy-house (1985, section 210), transporting someone to a bawdy-house (1985, section 211), living on the avails of another person's prostitution earnings (1985, section 212j), and public communication for the purpose of selling or purchasing sexual services (1985, section 213).

The Supreme Court of Canada's decision came after decades of research and advocacy by sex workers and their allies to highlight the harms caused by the *Criminal Code*, including to sex workers' labour, health, and human rights. This was a particularly significant ruling in that it codified recognition of the severe harms that resulted from criminalization. In response to the ruling, Peter MacKay, then Minister of Justice and Attorney General of Canada, consistent with the then Canadian federal Conservative government's 'tough on crime' and 'law and order' agenda,¹ publicly and routinely suggested that decriminalization was not an option. He claimed wide public and popular support for criminalization, citing two opinion polls that the government itself had commissioned. In fact, neither poll showed more than a slight majority in favour of criminalizing the purchase of sexual services; this despite the evident methodological flaws of the polls, in particular one that garnered responses online (Boutilier and MacCharles 2014; Department of Justice Canada 2014; Stone 2014). Also, the government was simultaneously engaging in a high-profile public relations campaign

promoting prohibitions on the purchase of sexual services. The timing of the two opinion polls coincided with the release of then Conservative Member of Parliament Joy Smith's (2014a) anti-prostitution report 'The Tipping Point', which advocated for the criminalization of clients (Iverson 2014a). Smith and other members of the Conservative Party of Canada share the position that prostitution is inherently harmful and that sex work exemplifies violence against women (see Perrin 2010; Smith 2014a, 2014b).

Within a year of the groundbreaking 2013 Supreme Court ruling, the Conservative majority government introduced and passed *The Protection of Communities and Exploited Persons Act* (Bill C-36 2014), which, while building on an end demand framework, advanced a so-called 'made in Canada approach' that positions the clients of sex workers as exploiters and sex workers as victims (Mas 2014; Smith 2014a, 2014b), but in practice retains criminalization of aspects of selling sex as well. Opposition to the new legislation came from a diverse range of perspectives, and often focused on the fact that it denies the possibility that sex workers can and do possess agency, exercise consent, and engage in informed decision-making (Canadian HIV/AIDS Legal Network 2014; Gender, Violence and Health 2014; POWER 2014). Many argued that the new laws will continue to exacerbate harm to sex workers and that the legislation undermines the spirit of the Supreme Court's ruling (Canadian Bar Association 2014; Human Rights Watch 2014; Pivot Legal Society and Downtown Eastside Sex Workers United Against Violence 2014). Also, numerous articles and editorials in mainstream and alternative media outlets rejected the government's willingness, not for the first time, to put ideology ahead of informed policy (Den Tandt 2014; Flanagan 2014; Iverson 2014b; van der Meulen et al. 2014; Urback 2014).

The Conservative government's rejection of evidence-based approaches reflects a much broader tendency evident in most arguments supporting criminalization. As policy theorists have argued, evidence-based approaches to policy development reinforce neutrality, which guides decision-makers toward improved outcomes (Townsend and Kunimoto 2009), and evidence-based inquiry is central to democracy (Galloway 2014; Linnitt 2013). This has particular relevance when questions of disability are introduced, especially given disabled peoples' long experience of the dangers of non-evidence-based policy approaches. Indeed, in Canada some organizations have noted the danger that criminalization could have for disabled clients, although responses have been mixed. The DisAbled Women's Network/Reseau d'action des femmes handicapées (DAWN-RAFH), for example, demonstrated the difficulties many had in formulating a response to the Supreme Court decision and its implications for disabled people. Drawing on a troubling contrast between 'healthy, normal sexual activity' and sex work, a DAWN-RAFH (2014) press release warned that 'there is no data to support [disabled clients hiring sex workers] as a reason for the legalization of prostitution.'² However, the press release also acknowledged the role that sex workers play for some disabled clients, argued for a harm reductionist approach to sex work and sex worker rights, and, crucially, also noted that sex workers themselves can be disabled, a point that we take up later. In this sense, then, DAWN-RAFH proposes important and often unrecognized links between sex work and disability politics, even while they also seem to support a troubling legislative response to sex work.

Notwithstanding the DAWN-RAFH press release, disabled people – both as sex workers and clients – were largely absent in the coverage and commentary surrounding both the Supreme Court of Canada ruling and the subsequent introduction of *The Protection of Communities and Exploited Persons Act* (Bill C-36 2014). This lack of attention is evident in end

demand approaches, where arguments rely on a stigmatizing conception of the client as always already exploiter, which has been contradicted by Canadian research and publications (Atchison 2010; Brown 2011; Khan 2015; Lowman and Atchison 2006). What studies have found is that clients tend in many respects to reflect the profile of the population at large, and in a significant number of cases they themselves report instances of victimization that are enabled by the criminalized and stigmatized nature of the purchase of sex.

What tended to be more present in media coverage at the time was a focus on 'pimps' and 'traffickers' to bolster support for asymmetrical criminalization. MP Joy Smith's (2014a) 'The Tipping Point' provided but one example of the ways in which some commentators argued that sex work and trafficking are inextricably linked, thus suggesting that the same or similar criminal justice sanctions should be applied to both. While a detailed analysis of the realities and mythologies of pimping/trafficking is beyond the scope of this article, our critique of the end demand model suggests that this conflation is both politically and empirically flawed. Research with sex workers in Canada has revealed that discourses of pimping and trafficking include deeply ingrained and often deeply racist stereotypes and generalizations about third parties in the sex industry, and that the criminalization of such parties also has direct adverse consequences on the very sex workers the laws purport to protect (Bruckert and Law 2013; Currie and Gillies 2006; Gillies 2013; van der Meulen 2010). As Morgane Merteuil (2015) argues, criminalization emerges within the context of 'the dynamics of capitalism, patriarchy and racism that structure our society', dynamics that inform in turn both the labouring conditions of sex workers and the discourses and conceptualizations that surround sex work.

Accessing sex and facilitating sexual access

For disabled people, the shift away from an evidence-based approach in the Canadian context hits close to home. Despite claiming to operate in support of 'victimized' sex workers, the criminalization of clients employs many older stigmatizing conceptions of sex workers and the sex industry. It is here that some of the most significant potential connections between disability and sex work are evident. These links are most direct if we consider longer histories. In late-nineteenth-century and early-twentieth-century social hygiene and eugenics movements, for example, both prostitutes and disabled people were seen as key threats to social and racial 'health' (Heynen 2015). Whether defined in terms of the spread of disease or of genetic degeneration, these eugenic conceptions enabled state regulation of and violence towards disabled and sex working bodies. As studies have shown, eugenic legacies continue to remain operative in many respects, in relation to both sex work and disability (Shildrick 2007). These intimately shared histories of stigmatization, the repressive and non-evidence-based policies that have resulted, and the resistance movements of sex workers and disabled people that have risen in response provide the basis for understanding and building on the potential linkages between sex work and disability.

In relation to sexuality, stigmatization has worked in different ways for sex workers and disabled people, with sex workers portrayed most often as hyper-sexualized and disabled people as asexual. Yet these divergent narratives come together in an interesting way when we look at the role of sex work in relation to disabled sexuality. Disabled people are typically cast by ableist culture as asexual, lacking sexual feelings and desires, or as sexually inadequate (Morris 1989; Shakespeare, Gillespie-Sells, and Davies 1996; Shuttleworth and

Mona 2002; Rembis 2009). This is because the sexual practices of disabled people are often at odds with ableist and heteronormative approaches that position sex as only 'penetrative, spontaneous, and physical – which requires fully-functioning, independent, [and] mobile' embodiment (Liddiard 2013, 18). The ableist and heteronormative practices of 'normate sex' (Wilkerson 2011) often result in the loss or absence of a sexual gaze directed at disabled people (Clare 1999), marking sexuality as a significant site of disabled peoples' oppression and pain (Finger 1992).³

While disabled people are frequently denied their sexuality (Shakespeare 1999; Shakespeare, Gillespie-Sells, and Davies 1996; Tepper 2000; Waxman 1994), Robert McRuer and Anna Mollow (2012, 32) – building on decades of disability activism and scholarship – suggest that disability 'has the potential to transform sex, creating confusions about "what and who is sexy" and "what counts as sex"'. Indeed, disabled people have a long and rich history contesting 'normate sex'. Key to these contestations has been the assertion that disabled people are both 'desiring subjects and objects of desire' (McRuer and Mollow 2012, 1), so as to overcome the social, cultural, and political ways in which disabled people are repeatedly infantilized, de-sexualized, and de-erotized. Such assertions are evident in the work of disability activists and scholars such as Mary Frances Platt (1996), Alexa Schriempf (2001), Loree Erickson (2007), the late Chris Bell (2012), Leroy Moore (2014), and many others. For some disabled people, finding comfortable methods to achieve sexual gratification can take time, effort, and support from others (Fritsch 2010; Kulick and Rydström 2015). Lack of tailored sex education, navigation of complex health care systems, and inadequate specialized health care practitioners all create additional barriers for disabled people to be situated (by themselves and others) as sexual subjects (Liddiard 2013). Two ways in which disabled people facing such constraints can receive support for, and fulfilment of, a diversity of sexual desires are through sexual surrogacy and sex work.

Sexual surrogacy was first advanced by sex therapists Masters and Johnson in the 1970s to provide assistance with physical and emotional intimacy (Rosenbaum, Aloni, and Heruti 2013). Surrogates are intimacy coaches that work individually with clients to overcome obstacles in their sex lives. Sexual surrogates have recently received mainstream attention through the popularity of the Hollywood film *The Sessions* (2012), in which Mark O'Brien (played by John Hawkes), who as a child was paralysed by polio, hires a sex surrogate (played by Helen Hunt) to help him lose his virginity. The film was acclaimed for sharing O'Brien's (1990) life story, and, as Shuttleworth (2014, 80) affirms, 'the proliferation of local and transnational media representation of the sexual lives of disabled people and importantly less stereotypical images certainly counters the long-standing cultural perception of their asexuality'. In practice, sex surrogacy was institutionalized in the Netherlands following a 2001 court challenge that led the state to fund surrogates for some disabled people (McRuer 2010). Similarly, Denmark has also taken a leading role in developing legal and policy frameworks to support the facilitation of the erotic lives of disabled people through sex surrogates, as noted in detail by Don Kulick and Jens Rydström (2015).

Accessing sex through the use of a sex worker who provides specialized services to disabled clients is another way in which disabled (and non-disabled) people can affirm and express their sexuality. While research in this area is sparse, accounts such as those found in the documentary *Scarlet Road: A Sex Worker's Journey* (2011) have begun to examine sex worker/disabled client relationships, and can help us think through the potentials of such experiences. *Scarlet Road* is an independent film that profiles Rachel Wotton, a sex worker

based in New South Wales, Australia. Wotton's belief that human touch and sexual intimacy are essential is the basis for her support of both sex worker rights and disability rights. She specializes in working with clients with disabilities and developed a non-profit organization called Touching Base,⁴ which fosters collaboration between clients with disabilities, sex workers, and support services (Wotton and Isbister 2010). Since 2000, Touching Base has acted as a conduit providing resources for disabled people to access sex workers as well as to train and provide information to sex workers who want to provide services to disabled clientele. It is crucial to note here that sex work in New South Wales has been decriminalized for decades, suggesting that such a context enables this work to be performed and discussed in open and productive ways.⁵

For many disabled people, especially those living in group homes, those who have very limited physical mobility, or those with significant intellectual disabilities, accessing their sexuality can require a diverse range of outlets and supports; sexual surrogacy and sex work are but two examples. In debates over the decriminalization of sex work, therefore, the impacts on disabled people as clients are generally the focus.⁶ However, disabled people are not only expressing their sexuality through the use of sex surrogates or as clients of sex workers, but also through labouring as sex workers themselves. There has been relatively little research in this area, in part due to the stigmatization of sex work itself, but there are examples and resources on which we can draw to begin this discussion.

One such example is that of Canadian dominatrix Alissa Afonina, who argues, 'as a disabled woman, sex work is a viable option ... I needed a lot of money fast because I needed to cover bills and I can't realistically work for eight hours' (Simon 2015, n.p.; see also Merlan 2015). For her, the sex industry has provided the necessary means of support, and while engaging in sex work might not be possible or desirable for others, those who do perform this type of labour should not face criminal sanctions. Determining the extent of the involvement of disabled people in the sex industry more broadly will require extensive new research. Some speculate that 'a higher than average number of sex workers are also women with disabilities, many of whom may not self-identify' (DAWN-RAFH 2014). Disability in this respect can take many forms, whether by way of pre-existing impairments or impairments that resulted from the conditions in which sex workers labour. In the latter instance, workplace violence, occupational hazards, and some sexual and other practices can increase the possibility of a variety of impairments or chronic illnesses. HIV/AIDS, for example, is often identified as an 'episodic disability' (Hanass-Hancock and Nixon 2009; O'Brien et al. 2008), and is the condition most often cited as affecting sex workers globally.⁷

While it is important to remain attentive to stigmatizing language and policy, it is also crucial to note the extent to which HIV rates, levels of violence, and other disabling workplace conditions are in fact fostered by the criminalization of sex work. Given that sex workers are predominantly women, they are disproportionately impacted by these conditions. Here we can clearly see the extent to which stigmatization and a refusal of evidence-based approaches provides a context within which both sex work and disability are configured as threatening in mutually reinforcing ways. Criminalization plays a key role here, as noted in the internationally acclaimed medical journal *The Lancet*, which dedicated a 2014 issue to insights into the 'complex issues faced by sex workers worldwide', and calls for the 'decriminalization of sex work, in the global effort to tackle the HIV/AIDS epidemic'. UNAIDS, the Joint United Nations Programme on HIV/AIDS, has likewise identified strong evidence that criminalization 'increases vulnerability to HIV and other sexually transmitted infections' and

'stigma and discrimination, violence and punitive legal and social environments are key determinants' of HIV vulnerability (UNAIDS 2014, 193). Further, studies show that punitive criminal justice environments 'limit the availability, access, and uptake of HIV prevention, treatment, care and support for sex workers and their clients' (UNAIDS 2014, 189). Thus, while disabled and non-disabled sex workers have a human right to health and sexual pleasure, this becomes jeopardized through the criminalization of sexual services (Chu and Healy 2014; Liddiard 2014).

When accessing sexual services is a crime, sex worker autonomy and agency is rarely considered. This again provides an important point of contact with disability politics, as disabled people have similarly struggled to be recognized as having agency and autonomy. What was so significant about the Supreme Court of Canada's decision to remove the criminal laws that prohibit adult, consensual sex work is that it drew precisely on evidence-based approaches in understanding the causes of dangers within the sex industry. The decriminalization of sex work can change the existing adversarial relationship that sex workers have with police and can improve their ability to access social health and legal protections (Gender and Sexual Health Initiative 2014). Municipal business regulations and standards for public behaviour still apply (van der Meulen and Valverde 2013), and the Criminal Code would still contain a plethora of sections that criminalize violence, assault, abduction, extortion, and more. However, in the Canadian case and globally, ideologically-driven approaches that advocate criminalization continue to be implemented despite the clear evidence showing that pushing sex work underground creates the unsafe environments that those very laws claim to be addressing (Hughes, MacDonnell, and Pearlston 2014; Jordan 2005). The dangers associated with the criminalization of clients are overwhelmingly reflected in international calls to decriminalize sex work (UNAIDS 2014).

Supporting sex worker's rights and disability rights

Research and political organizing connecting sex workers' and disabled peoples' rights remain relatively limited. However, research and political organizing are growing, especially in New Zealand and parts of Australia where sex work has been decriminalized. In these contexts, policies have been developed on the principle of harm reduction, and, perhaps most importantly, sex workers have been involved in the policy reform process (Barnett 2000; New Zealand Government 2004, 2008; Weitzer 2009). The issues at stake here are very familiar to disability activists, who are also faced with the legacies of stigma, the refusal of evidence-based approaches, and their own exclusion from decision-making around issues that affect them. There is thus a natural political affinity between sex worker and disability rights movements that is cemented by the more concrete ways in which, as we already discussed, the two are interconnected.

Kristy Liddiard (2014) and others have documented many of the international campaigns and organizations committed to disabled people's access to sexual expression, including campaigns supporting rights-based claims to sexual citizenship and organizations like the aforementioned Touching Base (Australia), as well as TLC Trust (United Kingdom), Para Doxies (United Kingdom), Kassandra (Germany), Equitable and Accessible Sexual Expression (EASE, Canada), and Sensual Solutions (Canada). While the Canadian government has implemented heightened criminalization of clients, the important work of organizations like EASE and Sensual Solutions brings to light the harmful consequences of such criminal sanctions on

access to sexual services. The ‘safe exploration and expression of sexuality and other intimate connections’ for disabled people⁸ and connecting clients with disabilities to ‘intimacy coaches’ (Lazatin 2014)⁹ can certainly aid in the erotic lives of disabled people, yet those who access such services need to consider the potential legal ramifications that are, once again, denying and restraining disabled sexuality.

Many of the challenges to the erasure of disabled peoples’ sexuality have come through an engagement with and within the diversity of the sex industry. This is especially visible with *crip porn*. The work of Loree Erickson,¹⁰ in addition to the short film *Krutch* (2013)¹¹ provide two important examples in this respect. Each engages the audience in poignant dialogue about perceptions of sex, disability, and gender. These works have also opened up broader connections with sex work politics more broadly, bringing recognition of the importance of disability into those movements at the same time. Both *Krutch*, for example, and Erickson’s film *Want* screened at the Feminist Porn Awards in Toronto, Canada, a venue that has proven receptive to disability-themed work. The Awards celebrate critical work in the sex industry more broadly, providing a venue where diverse forms of sexual expression move to centre-stage.

The potential coalitions in these areas are profoundly important as they work to valorize and legitimize a range of forms of marginalized, stigmatized, and erased sexuality. This is but one step towards a broader recognition that both sex workers and disabled people are agentic subjects, capable of informed decision-making about their sexual needs and desires as well as over the ways in which they might use their bodies for pleasure and labour; this includes disabled people who are themselves sex workers. This position stands in stark contrast to the underlying ideology of policy approaches that criminalize the purchase of sexual services. The end demand framework conforms to an assumption that all sex workers are victims and all clients are exploiters, which not only negates the diversity of people who provide commercial sexual services, including many male and trans* sex workers (Fletcher 2013; Namaste 2000; Redwood 2013; Walby 2012), but also that some women (both disabled and not) likewise want to and do seek sexual services (Kulick and Rydström 2015; Nightingale 2012; Pauley 2015; also see *Scarlet Road* 2011). It also ignores the fact that sex workers have a wide variety of experiences, backgrounds, and motivations for engaging in the industry. As Johannes Eriksson – sex worker activist and member of Swedish sex worker’s rights organization ROSEA – argues, approaches that criminalize clients are ‘not very concerned with sex workers as human beings, but more with abolishing *prostitution as an idea*’ (Eriksson 2005, n.p.; original emphasis). As we have shown, this is especially dangerous in relation to disabled people and sexuality.

Conclusion

Sex workers and disabled people share bonds of solidarity that can and should be further developed. Despite empirical data and lived experience that recounts the harms caused (Cederberg 2004; Eriksson 2005; Levy and Jakobsson 2014; Ostergren 2004; Sambo 2001), there is a growing trend among governments toward criminalizing the clients of sex workers. End demand frameworks and its variations, including that recently adopted in Canada, have attempted to unsuccessfully control and eradicate the sex industry (Government of Norway 2004; Kulick 2005), and they fail to acknowledge the diversity among sex workers and clients: female, male, trans*, queer, disabled, and more. Canada’s paternalistic policy development

and implementation processes do not uphold the human rights of sex workers and disabled people, and instead continue to reinforce the stigma, discrimination, and harm caused by the previous anti-prostitution laws (Gender and Sexual Health Initiative 2014; Shannon, Bruckert, and Shaver 2014). As has been demonstrated by an overwhelming majority of research, decriminalization can lead to opportunities for creating supportive environments to improve the rights, health, and safety of sex workers and their clients of all abilities (Abel, Fitzgerald, and Brunton 2009; *The Lancet* 2014). Decriminalization also allows for the recognition that sex work is indeed a form of labour, which provides the framework for, for example, the formulation of meaningful policies that could enable access to sexual services akin to accessing attendant care for disabled people (Kulick and Rydström 2015). Additionally, disabled sex workers would be able to access a whole host of health and disability benefits without discrimination, and would be able to access safer work environments. While we recognize that much more research needs to be done with disabled people as clients and as sex workers, we believe that relevant policies must be developed globally to support the health and well-being of sex workers and disabled people, as well as disabled sex workers.

Notes

1. The Canadian 'law and order' agenda has included, among other things, an increase in mandatory minimum sentences for drug crimes (Blanchfield 2014), the elimination of pardons for some people (Bronskill and Cheadle 2013), and stiffer penalties for young offenders (Jaffer 2012).
2. The reference to 'legalization' demonstrates some of the confusion so often present in debates over sex work. Legalization, which is the model adopted in places like the Netherlands and Nevada, generally involves extensive sex-work specific regulations that can often be highly stigmatizing and harmful to sex workers. Decriminalization, which is the position argued for by sex workers themselves, would remove criminal sanctions and allow sex work to be governed by labour, health, and other policies that regulate other industries and other forms of labour (van der Meulen, Durisin, and Love 2013).
3. This sentiment is echoed across the literature on disability and sexuality. See, for example, De Boer (2015), McRuer and Mollow (2012), Rembis (2009), Shakespeare, Gillespie-Sells, and Davies (1996), Shuttleworth and Sanders (2010), Tepper (2000), Waxman and Finger (1989) and Waxman (1994).
4. See <http://www.touchingbase.org/> (accessed June 21, 2015).
5. See also Kulick and Rydström (2015) for a discussion on how the context of decriminalization can aid in the erotic lives of disabled people.
6. The focus on disabled people as clients also tends to be a focus on men as clients, although more recent research marks women as clients as well (for example, see Kulick and Rydström 2015).
7. This is a fraught terrain, however, as any discussion of violence or infection in relation to sex work must remain highly attuned to the ways in which these tropes play important roles in stigmatizing sex work and workers as the 'vectors of disease', often in ways that fundamentally misrepresent either the scope or source of these problems. Indeed, contemporary panics over sexuality, disability, and HIV need to be understood in relation to past (and very dangerous) panics around syphilis that led to passage of the Contagious Diseases Acts in late-nineteenth-century England (McRuer 2010), as well as to more recent mandatory testing of sex workers for HIV and other sexually transmitted infections as enforced by some state governments.
8. See <http://easecanada.org> (accessed June 21, 2015).
9. See <http://www.sensualsolutions.ca> (accessed June 21, 2015).
10. See <http://femmegimp.org> (accessed June 21, 2015).
11. See <http://www.krutchfilm.com/> (accessed June 21, 2015).

Disclosure statement

No potential conflict of interest was reported by the authors.

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