

DISABLED SEX WORKERS

**Disabled Sex Workers: Exploring the Influence of Dominant Discourse and Social
Constructs to Increase Counsellor Competency**

by

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Abstract

Disability and sexuality are often considered taboo topics and not considered in relation to each other. Due to this, sex work stigma and disabled sexuality stigma have invisibilized disabled sex workers. This has led to a dearth of literature pertaining to the nuanced and diverse experiences of disabled sex workers. This capstone explores the social constructs and dominant discourses surrounding sex work and disability to understand the impact on disabled sex workers. The overarching purpose of this capstone is to transform a discourse laden with shame and stigma to one of agency, resilience, and creativity in the face of multiple barriers to facilitate increased counsellor competency. The findings demonstrate that failing to consider intersectional identities will homogenize and fail to recognize the nuanced experiences of sex workers with disabilities. Further, the findings highlight the necessity of viewing sex work through a disability lens. This research calls for disabled sex worker visibility within counselling and counsellors moving beyond the therapy room to facilitate meaningful change.

Keywords: disabled sex workers, intersectionality, counsellor competency

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Dedication

To all the folks who use their bed for rest and profit.

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Chapter One: Research Context

Disability and sexuality are not often thought or talked about in conjunction with one another, let alone disabled sex workers. There is a prejudice about sex workers with disabilities: are not perceived as desirable and can only engage in fetish work to be successful (Edkins, 2021). This creates the assumption that disabled sex workers are kept afloat by disability fetishists, which largely do not exist (Edkins, 2021). In British Columbia, Canada, nearly 3 in 4 sex workers live with disabilities (Machat, 2023). While many sex workers experience overlapping disabilities, many are invisible and related to mental health. As one sex worker blogged, “many disabilities are invisible, and for those of us with invisible disabilities who are also sex workers, our lives, and the challenges we face, are doubly invisible” (Edkins, 2021, para. 14). This capstone will consider the societal constructs and dominant discourses surrounding sex work and disability to understand the impact on disabled sex workers. The overarching purpose of this capstone is to transform a discourse laden with shame and stigma to one of agency, resilience, and creativity in the face of multiple barriers to facilitate counsellor competency when working with disabled sex workers.

In this chapter, an overview of background information regarding sexuality, disability, and sex work will be provided. I will introduce the rationale and contribution to the field of counselling, purpose statement, and present my Intersectional Feminist, Queer, and Disability Justice theoretical framework. Next, I speak to my position, and define key terms. Finally, I will complete this chapter with a note about language. In chapter two, I will review the relevant literature on social constructs and dominant discourses and their impact pertaining to sex workers living with disability. Next, radical resistance and pleasure activism within the disabled sex worker community will be discussed. Finally, I will include current counselling approaches

for working with sex workers. Chapter three will focus on the applicability to therapeutic practice and provide tangible recommendations for how to incorporate the literature review findings to increase counsellor competency towards disabled sex workers.

Disability & Sexuality

A common assumption is that people with disabilities have no sexuality. They are cast by an ableist society as asexual, sexually inadequate, lacking sexual desires, or in need of protection (Shakespeare et al., 1996; Vaughn et al., 2014; Frisch et al., 2016; Garofalo Geymonat, 2019). If there are visible representations of disabled sexuality, it is pathologized or portrayed as monstrous (Gill, 2015; Garofalo Geymonat, 2019). Perceptions of asexuality or lack of desire creates barriers to receiving comprehensive sexual health education (Rohleder et al., 2018; Blewett, 2019), and complicates explorations of queer and non-normative sexual expression (Campbell, 2017). This is due to ableist and heteronormative discourses determining what is ‘normative sex’. The sexual abilities and practices of people living with disabilities often diverge from dominant discourses that position sex as only “penetrative, spontaneous, and physical- which requires fully-functioning, independent, and mobile embodiment” (Liddiard, 2013, p. 18). This departure from societal norms results in an absence of sexual gaze and consideration of disabled peoples’ sexual needs. However, disability scholarship and rights organizers are attempting to bring forth the sexual issues of disabled people and make claims for socio-sexual rights (Martino & Campbell, 2019; Callen, 2020). One avenue to strengthen this argument has been through sex work.

Disability & Sex Work

Sexual services are regularly, and openly, promoted to men living with disabilities (Sanders, 2007). This has resulted in much of sex work research focusing on people living with

disabilities as clients who are accessing sex workers (Wotton, 2017). Disability scholars and activists have used this to challenge the asexuality of disabled people. As a result, parallels between criminalizing laws for those in sex work and policies that enact violence against disabled bodies have been examined through the lens of the client (Fritsch et al., 2016). While this examination and advocacy for the importance of quality of life including sexual pleasure (Garofalo Geymonaut, 2019) has been beneficial, there has been negligible scholarly interest on disabled sex workers. This has left a critical gap in the literature by invisibilizing the presence and labor of disabled sex workers.

Disabled Sex Workers

When reviewing the literature about sex workers, there is even less research about disabled sex workers. There is speculation a higher-than-average number of sex workers live with disability, many who do not self-identify as having a disability (DAWN-RAFH, 2014). While disabled sex workers may be desexualized because of their disability, they are concurrently hypersexualized as sex workers. The sexuality of the sex worker is so prominent that society holds them as the symbolic manifestation of hypersexualization and out of place sexuality (Coombes et al., 2022). The symbol of ‘the prostitute’ is so domineering it displaces the experiences of actual sex workers (Bell, 1994; Mac & Smith, 2018). Therefore, disabled sex workers are in a double bind between desexualization and hypersexualization on the axis of stigmatization. The myth and idea of ‘the prostitute’ invalidates the sexual experience of disabled sex workers because it invisibilizes the disability.

Both sex workers’ and disabled persons’ sexualities deviate from ‘normative sexuality’. The stigma operates differently in discourse for each; however, they share similar legacies. This sexual deviation historically justified institutional and social interventions into their intimate,

private, and sexual lives (Ignagni et al., 2016). In the late-nineteenth-century and early-twentieth century, the eugenics and social hygiene movements perceived people living with disability and sex workers as threats to social and racial ‘health’ (Heynen, 2015). Eugenics concepts informed state regulation and violence toward disabled and sex working bodies founded on fears of genetic degeneration and spreading of diseases (Fristch et al., 2016). This meant disabled people and sex workers were historically subjected to forced medical intervention, institutional scrutiny, and widespread surveillance (Mac & Smith, 2018; Stern, 2018; Martino & Campbell, 2019). The legacies of eugenics movements continue to operate in different ways against sex workers and people with disabilities (Shildrick, 2007). This becomes compounded when considering the intersection of disability and sex work.

Rationale and Contribution to the Field of Counselling

Sex worker voices have been, and continue to be, excluded from mental health research (Wahab, 2004). Available research generally pathologizes and victimizes sex workers through quantitative methodologies to argue that the sex industry is intrinsically harmful (Weitzer, 2007; Burnes et al., 2012; Comte, 2014). Furthermore, a substantial amount of research includes methodological inadequacies that are infrequently discussed and contribute to pathologizing sex workers (Velez, 2017). Within the sex work literature, the amount pertaining to sex workers living with disabilities is minimal to non-existent at best (Coston et al., 2022). Majority of studies do not include disability status in demographic information gathering (Jones, 2022). It can be assumed that disabled sex workers’ engagement with mental health services is virtually unknown, even though nearly 3 out of 4 sex workers are disabled (Machat, 2023). Considering this incongruence, this capstone aims to contribute a nuanced view of disabled sex workers’ experiences, and to provide a framework for counsellors and other mental health professionals. I

will propose a treatment approach and supportive interventions to challenge stigma and offer culturally competent care from an Intersectional Feminist and Queer Disability Justice framework.

Purpose Statement

This capstone will examine social constructs and dominant discourses and the impact felt by disabled sex workers. It will consider how cultural and societal constructs influence systemic discrimination and stigmatization of disability and sex work to shape individual experiences. Further, this capstone aims to move beyond the stereotypical stories of shame and stigma to highlight the resilience and creativity within the community to increase counsellor competency towards disabled sex workers. This informs the following research questions: How do existing dominant discourses and societal constructs impact disabled sex workers? How do the intersections of other marginalized identities impact disabled sex workers? How do disabled sex workers foster radical resistance and pleasure activism? How can counsellor competence be increased for disabled sex workers?

Theoretical Orientation

This capstone takes an integrated theoretical approach drawing from three frameworks: Intersectional Feminism, Queer Theory, and Disability Justice. An intersectional framework is critical when considering disability and sex work since, as Clare (2009) explains “gender reaches into disability; disability wraps around class; class strains against abuse; abuse snarls into sexuality; sexuality folds on top if race... everything falls piling onto a single human body” (p. 123). It is these webs of intersection that inform the theoretical framework.

The feminist perspective within this capstone draws from Intersectional Feminism and takes a critical perspective of Neoliberal Feminism. Intersectionality centers a person’s social

identities and how the numerous intersecting systems of oppression influence their access to resources and treatment by others (Crenshaw, 2013). Due to the complexity of intersectional social locations, individuals can simultaneously experience privilege in one system (e.g., gender) while being disadvantaged in an intersectional system (e.g., class). Intersectional Feminism highlights the inherent racism and classism in former feminist movements and opens the conversation to include age, race, class, sexual orientation, gender, and dis/ability (Sawicki et al., 2019). Research on the sex industry has primarily been conducted through a feminist framework (Comte, 2014). This capstone will examine Neoliberal Feminist discourse pertaining to sex work through an intersectional lens.

In addition to feminism, the theoretical approach of this capstone is rooted in Queer Theory. The term Queer Theory was coined by feminist scholar Teresa de Lauretis and draws on the post-structural critiques of identity construction by Foucault, and the practice of deconstruction described by Jacques Derrida (Rowland & Cornell, 2021). Queer Theory is a collection of ideas, themes, and concepts concerned with destabilizing discourses which are holding privileged norms stable (Rowland & Cornell, 2021). As a postmodern critical theory, it rejects the idea of ‘deviance’ and challenges the relationship between biological sex, gender, desire, identity, and culture (Goodrich et al., 2016). Queer Theory is a continuation of, “social construction; feminist theory; post-structural theory; liberatory and radical racial justice movements; the gay rights movement; AIDS activism; postcolonial theory; and queer, kink, and BDSM subcultures” (Tilsen, 2021, p. 16).

Within Queer Theory, queerness extends beyond identity and merges theoretical advancement with reactionary tendencies (Moon, 2014). The term ‘queering’ examines how power originates and is delineated through narratives and identities that are attached to social

constructs (Goodrich et al., 2021; Tilsen, 2021). ‘Queering’ as a practice offers alternative understandings to generate different meanings that honour truth as fluid, infinite, and free of norms (Rowland & Cornell, 2021). This theoretical stance challenges the notions of pathology and reductionism that position problems as internal and individual, essentially “people are not problems” (Tilsen, 2021, p. 65). Queer Theory helps conceptualize disabled sex workers’ experiences as being in relationship to a problem- the problem of existing social constructs and dominant discourse about disability and sex work.

The final theoretical integration is Disability Justice. Originating in 2005, the Disability Justice movement began with a group of disabled, queer, and racialized activists who formed principles to guide collective advocacy (Sins Invalid, 2019). Initiating the second wave of the Disability Rights movement, Disability Justice responds to the gaps in the mainstream Disability Rights movement and formulates strategies for all disabled, queer, and racialized individuals. (Kafai, 2021). As Snider (2021) explains, “Disability Justice is a movement, mindset, a point of view, and a set of methodologies that prioritizes intersectional, interdependence, and solidarity in working towards making the world a more just place for neurodivergent, disabled, [m]ad, and chronically ill people” (p. 159). Guided by the “10 Principles for Disability Justice” (Sins Invalid, 2019), Disability Justice centers voices, experiences, and wisdoms of disabled individuals and communities who have been the most oppressed in the past to present (Schalk, 2022). In this capstone, a Disability Justice lens centers the agency of disabled sex workers within social constructs and dominant discourses.

Positionality Statement

In alignment with Reynolds’ (2019) call for mental health providers to promote social justice in their work while navigating their own identities of privilege and oppression, it is

necessary to further locate myself within this work. I am a white, queer, cisgender, able-bodied, economically privileged, English speaking, Canadian citizen of European descent. My intersecting identities offer me the briefest exposure to oppressive systems, primarily my identities of being both queer and a woman. However, my current able-bodiedness and other privileged identities shield me from the majority of harms perpetrated by oppressive systems.

This paper was written on the unceded lands of the Lekwungen peoples, the Esquimalt and Songhees First Nations, and the W̱SÁNEĆ peoples, the Pauquachin, Tsartlip, Tsawout, Tseycum, and Malahat First Nations, whose relationship to the land continues to this day. I was born on the traditional lands of the Blackfoot Confederacy, including the Kainai, Siksika, and Piikani First Nations, the Tsuut'ina Nation, and the Stoney Nakoda Nations, which induce the Chiniki, Bearspaw, and Goodstoney First Nations. My ancestors were both trespassers and colonizers, and as a result, I am a trespasser who benefits from colonial occupation. When I moved from what is colonially know as Calgary, Alberta to Victoria, British Columbia I enacted colonial violence by settling on these lands without permission or understanding of how migration impacts local nations. I cannot change my identity in colonialism, though I can change how I relate to it. As a result, throughout this capstone I strive to ground the research and examples in colonial British Columbia, Canada. This is to speak to my own experiences and connections to communities on the lands I reside.

Definition of Terms

BIPOC: Black, Indigenous, and People of Colour

Disability: a functional limitation or impairment in daily life activities due to structural barriers found within everyday life and social institutions (Coston et al., 2022).

Disability Justice: “a movement, mindset, a point of view, and a set of methodologies that prioritizes intersectional, interdependence, and solidarity in working towards making the world a more just place for neurodivergent, disabled, [m]ad, and chronically ill people” (Snider, 2021, p. 159).

Erotophobia: cultural fear, distain, or disgust of erotic capacities, sensual or sexual pleasure, and non-procreative sexual practices (Dawson & Burnes, 2018)

Intersectionality: how an individual’s social location within various overlapping systems of oppression determines their access to resources and treatment by others (Crenshaw, 2013)

Pleasure Activism: the work to reclaim the needed, and deserved, pleasure stripped from individuals through the impacts of oppression and capitalism (brown, 2019)

Queer Theory: a collection of ideas, themes, and concepts concerned with destabilizing discourses which are holding privileged norms stable (Rowland & Cornell, 2021)

Sex-positivity: viewing sex as natural aspect of human functioning and an important aspect of overall physical, emotional, and relational wellness (Cruz et al., 2017)

Sexual Ableism: “the cultural and historical processes, juridical logics, institutional norms, and spatial practices that comprise a system of imbuing sexuality with determinations of qualifications to be sexual based on criteria of ability, intellect, morality, physicality, appearance, age, race, social acceptability, and gender conformity” (Gill, 2015, p. 3)

Sexual Gentrification: the influx of affluent, non-disabled white women into sex work spaces at the direct expense of more marginalized sex workers (Felkins, 2022)

Sexual Racism: the use of constructs such as sexual stereotypes, racial fetishization, and ‘personal preference’ discourse to prioritize an intimate partner based on their race in a way that reinforces racial hierarchy or stereotypes (Bedi, 2015; Stacey & Forbes, 2022)

Sex Work Stigma: society's derogatory assumptions, stereotypes, and discriminations toward sex workers (Grittner & Walsh, 2020)

Whorearchy: a hierarchal system by which sex workers order themselves from 'elite' to 'inferior' and is arranged according to intimacy of contact with clients and police (Witt, 2020)

A Note Regarding Language

Identifying as 'disabled' is a complicated process, filled with stigmatization and oppression, and who is categorized as 'disabled' is political and not neutral (Garofelo Geymonat, 2019). In the medical model of disability, a person's 'disability' is connected to the body itself, and if the person cannot be 'cured' to 'normality', the person is the problem (Ternette, 2018). The social model reverses this relationship so that societal obstacles, such as stigma or architecture, are the problems needing changing (Ternette, 2018). Even though the social model of disability is useful and better than previously oppressive models, it does have its drawbacks. For example, even with extensive environmental accommodations, the continuous pain of chronic illness may not be alleviated (Wendell, 1996). From the social model perspective, disabled people are not simply members of an oppressed group who have rights but are empowered as a social and political group capable of collective action (Ternette, 2018).

Not all individuals who affirm questions about disabilities would self-identify as disabled (Coston et al., 2022). The reason behind this disconnect includes sociocultural factors (Cameron, 2007), internalized shame or social stigma (Onken & Slaten, 2000; O'Toole, 2013), lack of familiarity and/or connection to community (Dunn & Burcaw, 2013), and/or anticipation of bias, retribution, or violence upon disclosure (Gignac et al., 2021). Considering this, it is important to include individuals who do not self-identify as disabled, yet experience structural inaccessibility in everyday life. Disability is a social construct and discourse, "within and in response to

ableist... interpersonal, communal, and structural barriers found within everyday life and social institutions” (Coston et al., 2022). In this paper, the term ‘disability’ will be used in a broad sense based on self-identification and the social model of disability, to attend to those who do not self-identify as disabled.

Disability research uses both ‘identity-first’ phraseology (e.g., disabled person) as well as ‘person-first’ phraseology (e.g., person with disability). There is little agreement among academics and community leaders regarding proper phrasing, and the language selected varies by political orientation and group affiliations. By ordering the person first and the disability second, person-first phraseology aims to accentuate the personhood of the individual and the shared humanness among non-disabled people and people with disabilities (Shakespeare, 2014). Supporters of person-first phraseology contend phrases like ‘disabled people’ or ‘the blind’ highlight the disability rather than the personhood of the individual therefore dehumanizing people with disabilities (Albrecht et al., 2003). Person-first terminology is frequently considered as the more politically correct phrasing since it indicates a change away from derogatory and outdated terms of the past (Titchkosky, 2001; Davis, 2002; Albrecht et al., 2003; Shakespeare, 2014).

However, various academics and disabled people have criticized ‘people with disabilities’ due to it implying the possibility of separating the understanding of being disabled from an individual’s identity (Titchkosky, 2001; Shakespeare, 2014). They also state that person-first phraseology suggests “disabilities are individual deficits” (Shakespeare, 2014, p. 19). These implications can be offensive to disabled people who view their disability as an inextricable aspect of their self and a source of inspiration or empowerment (Albrecht et al., 2003; Watson et al., 2012; Shakespeare, 2014). People who favour identity-first terminology commonly embrace

the term disabled to highlight participation in “minority group identity politics” (Albrecht et al., 2003, p. 3). Current narratives and conversations happening within disabled communities indicate identity-first phraseology is not only preferred (Sinclair, 2013; Kenny et al., 2016), but also less stigmatizing (Gernsbacher, 2017; Andrews et al., 2019). Considering these debates, and to attempt to respect the various viewpoints of disabled people, I will use both identity-first and person-first language throughout this paper.

Activists and scholars involved in sex worker communities define sex work as a consensual exchange of erotic services for money or non-monetary goods such as food, housing, medicine, transportation, or other survival needs (Sawicki et al., 2019; Baldwin et al., 2021; Sex Worker Outreach Project- Los Angeles, 2021). The umbrella term of sex worker covers full-service sex workers, escorts, strippers, porn actors, BDSM providers, fetish models, sugar babies, phone sex operators, and webcam models (Fuentes, 2023). With varying levels of intimate interactions with clients, some sex workers may only produce online images or videos and never interact with clients in person. They may label themselves under their particular area of expertise (i.e., escort), or by the umbrella term ‘sex worker’, amongst other additional labels (Fuentes, 2023). Sex worker is a political term, and not every individual engaging in sex for exchange may openly identify themselves as such (Mac & Smith, 2018).

The term “sex work” was created by sex worker activist Carol Leigh in the 1970s feminist movement. Intended to reject derogatory terms inferring immorality, sex work aims to unify all workers in the industry who are entwined by legal and social needs under one erotic labor force (Leigh, 1997). Positioning sex work as a form of labor in an effort to destigmatize sex workers, Leigh denotes a fundamental ideological shift away from viewing of sex work as “sexual slavery, misogyny, and sexual assault” (van der Meulen et al., 2013, p. 17). Highlighting

an income-generating activity, sex worker is less stigmatizing than the term prostitute, which minimizes the complexity of the person and their identity to one socially stigmatized dimension (Desyllas, 2013). In this paper, I will use the language ‘sex work’ and ‘sex worker’ as these terms are used by the Canadian and international sex worker rights movements (van der Meulen et al., 2013).

It is important to note the distinction between voluntary sex work and sex trafficking, since sex trafficking and sex work are often conflated together. Sex trafficking comprises the practice of force, deceit, violence, or coercion to exploit a person for commercial sex services (Butcher, 2003). The lack of consent is a distinct difference between sex work and sex trafficking. Throughout this paper, I will be focusing on consensual sex work rather than sex trafficking.

Outline of Capstone Project

This chapter introduced the research problem and explained the historical social context and dominant discourse pertaining to disability and sex work. The rationale for this research was presented and key terms were defined. The Intersectional Feminist, Queer, and Disability Justice framework was presented and my positionality to this subject was discussed. In chapter two, I will use this theoretical framework to examine existing social constructs and dominant discourses in relation to disabled sex workers. Intersectionality and direct impacts will be explored. Alternative narratives attending to resistance and pleasure will be presented. Finally, I will briefly review current counselling approaches for sex work. In chapter three, the findings from the literature review will inform tangible recommendations for how to increase counsellor competency towards disabled sex workers.

Chapter Two: Literature Review

To explore the factors influencing disabled sex workers' experiences, the following research questions inform this literature review: How do existing dominant discourses and societal constructs impact disabled sex workers? How do the intersections of other marginalized identities impact disabled sex workers? How do disabled sex workers foster radical resistance and pleasure activism? To answer these queries, this chapter is comprised of five sections. The first section will explore the social constructs, followed by the second section examining dominant discourses. The third section will examine the impact of the social constructs and dominant discourse on sex workers with disabilities. To address the third question, alternative narratives of radical resilience and disabled pleasure activism are discussed. Finally, current counselling approaches for sex workers will be reviewed to answer the last research question in chapter three.

Social Context and Constructs

Capitalism, Neoliberalism & Neoliberal Feminism

Capitalism, Neoliberalism, and Neoliberal Feminism (or post-feminism) are intertwined constructs which uphold oppressive systems of power. Neoliberalism is an often-misconstrued term that is conflated with capitalism. Capitalism is an economic system based on the private ownership of the means of producing good and services, which is maintained by the right to private property (Vallier, 2022). Whereas, Neoliberalism reduces state influence on economy through market deregulation and austerity measures (Vallier, 2022). Neoliberalism centers a capitalist economic system and opposes policies that limit this economy. Neoliberals contend that socialism, a contrasting ideology, creates social conflict, concentrates power, and is uneconomical (Vallier, 2022). Critics have slated Neoliberalism with increasing economic

growth at the cost of increasing inequality (Vallier, 2022). Tilsen (2021) explains Neoliberalism as training people to question individual responsibility rather than examining social inequalities and oppressive policies.

Influenced by Neoliberalism, Neoliberal Feminism veils success as the ability for women to participate in the capitalist economy with equal opportunities while continuing the responsibility of maintaining a balanced and happy family life (Arruzza et al., 2019). Climbing the political or corporate ladder for a high-profile career is encouraged by this view of feminism. This promotes a kind of false meritocracy since these positions are only attainable to those who already have social, cultural, and economic privileges (Arruzza et al., 2019). Critics of Neoliberal Feminism state it refuses to acknowledge these privilege systems that limit the majority of women from attaining freedom or empowerment (Arruzza et al., 2019). This splits women into two separate categories: “the ‘worthy capital-enhancing’ women and the ‘unworthy’ disposable female ‘other’ who performs majority of the care work (Rottenberg, 2014, p. 1). This view places racialized and disabled sex workers as the ‘unworthy’ and ‘other’ care providers since certain merits needed for success are inaccessible. Creating this distinction and labelling one as ‘disposable’ continues the legacy of eugenics against sex workers and people with disabilities. The emphasis Neoliberal Feminism has on self-determination and the participation in capitalism creates the divide of who is ‘worthy’, which is antithetical to the collective ethos of feminism (Rotternberg, 2014).

Ableism

Ableism is loosely defined as discrimination against people living with disabilities. Specifically, ableism refers to the “ideas, practices, institutions and social relations that presume ablebodiedness, and by doing so, construct persons with disabilities as marginalized”

(Chouinard, 1997, p. 30). The stereotypes of ‘normal’ are historical, political, and social constructs which have led to the institutionalization of ableism. Institutionalized ableism means people with disabilities are erased from societal imagination, and when disability is presented by constructs, meaning media, medicine, schools, or work environment, disability is portrayed as pathological (Jones, 2022). A main element of an ableist perspective is that the impairment or disability is fundamentally negative, and should a chance be presented, the disability should be cured or eliminated (Kumari-Campbell, 2009). This extends to the realm of sexuality in the form of sexual ableism.

Sexual ableism can be defined as “the cultural and historical processes, juridical logics, institutional norms, and spatial practices that comprise a system of imbuing sexuality with determinations of qualifications to be sexual based on criteria of ability, intellect, morality, physicality, appearance, age, race, social acceptability, and gender conformity” (Gill, 2015, p. 3). These constructs uphold the stereotype of people living with disabilities as sexually unattractive or undesirable sexual partners, an assumption that can be exacerbated by additional oppressive ideologies. Sexual ableism is reproduced in sex work through the absence of discussing disability within sex work and by assuming “compulsory able-bodiedness” (McRuer, 2006). The types of disabilities sex workers present with can vary between invisible and visible, including psychiatric, with people often having multiple disabilities (Jones, 2022). This means “people desire, lust after, and pay for access to disabled people’s bodies all the time- even when they are unaware” (Jones, 2022, p. 18).

Cissexism & Transmisogyny

Cissexism is a form of sexism based on sexual and gender identity/expression (Hibbs, 2014). This can appear as limiting access to gender-affirming healthcare or refusing to hire

someone based on their gender identity. Similarly, transmisogyny describes the oppression of transgender women through transphobia and misogyny (Serano, 2007; Sojka, 2017; Slater & Liddiard, 2018). Transphobia is the discrimination of trans individuals based on their gender expression, while misogyny is the hatred or devaluing of women and femininity (Kacere, 2014). An example of this would be a transgender woman being harassed on the street by an onlooker. They may misgender her (transphobia), and negatively comment on her feminine clothing (misogyny). Although all gender non-conforming individuals experience pathologization, trans women and transfeminine people experience increased mockery, gaze, and violence compared to trans men and transmasculine individuals (Serano, 2007; Sojka, 2017). Transmisogyny is built upon the assumption that trans women are not real women. Fundamentally, this argument is ableist since it relies on prescriptive understandings of women's bodies (Slater & Liddiard, 2018). Maintaining that women's bodies must function in particular ways to be considered a woman is concerning to trans and disabled people alike.

Transmisogyny works to portray trans women and transfeminine people as inferior, question and devalue their gender identity, and sexualize their femininity (Sojka, 2017). Trans people are frequently pathologized as hypersexual or sex workers (Rev & Geist, 2017). There is a hyperfocus on trans women as 'survival' or 'street-based' sex workers. Survival sex work is the exchange of services for essential needs such as food or housing (Velez, 2017), while street-based sex work means advertising and exchanging services on the street (Burnes & Dawson, 2023). Transgender women, especially BIPOC transgender women, are viewed to be sex workers to the magnitude that they "cannot walk down the street without being stopped, harassed, verbally, sexually and physically abused and arrested, regardless of what they are doing at the time" (Mogul et al., 2011, p. 61). This constitutes the 'walking while trans' phenomenon.

Constant harassment conflates being transgender with sex work and projects the stigma about sex work onto the trans community (Rev & Geist, 2017). Regardless of this conflation, for many transgender people the becoming a sex worker offers increased autonomy and financial stability when considered against other employment options (Fitzgerald et al., 2015).

Racism

Categorizing people by appearance is the social construct of race. Racism is the discriminatory belief system which perpetuates advantages or disadvantages for people based on their perceived race (Van den Berghe, 2007). This extends to the realm of sexuality. Sexual racism is prioritizing an intimate partner due to their race in a way that reinforces racial stereotypes (Bedi, 2015). An umbrella term, sexual racism is used to refer to constructs such as sexual stereotypes, racial fetishization, and ‘personal preference’ discourse (Stacey & Forbes, 2022). Sexual racism comes out as individual actions informed by social systems and constructs.

Since colonialism, BIPOC bodies have been subjected to sexual stereotypes. As Smith, Morales, and Han (2018) discuss, “Black men and women were historically constructed as being sexually deviant as a contrast to ‘pure’ White sexuality” (p. 389). Hypersexuality and promiscuity are sexual stereotypes for Black and Indigenous women (Collins, 2004). Built upon sexual stereotypes, racial fetishization encompasses simultaneous demonization and idolization of racial differences on bodies of colour (Buggs, 2017). ‘Personal preference’ discourse refers to announcing racial preferences in potential intimate or romantic partners (Thai et al., 2019). While ‘personal preference’ discourse and racial fetishization are components of sexual racism, they operate essentially different; ‘personal preference’ discourse excludes individuals based on race while racial fetishization includes people because of race (Stacey & Forbes, 2022).

Majority of research into sexual racism has pertained to gay male sexuality; however, the sex industry is not immune to societal influence. Therefore, it can be assumed elements of sexual racism are present within the sex industry. Certain physical characteristics are deemed to have more erotic ‘worth’ in different sexual fields and individuals will attempt to maximize their erotic capital by highlighting those characteristics (Smith et al., 2018). As Felkins (2022) explains, the sex industry produces and reproduces “a space where specific bodies are valued, while others are regarded as undesirable, unworthy, and literally worth less” (p. 12). BIPOC sex workers have explained how emotionally and mentally taxing it is to embody historically fetishized identities and the harm of white sex workers using cultural appropriation to reproduce this fetishization for marketing purposes (Felkins, 2022). While some situations under white supremacy can be comparable, experiences of racism are not the same through contexts, societies, and identities.

Colonization

Colonization has shaped the sexuality of settlers and Indigenous peoples. Carlson-Manathara (2021) explains settler colonialism as, “a process whereby settlers have come to North America, taken Indigenous Land, set up their own systems and structures, perpetuated genocidal policies and practices, and murdered, dispossessed, and marginalized original Indigenous inhabitants” (p. 40). Colonizers view land as waiting to be dominated, and this belief extends to the residents occupying the land. Intertwined with the myth of white supremacy, colonization naturalized settler sovereignty until it became unchallenged and enforced by the Indian Act within Canada. Disproportionately regulating the behaviours of Indigenous women, the Indian Act perpetuates Victorian family stereotypes by restricting land rights, fracturing families, and nullifying legal rights (Eberts, 2017).

Violence enacted by the Indian Act is inherently gendered and tied to sexuality. The Indian Act imposed a binary gender system based on heteropatriarchy, erasing Two-Spirit gender roles, and categorizing Indigenous people into colonial power relations (Hunt, 2015). Colonization established reserves as Victorian villages, which required female or gender diverse subordination, and stereotyped Indigenous sexuality as rampant and needing state control (Eberts, 2017). Deviation threatened Victorian virtues, casting women and Two-Spirit peoples as “squaw”. The dangerous, yet degrading personage of the “squaw” is described as a “being without a human face who is lustful, immoral, unfeeling and dirty” (Laroque, 1991, as cited in Eberts, 2017, p. 71). However, even as Indigenous people refuse the sexualized stereotypes imposed on them, some continue to engage in sex work within the context of colonial violence (Hunt, 2013).

Dominant Discourse

Labour

In Marx’s (1844), *Economic and Philosophical Manuscripts of 1844*, he reasons that under capitalism, laborers are alienated from their own humanity, and the more people work, the more degraded they become. As Jones (2022) states, “capitalism proffers dehumanizing rhetoric that tells us we are lazy and immoral if we honour our humanity and bodily needs before production and work” (p. 18-19). Considering this, people living with disabilities face widespread workplace discrimination. Visible disabilities are often discriminated against by co-workers, and employers have been known to not employ visibly disabled people depending on the job (Vedeler, 2014). If people living with invisible or visible disabilities are hired, workplaces can quickly become inaccessible. Research has shown that people with power in employments, such as managers, reorganize workplaces to ensure disabled employees will not be able to finish

assignments or tasks, creating cause to fire them (Dick-Mosher, 2015). When considered through an intersectional lens, working-class disabled people were more likely than those in white-collar jobs to be denied workplace modifications and harassed, with women twice as likely to report harassment (Dick-Mosher, 2015). If accommodations are provided by employers, disabled employees need to apply for the accommodations, which requires medical documentation of “qualifying” disabilities and navigating extensive bureaucratic barriers (Jones, 2022).

Discrimination and barriers to workplaces can be compounded when disabled people experience intersectional forms of disadvantage. Regardless of age, gender, nationality, race, and sexuality, disabled people describe workplaces as ableist organizations that offer negligible accommodations (Jones, 2022). However, racism, sexism, cissexism, and other oppressive systems shape work environments and intensify labor concerns. Despite similarities among disabled workers’ labor experiences, intersectional systems of oppression influence motivations for engaging with the sex industry (Jones, 2022). As Jones (2022) explains, “sex work is work, and people choose erotic labor for the same reasons anyone decides to work under capitalism—they need money to survive” (p. 11). Disabled sex workers have described sex work as a harm reduction strategy when surviving under capitalism and managing disabilities (Machat, 2023).

Sex industries are not an economic utopia or disabled paradise and contain various forms of exploitation. With this in mind, some individuals find sex work easier on the body and therefore, more approachable, than non-sexual jobs (Jones, 2022). Inaccessible spaces and lengthy work days with poor labor environments means many disabled people are excluded from what the sex industry calls “civilian, square, or vanilla work” (Jones, 2022). Further, disabled sex workers underscore disability-related costs, such as assistive devices, medications, replacing items due to memory issues, and specialized dietary needs, that push them into sex work

(Machat, 2023). As Tastrom (2019) states, “for many disabled folks, sex work and other underground economies are the only way they can survive” (para. 5). Even if people living with disabilities can access some government benefits, they are often small and inadequate amounts that do not cover the cost of living (Tastrom, 2019; Edkins, 2021).

A prime example of this is the Canada Emergency Response Benefit (CERB). CERB was government funded financial support for employed and self-employed Canadians who were directly affected by Covid-19, with eligible workers receiving approximately \$2,000 a month over a several month period (Canada Revenue Agency, 2022). People with disabilities were unable to access CERB because they are already receiving disability assistance, which is approximately \$1,300 per month (Machat, 2023). Sex workers with disabilities have highlighted how they should have been allowed access to CERB or the disability assistance rates should have been raised. Many view CERB assistance as an admission by the Government of Canada that \$2,000 is the minimum amount of income needed for basic living costs and, this should be sufficient justification for increasing disability assistance payments immediately (Machat, 2023).

Agency & Empowerment

Sex workers and people living with disability are rarely considered to have autonomy or agency, and both are often excluded from decision-making processes which impact them (Fristch et al., 2016). Sex radical feminists aim to change this narrative. They view patriarchy and sexism as the greatest source of discrimination and oppression for women in society (Mohajan, 2022). Sex radical feminists highlight a pervasive sexual double standard held up by patriarchal and heteronormative discourse, where men are rewarded for heterosexual sexual engagement outside the confines of monogamous heterosexual relationships and women are stigmatized for the same actions (Comte, 2014). They define sex work as a form of sexual empowerment and an

opportunity for women to destigmatize anonymous, casual, and recreational sex (van der Meulen et al., 2013). From a sex radical lens, sex workers are “creative and emancipated women who subvert gender rules within the current patriarchal, capitalist framework” (van der Meulen, 2013, p. 169). However, overstating the redeeming narratives of sex work without grounding the choices and experiences of sex workers in relation to inequitable systemic and structural factors can be damaging to marginalized sex workers (van der Meulen et al., 2013). Sex radical feminists do not take an intersectional lens to their discourse on the sex industry.

The centering of empowerment and liberation veil the actual needs of the most intersectionally disadvantaged sex workers (Lee, 2019). Majority of the time, sex work is not viewed favourably by society; however, sex workers have been tolerated if they portray a convincing argument of being a ‘good’ capitalist and/or ‘good’ feminist (Felkins, 2022). For example, if they are viewed as not doing sex work as a last resort, such as funding higher education, they are viewed more favourably. This means they are making more money as a sex worker than they could elsewhere, and they broadcast empowerment. It is not that sex work cannot be liberating or that there are no empowering moments for sex workers; however, by continuing to solely focus on agency and empowerment narratives, they erase the systemic issues in the sex industry which mirror larger issues in the global economy (Felkins, 2022). Subscribing to the empowerment rhetoric means subscribing to Neoliberal Feminist ideologies which erase the impact of the whorearchy for many sex workers. The whorearchy is a hierarchal where sex workers, and this is reflected in public discourse, order themselves from ‘elite’ to ‘inferior’ and this is arranged according to intimacy of contact with clients and police (Witt, 2020). Consistently portraying the image of ‘happy hooker’ undermines political advancement and dismisses nuanced or diverse narratives (Smith & Mac, 2018).

Abolition, Criminalization & Decriminalization

Sex work is often conflated with sex trafficking (Coston et al., 2022), with ‘victimhood’ frameworks describing sex work as coercive, forceful, and violent labour (Jackson, 2016). Abolitionist feminists or sex work exclusionary radical feminists (SWERFs) argue the current sex industry reinforces patriarchy through the sexual commodification of women to serve ‘the male sex right’ (Jefferys, 2008). They advocate for the freedom of women from male sexual oppression, therefore condemning sex work as a form of objectification that should be eliminated (Kissil & Davey, 2010; Gerassi, 2016). Abolitionists conceptualize sex workers as victims who need to be rescued from the sex industry (Comte, 2014). By positioning sex workers as agentless victims, SWERFs utilize similar narratives as eugenisists to justify legal, political, and social interventions into their sexual lives. For SWERFs, sex work and sex trafficking are intertwined which means they both need to be eradicated through the same fight. By labelling sexual labour as patriarchal violence against women, this framework overlooks critical intricacies and nuances (Coston et al., 2022), such as the various reasons and pathways to engage in sexual labour, including supplementing disability payments. SWERFs continue the hypersexualization of sex workers by reducing their humanity to a singular element of their identity, similar to the patriarchy, and invalidates the harm reduction experience of disabled sex workers.

While New Zealand has decriminalized sex work, and to varying degrees it has been legalized in many regions in Europe and the U.S.A., sex work remains criminalized in the majority of the world (Jones, 2022). In 2014, the Canadian Government overturned previous sex work laws and passed legislation under the Protection of Communities and Exploited Persons Act (PCEPA) (Machat, 2023). The PCEPA operates from an end-demand or Nordic Model framework. Under feminist guise, the model aims to abolish commercial sex by criminalizing the

client while not criminalizing the provider, as the aim is to protect, rather than punish sex workers (Vuolajärvi, 2019). In addition to client criminalization, the PCEPA criminalized working in any area where children may be present (possibly including if a child is out of the home), being a ‘third party’ (receptionists, security guards, drivers, etc.), and advertising services (Machat, 2023). The ideological aim of the Nordic Model is to end demand by criminalizing the buyer and creating barriers for transactions. However, studies have shown there is often a disconnect between de jure and “law in action” (Crowhurst et al., 2012).

Decriminalization allows sex work to be acknowledged as labour. Some feminist activists view ‘sex work as work’ and advocate for the formation of labor laws to guarantee the rights and safety of sex workers (Comte, 2014). These feminists make a clear distinction between sex trafficking and consensual sex work, and emphasize the complex, nuanced, and varied realities of sex workers. Sex work is not viewed as inherently harmful, rather the oppression of sex workers is predominantly created by structural factors and devaluation of the work (van der Meulen et al., 2013). By highlighting the varying experiences of sex workers, decriminalization feminists challenge the prevalent victimization/sexual empowerment dichotomy of sex work portrayed by the opposing views of abolitionism and sex radical feminism. As Jones (2022) states, “decriminalization fosters autonomy allowing workers freedom over their bodies and to work as they choose” (Jones, 2022, p. 22). Additionally, disabled sex workers would be able to access safer work environments, and health and disability benefits without discrimination (Frisch et al., 2016). Critics of decriminalization feminism argue that decriminalization alone cannot alter the systemic structures affecting oppressed groups, particularly immigrants, drug users, transgender people, and racialized sex workers (Koyama, 2012).

Impact of Dominant Discourses & Social Constructs

Social constructs influence dominant discourses which impact anyone the discourse is about, in this case, disabled sex workers. Neoliberal Feminism shapes the empowerment discourse surrounding sex work. Neoliberal Capitalism influences labour discourse about who is going to be 'productive' within a workplace. Ableism, Racism, and Cissexism influence who is deemed 'sexually desirable' and 'deserving' of respect in interactions. Colonization maintains discourse about who possesses power and agency. All of these impact disabled sex workers and their experiences, which will be discussed below.

Discrimination, Stigmatization & Marginalization

As discussed previously, sex workers' and disabled peoples' sexualities experience discrimination and stigmatization. Social, economic, and political power are needed to enact and maintain stigmatization. In a sex work literary review, Grittner and Walsh (2020) state "gender, race, class, colonialism, ableism, and capitalism serve as interlocking hierarchical social structures that contribute to sex-work stigma" (p. 1671). Sex work stigma refers to society's derogatory assumptions, stereotypes, and discriminations toward sex workers, which involves a complex layering process to reinforce societal norms (Benoit et al., 2018; Grittner & Walsh, 2020). This is enacted at the micro, meso, and macro levels, resulting in several points of marginalization. Additionally, sex work stigma is compounded with homophobic and transphobic stigmas (Benoit et al., 2018).

Although social constructs are the basis of sex work stigma, the dominant sex work discourses in academia, media, and policy emphasize the individual responsibility and behaviour of the sex worker (Strega et al., 2014; Weitzer, 2018). Sex work stigma is interlaced with beliefs that individual sex workers warrant or are to blame for the violence and discrimination (Sallmann, 2010). For example, Strega et al. (2014) demonstrated how Canadian media portrays

sex workers as ‘vermin’ or ‘victims’. Positioning sex workers in a victim framework leads to harmful social stigma rather than validating or supporting their lived realities (Coston et al., 2022). Alternatively, discourse perpetuating disability as ‘vermin’ normalizes violence against sex workers by framing sex work as a high-risk lifestyle (Strega et al., 2014). Violence is the most heavily cited impact of sex work stigma (Grittner & Walsh, 2020), and this is especially true for sex workers also experiencing ableism, cissexism, racism, and other forms of oppression (Coston et al., 2022).

While sex worker stigma conveys hypersexualization, disability sexual stigma portrays desexualization. The sexual abilities and practices of disabled people deviate from ‘normative sex’ based on ableist and heteronormative discourse, which leads to many people question how intimacy ‘would work’. Disability sexual stigma refers to the assumption that people with disabilities are asexual, sexually inadequate, or needing to be safeguarded from information pertaining to sexuality (Fristch et al., 2016; Garofalo Geymonat, 2019). The desexualization and infantilization of disabled people reinforces the patronizing stereotype that they are like children (Kulick & Rydström, 2015). This is particularly problematic since this discourse operates as a mechanism of social control and justification for intervention. Relating the sexuality of children and disabled people highlights a larger issue of who is approved to be sexual in society (Campbell, 2019). Due to the legacies of eugenics, the stigma towards disabled bodies is related to fear and concern since disabled bodies are repeatedly seen as causes of disease or contamination (Shildrick, 2009). These fears become heightened when discussing disabled sexuality due to the misdirected belief that “disability breeds disability” (Cornelius et al., 1982, p. 2 as cited in Campbell, 2019). This portrays a sense of contagion, often implying a boundary

has been broken, which acts as a reminder that boundaries between ability and disability are less defined than previously assumed.

While the stigmatizing discourse operates differently for sex workers and disabled people, the underlying sentiment is similar. Eugenics ideas informed state regulation and violence toward disabled and sex working bodies founded on fears of genetic degeneration and spreading of diseases (Fristch et al., 2016). These fears can be understood through the idea of abject. Abject is something that straddles the border between self/other, normal/abnormal, able/disabled, and exists in liminal spaces and in-between states (Kristeva, 1982). Provoking disgust and horror, the abject has the potential to destabilize boundaries and undermine established order, meaning it is something to expel and reject (Kristeva, 1982). The concept of the abject is useful when considering people with disabilities and sex workers because “the issue is not so much that the body of the other is horrifying in and of itself, but rather it might infiltrate the space of my own body and effect the very transformations that would unsettle my claim to autonomous selfhood” (Shildrick, 2009, p. 22). The process of abjection functions as a means of individuation for people to establish their identity. For example, through rejecting and alienating people with disabilities, non-disabled people affirm their identity as non-disabled and possessing ‘normal’ sexuality. Disabled sex workers experience double abjection in that they are subjected to marginalization and rejection for their disability and sex working identities.

Quasi-criminalization

Prioritizing a moral debate over a labour rights issue fails to protect disabled sex workers. The criminalization of sex work increases the likelihood of trauma being imposed on workers, and trauma is disabling (Tastrom, 2019). Whether disability is pre-existing or acquired, the continued criminalization of sex work has a vast impact on sex workers. Criminalized and

partially criminalized legal perpetuate the greatest degree of sex work stigma (Grittner & Walsh, 2020). Specifically in Canada, the quasi-criminal state acts in direct and indirect means. As the Canadian Alliance for Sex Work Law Reform (2017) states, “criminalization of sex work results in constant police presence, social and racial profiling, harassment, surveillance, arrest, and detention- all of which contribute to isolation and vulnerability to violence” (p. 7). The violence exacerbated by the criminality of sex work is experienced more significantly by racialized, Indigenous, and trans sex workers (Fuji & Porth, 2022). Additionally, indirect harms of criminalization create barriers for sex workers to access essential services.

As Peers Victoria Resource Society (2014) details, these indirect harms can include, but are not limited to, limited access to health services (due to not wanting to disclose their participation in sex work); economic exploitation from managers while limiting labour rights and protection; jeopardizing economic security since “proceeds of crime” legislation limits abilities to save or invest; undermining liberty and freedom since many bail and sentencing conditions prohibit interacting with fellow sex workers; impeding the ability to travel and cross borders; reinforcing exploitation by creating environments where sex workers are unwilling to report work-related violence, sexual assault, theft, or property damage for fear of being charged; fostering adversarial relationship between police and sex workers; and making “sex workers feel responsible for their own victimization” (p. 3). The direct and indirect impact of criminalization continues to be pervasive. Criminalization causes violence and harm to those in the sex industry, and decriminalization can benefit the health, rights, and safety of sex workers (Jones, 2022).

‘High-risk Lifestyle’

The disproportionate levels of violence experienced by Indigenous women and Two-Spirit folks has led police to define their lifestyle as ‘high-risk’. A “high-risk lifestyle” implies

bad personal choices, engaging in the sex industry, or deviant behaviour (Eberts, 2017, p. 71). Due to this stereotype and prevailing ways the Indian Act shapes the lives of Indigenous women and Two-Spirit people, they disappear, are assaulted, and murdered at alarming rates. This violent social phenomenon continues today, commonly known as the Missing and Murdered Indigenous Women and Girls (MMIWG). The number of MMIWG has attempted to be quantified, but as Bourgeois (2017) explains, “an ‘accurate’ count is unnecessary: far too many Indigenous women and girls have gone missing or been murdered over the last few decades” (p. 258). However, “all Indian women lead a ‘high-risk’ life because of colonialism, sexism, racism and many aspects of government policy and legislation” (Eberts, 2017, p. 71). Labelling Indigenous folks as ‘high-risk’ reflects colonizing policy, and invisibilizes the ongoing trauma and marginalization.

Hunt (2013) contributes colonialism to poor quality of life and isolation present in Indigenous communities; thus, impacting the level of choice Indigenous people exercise when engaging in sex work. Indigenous women and Two-Spirit people turn to sex work as a means of living, exchanging sex for money, transportation, drugs, and accommodation. “Sex work is a low entry-barrier job which functions as a failsafe for many groups marginalized in capitalism” (Simon, 2018, as cited in Gallant, 2020, p. 192). Sex work is a harm reduction approach to surviving colonial capitalism. As LeMoon (2017) states, “choices made because of oppression, marginalization, and alienation are not less valid” (para. 22).

Indigenous sex workers are overrepresented at the street-level and more susceptible to violence (Eberts, 2017). They are repeatedly portrayed as “nameless, voiceless, placeless victims” (Hunt, 2013, p. 87), mirroring the “squaw” imagery. Bourgeois (2017) states sex work “has long provided justification for minimizing violence against Indigenous women and girls”

(p. 265). This has led to minimal response by law enforcement. For example, Project KARE, a project established by the RCMP to investigate MMIWG cases, encourages Indigenous women with ‘high-risk lifestyles’ to submit strands of hair, fingerprints, and photos to help identify them in the event of their death (Eberts, 2017). This acknowledges the assumed normalcy of violence present in the Indigenous experience. Hunt (2013) argues, “that the violence itself has become hyper visible, but that it does not count as real violence, because Indigenous women are seen as less than human, as unworthy of response” (p. 88). This is especially true when intersected with a sex worker identity. Marginalization and trauma lead to disability because eugenics is woven into the colonizing efforts that form society. The hypervisibility of violent acts, and the contrasting invisibility of sex workers, contribute to the negligible efforts to improve quality of life for Indigenous people engaged in sex work (Hunt, 2013).

Sexual Gentrification

Racialized and disabled sex workers are not only vulnerable to harm by clients or the state, but they can also experience violence and ostracism perpetuated by other sex workers (Blewett et al., 2022). Engaging in respectability politics and lateral whorephobia reinforces the whorearchy and the dichotomy of ‘good’ versus ‘bad’ sex workers. However, portraying the ‘good sex worker’ is not always available to everyone, especially considering the historical and societal hypersexualization and fetishization of BIPOC sex workers (Felkins, 2022). While all sex workers are stigmatized for the work they perform, racialized and disabled sex workers are unable to access merit points and position themselves as “worthy capital-enhancing” feminists in similar methods to white, non-disabled sex workers (Felkins, 2022). Sexual gentrification is a direct result of colonization, sexual ableism, and sexual racism.

In this instance, sexual gentrification refers to the influx of affluent, non-disabled white women into sex work spaces at the direct expense of more marginalized sex workers and the variety of methods they use to homogenize sex worker rights discourse (Felkins, 2022). This is a common pattern within social justice movements, most notably in feminism, where privileged white women take control of the narrative and center their concerns as a starting point for all following discussions. As Felkins (2022) states,

white, cisgender, nondisabled sex workers have a responsibility to recognize the ways their race, gender, and ability renders them hypervisible and enables their gentrification of sex work spaces and discourse, while allowing them to believe their privileges are secondary to their marginalized status as sex workers (p.16).

Sugar babies and high-end escorts have become a public fascination and society has demonstrated a willingness to tolerate services palatable (white, affluent, cisgender, thin, educated, conventionally attractive) sex workers provide (Felkins, 2022). Meanwhile, intersectionally marginalized sex workers are portrayed as victims of poor individual choices and in need of rescue by the savior-industrial complex (Kaye, 2017). Neoliberal Feminism and the empowerment discourse use the idea of ‘freedom’ at the expense and health of disabled sex workers. Rather than fostering collective liberation, these narratives continue colonizing and eugenic ideas about who is ‘worthy’ within the sexual realm through the process of sexual gentrification.

Mental Health

Mental health research involving sex workers has mainly focused on negative psychological consequences (Velez, 2017). Collectively, sex workers experience higher levels of stress, depression, PTSD (post-traumatic stress disorder), and alcohol use than other Canadians

(Benoit et al., 2014). However, negative impact to mental health and wellbeing often gets attributed to interactions with clients, rather than other life factors. Many of the topics sex workers want to talk about in counselling include hate-based (racist, transphobic, etc.) violence, intimate partner violence, addictions, impact of residential schools and other colonial harms, or root causes of mental health issues (Machat, 2023). The increased risk and mental health vulnerability is not inherent to sex work, it is a result of stigma and criminalization (Benoit et al., 2014). Sex worker mental health is connected to the whorearchy and structural factors, including classism, racism, and sexism (Weitzer, 2007). Middle class, white sex workers often occupy safer and higher paying indoor work, while poorer, BIPOC, Indigenous, and trans sex workers are overrepresented in outdoor, street-level sex work (van er Meulen et al., 2013). Thus, research suggests the presence of psychological disorders are higher among outdoor rather than indoor sex workers (Weitzer, 2007). Sex work is a harm reduction strategy; however, that does not mean there cannot be traumatic experiences within the sex industry.

There are assumptions that sex work and mental health are inversely related, with lower mental health preceding engagement in the sex industry. Believing the negative stereotypes and discourse about sex workers and mental health can lead to internalized oppression (LeMoon, 2017; Burnes & Dawson, 2023). Sex work is not a dysfunctional behaviour stemming from lower mental health (LeMoon, 2017). As LeMoon (2017) states:

When it comes to sex workers who *do* live with the stereotypical trope of also having a mental illness, it becomes even more essential to uncover what these sex workers themselves have to say about their lived experiences of that mental illness and sex work.

(para. 1)

While many sex workers have voiced a need for mental health services, they often encounter barriers to accessing services or receiving inadequate supports (Gorry et al., 2010). Sex workers report that the main barriers to accessing mental health services are shame, stigma, and discrimination (Kissil & Davey, 2010), as well as structural barriers, including financial factors and inaccessible supports (Sociás et al., 2016). If sex workers manage to access counselling services, they often withhold their sex working identity from service providers for fear of judgement or improper assumptions about sex work being related to their presenting problem (Cohan et al., 2006). Even though counselling can be a healing experience, sex workers have reported feeling stigmatized and misunderstood in their encounters with therapists (Grant, 2014; Crane, 2017). Thus, sex workers utilize mental health services at lower rates than their peers (Burnes & Dawson, 2023). The lack of accessing services does not speak to the lack of need or desire for therapeutic, rather the inadequacy of mental health services.

Radical Resistance & Pleasure Activism

Radical Resistance

As Xaymaca (2022) states, “sex work as resistance to marginalization” (p. 1). Becoming a disabled sex worker can be seen as an act of resistance to the continued desexualisation and marginalization of disabled bodies and minds. Resistance refers to a person’s response against abuses of power or oppression, and the numerous ways they maintain dignity and move towards justice (Reynolds, 2020). It can be considered radical because it goes against normative discourses about disabled sexuality and disrupts the status quo. Bearing in mind, it is important not to fetishize or romanticize resistance. Not all responses are acts of resistance, they should only be described as resistance if the person performing them does so (Wade, 1997).

Overt acts of resistance are the least common, since the adverse consequences can be extreme, instead ‘small acts of living’ are used to resist violence and humiliation and work towards dignity (Goffman, 1961). For example, an everyday act of resistance can be humour. Sex workers use humour to resist discrimination, marginalization, and stigmatization (Easterbrook-Smith, 2023). Humour can also be used as an agent of activism and social change. As Jones (2022) notes, “disabled sex workers show us it is ok to want to work less, not want to destroy our bodies for a job, and spend more time caring for ourselves, our kinfolks, and our communities” (p. 19). Sex work has the potential to be a space of interdependent mutual aid that challenges capitalist and labor-centered ideas of productivity and autonomy (Blewett et al., 2022). For example, Intimate Access is a collective of sex workers, Disability Justice organizers, and allies based in Victoria/South Island region of British Columbia who offer microgrants to sex workers (Intimate Access, 2024). They prioritize disabled, unstably-housed, BIPOC, or other sex workers living and working in difficult conditions with the aim of strengthening community through collective care (Intimate Access, 2024).

Disabled Pleasure Activism

Sex workers are assumed to not experience pleasure at work due to danger, lack of emotional connection, and other deviations from perceived ‘normative sexuality’. However, this is not always true. The assumption of sexual pleasure only being possible in the complete absence of sexual danger is the pleasure/danger dichotomy (Vance, 1984). As Queer Theory highlights, binary, categorical, and essentialist thinking is problematic. This binary discourse of sexuality obscures sexual agency and choice, and is unproductive in developing nuance. Experiences of sex workers are fluid, meaning there are both experiences of pleasure and exploitation, just like any other laborer (Jones, 2016). Many people find pleasure in sex work

while recognizing threat of danger from criminalization and experiencing danger from societal inequalities (Schwarz et al., 2017). This can be especially true for disabled sex workers.

Sex workers living with disabilities actively resist and challenge sexual ableism to discover pleasure. This can be viewed as pleasure activism. Pleasure activism is the work to reclaim the needed, and deserved, pleasure stripped from individuals through the impacts of oppression and capitalism (brown, 2019). As Tastrom (2020) writes, “disability isn’t just about ableism- disability can bring joy, and it can also improve sex and intimacy” (para. 4). Sex workers living with disability are agents of their own sexuality and can make informed decisions about their needs, which can include using their body for pleasure and labour. Berg (2021) explains, “sex workers have long pursued sexual labor not just as an economic survival strategy, but also as a way to refuse more extractive and less pleasurable ways of working and living” (p. 23). Disabled sex workers are creative visionaries at the forefront of finding pleasure and liberation through oppression and marginalization.

The continuous invisibilization and desexualization of disabled bodies shape the motivations for some disabled folks to find pleasure and liberation in sex work. As described by Erikson (2015):

This constant desexualization is why...I started making porn. I first started taking dirty pictures of myself as a way to finally see my body, myself, as hot and sexy. I started making porn to expose people to bodies that flaunt asymmetrical curves, bodies that move differently than the nondisabled desirable norm. I started making porn to give other queer crips a chance to see something a little closer to their lives depicted on screen...I love how it causes rupture. Ideally, people can no longer pity or patronize me after they know I make porn. (p. 226)

Sex work is not always a last resort, and as noted above, it can be a place to find autonomy, liberation, and disrupt cultural norms. Through disabled sexual representation, a Disability Justice framework is applied to challenge normative ideas of sexuality and what is considered sexy. As brown (2019) states, “pleasure activism is us learning to make justice and liberation the most pleasurable experiences” (p. 13).

Current Counselling Approaches

Historically, sexuality and sexual behaviour, has been understood as problematic, and within in therapeutic settings, it has felt off limits or taboo for mental health providers to address (Burnes & Dawson, 2023). Sexual behaviour has been locked into a Goldilocks paradigm, too much sex is a problem and too little sex is also problematic. As Burnes and Dawson (2023) explain, for sexual behaviour to be just right it is “a very specific depiction of sexuality for a white, heterosexual, able-bodied person who experiences pleasure and sex only in socially acceptable manners, customs, and traditions” (p. 11). This conditional view of proper sexual behaviour has created an erotophobic society. Erotophobia is a cultural fear, distain, or disgust of erotic capacities, sensual or sexual pleasure, and non-procreative sexual practices (Dawson & Burnes, 2018). The resulting taboo nature of sexuality due to society’s erotophobia, yet hyperfixation on sexual behaviour, has impacted therapist’s education around sex and sex work.

Just as individuals are impacted by social constructs and dominant discourses, so are therapeutic orientations. Theories were created in a history of racism, ableism, erotophobia, and whorephobia, to name a few (Burnes & Dawson, 2023). Within all therapeutic orientations, there are fundamental assumptions about ‘normal’ versus ‘deviant’ sexuality, and what it means to be a ‘productive’ member of society (Burnes & Dawson, 2023). Theoretical frameworks influencing mental health care providers do not consider pleasure, trauma, social constructs, or dominant

discourses that impact sex workers (Burnes & Dawson, 2023). Thus, historically sex work has been approached from a pathological model that emphasizes trauma, mental illness, and maladaptive behaviours (Burnes et al., 2012). An example of this is the assumption that individuals only engage in sex work if they were already damaged, often referred to as the ‘broken doll theory’ (Burnes & Dawson, 2023). Myths such as this are prevalent throughout many theoretical orientations aimed at upholding Victorian standards of sexuality. Due to these underlying currents of oppression and stigmatization, many mental health care providers believe therapeutic goals should solely focus on helping their sex worker client leave the sex industry (Burnes & Dawson, 2023).

It is imperative clinicians collaborate with sex worker clients without having the desire to rescue or save them from the industry (Burnes & Dawson, 2023). Assuming a saviour position removes agency from sex workers and positions the therapist as the expert in the client’s life. Clinicians need to learn from sex workers themselves about their own mental health needs, either through rallies, panels, books, podcasts, or presentations. Due to stigmatizing theoretical orientations and societal perceptions of sex work, many mental health providers do not have competence in providing therapeutic services to the demographic of sex workers (Burnes & Dawson, 2023). There is a need for culturally competent best practice guidelines and affirming theoretical frameworks.

Drawing on feminist, multicultural, and sex-positive theories, a simple guideline was created for mental health providers to avoid stigma when therapeutically working with sex workers (Antebi-Gruska et al., 2019). Sex-positivity refers to viewing sex as natural aspect of human functioning and an important aspect of overall physical, emotional, and relational wellness (Cruz et al., 2017). Further, sex-positivity emphasizes openness, non-judgemental

attitudes, and liberation from sex-negative attitudes (Donaghue, 2015), with the aim of moving beyond viewing sex in a positive light to fostering a more positive relationship with sex (Glickman, 2000). The suggested guidelines include examining personal biases about sex work and sex workers, taking an affirmative stance, cautioning against overemphasizing or dismissing sex work in therapy, and considering the diversity of sex workers and their experience (Antebi-Gruska et al., 2019). The aim of these guidelines was to offer culturally appropriate therapeutic skills and practical intervention strategies when working with sex workers.

Other recent psychological approaches take an affirming stance with sex work. In their book, *Essential Clinical Care for Sex Workers*, Burnes and Dawson (2023) suggest three supplemental theories for working with sex workers: resilience, Minority Stress Theory, and Trauma-informed Practice. Resilience describes the ability to mitigate the negative effects of adverse or stressful circumstances on emotional and mental wellbeing (Easterbrook-Smith, 2023). Resilience can be fostered in many ways, including through utilizing internal and external resources. These include creating healthy relationships, setting boundaries, positive coping mechanism, and accessing mental health, legal, and other community services (Flores, 2021). Resilience can also look like fostering self-care routines, such as taking a walk, engaging in fulfilling intimate sex outside of work, maintaining an exercise routine, or cooking healthy meals (Burnes & Dawson, 2023). Building a level of resilience can aid in the buffering of messages sex workers may encounter from stigmatizing biases from the general public or clients (Burnes & Dawson, 2023). Resilience can also be found in community building, such as sex worker focused support or advocacy groups. Fostering resilience stems from a strengths-based approach, which allows sex workers to recognize their existing agency, autonomy, and strengths.

The second supplemental theory Burnes and Dawson (2023) suggest is Minority Stress Theory. In Meyer's (2003) seminal article, Minority Stress Theory described how the impact of chronically high levels of stress faced by members of stigmatized minority groups, such as BIPOC and LGBTQ+ individuals, resulted in higher levels of mental health disorders. Meyer (2003) discussed how stress can be caused by several factors including lack of social supports, community, or financial resources. Minority Stress Theory applies stress and coping theories to discrimination and stigma. Scholars have grown Minority Stress Theory to describe how stigmatized individuals can experience stress in the anticipation of discrimination or rejection, by concealing a stigmatized identity, or internalizing negative discourse (Hoy-Ellis, 2023). These factors are all relevant to therapeutic work with sex workers, who may experience any of these do to their sex work identity. Minority Stress Theory aids in conceptualizing the stress of intersectional marginalized identities.

Lastly, Burnes and Dawson (2023) suggest Trauma-informed Practice as a supplemental theory. Trauma-informed Practice describes a therapeutic orientation informed by an understanding of trauma which focuses on minimizing re-traumatization when engaging with mental health services (Goodman, 2015; Reeves, 2015). Therapeutic professionals may unintentionally exacerbate systemic oppression by utilizing definitions of trauma found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, which virtually ignore social constructs that create or exacerbate trauma for marginalized people (Goodman, 2015). Trauma-informed Practice is meant to combat this pathologizing framework of trauma and initiate post-traumatic healing and growth. Considering trauma and sex workers, Burnes and Dawson (2023) emphasize, "trauma-informed does not mean trauma-focused or trauma-exclusive" (p. 110).

Being Trauma-informed means attending to trauma when present, but not assuming all sex workers have trauma from the sex industry or trauma was the reason they became a sex worker.

Considering the erotophobic influence on therapeutic orientations, Burnes and Dawson (2023) provide relevant suggestions to provide affirming care for sex workers. The supplemental theories of resilience, Minority Stress Theory, and Trauma-informed Practice nicely complement the sex-positive best practice guidelines provided by Antebi-Gruska et al. (2019). However, throughout these approaches there is no mention of disability or the presence of disabled sex workers in counselling settings.

Chapter Summary

The literature review in chapter two was informed by the following research questions: How do existing dominant discourses and societal constructs impact disabled sex workers? How do the intersections of other marginalized identities impact disabled sex workers? How do disabled sex workers foster radical resistance and pleasure activism? To answer these queries, this chapter explored the societal constructs of Capitalism, Neoliberalism, Neoliberal Feminism, ableism, cissexism, racism, and colonization. The following section examined the dominant discourses pertaining to disabled sex workers, such as labour, agency and empowerment, and abolition, criminalization, and decriminalization. The third section discussed the specific impact on disabled sex workers through stigmatization, existing in a quasi-criminal state, being labeled with a 'high-risk lifestyle', sexual gentrification, and mental health. To provide an alternative perspective, radical resistance and disabled pleasure activism was explored. Finally, current counselling approaches for affirming care for sex workers was reviewed.

Chapter Three: Discussion and Applied Practices

Chapter two offered a review of the literature as it pertained to the dominant discourses and societal constructs impacting disabled sex workers. In revisiting the central aims of this research, chapter three responds to the research question: How can counsellor competence be increased for disabled sex workers? The findings that emerged from the literature review will guide the discussion in this chapter. It will focus on the applicability to therapeutic practice and give tangible recommendations for how to incorporate these ideas to increase counsellor competency towards disabled sex workers.

Discussion

This research explores the dominant discourses, societal constructs, and intersectional experiences of disabled sex workers in relation to their mental health and current counselling approaches. As shared in chapter one, sex workers' and disabled persons' sexualities share a similar history of 'sexual deviation', and as a result, unwarranted social interventions into their sexual lives (Ignagni et al., 2016). Disabled people are desexualized, and sex workers are hypersexualized, which places disabled sex workers in a double bind on the axis of stigmatization. Sex workers are continuously stigmatized and marginalized in society, including with in mental health research. Available sex work research generally pathologizes and victimizes sex workers to argue that the sex industry is inherently harmful (Burnes et al., 2012; Comte, 2014). As previously discussed, sex workers experience higher levels of stress, depression, PTSD, and increased substance use due to their experiences of stigma and criminalization (Benoit et al., 2014).

However, majority of studies do not include disability status in demographic information gathering (Jones, 2022). Therefore, the available literature pertaining to disabled sex workers is

minimal to non-existent at best (Coston et al., 2022). Even though nearly 3 in 4 sex workers live with disabilities in British Columbia, Canada (Machat, 2023). Identifying the noticeable gap in literature pertaining to disabled sex workers led to the following research questions: How do existing dominant discourses and societal constructs impact disabled sex workers? How do the intersections of other marginalized identities impact disabled sex workers? How do disabled sex workers foster radical resistance and pleasure activism? How can counsellor competence be increased for disabled sex workers?

Answering these queries, the literature review highlighted several social constructs and dominant discourses, and the impact they have on disabled sex workers. As discussed in chapter two, sex work is work and people choose to engage in work because they need money to survive under capitalism (Jones, 2022). Capitalism prioritizes a certain understanding of production. Thus, people living with disabilities are discriminated against in socially acceptable workplaces making sex work the most viable option to meet their needs (Tastrom, 2019; Jones 2022). This relates to Neoliberal Feminism, which veils success as the ability for women to participate in a capitalist economy regardless of intersectional identity advantages or disadvantages (Aruzza et al., 2019). However, ableism, racism, cissexism, and other oppressive systems shape workplaces and exacerbate labor issues.

Sexual ableism upholds the double bind of desexualization and hypersexualization experienced by disabled sex workers by assuming “compulsory able-bodiedness” within sex work (McRuer, 2006). Sexual racism impacts BIPOC and racialized sex workers through sexual stereotypes, racial fetishization, and ‘personal preference’ discourse (Stacey & Forbes, 2022). Due to this, certain physical characteristics are deemed to have more erotic ‘worth’ (Smith et al., 2018). Similarly, non-disabled bodies are deemed to have more erotic ‘worth’ than disabled

bodies. The intersection of disability and racism creates additional marginalization for racialized sex workers with disabilities. As previously discussed, cissexism and transmisogyny are built upon fundamentally ableist arguments since they rely on specific understandings of women's bodies (Slater & Liddiard, 2018). Additionally, the 'walking while trans' phenomenon conflates being transgender with sex work and creates further stigmatization for transgender individuals. Similar to transgender people, Indigenous women and Two-Spirit identities are portrayed as hypersexual. However, even in the context of colonial violence and being deemed to live a "high-risk lifestyle" (Eberts, 2017, p. 71), Indigenous people engage in sex work as a form of harm reduction (Hunt, 2013).

As discussed in chapter two, sexual gentrification has occurred in sex work at the direct expense of racialized and disabled sex workers by homogenizing sex work discourse (Felkins, 2022). Continuing to focus on empowerment and choice narratives without contextualizing the experiences of sex workers in relation to inequitable systems further marginalizes already marginalized sex workers (van der Meulen et al., 2013; Felkins, 2022). Subscribing to the empowerment rhetoric means erasing the impact of the whorearchy and the systemic inequalities of criminalization felt by intersectionally marginalized sex workers. The criminalization of sex work increases the chances of traumatizing experiences and perpetuates sex work stigma (Grittner & Walsh, 2020; Tastrom, 2021). Sex work stigma and disability stigma operate differently, though sex workers and people with disabilities both experience marginalization through the process of abjection (Kristeva, 1982). Disabled sex workers experience double abjection for their disability and sex working identities. Thus, there is an increased mental health risk and vulnerability for sex workers at the nexus of ableism, cissexism, racism, and other forms of oppression (Benoit et al., 2014; Coston et al., 2022).

The review of the literature highlighted that disabled sex workers enable radical resistance against continuous desexualisation and marginalization. Disabled sex workers provide a framework that resists neoliberal capitalist and labor-centered ideas of autonomy to be a space of interdependent mutual aid (Blewett et al., 2022; Felkins, 2022) As previously discussed, disabled sex workers are agentic sexual beings who can make informed decisions, which can include using their body for labor or pleasure. Enacting pleasure activism, disabled sex workers challenge sexual ableism and find more pleasurable ways of living (Berg, 2021).

Chapter two highlighted the need for a critical and intersectional lens when considering the experiences of disabled sex workers. Therapeutic theories were created in a history of racism, ableism, erotophobia, and whorephobia (Burnes & Dawson, 2023). Thus, sex work has normally been approached from a pathologizing orientation within therapy (Burnes & Dawson, 2023). This has changed more recently, as a need for culturally competent and affirming theoretical models have been highlighted. One approach has been a best practice guideline from a sex-positive lens, which recommends mental health providers examine personal biases, among other suggestions, to avoid stigma when working with sex workers (Antebi-Gruska et al., 2019). Additional supplemental theories when working with sex workers have included resilience, Minority Stress Theory, and Trauma-informed Practice (Burnes & Dawson, 2023). Resilience stems from a strengths-based approach, which allows sex workers to build upon their existing agency, autonomy, and strengths. Minority Stress Theory is relevant when working with sex workers because it describes how they can experience stress in the anticipation of discrimination or rejection, by concealing a stigmatized identity, or internalizing negative discourse (Hoy-Ellis, 2023). Lastly, Trauma-informed Practice is meant to combat the pathologizing framework of

trauma found many theoretical orientations and minimize re-traumatization when engaging with mental health services (Goodman, 2015).

While these best practice guidelines and suggested supplemental theories are moving in a positive direction, there has been no consideration of disability within the counselling literature for sex workers. With the literature review exploring the first research questions, the following section proposes several recommendations for answering the following research question: How can counsellor competence be increased for disabled sex workers?

Recommendations for Practice

These suggestions expand upon the best practice guidelines (Antebi-Gruska et al., 2019), and supplemental theories of resilience, Minority Stress Theory, and Trauma-informed Practice (Burnes & Dawson, 2023). Importantly, these will be oriented from an Intersectional Feminist, Queer Theory, and Disability Justice framework. Standing at the forefront of counselling for disabled sex workers is the notion that counselling practices must center a disability lens, work towards Disability Justice, and honour the diversity and resiliency of sex workers with disabilities. These recommendations aim to bring disabled sex workers' experience from the margin to the center, and ultimately facilitate disabled sex worker visibility within counselling. Reflexive questions for mental health providers will be provided with each recommendation to aid in facilitating meaningful change. Lastly, it is important to acknowledge that bias is impossible to completely eliminate. Competency is a reflexive process of bringing awareness to biases and working to reduce them (Antebi-Gruska et al., 2019).

Recommendation 1: View sex work through a disability lens

While the quantitative data is limited, the qualitative data suggests sex workers with disabilities are more common than not. "The disability community needs to understand that sex

work is a disability issue” (Tastrom, 2019, para. 12). This is also relevant to the mental health field. Viewing sex work through a disability lens is crucial for understanding the unique reasons disabled sex workers engage with the sex industry and the unique challenges they face due to stigma. By adopting a disability lens in counselling, it addresses issues of vulnerability, agency, autonomy, and stereotypes of sex workers living with disabilities. Furthermore, it fosters solidarity between Disability Justice and sex worker rights movements. Disability Justice necessitates supporting the advocacy of sex worker rights (Tastrom, 2019). This coalition combats discrimination, promotes inclusivity, and prioritizes safety for all individuals within sex work. This energy needs to be brought into the counselling field to be able to fully support disabled sex workers.

Some questions to help counsellors reflect on regarding disability and sex work:

- What stereotypes or narratives do I hold about people living with disabilities and sex workers?
- How do these stereotypes influence my perception of disabled sex workers?
- What biases or prejudices may I unintentionally be bringing into my therapeutic approach with disabled sex workers?
- Am I treating disabled sex workers differently than nondisabled sex workers within session, and if so, why?
- Have I received adequate training or education to support disabled sex workers?

Recommendation 2: Honour the intersections

Disability Justice operates as if intersectionality is a central tenet, with Sins Invalid listing it as a core principle in their “Ten Principles of Disability Justice” (2017). Bringing sex workers with disabilities into the Disability Justice movement realizes the intersectional objective of the

movement. Honouring intersectional identities allows therapists to understand the unique challenges, strengths, and resilience of disabled sex workers. An intersectional lens aids mental health providers in recognizing how systemic oppression, such as sexual ableism, racism, gentrification, and transmisogyny intersect to impact disabled sex workers' experiences. Thus, counsellors can offer more holistic, affirming, and trauma-informed support for sex workers with disabilities. Some questions for therapists to reflect on regarding identity intersections and disabled sex workers are:

- How do my own identities and experiences shape my perceptions of disabled sex workers? Am I aware of how my personal intersecting identities influence these perceptions?
- Do I recognize the further layers of stigma and discrimination that disabled sex workers, especially those with additional marginalized identities, face within the disability community and the sex work community?
- How do historical and ongoing power dynamics impacting disabled sex workers show up in the therapeutic setting?
- Have I examined my own privilege and positionality in relation to disabled sex workers, and how does this impact the way I approach therapy with them?

Recommendation 3: Disrupt the dominant discourse

Therapists can disrupt dominant discourses about disabled sex workers by actively challenging stigma or stereotypes, and by promoting inclusive narratives. The stereotypes, assumptions, and misconceptions impact how others view and engage with disabled sex workers, and how they view themselves (Drummond & Clamen, 2013). Disruption involves education about the diverse experiences of sex workers living with disabilities. The research done on sex

workers does not provide a comprehensive view of the needs of sex workers (Sawicki et al., 2019). Therapists need to explore other forms of information outside of academic research and center the voices of disabled sex workers. This can look like countering misconceptions with accurate narratives by listening to sex worker lead podcasts. Additionally, mental health providers can learn affirming terms to reframe language away from stigmatizing terminology within session. This might include using the term ‘sex worker’ instead of ‘prostitute’ or mirroring the client’s language used in session. Counsellors can reflect on the following questions:

- What language do I typically use when discussing disability and sex work? How might this impact the therapeutic relationship?
- What steps can I take to center the voices of disabled sex workers within therapy and community?

Recommendation 4: Witness and celebrate the resistance

Being a disabled sex worker can be an act of resistance against oppressive systems of ableism and whorephobia; however, not all responses to oppression are acts of resistance. If the client describes their actions as resistance, then it can be considered as such (Wade, 1997).

Therapists can witness and celebrate resistance by fostering a therapeutic setting that acknowledges agency, resilience, and activism. This involves validating experiences, affirming courage in navigating intersectional oppression, and explicitly recognizing ‘small acts of living’ to restore dignity. Therapists should celebrate the creativity and achievements of disabled sex workers. It is also crucial to recognize the importance of collective community care and solidarity. Questions for mental health providers to reflect on to improve their care:

- How do I perceive and understand the resistance demonstrated by disabled sex workers within the context of their intersecting identities?

- What biases or assumptions might I hold that could hinder my ability to fully recognize and celebrate the resistance of disabled sex workers?
- How can I continue to evolve my understanding of disabled sex workers' resistance to ensure my therapeutic approach remains affirming and culturally competent?

Recommendation 5: Counsellors as social justice allies

Advocacy is a continuous practice used to remove systemic barriers and oppression to promote equity for sex workers (Burnes & Dawson, 2023). Therapists need to be social justice advocates and allies to disabled sex workers. An important part of working with bias is turning it into action to become an ally and advocate for change (Burnes & Dawson, 2023). This involves advocating for accessibility, engaging with community support networks, and promoting policy changes for the rights and well-being of sex workers with disabilities. Mental health providers can also engage with social change initiatives that are led by disabled sex workers themselves. Such as attending Red Umbrella Day or the International Day to End Violence Against Sex Workers on December 17th. Another important point of advocacy is the intersection of disability and sex work. There is a political affinity between disability and sex worker rights (Fritsch, et al., 2016). Counsellors need to advocate for the coalition of Disability Justice and sex worker rights movements. Questions for mental health providers to consider their social justice allyship:

- In what ways do I integrate social justice principles into my therapeutic approach to promote social change for disabled sex workers?
- How can I collaborate with disabled sex workers and community organizations to ensure therapy is inclusive, affirming, and responsive to their diverse needs and identities?

- How can I advocate for policies and practices that promote the rights, dignity, and well-being of sex workers with disabilities within broader social, political, and economic contexts?

Limitations & Recommendations for Future Research

This capstone was limited by the dearth of research pertaining to sex workers living with disabilities, especially in the context of counselling. There are ample bodies of research speaking to disability studies or sex work research; however, pathologizing research is still prevalent in both. The information acquired through academia is informed by those who hold advantageous privileges and social locations, and as a result the intersection has largely been unexplored. Interpretations were generated from what exists in the literature but were largely dependent on gaps in the literature. This created room for subjectivity and interpretation, and the opportunity to bring forth relevant voices not regularly showcased or given credit in academia. This limitation within academic research is crucial when considering the wisdom the disabled sex worker community collectively holds.

Since this capstone was a literature review, it took broad strokes across many elements that could be further developed to understand the diverse experiences within the disabled sex working community. Considering my positionality as the author, I heavily drew from a sex work narrative rather than a disability lens. Further research could develop the Disability Justice and disability perspective when considering the experiences of disabled sex workers. Additionally, ageism is an important intersection that relates closely to racism, ableism, gender, and sex work. The scope of this paper did not allow for this intersection to be explored in relation to disabled sex workers. Any of these recommendations for future research would be fruitful; however, the

most important recommendation moving forward is to consider the intersection of disability and sex work in future research about sex workers.

Conclusion

This capstone outlined how societal constructs and dominant discourses negatively impact disabled sex workers. Sex work stigma and disability stigma operate differently; however, they possess similar eugenic legacies. This means disabled sex workers experience nuanced marginalization due to the process of abjection and the double bind of hypersexualization and desexualization. Sex work is work and a harm reduction strategy for many different reasons for people with disabilities, especially those with intersectionally marginalized identities. Prioritizing the empowerment narrative endorsed by Neoliberal Feminism continues the process of sexual gentrification by homogenizing the sex work narrative. Compulsory able-bodiedness and erotophobia have been shown to be entrenched in the research, pathology, and treatment of disabled sex workers. Due to these, and other oppressive factors, disabled sex workers experience challenges with mental health. Though best practice guidelines and suggested supplemental theories have provided a basis for sex work affirming therapy, they have not considered sex workers with disabilities. Sex work must be viewed through a disability lens. This is imperative for mental health providers to deliver culturally competent services. Centering voices of disabled sex workers and considering the intersection in future research is crucial for social justice and changing systemic oppression.

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