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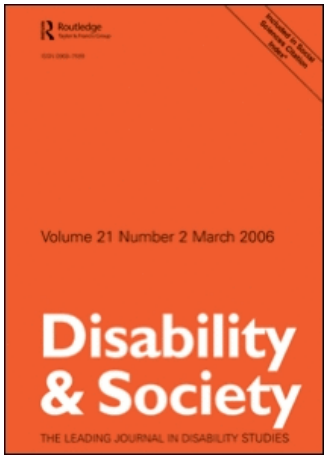

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The politics of sexual citizenship: commercial sex and disability

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This paper breaks a long silence by bringing together two areas of literature that have generally been considered separately: that of sexuality and disability with findings from studies on sex work. Presenting empirical findings from two studies, one with sex workers who work from indoor sex markets and the other with men who buy sex, this paper exposes the existing relationships and practices between men with physical and sensory impairments who seek out commercial sexual services from female sex workers. In the discussion the politics surrounding sexual rights and commercial sex will be addressed. In the context of commercial sex, quality of life issues, complex power dynamics and the common ground between disabled people and sex workers rights are discussed. This paper considers the negative aspects of promoting commercial sex for people with impairments, as well as the positive aspects regarding the wider campaign for sexual citizenship. Finally, I set out recommendations and a new research and policy agenda that investigates the complexities of commercial and facilitated sex.

Introduction

This paper adds a qualitative element to what is known about the dynamics between men with impairments and the commercial sex industry in the UK. Using empirical data from sex workers and men who buy sex, this paper argues that the commercial sex industry provides a role in enhancing the quality of life of some men who live with impairments. This relationship is critically analysed in the context of sexual politics and disability, the campaign for sexual citizenship and the socio-cultural impediments of the heteronormative sexual culture. First, I offer a brief overview of what is already known about disability and commercial sex, an area usually shrouded in taboo and stigma.

It is becoming apparent that men with physical and sensory impairments are a core group of clients that visit commercial female sex workers. We have mostly come to

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know about this through the media. Earle (2001, p. 436) commented that the media have reported salaciously how the NHS paid for men with impairments to visit sex workers. In various European countries the call for 'sexual rights' to be considered in the same way as other rights for people living with impairments has been promoted by welfare groups. The BBC (5 October 2005) reported that in Denmark, where prostitution is not illegal, a man with cerebral palsy lobbied the government to provide 'state funded sex' because his limited mobility meant that sex workers must visit him and, therefore, the service incurred an extra charge. In Switzerland the advocacy group 'Fabs' arranges erotic massages, but has recently campaigned to extend the service to provide full sex acts for heterosexual and gay people with impairments (Allen, 2006). Such examples have taken the lead from The Netherlands, where sexual assistance by the state has been provided for over 30 five years. Other schemes, mostly in Australia, that support sex and relationship facilitation have been reported in recent years (Davies, 2000; Touching Base, at www.touchingbase.org.uk).

Definitions: the spectrum of sexual facilitation

It is important to explain the terminology and roles that exist when referring to sexual facilitation. This paper will mainly refer to commercial sex as the payment of money for sexual services between two consenting adults (here a man buying services from a female sex worker). There are other types of sex facilitation that are different from a commercial liaison. Earle (2001, p. 436), writing from a nursing perspective, noted that the continuum of facilitated sex includes the possibility of personal assistants arranging 'paid for' sexual services for the patient. Depending on the level of impairment, this assistance may extend to personal assistants helping the person into sexual positions or assisting with the use of sex toys or the use of pornographic material. Other roles on this spectrum of sexual facilitation include sex surrogates who are part of a three-way therapeutic team which includes a therapist, the client and a surrogate sex partner (this is not normally a commercial relationship). The International Professional Surrogates Association (http://members.aol.com/Ipsa1) work under a strict code of ethics and provide different types of sex surrogacy. Sex surrogates can also be people who are trained in erotic and sensual touch that offer their expertise free of charge

Avoiding the subject

The academic community have given little research attention to the experiences and complexities of facilitated sex or commercial sex for people living with impairments. This silence perhaps mirrors a lack of attention by the Disability Rights Movement, who have been criticized for not taking issues related to sexuality as seriously as other aspects of social and personal life, such as employment, education and transportation (see Bonnie, 2002). Brown (1994, p. 124) pondered why, when independent living has reached milestones for people living with disabilities, has the area of sexuality and relationships been avoided. Brown asked 'why have

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there been no "sexuality" coaches, enabling sexual relationships through marriage brokerage, and relationship finding agencies'. Shakespeare (2000, p. 160) offered some reflection on why sexual rights have not been at the forefront of the campaign: 'Partly, this is undoubtedly about prioritisation. Ending poverty and social exclusion comes higher up on the list of needs than campaigning for a good fuck and for access to clubs and pubs'. Due to this prioritization the domestic, private and ultimately sexual rights of people with impairments have trailed behind more public issues.

While this paper does not reflect the experiences of women with impairments seeking out commercial sexual activity due to an absence of data, it is important to acknowledge the work that documents how sexuality produces specific issues for women with impairments (Campling, 1979, 1981; Rintala *et al.*, 1997). Virtually all of the literature that discusses commercial or facilitated sex has been about male sexuality, promoting the sexual rights of men with impairments. Griffiths (2006) argued that where discourses promote the sexual citizenship of disabled people what they actually refer to is the sexual rights of male heterosexuals, whilst the sexual rights of women and other sexualities are marginalized. Criticisms could be laid on this paper for doing the same: the data collected is about male sexuality and, therefore, implicitly marginalizes women's sexuality. However, the issues of female sexual citizenship are central to the debate about commercial sex and disability because female sex workers are also a sexual minority who are facing a similar type of struggle for their sexual freedom and autonomy. This paper highlights the absence of research and literature on the thoughts and experiences of women living with impairments and sexual relationships, sex surrogates, facilitated and commercial sex. This is an obvious research gap which needs to be addressed.

Returning the focus to male sexuality, there has been some brief mention of commercial sex in the discussions relating to facilitated sex (Bonnie, 2002). Yet the silence surrounding commercial sex as a regular and viable option for men with impairments does not reflect the reality. There is clear evidence that in the UK significant proportions of men with physical and sensory impairments are in contact with female sex workers. The most comprehensive data in the UK comes from the *Disability Now* 'Time to talk sex survey', which targeted the magazine's readership in February 2005 (*Disability Now*, 2005a). This survey was the first of its kind to collect data on the sexual experiences and needs of people living with impairments. 1115 people, 52.3% men and 47.3% women, with the majority (79%) indicating that they had a physical impairment, completed the questionnaire. The results (*Disability Now*, 2005b, p. 3), which will be explored below, are an indicator of the extent to which commercial sex is an important means of achieving sexual fulfillment for some men with impairments (less than 1% of female respondents reported buying commercial sex). This quantitative indicator is useful to highlight prevalence (although these statistics may well be 'the tip of the iceberg') and puts commercial and facilitated sex on the agenda for the Disability Rights Movement. The empirical evidence I put forward in this paper adds a qualitative element to the statistics from this survey.

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The empirical studies

Two studies are drawn upon in this paper, neither of which intentionally set out to explore sexuality and disability. The first study, a 10 month ethnographic one between 2000 and 2002 with women who worked in the sex industry, was published as a monograph (Sanders, 2005a). The primary aim of this study was to explore sex workers understanding of risk and the strategies they employed to manage risks. The women were accessed through a sexual health outreach project in a large UK city, where the researcher developed relationships with women who worked in various sex markets (Sanders, 2006b). The study included 55 interviews with female sex workers, the majority of whom (45) worked indoors (Sanders, 2005b). The interview schedules developed organically from observations, pilot interviews and hypotheses about risks in sex work. Questions were asked about their everyday working patterns and experiences and it is in these discussions that sex workers revealed their relationships with men with impairments.

The second, more recent study, conducted in between 2004 and 2006 (Sanders, 2007), focused on men who buy sex and explored issues of motivation, risk, stigma, emotional attachment and intimacy, use of the Internet in seeking commercial sex and their everyday experience with sex workers. The recruitment strategy for this study relied on advertising on web sites and through a snowball chain of referrals. Overall, 50 men were interviewed (27 by telephone and 23 face to face), of whom 6 described themselves as having a physical or sensory impairment. Specific questions were asked about disability, although there was no specific sampling strategy to include men with impairments. In both studies interviews were recorded, transcribed and analysed using a grounded theory approach with the software package Nvivo. The transcripts were analysed using a thematic analytical process to develop web-like themes that summarize the main themes of the text (Attride-Stirling, 2001). This is essentially an inductive approach that allows the themes to emerge, rather than imposing a 'top-down' approach whereby themes are previously decided and sought from the data. In this paper, all quotes are reported verbatim, and pseudonyms have been adopted to prevent identification. While I cannot claim that this research was promoted or informed by the Disability Rights Movement, the findings of the research promote the views of some men living with impairments. The motivation to write the paper comes from their experiences and frustration at the lack of debate or policy attention given to the issue of commercial sex as a legitimate sexual and lifestyle option. At best this article intends to open up the debate, pull together the little that is known and set out a new research agenda.

The centrality of sexuality and the oppression of heteronormative masculinity

Commercial or facilitated sex and disability cannot be discussed or understood outside the historical legacies of the oppressive treatment and discourses that have denied the sexuality of people with impairments. The extensive work by sociologists such as Weeks (1989, 1991), Plummer (1995) and Jackson and Scott (1996) highlight the

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centrality of sexuality in an individual's life and the structural and ideological strait-jackets through which sexuality has been restricted, in addition to sexuality as a target for harassment, violence and denial. We know that people with impairments are having sex and are involved in cohabiting, casual sex, marriage, partnerships, gay and straight identities, getting pregnant, giving birth and becoming parents (Stewart, 1979; Campling, 1981; Oliver, 1983; Shakespeare *et al.*, 1996; Bonnie, 2002). We also know that young people living with impairments have specific fears and anxieties relating to sexual relationships, intercourse and contraception (Andersen & Clarke, 1982) and that these concerns are not reduced in adulthood (Shakespeare *et al.*, 1996). However, these social and sexual experiences, which are generally taken for granted as 'rights' by people without impairments, have often been the source of struggle, anxiety and frustration for people with impairments. Sexuality and disability as separate issues are taboo subjects and when placed together challenge myths of 'naturalness'.

Shakespeare *et al.* (1996) and Deepak (2002) identified how barriers to being sexual are widespread, relating to socialization, segregation, sex education, physical barriers and unclear employment contracts with personal assistants regarding their role in facilitating sex. Brown (1994, p. 123) described how the models of normalization that seek to integrate people into society are permeated with a 'coherent vision of ordinariness' that includes 'an ordinary sexual life'. This ideal of 'normality' is in itself prejudicial against people with impairments (amongst other marginalized groups) as there is no acknowledgement of difference in sexuality, sexual activities, identities or relationship formation. Further, Brown (1994, p. 125) summarized how historically, closely tied to the rise of eugenics, people living with impairments were framed as 'asexual, oversexed, innocents or perverts'. This discourse continues through a 'de-sexing' of people with impairments in popular culture that perpetuates myths and imagery of people with disabilities as asexual (Blake, 1996; Burkitt, 1996).

The literature documents how people with disabilities struggle to access the familiar social environs that enable sexual expression, sexual opportunities and relationship building. The difficulties are related to both inhibitions arising from their impairment and the prejudice of the sexual culture and disabling sexual environment (Oliver, 1983, p. 71). Barnes (1991, p. 182) argued 'that disabled people's ability to participate in mainstream recreational pursuits and establish 'normal' social contacts and relationships is severely restricted as a result of the economic, environmental and social barriers' which reinforce solitary leisure activities (see also Howard & Young, 2002). The 'socio-cultural impediments' that people with impairments experience stem from an isolated adolescence, parental over-protection and social attitudes to body image, as well as cultural ideals of attractiveness (Shuttleworth, 2000, p. 265). These structural and cultural barriers reinforce the narrow definitions and expectations of masculinity and femininity that dominate the sexual culture. All men are faced with the social construction of maleness meaning virility, sexual performance and bodily strength. Men who do not conform or live up to this image of sexual 'naturalness' are outside the appropriate boundaries of sexual identity and expression and are consequently denied their sexuality in both the public and the private (for a review of the literature see Sparkes & Smith, 2002). This complex historical and

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contemporary treatment of sexuality and disability informs our understanding of commercial sex in the lives of men living with impairments.

The place of commercial sex in the lives of men with impairments

The *Disability Now* 'Time to talk' sex survey included a specific section on sexual services, alongside other sections inquiring about sexual activity, sexual well-being, sexual abuse, sex education, sexual health and sex and disability. Of the male respondents 11.7% indicated that they had visited a sex worker. These figures are slightly higher than the general male population. In Britain the National Survey of Sexual Attitudes and Lifestyles conducted in 1990 (see Welling *et al.*, 1994) asked male respondents whether they had had any sexual experiences with sex workers. Of the overall sample 6.8% (7941) reported having had at least one experience in their lifetime. However, all figures that report men buying commercial sex are to be treated with caution because of the propensity for respondents to not disclose behaviour that invokes guilt, shame and stigma. Where the *Disability Now* survey provides new information is on the high prevalence of men and women who had considered visiting a sex worker: 37.6% of men and 16.2% of women had considered commercial sex as a viable option to meet their sexual needs. With no statistics from the general population it is hard to make any comparisons or surmise whether people with impairments consider buying sex more or less than non-disabled people. A further two-thirds of the respondents said they would consider commercial sex if there was a legally regulated service. Amongst the survey respondents there was considerable support for legal change: 75% said yes to the question 'Should prostitution be fully legalised'. From the research I have conducted with men who buy sex several issues and experiences relating to disability arose independently, but they echo and reinforce the results from the *Disability Now* survey.

Motivations for buying sex

Other studies that have explored the motivations of men who visit sex workers have documented a range of motivations for purchasing sexual services. Campbell (1998) recorded the following motivations: excitement; sexual services not provided by current partner; sexual variety; convenience; lack of emotional ties; loneliness; an inability to form sexual relationships. This range of motivations is partly evident in the needs and desires expressed by those who are disabled by the social world. For example, Alastair, a 59-year-old man with a physical impairment which has left him with restricted movement in his legs, has visited over 30 sex workers in the last year. He now regularly visits three sex workers with whom he has developed a rapport. His initial reasons for seeking sexual services were because of a life of unwanted celibacy, which he related to his lack of self-esteem:

> Because I'm not very big, I'm only 5 foot 4, I've got small hands, small feet and small something else, I'm not your alpha male and so tie that in with my own insecurities, I

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> guess sex has always been difficult. I've been told off by one of the women I see fairly regularly because I use the phrase 'a bloke like me' because I walk with a gammy leg, I've got quite a pronounced limp. I have quite a low self-image and I thought hey even a bloke like me can do this [commercial sex]. It was a matter of feeling in inverted commas 'normal' because remember I'd been celibate for about 16 years. It's a bit like taking a driving test, I was alright on the theory but it's coming to the practical. You're out of practice.

The work of Shakespeare and colleagues (Shakespeare *et al.*, 1996; Shakespeare, 2000, p. 161) around the sexual politics of disability has argued that people with disabilities have been 'systematically devalued and excluded', leading to many people regularly suffering from a 'lack of self-love and self-worth'. Such devaluing can effect how individuals view their sexual self, which can become a further impediment to accessing all aspects of the social world. Mayers *et al.* (2003) make direct links between the damaged sexual self-esteem and poor quality of life that can produce disabling effects. Some interviewees expressed a genuine stigma or concern about being an 'inadequate' lover because of physical impairments and a lack of knowledge or practical experience of doing sex:

> Well there's no point in hiding it. Basically I'm not very good at sex. I don't become aroused for long enough. I'm not very good at penetrative sex because, I mean if you saw me from the age of about 11 to the age 17 I was in callipers from groin to heel on my left leg, so I can't bend my left leg.

Inexperience in sexual relations has been noted as a general reason why men visit sex workers. Personal testimonies demonstrate how men who have not formed relationships earlier on in their teenage and younger adult years often visit sex workers to address their lack of experience (Korn, 1998). For men living in a disabling world finding a relationship that is sexually fulfilling is fraught with barriers. Shuttleworth (2000) conducted life histories with 14 men with cerebral palsy and detailed the adverse socio-cultural context of 'disability desirability' that limits access to the interpersonal social contexts where dating, romance, sexual encounters and partnerships take place. From this research Shuttleworth (2000, p. 265) described 'immobilization' as the inability to negotiate relationships, a lack of experience of interpersonal etiquette (such as flirting and dating) and a disengagement from social contexts where relationships form (also see Tepper, 1999).

Focusing on the impairment as the disabling factor can only perpetuate inequalities. Not finding conventional relationships because of the restrictions of the social and economic world can prevent individuals engaging in a range of activities that can lead to sexual relations. Stuart, a 36-year-old man who has lived with a visual impairment for 15 years, made specific connections between the structural discrimination of not being able to find suitable employment, financial difficulties and a distinct lack of a social life:

> I was seven years unemployed, because basically if you've got a visual impairment in the job market you just can't succeed. I didn't have any money. … I couldn't go out, I didn't go out. I couldn't meet other people but since working I have met other people as well as seeing escorts.

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'Immobilization' is a powerful concept through which the motivations of some men can be understood. However, 'immoblization' is not a result of personal inadequacies but is a response to and consequence of the disabling environment and sexualized culture that prevents people living with disability fully integrating into work and leisure spaces.

More than sex: intimacy and friendship

The motivations for visiting a sex worker go beyond sexual release or relief or even pleasure, as already stated in the general literature on the motivations of male clients (Campbell, 1998; Monto, 2000). Paul, a 44-year-old ex-builder who now uses a wheel chair after an accident at work, has been visiting sex workers for three years and describes how sex is not the only outcome:

> You know it's wonderful to feel flesh on flesh when you haven't felt it for years. And quite apart from anything else, I say the two women [sex workers] I seen most often I don't always have penetrative sex with and I say to them that in one sense that does not matter because I'm enjoying being with them. We have what the Irish would call the craic, and we talk and share things. Like this woman I saw yesterday, she likes the same music as me so we listen and appreciate that together. I don't want it to get any closer than that. But just to know that there's that sort of link as well—it's nice.

Shakespeare (2000, p. 164) reminded us that most people are not looking for sex but instead 'intimacy, warmth, validation, connection'. This is the case for both disabled and non-disabled men who may seek commercial sexual relationships for more than sexual pleasure. Men with impairments who I interviewed as clients of sex workers spoke readily of the social nature of their relationship with sex workers:

> I go for two hours rather than one because you can sit down and have a chat, you know, be a bit friendly, chatting about what's happening in the world and what's happening in your life. The girls I have chosen have been really good to me … but it's also just the fact that you're having a chat like a bit of companionship because I'm a single lad and you know sometimes you just want to talk to a woman. You can talk to your friends but its different talking to a woman.

Equally, several interviewees expressed the opinion that it was also important to engage in a mutually pleasurable sexual experience, even if it was a commercial encounter. Forging a relationship with a sex worker often meant that the man became a regular client and visited the woman frequently, finances permitting. Regular visits became routinized and a central part of achieving a good quality of life where a range of needs were met.

Enhancement of quality of life

Men who seek out commercial sex are privy to a stereotype that plagues all men who buy sex, that of not being able to find or sustain a conventional relationship. As some interviewees said, this is partially true because of the disabling factors associated with ideologies, structures and cultural expectations. The shame, guilt or embarrassment

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in seeking out commercial sex is rebuffed by the positive influences on quality of life, self-esteem and confidence that result from fulfilment of a range of emotional, psychological, sexual and social needs. Below, Simon explains how missing out on important years of his life because of his impairment meant that at the age of 29 his sexual status was unsatisfactory:

> I got disabled when I was about 19, so it took us a couple of years to get over the shock and trauma and then I was unemployed. So the normal basics for most teenagers, say under 25 is you get yourself a job or go to university and socialize. Well frankly, that didn't happen to me. … I was 29 and a virgin and I had a compelling wish not to die a bloody virgin … at least now I won't be bloody petrified with a girlfriend and think what do I do now. … I mean I'll be able to negotiate that a bit more easily.

Interviewees identified how seeking out commercial sex did not necessarily reaffirm negative sexual messages, stereotypes or beliefs about men with impairments and sex, but instead highlighted sexual options, rights and sexual pleasure as central to a full life. Their growth in self-esteem was related to several aspects of the commercial sex experience. For instance, communicating with men and women through Internet chat rooms and message boards enables interactions in virtual communities on a daily basis and promotes feeling part of a 'community'.

> I spend at least an hour a day reading and replying to posts. There is a lot to take in … it is just somewhere to go where you can express an opinion and you know you're with, well like-minded people. It's a community. I have got to know a fair few people through cyberspace. It's not real, it's not the same as having real friends but they are like virtual friendships really. But we do meet up, us that lives in the North. I have been to three parties that have been arranged.

This unexpected movement of virtual interaction to physical, real-time friendships that grows out of cyberspace is an interesting aspect of how quality of life is enhanced for men who engage in commercial sex networks on the Internet. As a side effect of gathering information about the commercial sex world other more conventional relationships are formed that provide channels of support, interaction, socialization and communication.

Finances—who should pay?

Men in my study who were living with impairments raised the issue of payment in relation to sexual services. Who should pay for the requirements of people living with impairments to overcome a disabling environment has been a perpetual social and economic policy question. While the libertarians and the conservatives argue the political points, the fact is that the price of commercial sex currently falls on the individual to allocate funds from welfare benefits. Men with impairments often state the financial costs are a barrier when considering commercial sex (Earle, 1999, p. 314).While disability benefits and provisions of 'care' in the UK do not take into account facilitated or commercial sex costs, individuals are making their own decisions about their needs and how their entitlements should be spent:

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> My punting money, £200 every month or whatever comes from my Disability Living Allowance and my working tax credit. Before I was working, my care component and my Disability Living Allowance went on seeing girls … this is for your care needs. It's up to you as an individual to determine what those care needs are. I would imagine there are a lot of disabled people out there who are using part of the DLA money for punting.

Looking at the wider picture of engaging with the entertainment and night-time economy which sharply defines involvement in mainstream society, Shakespeare (2000, p. 161) reminded us that 'being sexual costs money'. The key question is where is the money coming from? Non-disabled men have a greater capacity to earn money than those with impairments. Therefore, men who rely on the state for all or part of their income have a restricted capacity and fewer resources to buy a service that they may consider a right.

Commercial sex: men with physical and sensory impairments as regular clientele

From my observations of various sex work venues and interviews with sex workers who worked from independent flats, as escorts or in well run massage parlours it is a common experience to have men with impairments as part of their clientele. I have written elsewhere that sex workers who describe their involvement in sex work as voluntary often hold a set of 'rationalisation narratives' to justify their role and function in society (see Sanders, 2006a). Sex workers felt they were providing a function in society specifically to men who were not able to engage in a conventional relationship, including men with physical or sensory impairment. Below Ava and Krystal, who had worked together in a sauna for 10 years, relay anecdotes of providing sexual services to men with physical disabilities:

> Ava: I have lots of disabled punters. Like one regular, he was able bodied and then became disabled. It is a big thing and he tells me he feels inadequate with his wife so sex does become an issue. Because they are paying us for the service it takes away their responsibility and stress that surrounds sex. They are just human, they have got an urge and a need and in fact they are less demanding.
>
> Krystal: Half of the time it is not the sex it is just another human contact they want. Just being with another female. Sometimes you don't even have to get undressed because they want other services, or someone actually putting their arms around them.
>
> Ava: Like in the sauna, there was this man who couldn't walk and his carer would bring him. You had to lift him out of the wheelchair and into the jacuzzi and he was stiff because he didn't move his arms and legs. He couldn't move, could get an erection but that was about it. He could not move, or talk or anything. We used to go to this warden controlled place to do the ones who were bed ridden. That was normally just hand relief.
>
> Krystal: It is care in the community. I look at this as an extension of my job as a nurse.

Although there is an absence of understanding of disability rights, this exchange shows that sex workers can hold some implicit understanding of the sexual needs and specific concerns that men living in a disabling environment may have. Sex workers who had experience in nursing and the caring professions rejected the stereotype of 'disabled' people as asexual and the majority did not show disgust at their sexual

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desires: 'We are not just here for able bodied people. Disabled people—they still need to be relieved. It doesn't freak me out at all, it is because of them that I think it has to be legalized' (Kelly, sauna). They were also more matter of fact about sexual acts and had little reservations when a 'carer' had to be present to assist a person with positioning or technique. From the sex workers accounts it is not uncommon for 'carers' to bring men to sex work venues and help in enabling the service to continue or facilitate access to commercial sex for those who live in institutions. However, it must be noted that not all sex workers looked favourably on having men with disabilities as clients. Some sex workers said that this group of clients required more time and concentration and, therefore, were not value for money. Others, who were perhaps less experienced in sex work, younger and were more interested in earning money than providing a service, were less interested in the political issues of providing sexual services and not inclined to facilitate disabled clients.

There was also evidence that sex workers are unsure of how to appropriately treat men with physical or sensory impairments, suggesting that there is a need for specialist advice and training. Tracy worked in a sauna and an apartment and explained:

> I used to have a regular client who was in a wheelchair and couldn't move his arms or legs. It was horrible because you don't know what to do at first. The carer brought him and took him out of his wheelchair and put him on the bed. He had hand relief and oral and I had to move his hands to touch me. And when he went home he had got a computer and he can touch the buttons and his carer called me back up and said that Jamie really enjoyed it. Getting used to speaking to him through his computer was strange, but we did it and he came to see me for about 18 months. Another man came to the sauna in a wheelchair and he wanted to be lifted into the jacuzzi which took a couple of us and it was hard. We needed extra help really as we didn't really know if we were lifting him right.

It was apparent that most sex workers learnt how to address the needs of men with impairments 'on the job', with no expert advice other than that from colleagues. The anxieties mentioned above left some women reluctant to accept clients with impairments because they were unsure about specific health or mobility issues. Equally, some women had never had physical or sexual contact with a man with impairments and were nervous or squeamish about having contact with a male body that may function differently to what they were familiar with. One sex worker mentioned the frustration of not having any support from disability rights organizations and felt there was an absence of information and that commercial sex had not been taken seriously as a 'rights issue':

> I do not promote my service to organizations although I did have some conversations with SPOD (The Association to Aid Personal and Sexual Relationships of People with a Disability) after their television programme about sex workers and people in wheelchairs. I got in touch with them and said I would like to have some training. They did not seem to be able to provide any information and when I got a call from a disabled guy I was terribly unprepared and I was afraid of doing the wrong thing. But if I found another organization I would certainly want training or information.

Some sex workers do design their service so that it is accessible to clients with physical impairments. This is notable on advertising web sites that highlight accessible venues with facilities such as easy parking, ramps or lifts, downstairs bedrooms, bathrooms

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and handrails. Melinda described how she specifically looked for premises that were accessible to wheelchairs:

> That really was one of the reasons why I took this flat, as before I was in a flat with stairs. All the other flats I have been in, other people's, they have all had stairs. I have only seen two people in wheelchairs and both times the carers and I pulled them up the stairs. There is no dignity there. So here I thought I would be set up to deal with mobility issues.

Evidence from sex workers shows that men with impairments have specific needs when accessing the sex industry. Equally, sex workers are often unprepared and untrained, highlighting the need for intervention by disability activists. These experiences demonstrate the complexity of sexual politics and sexual citizenship that are at the crux of sexuality and disability.

Discussion: rights, discrimination and sexual citizenship

Debating the relationships between female sex workers and men with impairments who buy commercial sex raises some important political questions. The gender relations between the two parties are different from those between a non-disabled male client and female sex worker. Where does the power lie in this transaction? To explore this question the power dynamics that occur between non-disabled male clients and female sex workers is worthy of comment. It is usually assumed in commercial sex that men have the power over women because of their social, economic and cultural capital. They have the money to buy sex and in doing so other cultural ideas of control over women, in particular sexual control and mastery, are bound up in the relationship. In reality, the power dynamics may not simply be that men have control over women (Sanders, 2005b). Sex workers with agency over their work and bodies exercise direct control in terms of which clients they accept and how the routine of the sexual service is organized. In a situation where the client does not fulfil the alpha male stereotype and has a different status because of his impairment the power dynamics may be different because of the differences in social status and physical ability. It may be that the woman is physically stronger, which turns the traditional power dynamic on its head. It may be that the woman is more sexually experienced and capable, again challenging the expectation that it is the man who will have sexual prowess. The gender relations between men and women when one partner is disabled may be more equal because of the marginalized status of men with impairments or, indeed, it could be that the female sex worker, in her capacity as a professional, has power over the client, who is vulnerable, inexperienced and potentially physically weaker. The power dynamics are certainly an interesting question and reflect the microdynamics of the inter-personal relationship.

Sexual citizenship: rights versus needs

The right to full sexual citizenship has been taken up by disability activists who campaign for sexuality and sexual fulfilment as a human right. While there have

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been criticisms that the notion of sexual citizenship is largely based on the image of young male heteronormativity (Griffiths, 2006), it has been recognized that access to a full social world includes 'access to pleasure' (Tepper, 2000, p. 289). Traditionally the construction of sexuality, based around rigid notions of femininity and masculinity, has been to the detriment of people living with impairments. The biological understanding of sex as normal, based on reproductive processes and 'naturalness', has influenced the social construction of sexuality and continues to oppress any individuals that do not display sexual expectations. While there is not enough space to go into a detailed discussion on the increasing social construction of sexuality that reinforces set male and female sexualities, it is important to set out the difference between sexual rights and needs. Traditionally the expression of sexuality has been closely aligned with reproduction and the biological urge to procreate. Sexual needs, like other types of needs, have been considered inherently natural and therefore basic human entitlements. Understanding sexuality as a need is complicated by concepts of agency and choice: the ability for individuals to decide whether or not to pursue sexual needs. Sexual needs are complicated by gender relations, as essentialist views suggest that biological differences between the sexes mean that men have a greater sexual urge than women. More recently sexuality has been understood, by those campaigning for sexual citizenship and freedom of expression, as a right. The right to express sexuality has been understood on the same level as the right to education and employment. Commentators explain how rights enable individuals to fulfil their needs or at least have the option of pursuing their needs. In this instance, if the right to sexuality is acknowledged then individuals would have a choice to legitimately pursue commercial sex to meet their individual needs.

The argument that people with impairments have a right to legally buy sexual services is questionable on several points. First, feminist and human rights lobbyists who understand any form of prostitution as violence against women and consider prostitution an explicit aspect of patriarchy would consider the argument promoting sexual rights as simply perpetuating gender divisions. Moreover, they would see the facilitation of men with impairments through a power lens, whereby women are made sexually subservient to male sexuality, perpetuating long-standing sexual inequalities. Yet the campaign for sexual rights highlights how this debate is more complex than simply a reinforcement of the social construction of gender inequalities. Although those who campaign for sexual citizenship do not have the backing of the human rights legislation (for instance the United Nations Declaration of Human Rights, 1993, falls short of stating the right to a sexual life as one area of human rights), other influential organizations have supported the right to sexuality and sexual expression. The World Health Organisation (2004, p. 3), which makes clear links between sexual fulfilment and mental and general well-being, has stated that individuals have a 'right to pursue a satisfying, safe and pleasurable sexual life'. It could be argued that campaigns and organizations which promote specialist sexual services reproduce gendered discourses of sexuality by maintaining the heteronormative construction of sexuality by supplying a service

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only to men with impairments. Reflecting society's broader stereotypes that claim men have greater sexual desire than women or that women seek sex only in a loving relationship continue to make the purchase of sex by women a taboo area where further research is needed. The sexual rights of women, particularly those who are marginalized, have been ignored in the sexual citizenship debate (see Richardson, 1998).

Secondly, some sides of the Disability Rights Movement may argue that promoting commercial sexual services for those living with impairments is perpetuating discrimination and prejudice (i.e. treating disabled people as 'other' and consigning them to a non-normative form of sexuality and relationship formation) and that efforts should concentrate on tackling wider discriminatory attitudes and structures that would enable disabled people to enjoy a life without barriers. It could be argued that although sexual rights are exercised on an individual level by men who visit sex workers, on a macro level the negative attitudes towards sexuality and disability are perpetuated because the social and sexual culture are not challenged as disabling environments. However, men with impairments do not just visit sex workers because they have an impairment. Like non-disabled men, they visit sex workers because they have unfulfilled sexual desires for a range of reasons. Discrimination in the social world is not the only reason men visit sex workers. If it was, then only men who were marginalized would visit sex workers. Yet there is evidence to suggest that buying commercial sex has been normalized amongst some groups in society and that there are no significant differences between the types of men who visit sex workers and those that do not. Sullivan and Simon (1998) established, from a large-scale survey amongst the male population, that those who visit sex workers are from a range of socio-economic groups, ethnic backgrounds, marital status and occupations. The key defining socio-demographic variable is age: buying sex is more likely to occur amongst men over the age of 39 years. Therefore, even in an equal society, there would probably still be a need for commercial sex to fulfil expressions of sexuality.

A third argument against supporting facilitated or commercial sex is that those who are compelled to buy sex could have negative stereotypes about their oppressed status reinforced through engaging in what is generally considered a deviant sexual activity. Yet the quality of life argument, as demonstrated in the quotations above, illustrates that men can engage in fulfilling commercial sexual relationships. Issues such as celibacy, understanding how to live life with a new impairment and how to express sexuality can result in low self-esteem and damaged self-perceptions. If the state provided resources for commercial sex, alleviating the additional stress of the direct financial costs, then the everyday lived experience of those who feel commercial sex is appropriate to their needs can be greatly improved. Various organizations, such as the Outsiders club (www.outsidersclub.org.uk) and the Sexual Freedom Coalition (www.sfc.org.uk), campaign for equal access to sexual rights for those experiencing disabling environments. The politics of rights and those that fight to have agency over their sexual citizenship is where the disability movement and the sex worker rights movement share common ground.

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Disability and sex work movements: campaigning for sexual autonomy

People living with impairments and sex workers are marginalized groups fighting for sexual rights, autonomy and freedom. Sex workers have been marginalized as spreaders of disease, deviants and criminals throughout history, while the oppression of people with impairments has a long history (see the brief discussion above). With current official discourses connecting prostitution with antisocial behaviour in the UK there is a distinct absence of the 'sex work' discourse (Kantola & Squires, 2004). This is in contrast to the small steps made by the International Union of Sex Workers (hosted by the UK), who have successfully campaigned for sex workers to join the GMB general trade union since 2002 (Lopes, 2006). The fact that labour rights are not recognized by the government essentially denies that sex work, if organised safely, fairly and free from exploitation, provides a necessary function in society. This argument is intrinsically tied up with the role that commercial sex plays in the lives of men (and women) with impairments. The right to sell sex under appropriate and safe working conditions is as significant as the right to sexuality.

Beyond the rights debate there are more pragmatic issues on which the disability and sex worker rights movements could cooperate. There is an identifiable need for sex workers, sex facilitators or surrogates to receive more training and specific information. Most notably, sex workers who remain unaware of the disabling environments of 'normality' may be contributing to the continued social oppression of men and women with impairments. There is space for the International Union of Sex Workers (IUSW), sex work organizations and outreach groups to advocate a disability equality framework that recognizes issues regarding sexuality, impairment, mobility and disabling cultural attitudes and structural spaces. Encouraging disability activists such as this to work with sex work unions can take the debate forward as the rights of marginalized groups are brought together.

Recommendations

This paper has opened up the debate regarding the legitimate place of commercial sex, but there is further work of a theoretical and practical nature to be done around sexuality, disability and the role of commercial sex. A number of recommendations can be made for both research and policy.

1. Research that focuses on women and sexuality.
2. Good practice guidelines for sex workers that are constructed within a disability equality framework that provides information about designing a service for people with mobility and access issues.
3. Collaboration between disability rights organizations and sex work organizations to provide training for sex workers.
4. Research into moral, social, practical, financial, legal and emotional dynamics of buying a sexual service for people with impairments.

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5. Research amongst personal care assistants, social and health care workers to find out more about the extent to which facilitated commercial sex happens and the issues for the professionals.

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