

Experiences of sex workers with disability in Australia

A report compiled by Scarlet Alliance, Australian Sex
Workers Association for the Australian Disability
Royal Commission

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Acknowledgment of Country

Scarlet Alliance acknowledges the land of the Gadigal people of the Eora nation as the ongoing custodians of the land, waters and skies where our office is located and pay our respects to elders past and present. Our work as a national organisation spans the unceded lands that always were and always will belong to Aboriginal and Torres Strait Islander people. We acknowledge their sovereignty and resilience as the oldest living culture in the world and stand in solidarity with their struggles against colonialism.

About Scarlet Alliance

Scarlet Alliance, Australian Sex Workers Association is the national peak body representing a membership of individual sex workers and sex worker organisations, networks, groups, projects and collectives from around Australia since 1989. Through our objectives, policies and programs, Scarlet Alliance aims to achieve equality, social, legal, political, cultural and

economic justice for past and present workers in the sex industry, in order for sex workers to be self-determining agents, build our own alliances and choose where and how we work. Scarlet Alliance are a peer-only organisation, which means we are entirely staffed and run by sex workers and are 100% sex worker led at all levels. We represent and advocate for sex workers, providing expert advice including through a number of government and non-government committees and advisory mechanisms. Through our work and that of our membership, we have the highest level of engagement with sex workers of any other agency, organisation or group in Australia.

About this Report

This report presents findings from a consultation process conducted by Scarlet Alliance (with additional support from our member organisation Sex Workers Outreach Project [SWOP] NSW) with sex workers with disability across Australia. This report has been compiled to inform the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (ADRC).

Our intention is to establish sex workers with disability (SWWD) as stakeholders of the ADRC by providing a sex worker peer-led channel through which to share their experiences with the Commission. SWWD have also spoken up within the sex worker community to ask for stronger representation within our national organisation, and the ADRC is an opportunity to do this essential work. We present this information as a way to centre the experiences of SWWD and contextualise them within a rights-based approach to improving the lives of people with disability and sex workers.

The Report is comprised of 3 parts:

1. Part 1 provides an outline of the research methodology, terminology and an executive summary. The executive summary provides an overview of the background and context of this research project and an overview of the research participants. This is followed by a summary of key findings and their corresponding recommendations.
2. Part 2 shares the words and experiences of sex workers with disability who engaged with our input mechanisms and provides in-depth information on how sex work experience and disability shape SWWD access to health, justice, employment, disability support, income, and general wellbeing.
3. Part 3 presents Scarlet Alliance's recommendations for the ADRC. These include alignments with the bottom line advocacy work and policy positions of the sex

worker rights movement as well as specific recommendations drawn from our research.

As with any research study, the data presented in this report is imperfect and may not provide a 'complete' view of the experiences of sex workers with disability in Australia. To the best of our knowledge, it represents the most extensive collation of data about the experiences of sex workers with disability in Australia. These findings make an important contribution to understanding the unique intersection of sex work and disability and make a strong case for further funded peer-led research to occur. They will be of interest to the ADRC, law and policy makers, and practitioners across Australia who wish to be more inclusive of sex workers with disability.

We hope that interest in providing accessible and inclusive services to sex workers with disability will also increase as a result of this report. We strongly recommend ongoing engagement of sex workers with disability via trusted peer networks as stakeholders and partners in change resulting from the Commission's recommendations.

We are incredibly grateful to all of the sex workers who participated in this research, and acknowledge their expertise and lived experience as the core of this report. We acknowledge and thank all of the sex workers with disability who participated in the development and execution of the survey and roundtable sessions, and appreciate their input on the ways in which sex worker peer organisations can better support sex workers with disability. We hope this will be a contribution to strengthening that work.

An abridged accessible version of this report will be available to our sex worker community and allies in the first quarter of 2023.

Part 1: Introduction

Methodology

The following research is the product of a process conducted by Scarlet Alliance with sex workers with disability. It included a survey and 3 online round table sessions. Scarlet Alliance also provided information to individual sex workers wishing to create their own submissions to the ADRC, with an offer to provide them alongside this report. We did not receive any individual submissions to share with the ADRC.

The process was informed by an initial planning meeting which was attended by Scarlet Alliance and SWWD representatives from many of Scarlet Alliance's member organisations. These representatives advised Scarlet Alliance on how to curate a consultation process that would be accessible and inclusive. These representatives were also sent a draft version of the survey to review and edit. We express gratitude to those SWWD whose work informed the design of the project.

Survey

Our online survey consisted of 22 questions addressing demographic information, sex work experience, and experiences relating to employment, income, health, justice, and access to services. The survey was open for 4 weeks and only available to individuals who identified as sex workers with disability. We understand sex worker with disability to mean any sex worker who self-identifies as having disability, including sex workers who have chronic pain conditions, experience mental health conditions and/or identify as neurodiverse.

We recruited for the survey through our social media platforms and [website](#). Some survey respondents may have found the survey through word of mouth. Of the 22 responses, 10 provided partial responses, and 12 answered all questions. Most questions were optional to provide respondents with choice around which items to respond to, improving access for those who had low capacity to complete the whole survey.

Roundtable sessions

At the advice of a group of SWWD from our member organisations, we designed an interactive/real-time mode of participation through the facilitation of three round table sessions conducted on different topics. These were spread across three weeks and conducted at different times to accommodate SWWD with different schedule constraints. Again, these sessions were only open to SWWD.

The sessions covered medical and health issues, income and employment issues, and other aspects of the holistic lived experiences of sex workers with disability as raised by the participants. These sessions provided valuable connection points for many participants, with many noting that peer-only spaces for sex workers with disability were uncommon and supportive, and calling for a show of leadership from sex worker peer organisations to facilitate these spaces more frequently.

Terminology

Sex workers with disability use a wide range of terminology to self-identify and to describe their experiences. We provide further background on the use of the term 'sex work' as used as a qualifying condition for participation in our research, and as an introduction to the diverse ways in which sex work occurs in Australia. This understanding is essential to contextualising the experiences of sex workers with disability.

Sex work

Sex work is the provision of services that involve the person participating in sexual activity with another person in return for payment or reward.¹ Sex work can involve the trade of services engaging different levels of sexual and/or body-based labour, as well as a variety of interpersonal, emotional and physical skills. Sex work in Australia takes diverse forms, with a range of types of labour, workplaces, employment arrangements, and levels of formality. Most sex workers operate as independent contractors, either working for ourselves, together with other sex workers in a cooperative structure or engaged as independent contractors by sex industry businesses.

Some sex workers may come and go from the industry, and others may work consistently in sex work as their sole, primary or secondary source of income. Sex workers will often move between sectors fluidly in a manner that best suits our working needs (including access needs) and our navigation of the constraints of local sex work legislation and regulation. Not all people who do sex work identify as sex workers, and many people who trade sex for goods, housing, food, or anything other than money, may see this more as a form of trade than as formal labour.

There are many different forms of sex work, which include but are not limited to: full service sex work, social and companionship services, BDSM and fetish services, pornography performance, webcam work, phone sex work, stripping and peep show work, nude or erotic waiter or waitress work, sugaring work, sex for favours, opportunistic sex work and erotic massage work. Sex workers may work in establishments such as brothels, massage parlours, BDSM venues and adult entertainment venues. Sex workers can also work from residential premises, accommodation premises (hotel, motels, caravan parks, other short-term accommodation), public areas (street-based or in social settings such as restaurants or bars) and online. Sex workers may also provide services from home or other locations and can work independently, in establishments, in escort agencies. We may also work with other workers or work in co-operative structures.

Sex workers may organise our own work, or engage a third party such as an agency, receptionist or manager to arrange the work for us. Many sex workers work across multiple digital or physical workplaces, and are influenced by a range of factors such as the legal and regulatory environment, policing practices, access to capital, and workplace health and safety considerations, when making decisions about where, how and when to work. Some sex workers may work as fly-in, fly-out (FIFO) workers who travel to urban, regional and remote locations to engage in sex work in establishments or independently.

¹ *Sex Industry Act 2019* (NT) s 4, <<https://legislation.nt.gov.au/en/Legislation/SEX-INDUSTRY-ACT-2019>>.

The services provided in any given sex work exchange vary. Sex work is skilled work, and many sex workers have small business skills in addition to the social, WHS, erotic, boundary setting, negotiation and customer service skills exercised in the course of conducting sex work.

Part 2: Experiences of sex workers with disability

About the participants

22 participants responded to some or all of the survey, and fifteen sex workers attended the online consultations, with some attending more than one session. Scarlet Alliance did not require online consult participants to answer any demographic questions, as these sessions were more conversational and focussed on peer information-sharing. The following demographic data sets are from the survey responses only, and are provided for the purpose of contextualising the data set itself and our interpretation of it.

All of the participants identified as a current or past sex worker who works/has worked in Australia.

All of the participants identified as having a disability.

Location

We asked respondents to speak to where they had sex worked to account for the impact of inconsistent jurisdictional sex work laws on the experiences of sex workers, and because the availability of disability supports and services in the jurisdictions may vary significantly.

Jurisdiction

The majority of survey respondents work/have worked in New South Wales (41% n=7). Followed by:

- Australian Capital Territory (29% n=5)
- Victoria (24% n=4)
- Queensland (18% n=3)

- Western Australia (18% n=3)
- South Australia (12% n=2)

There were no survey responses for Tasmania or Northern Territory.

Rural/urban

The majority of respondents live and/or do sex work in urban centres (94% n=16), followed by regional (12% n=2), rural (12% n=2) and remote (6% n=1).

Age

The average age of participants is 30 (16 responses, 6 skipped). The youngest participant was 20, and the oldest was older than 50.

Forms of sex work

The majority of participants do/have done independent work/escorting (63% n=10), closely followed by brothel work (56% n=9) and online work/camming (44% n=7). The barriers to different type of sex work are described later in this section, and form helpful context to these results.

Brothel	56.25%	9
Agency	6.25%	1
Massage Parlour	18.75%	3
Independent Work/Escorting	62.50%	10
Opportunistic Sex Work	31.25%	5
Strip Club or Peep Show	18.75%	3
Street-based Sex Work	0.00%	0
Sex for Favours	31.25%	5
Sugaring	18.75%	3
Online Work/Camming	43.75%	7
Porn Performance	18.75%	3
Prefer Not to Say	0.00%	0
Other (please specify)	12.50%	2

Intersecting identities

Both sex work experience and disability experience is impacted by overlaps and intersections with other identities and/or experiences of marginalisation. We asked survey respondents to share information about other aspects of their identities, with the greatest overlaps being

with LGBTIQ+ status (80% n=12), working class or poor status (53% n=8), and experience of houselessness or housing precarity (47% n=7). There were a range of other experiences discussed, and additions to the categories included fatness (with the respondent noting the impact of being fat on their access needs), sexual assault survivorship, and survivor of lateral violence.

Queer/LGBTQIA+	80.00%	12
Trans/gender diverse	26.67%	4
Aboriginal and/or Torres Strait Islander	6.67%	1
Person of colour	6.67%	1
Person living with HIV	0.00%	0
Person who uses drugs	33.33%	5
Parent or carer	13.33%	2
Migrant or visa holder	6.67%	1
Person with experience of incarceration	0.00%	0
Experience of houselessness or housing precarity	46.67%	7
Working class or poor	53.33%	8
Other (please specify)	26.67%	4

Sex workers with disability: experiences of stigma and discrimination

Sex workers with disability shared experiences of discrimination, violence, neglect, abuse and harm across all areas of life. Although this section aims to organise experiences according to topics such as employment, health, government support and access to justice, the experiences reported by sex workers with disability often involve the intersection of many compounding issues.

Two main themes emerged from our research, which underscore much of the participants’ experiences of harm: stigma and harmful laws that regulate and criminalise sex work in Australia.

This section provides an overview of both of these themes, which can be used as a lens through which to understand the topic sections that follow. For example, when an experience is shared about harm in a healthcare setting, consider how this experience is impacted and shaped by sex work and disability stigma and the legal frameworks that regulate sex work in that respondent’s state or territory.

Stigma

Sex work stigma and disability stigma are significant contributors to the prevalence of violence against sex workers with disability. Sex work stigma manifests as:

- the criminalisation, over-regulation and heavy policing of sex workers
- stigmatisation and pathologisation of sex work conducted by people with disability
- targeting, deportation and detention of migrant sex workers
- exclusion and erasure of sex workers with disability by disability support services
- the public acts of discrimination and vilification against sex workers
- targeting of sex workers by violent perpetrators who believe they can act with impunity.

Addressing and reducing sex work stigma is an integral part of preventing violence against sex workers with disability.

Across Australia, licensing, criminalisation and over-regulation of sex workers contribute to and are informed by the stigma that is levied against sex workers. Sex work stigma can 'be seen as a driving force behind many policies and regulatory frameworks that govern sex work, including criminalisation, licensing and end-demand policies'.² The enforcement of criminalisation and licensing systems (further described below), coupled with the gradual extension of police powers, medical mistreatment and pathologisation of sex work by medical professionals, reinforces stigma against sex workers. It does so by promoting the idea that the community must be protected from sex workers or that we must be protected from ourselves, rather than viewing us as citizens and workers equally deserving of protection under the law. Stigma against sex workers has been identified as a negative health determinant that affects the mental and physical health of sex workers,³ our ability to access non-judgemental health care⁴ and our access to basic needs like housing, financial security and legal support.⁵ For sex workers with disability, this is magnified by the intersection of stigma and discrimination against people with disability.

² Stardust, Treloar, Cama & Kim, 'I wouldn't call the cops if I was being bashed to death', p. 2

³ C. Treloar et al., 'Rethinking the Relationship between Sex Work, Mental Health and Stigma: A Qualitative Study of Sex Workers in Australia' (2021) 268 *Social Science & Medicine* 113468.

⁴ Cecilia Benoit et al., 'Prostitution Stigma and Its Effect on the Working Conditions, Personal Lives, and Health of Sex Workers' (2018) 55(4–5) *The Journal of Sex Research* 457, 458.

⁵ For an in-depth account of examples of discrimination against sex workers see - Scarlet Alliance, 'Unjust and Counter-Productive', Report, 1999 <<https://scarletalliance.org.au/library/unjust-counterproductive>>.

Intersections of sex work stigma and disability stigma

When asked whether their mental health or sense of wellbeing was impacted by harm or discrimination faced because of disability or sex work, 92% of survey respondents said yes.

SWWD provided valuable insight into the intersection of sex work and disability.

To be both a sex worker and disabled you are doubly systemically isolated within the community and the impact of that is immeasurable and effects all parts of your life and interactions. I don't think there is a time when it doesn't affect us.

(Survey Respondent)

In a broader way, like when I'm out in the world, the recipe of being a disabled sex worker is so difficult when interacting with lawyers, doctors etc...I'm always asking myself: 'Am I going to be treated like a human or not?'

(Survey Respondent)

There is no part of my being a sex worker that isn't impacted by my disability, as is the same for other aspects of who I am. Too disabled for [sex worker] peer health orgs, and sex [work] too stigmatised and unheard of in specialist disability health services. It is not safe to be either, let alone both. Both identities are so heavily policed and restricted...and I dont know a single person who is able to access any services being out about BOTH sex work status and disability at one time.

(Survey Respondent)

Several sex workers also spoke to personal difficulties that they have experienced in identifying and disclosing either their sex work or disability across different aspects of life.

It took me a long time to identify as a person with a disability. I've been diagnosed and treated with depression for 17 years but never considered it a disability even though it affected how I lived my life. It wasn't until I developed a chronic condition that affected my ability [to] walk and move that I started to identify that way and accept that my mental health conditions also were part of my disability.

(Survey Respondent)

I have to be very careful who I tell that I'm a sex worker. I have been systematically abused and I feel like outing myself has an impact on my interactions. Like there is the stereotype that we are vulnerable people who are forced to do the work.

(Roundtable Participant)

'Invisible disability' and sex work

A recurrent theme raised by participants is their feeling of not being 'perceived' as someone who can be both a sex worker and living with a disability. This exclusion interacts with assumptions that if one's disabilities are not 'visible', they do not exist.

People often dismiss my chronic pain because I am 'too young to have pain', also because both of my disabilities are invisible they are dismissed more easily. It makes me feel invalidated, misunderstood and not seen.

(Survey Respondent)

My disabilities are 99% invisible, and the torment of people not understanding and assuming you can do anything a healthy or abled person can do (and pushing you to do so) can be so depressing.

(Roundtable Participant)

Despite disabled sex workers being a part of our movement's history, we are often not mentioned. Unfortunately disability gets removed from history, even sex work history.

(Roundtable Participant)

Focus on clients with disability presents a one-sided narrative of sex work and disability

Participants also raised the increasing mainstream visibility of clients with disabilities being supported to access the services of sex workers. While this is a positive development, it nonetheless raises the ways in which people with disabilities doing sex work are not supported or recognised in the same way. Disability is seen to be a 'client issue', but not a sex worker issue.

In one roundtable discussion, participants identified this imbalance as part of a 'desirability politics' wherein disability stigma affects perceptions of how 'desirable' an individual is deemed to be. This is often seen as incongruous to popular notions of how sex workers ought to be perceived (i.e. as pinnacles of mainstream 'desirability').

There is also not a lot of talk about sex workers choosing sex work because they are disabled. I think this is due to desirability politics, like disabled people are not viewed as sexual or desirable. Yep, the fact that sex work funds my lifestyle as someone with lots of health expenses isn't sexy Twitter fodder.

(Roundtable Participant)

...This aligns with the narrative that sex workers are not disabled, it is only clients who are disabled and require accessible ways to access brothels.

(Roundtable Participant)

Fatphobia and fatness as an access issue for sex workers with disability

Another factor that was raised by participants was how sex workers with disability who are also fat experience further compounding barriers, stigma and discrimination:

...Fat people have more access needs than straight sized people. I am a person that has access needs because of my size, it's important that that is included in disability discussions, just like people of certain stature are included in disability spaces. I get so much advice from non-physically disabled sex workers - It's like - have you ever sat in a wheelchair as a fat worker? There are so many access needs that come from being fat and disabled that aren't acknowledged or spoken about.

(Roundtable Participant)

Weight changes are often part and parcel when you become disabled or sick like I don't know why it's ostracised. It's the effect of being unable to be as active as we were and it's heartbreaking.

(Roundtable Participant)

Drug use and sex work

The stigma surrounding drug use has long interplayed with sex work stigma in ways that are incredibly harmful to sex workers who use drugs. This stigma also has a significant impact on the experiences of sex workers with disability, particularly in navigating diagnosis or mental health care.

Having my addiction on my record forever has made life so hard for me, I've had to tell so many lies even when I really wanted to tell the truth and get help.

(Roundtable Participant)

My treatment order includes having to do regular piss tests, the GP looking for track marks, only being able to pick up my medication twice a week. Even though I have never failed a drug test since starting my medication.

(Roundtable Participant)

Aligning with broader research on stigma & sex work

The prevalence of discrimination and stigma reported by participants aligns with broader research about stigma and sex work. In 2020, Scarlet Alliance conducted research in partnership with the Centre for Social Research in Health (UNSW) that surveyed 647 sex workers in relation to stigma and discrimination. 96% of participants reported experiencing stigma or discrimination related to their sex work within the last 12 months, including 34% who indicated that this ‘often’ or ‘always’ occurred. In 2015, research by CSRH found that among the general public, 64% self-reported they would behave negatively toward sex workers because of their sex work.⁶

Sex worker stigma compounds differently for sex workers from other marginalised communities who are routinely targeted by police and for sex workers who are parents, use drugs, are young or work as street based sex workers.⁷ For Aboriginal and Torres Strait Islander sex workers, racism further exacerbates sex work stigma as they already ‘face targeted police interaction and disproportionate rates of incarceration’.⁸ Migrant sex workers experience racialised sex work stigma as well, often based on racist assumptions that they cannot work independently and thus must be involved in organised crime as victims of trafficking or exploitation.

As our research participants show in their illustrative contributions above, disability is also a compounding factor for sex worker experiences of discrimination and stigma. In this way, sex work stigma can be understood as both an origin point of stigma and an amplifier of existing stigma.

Sex work stigma can also compound depending on what type of sex work we do. Sex workers often refer to this as ‘whorearchy’, in which different aspects of sex work are viewed as more or less valued or ‘respectable’ than others. Sex work stigma impacts on attitudes towards violent crimes committed against sex workers, including how they are approached by investigatory teams of law enforcement, the judiciary or by the media. It also plays out in how families and communities respond to violence where the victim/survivor is known to be a sex worker, regardless of the context in which the violence takes place. We see this when a victim of violence’s sex work status is emphasized by the media, or when a sex worker victim of fatal violence is ‘outed’ in the private or public spheres following their death.⁹

⁶ Scarlet Alliance, CSRH & UNSW, *Sex Work Stigma Research Collaboration* <[Sex Work Stigma Research Collaboration](#)>.

⁷ Stardust, Treloar, Cama & Kim, ‘I wouldn’t call the cops if I was being bashed to death’, p. 2

⁸ Ibid.

⁹ J. Kim, G. Vanting & C. Cox, ‘Sex workers like Michaela Dunn have the right to feel safe at work like anyone else’, *ABC News*, 16 August 2019, <<https://www.abc.net.au/news/2019-08-16/sex-workers-like-michaela-dunn-should-feel-safe-at-work/11421118>>

Sex work legislative frameworks as enablers of violence against sex workers

The origin point of violence against sex workers is the state. Sex workers face violence from state actors such as immigration officials, prison guards and, most commonly, police.¹⁰ These forms of violence are enabled by laws that criminalise some or all aspects of our work. These frameworks view sex workers as ‘criminals’ who do not deserve protection nor response from the state, and from whom other citizens must be protected. This leads state actors to act violently against us with impunity and leaves sex workers with little to no access to justice or public protections.

Where criminalisation or licensing frameworks are in place, police become the primary regulators of the industry. It is clear that police cannot effectively occupy both roles of (alleged) protector and prosecutor in a way that provides appropriate support or services to sex worker survivors of violent crime¹¹. This conflicting role has long been criticised by sex workers as the cause of various barriers that sex workers face when considering reporting violence¹². Sex workers assert that criminalising and punitive laws that target sex workers, our clients, or our families and associates are forms of state violence, as these laws directly aid and abet ongoing violence against sex workers by state actors and the public. This is very much at play in the way sex workers with disability experience aspects of their lives, including access to justice and experiences of harm, exploitation and violence.

State violence is particularly insidious as it positions violence against sex workers as ‘lawful’ or otherwise excusable and thus ‘socially acceptable’ violence. Understanding and challenging the manifestations of state violence is essential to ending violence against sex workers. This will be further elaborated on in Part 3, but is essential to introduce now as an important structural factor in the experiences of sex workers with disability.

Experiences in employment

‘Sex work is work’ is an assertion that frames the work of the sex worker rights movement and speaks to the truth of our experience - sex work is labour, sex workers are workers and our experiences in our work must be understood within a labour rights framework. Framing sex work as anything else (‘exploitation’, ‘social problem’, etc) automatically sets up a frame in which the human and labour rights of sex workers are de-centred, and where sex workers ourselves become a problem to be solved, rather than as people as deserving of rights, wellbeing and support as any other.

¹⁰ World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank. *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions*. Geneva, World Health Organization, 2013. Chapter 2, *Addressing Violence Against Sex Workers* pp. 19-39

¹¹ Stardust, Treolar, Cama & Kim, ‘I wouldn’t call the cops if I was being bashed to death’, p. 9.

¹² Ibid.

When we say 'sex work is work', we acknowledge that sex work is a legitimate and skilled occupation and that sex workers deserve access to rights and redress equitably with other Australian workers. The following section explains the labour of sex work through the framework of industrial rights. This framework is foundational to understanding the experiences of sex workers with disability in employment environments, whether as sex workers or in other industries. The fight to end violence against sex workers involves the direct recognition of our status as workers, and as individuals deserving of the full suite of human and industrial rights afforded to others.

Why do sex workers with disability choose sex work?

Sex workers, like all workers under capitalism, opt to do sex work for diverse reasons. It is impossible to answer the question of 'why sex work?' in a way that does justice to this diversity of experiences. Sex workers with disability spoke to their choice to do sex work and whether their experience of disability impacted this choice. These examples began to illustrate the importance of understanding sex work as work when considering the experiences of sex workers with disability, and the overarching themes that emerged among SWWD in their decisions to sex work.

Sex work offers flexible working conditions that are less available in other industries

A NSW independent and brothel worker provided the following statements:

My mental health has severely impacted my ability to maintain or pursue any job outside of sex work. When I started over a decade ago, it felt like my only choice. I was broke and struggled to maintain any other job. The flexibility sex work afforded and being able to earn money on my own terms gave me back some autonomy. Now I am quietly quite proud of my work. My clients are all types of people of course, but the ones that seek me out and become regulars often also struggle with mental health. I think we recognise each other. Because I have these experiences myself I think I'm better equipped to understand and cater to what these people may be looking for.

A NSW & ACT based independent sex worker stated:

*I started doing sex work because of my disability. I am an Auslan interpreter and that can be quite a physically demanding job. When I developed a chronic condition I found I could no longer do the hours I was before and needed to supplement my income somehow as I was also a single mother of two at the time. **Sex work allowed me to work around my flare ups and child care options while making enough to be able to pay rent and buy groceries.***

An anonymous survey respondent stated:

*My disabilities affect me in different ways at work. I suffer from chronic pain and pain has at times stopped me from working for periods of time. Sometimes it is a day off here and there, other times it has been whole months. My disabilities greatly influenced my choice to start sex work. I've dealt with chronic pain for a decade, along with various mental health issues. I feel at this point in time I am physically unable to uphold a 'normal' job because of these reasons. **Sex work allows me to have more flexibility with the hours I work.***

A VIC based sex worker stated:

*Over the years I've specialised in working with clients with disabilities themselves. Being able to understand and identify with them helps them relax and not feel so self conscious. I can sustain [working as a sex worker]. **It is more flexible and I can do it when I'm feeling well enough and won't lose my job when I can't work cos I'm not well.** [I can adapt the work to my physical and mental needs.*

Experience of disability provides transferrable skills for sex work

The sensitivities I have as a disabled sex worker translate well into skills needed throughout sex work.** I do well de-escalating potentially tricky situations. I can support other workers and point them toward resources I've used myself. I am proud that my experience as a neurodivergent person has helped me to be a better provider, and to bring comfort to other people like me. **This brings me confidence that supports my own mental health journey.

(Survey Respondent)

Another sex worker who identifies as queer, Aboriginal and/or Torres Strait Islander and a person of colour stated:

ASD meant I was good at being able to 'break up' with a client due to my black and white thinking. It also was good when I needed to lie and make up a convincing story about myself [to protect my privacy when dealing with clients]. [ADHD] meant I had lots of energy for night shifts.

Sex work as a way to financially and temporally accommodate disability

We are constantly making money to cater for our disability. I have to spend so much money on medical appointments and specialists. It's bittersweet. I am so glad that I can get to those appointments and pay for treatment but it can feel like going paycheck to paycheck, where a lot of our profits go to managing and maintaining our health. So yeah, it's bittersweet.

(Roundtable Participant)

In sex work you get relatively higher pay for shorter bursts of energy. This makes it more feasible than traditional employment. The higher pay off makes it worth the consequences of exerting myself.

(Roundtable Participant)

The flexibility of my work schedule is great. I can switch on and off when I want to. I also have learnt a lot about boundaries and autonomy which I didn't get in other industries. But it is exhausting, having to advocate for yourself all the time without much support. It can be a lonely career choice before you find community. I'm grateful for the choice, flexibility and autonomy - even if its been hard.

(Roundtable Participant)

Employment experiences outside of sex work

Many sex workers, including sex workers with disability, also work in other industries, sometimes simultaneously. In one of our roundtable sessions, we asked participants to share experiences in non-sex work employment. Their responses were overwhelmingly negative, citing inaccessibility and stigma as a major issue.

I have lost a lot of jobs because of not having proper adjustments made for my disabilities, and being seen as a risk.

(Roundtable Participant)

I struggle to access other work because I'm not well enough mentally to deal with the pressures of a full-time job. I can't consistently show up for work every day, I have terrible insomnia from PTSD so I often can't fall asleep until 4/5am, which makes it impossible to then work an office job that is 9-5. Sex work's nature of being sporadic, flexible and needing less hours of work to provide maximum income per hour of work, is an option that other jobs in the labour market simply don't afford. I'm well educated, with a bachelor's and a master's degree, so it's not a lack of intellect in terms of accessing other jobs, but a lack of flexible working conditions in other industries.

(Roundtable Participant)

Unworkable hours, no understanding of limitations, pressure to push yourself past your limitations, lack of accommodations, refusal of accommodations, constantly having to advocate for your rights in a way that nondisabled people don't have to.

(Roundtable Participant)

What jobs even exist outside of sex work that are for me? There are not many options that are realistically out there?... I don't think there is any real benefit in non sex work jobs for me.

(Roundtable Participant)

There are no straight [non sex work] jobs I can physically do, a minimum shift of 3 hrs is too much, I can't commit to scheduled shifts due to the variability of my capacity.

(Roundtable Participant)

Whatever the reason we undertake sex work, and whether or not we enjoy the work, we must have access to rights and support

Sex workers may be understood in mainstream culture and within the webbing of government social support structures as 'victims' with no autonomy who are in need of 'rescue'. This stereotype may compound significantly for sex workers with disability, who may already experience infantilisation and pathologisation from members of the public, loved ones, support service workers and health professionals. It is essential that the outputs of the ADRC actively combat this perception, particularly among those involved in mainstream disability support structures, from policymakers to frontline workers.

Sex workers push back against societal demands that we prove we are 'empowered' in our work or that we love our work in order to be seen as legitimate workers. We assert that sex work is work and as such, all sex workers deserve equal treatment and access to our industrial rights. Workers in other industries are not conditionally provided with rights, support or understanding depending on their attitudes towards their own jobs. The right to safe work should be available to all, including sex workers with disability.

Experiences of accessibility barriers in the sex industry

While sex work was a preferred type of work for many of the people we engaged in our research, sex industry workplaces still do not meet the access needs of many sex workers with disability, as is unfortunately the case for many other industries. Sex workers with disability provided insight into the work practices, built environments and physicalities of sex work. They also reflected on experiences of harm, especially in the form of discrimination and exclusion in the workplace and its cascade of impacts on financial and mental wellbeing.

[As a] power wheelchair user with substantial limitations, I wasn't able to get work in brothels. All nearby brothels had stairs, and as a fat person [I] have limitations also. [I could not] visit client homes [and few] clients were willing to book a hotel. I required access taxis which are more expensive than regular taxis. Doing sex work

online was exhausting, but I pushed through to try and establish myself and get the first pay out after 2 months. After expenses to set up camming (equipment and tip activated toys, accessibility assistive devices) I didn't break even. I cannot do in person work from my apartment as it's social housing with case workers and cameras. I've been homeless too many times with the inability to access accessible enough housing to risk any trouble from this work from home.

*I've thought before that brothels treat workers like employees when they need to and sub contractors when it suits them. I'm at a great establishment now, but in the past there have been places that don't allow for breaks or require medical certificates for all absences. **Allowing disabled workers to work how they need to, without fear of repercussions, would be the best thing I could think of.***

I got bullied a lot by workers for being autistic. Managers tried to take advantage of me because of it.

There are physical barriers for sure. For example a lot of establishments are inaccessible, with minimal areas to rest. This is paired with the requirement to do long shifts. Where management often wants me to commit to shifts without consideration for what my pain/energy/capacity levels will be. These things could be easier if I wasn't required to do very long shifts. The lack of flexibility is an issue.

The shift length is definitely an issue. Because it isn't feasible for me to do long shifts at full capacity, I feel like I have to do a lot of shifts, including graveyard shifts, in order to make enough money. This has led to a lot of comparison with other workers, we are often pitted against each other by management.

Physical pain and fatigue can be very hard to manage when doing sex work. When I have to do a lot of physical labour during a shift, without the necessary support, it leads to an exacerbation of my pain and other physical symptoms.

If you want to work at a brothel - can you get inside? Are you a wheelchair user (ambulatory or otherwise) and is the brothel able to accommodate your chair? Are there steps inside? Strobes, flashing lights, bright lights and loud noises can be very bad for epilepsy and sensory disabilities.

There is not much understanding about the high risk of doing certain things at work. Lots of management hound you to wear heels etc., which is high risk anyway if you have things like tendon issues. This is compounded by having to walk on slippery surfaces and up stairs. There is not care from management nor is there space for sex workers to take care of themselves or each other in between bookings or shifts.

It's better being able to make accommodations for myself, rather than having to argue with a boss or advocate for myself when there is pushback.

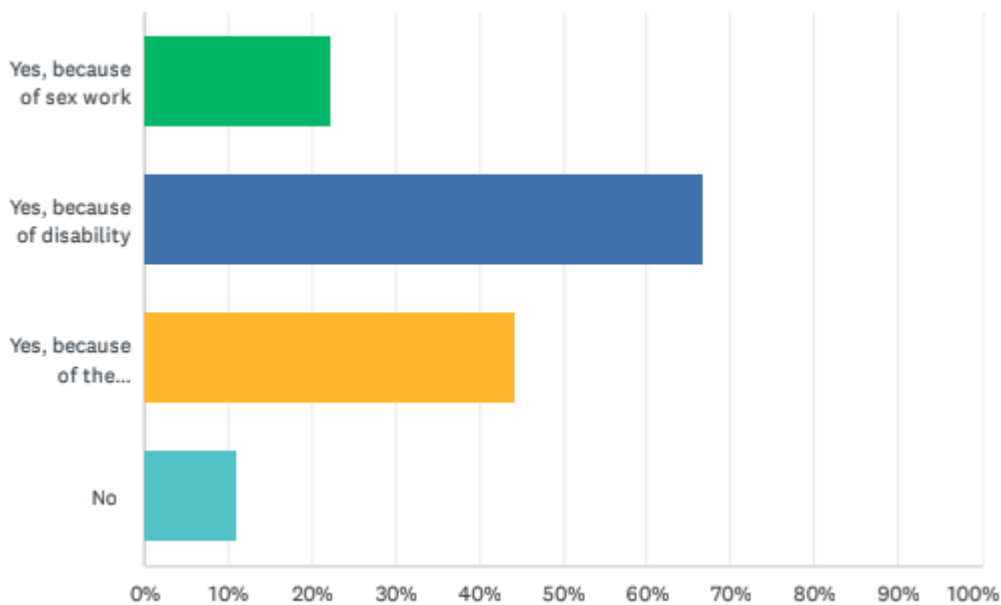
I always found it really odd that there are establishments that 'seem' to hold value in/ consideration for disabled clients and try to adhere to those needs in some ways but there's no support or infrastructure in place for workers/disabled workers.

Experiences of harm, violence and discrimination in work-based settings

Sex workers with disability, like other people with disability, can experience violence or harm in workplace settings. This may relate to their identities as sex workers, people with disability, or both, and perpetrated by managers, colleagues or clients. We also consider that state-sanctioned violences against both sex workers and people with disability may not be immediately 'visible' but is a consistent factor in both the harm we experience and responses to it.

We know that when any aspect of our sex work is criminalised, there are opportunities for perpetrators to commit violence against us with impunity. This relates not just to clients, but to police, immigration officials, family, friends or partners, and the general public. Violence within the sex industry is often blamed on the 'nature' of sex work, which leads to reforms that seek to regulate or criminalise our work, clients and workplaces in an effort to impact 'demand' for sexual services or to abolish the sex industry. This is especially so for sex workers with disability, whose experience of work-based violence can trigger a 'rescue' response rather than one that understands and addresses our experiences as preventable workplace violence, for which we are entitled to redress.

Sex workers with disability reflected on experiences of workplace violence in our research. When asked whether they had experienced 'barriers, discrimination or harm within an employment setting', survey respondents were able to identify whether this occurred because of sex work, disability, or the intersection of the two. Incidents related to disability were the most common.



Their comments acknowledge the importance of equitable access to redress when this occurs:

Sex workers can't access work cover, so if you're sexually assaulted on the job and need time off because your mental health is impacted, there's no way to get support. So you're forced to work sick, or not have an income. I found that workplaces don't provide any support to sex workers experiencing mental health issues/trauma/sexual assault, whilst if you were sexually assaulted on another job and as a result were diagnosed with eg PTSD, you'd be able to be off on work cover until you're well again.

(Survey Respondent)

Participants in our roundtable session on employment and income conversed together about these experiences, and the difficulties in challenging or getting support for them.

I think I've experienced more harm from managers than clients, and that's definitely because if you get known as the "problem" worker then there are consequences that affect your income. This happens in civ workplaces as well, when you have health issues then you are labelled a 'problem'

When I have experienced harm doing sex work I don't always feel fully equipped to protect myself. I think a part of this is the lack of recognition of disability within establishments which leads to both management and other workers seeing you as a problem, attention seeker, dramatic and delusional - I get the overall impression that they view me as a burden because my health issues are beyond my control.

Yes, so many sex workers live with invisible illness and there is such a lack of understanding about those issues...being made to feel like a burden really resonates with me.

Experiences of sex workers with disability in health settings

Sex workers experience widespread stigma and discrimination when disclosing sex work in the process of accessing health care, including in mental, physical and sexual health care settings. This leads to inadequate or inappropriate care, stigmatising interactions and assumptions, and even refusal of the care we need. Medical professionals may fixate on sexual health treatment, even if we are seeking care for other concerns. In mental health care settings, practitioners can make incorrect and damaging assumptions that sex work is the root cause or an exacerbating factor of any mental health issues we experience, compromising quality of care. Some sex workers may be refused service or be encouraged towards unnecessary testing or other unwanted advice, or be given incorrect information by practitioners whose knowledge base is grounded in stigma, rather than evidence.

Sex workers may also fear self-incrimination within criminalised and licensed jurisdictions if we disclose our sex work to a healthcare provider. These barriers are compounded for sex workers living with HIV, who can experience intersectional stigma and marginalisation as well as dual criminalisation. This is one of the reasons sex workers advocate for the full decriminalisation of sex work; fear of criminalisation is a key barrier to sex worker health.

When asked whether they faced barriers to care or discrimination or harm within a healthcare setting, 67% (n=8) of survey question respondents associated their experiences with disability, 22% (n=5) identified the combination of sex work and disability, and 25% (n=3) identified sex work alone as the reason for their negative experience.

Existing at the intersection of experiencing chronic illness and being a sex worker has made it incredibly difficult to get appropriate care. I am yet to get a formal diagnosis or any form of treatment. Medical professionals often separate 'sex work' and 'disability' into two distinct areas of health care.

(Survey Respondent)

Disclosing sex work experience

Disclosure of sex work status with health practitioners is generally challenging for sex workers, and the availability of sex worker-friendly health services can be low, particularly in rural and/or regional areas. Disability experience compounds the stress of having to decide whether to disclose sex work experience, particularly where attitudes towards people with disability, sex work, or both are paternalistic, patronising, shaming or infantilising. As mentioned above, this disclosure may also result in inappropriate or inadequate care.

I often don't reach out to health services anymore or I don't disclose that I'm a sex worker out of fear of discrimination. That is hard because sometimes sex work is the cause of the health issues I experience...and I feel like I can't discuss those work stressors with a professional out of fear of them not getting it.

(Survey Respondent)

Medical professionals often assume that we don't know enough about safer sex and contraceptive options. They don't trust you, even though as sex workers we are the experts in this.

(Survey Respondent)

I feel like practitioners often blame sex workers for causing their own ailments... because of our sex work.

(Survey Respondent)

Diagnosis & Costs

Many sex workers with disability spoke about the significant barriers to health care associated with financial cost, whether for care, transport to care, equipment, or other needs. Access to subsidy and other forms of financial support often hinge upon a person being able to acquire a diagnosis for their disability, which can be cost-prohibitive in itself. Many sex workers described a sort of cyclical disadvantage navigating these aspects of living with disability.

It took four years for me to get a proper diagnosis for my disability. It was four years of being told my pain wasn't that bad and to just take anti inflammatory medication. By the end I was in a wheelchair, unable to walk, unable to look after my own self care and hygiene. But was still being dismissed by every doctor I saw so was unable to access any treatment because I couldn't get referrals, medications, scans or tests. Without those I couldn't have any hope of accessing financial aid such as DSP or the NDIS. Both of which I was denied anyway after a proper diagnosis. Sex work is the only reason I could afford the treatments I needed to improve. Without it I would still be severely disabled and in constant, severe pain. I still can't afford to access the mental health treatment I need, so rely on medication alone to manage my condition. This also affects my children and my ability to access services for their mental and physical health...we can't afford the testing to diagnose [my child] with ASD or ADHD, it's prohibitive. And without those diagnosis, we can't apply for the NDIS. Not being able to help my children properly has then affected my mental health, the hits just don't stop coming.

(Survey Respondent)

Sex work and drug use can be additional barriers to a diagnostic process, despite being a significant part of a person's ability to either cope with undiagnosed or untreated disability, or to afford diagnosis or treatment.

I don't feel safe to disclose my sex work status to most of the medical professionals that I speak to. I am going through an autism diagnosis and haven't mentioned sex work, despite it being a lengthy diagnostic process. It's depressing because sex work is a huge part of my story, but I just don't feel safe.

(Survey Respondent)

Because getting a diagnosis was inaccessible for me, I had to self-medicate with amphetamines. When I was able to go through a diagnostic process, it was a year long waiting process because it's a 'drug of dependence' and I have a recorded medical history of using drugs.

(Survey Respondent)

Other barriers described included fatphobia, which for one respondent caused significant delays obtaining a diagnosis for a degenerative condition:

I experienced severe back pain for years. Because of my body type I was told that 'nothing is wrong with you, you just have to lose weight'. When it was finally properly investigated they found that I have spinal arthritis which is a degenerative disability. I spent all of those years suffering with no one believing me because of how I look.

(Roundtable participant)

Barriers to accessing sexual and reproductive health care as a sex worker with disability

Sex workers commonly report negative experiences accessing sexual health care, largely as a result of historical and current stigma and fear mongering, framing sex workers as 'vectors of disease' and/or a public health concern. The implication that sex workers are unable to be trusted to manage our own sexual and reproductive health is particularly absurd given that in Australia, sex workers generally have BBV and STI rates less than or equal to that of the general population, and knowledge about BBV and STI prevention is part of the workplace health and safety knowledge set of sex workers.

This causes many sex workers to seek anonymous and/or sex worker-friendly sexual and reproductive health care. This may not be an accessible option for sex workers with disability, particularly where they have access constraints or prefer to have all aspects of their health centrally supported by their GP.

My regular GP is very conservative so [I] couldn't bring up sex work with her. My GP [was] uncomfortable when I asked for [STI] tests in [addition to] my regular blood [tests]. It was hard to plan how I would get regular STI testing as I get most of my blood tests from home through RDNS and I [didn't] know how I could manage to get my regular GP to order testing. The walk-in clinics have been affected by COVID-19 and changed to appointment only.

My doctor was very resistant to me wanting to get off the contraceptive pill because it was affecting my body - I think that this resistance was because I am a sex worker.

People who don't have lived experiences with sex workers WHS practices often try and lecture us on [safer sex].

I've had several doctors in the last month pushing me to get a HIV test, and I ended up telling the last one that I haven't done penetrative sex in years so unless it's the immaculate infection - I know my HIV status.

Barriers to accessing mental health services

The mental health sector was one of the most frequently-identified areas of health care for inappropriate, harmful and/or negligent care for sex workers with disability. Practitioners may wrongfully identify sex work as a cause or an exacerbating factor of poor mental health or provide inadequate care when the person is unwilling to discontinue sex work. This is strongly aligned with the experiences of the wider sex worker community, who frequently provide anecdotal accounts of inadequate and even harmful care in mental health services. Significant work must be undertaken in this space to improve the health care experiences of sex workers with disability.

As a sex worker experiencing mental health issues as a result of trauma impacts and sexual assault in the work place, I experience discrimination accessing mental health and sexual assault services. In NSW health sexual assault services, my treatment was negatively impacted by the clinician's perception around sex work being a reenactment of trauma, rather than seeing sex work as meeting the material need for flexible working conditions and income when you're too ill to hold down a regular full-time job.

A psychologist of mine once blamed all of my issues on my sex work...despite the fact that sex work is what allowed me to afford those sessions. They can be so out of touch.

I have also had psychologists say that 'sex work is the root of all your problems'. It has also felt the same with my GP, even though they don't explicitly say that...when

medical professionals are silent about it, it also feels unsafe. This can be a real barrier to medications, especially with access to prescriptions.

These findings align with Research conducted by the Centre for Social Research in Health (CSRH) indicates that 31% of the health professionals involved in the study reported that they would behave negatively toward other people because of their sex work.¹³ This is contrasted to research conducted with sex workers in 2020, which found that 91% of 647 participants reported experiencing negative treatment from health workers within the last 12 months, including 24% who indicated this 'often' or 'always' happened.¹⁴

Access to government support for sex workers with disability

Sex worker access to income support

There are a wide range of factors that contribute to a low level of access to government income support for sex workers across Australia. Because some or all aspects of sex work are still criminalised or licensed in most jurisdictions, sex work is rarely seen simply as work. This means that it can be difficult, if not impossible, for sex workers to access things like income support payments (e.g. Jobseeker or other Centrelink payments) when we are out of work, struggle to have sex work legitimised by agencies responsible for assessing eligibility or compliance requirements, and are often left with no safety net when unable to work, whether for health or other reasons. These payments are also unavailable to migrant sex workers, who comprise a significant proportion of sex workers in Australia.

The sex industry workforce is a mixture of precarious workers, subcontractors and sole traders. We are only paid when we are able to work and do not have access to sick leave, annual leave or employer contributions to superannuation. Many do not have a safety net or savings to fall back on in a crisis. This is significant context for understanding the experiences of sex workers with disability and their access to government support for disability.

Experiences of sex workers with disability accessing government support

When asked whether they faced barriers to care or discrimination or harm when accessing government support services (e.g. Centrelink, DSP, NDIS), five of the nine survey question respondents associated their experiences with disability, two identified the combination of sex work and disability, and two identified sex work alone as the reason for their negative experience. 3 respondents did not experience any barriers to accessing support services.

¹³ Scarlet Alliance, CSRH & UNSW, *Sex Work Stigma Research Collaboration* <[Sex Work Stigma Research Collaboration](#)>.

¹⁴ Scarlet Alliance, CSRH, UNSW, *Stigma Indicators Project: Sex Workers, 2021*, <https://scarletalliance.org.au/library/Stigma_Indicators>.

During our roundtable discussions on this topic, sex workers engaged in peer knowledge-sharing about how to navigate the many barriers to access. This was helpful to the participants who attended these sessions, and indicates the difficulty of applying for such support for many people with disabilities and the importance of reform to these systems and appropriate support for those navigating them alone.

Sex worker experiences with the NDIS and DSP

Sex workers with disability reported refusal or ineligibility for disability support pensions, NDIS and/or JobSeeker. They also reported distressing levels of difficulty and ableism in the application process, and significant feelings of gaslighting and trauma from the medico-legal, administrative and invalidating processes of applying for schemes that are intended to be assistive.

Sex workers with disability also reported on the serious forms of harm and neglect experienced when forced to rely only on themselves and their own ability to earn income. As mentioned above, sex workers have fewer options for income support than other workers. For sex workers who have varying levels of capacity day to day and rely on sex work to afford disability supports, healthcare, food and rent, the denial of a safety net in the form of Centrelink or NDIS assistance is experienced as harm.

Sex workers with disability also reported on the direct impact of disclosing sex work to Centrelink, ATO, or NDIS. There is real fear of disclosing sex worker status within disability support spaces, especially when the legitimacy of an individual is constantly under government interrogation (are you disabled enough? Is your disability real? Are you *really* unable to work? Are you lying? How can you be disabled and a sex worker? Why could you work last week but not this week?). The constant interrogation of the legitimacy of sex workers with disability was identified as in of itself a form of harm, and may lead to low self-regard and poor mental health outcomes. It also directly leads to a fear of disclosing sex work to Centrelink and other support agencies. This compounds existing barriers to accessing support and eliminates the possibility of holistic support (notably with occupational therapists, who are instrumental in supporting people with disabilities to work accessibly).

Barriers to eligibility and application for support

In addition to the issues identified above in relation to the barriers to diagnosis as a pathway to eligibility for income and care support, sex workers with disability identified largely negative experiences attempting to apply for support via the Disability Support Pension (DSP) or National Disability Insurance Scheme (NDIS).

Visa status

I am also a migrant, so I'm not eligible for NDIS or any other disability payments, hence sex work is the only job that currently caters to my needs in terms of flexible

work/high pay and being able to be inconsistent e.g. taking weeks off when unwell and then working hard when feeling better.

Experiences of or concern about lack of validation of disability

I've been rejected 5 times - I desperately need it.

I have a lot of fear about even applying for government support. I have a lot of trauma from the medical and 'support' industries and don't trust that I will be heard or validated when I talk to the government. I am constantly anxious that I'm going to be viewed as 'outside their criteria' or 'not disabled enough' because I am not 'visibly' disabled.

I'm about to start the process of applying to NDIS and I'm terrified. I feel so disenfranchised already. I honestly don't know if I want to even try. I also know that it's unlikely that I'll be able to get NDIS accommodations for my physical disabilities.

Consequences of being unable to access government support

I work, technically, five jobs to make ends meet. The barriers are endless.

I can only work so much, I exhaust myself and burn out trying to support myself and to keep surviving. When I burn out, I can't work anymore and so lose all of that financial support. So it's a constant battle of trying to make ends meet and then exhausting myself. I don't trust myself to maintain my capacity therefore I don't trust myself to stay safe all of the time.

Even now that I'm working from home (online) I find that my capacity doesn't allow me to work enough to be 'comfortable', it's a constant struggle.

Sex work meets more needs only sporadically - sometimes I can't find work when I really need it. I exhaust myself trying to supplement with other jobs.

The cost of living is so high, and when you have particular needs depending on your disability, it can feel like insurmountable costs just continue to pile up.

Disclosure of sex work in applications for NDIS and/or Centrelink payments

Sex workers are generally hesitant to disclose sex work experience to government agencies for fear of stigma, discrimination, criminalisation, and/or inappropriate service delivery. This creates barriers to access to a wide range of social supports. For sex workers with disability, the hesitation to disclose sex work can also impact access to appropriate care, a person's sense of 'wholeness' and/or of being seen and supported in their chosen occupation, and for many, can prevent them from seeking support altogether. Sex workers with disability had the

following to say of their considerations in applying for the National Disability Insurance Scheme as sex workers:

*I don't disclose so I don't know what it's like telling NDIS about my work. **There is little to no chance that I will tell NDIS because I am scared that they will use sex work as a reason to say that you are not entitled.***

*I tried to disclose but was told not to until the NDIS plan is approved. If I could tell OTs now, it would change things. I do online work and it was so hard to find the right attachments to my toys and other things I need to work, without help. It upsets me so much that I can't support my own needs. I cry about it alot. I'm forced to crowdfund to meet my own basic needs, it is so dystopian. **I would really benefit from OT input that knows about sexually assistive tech.** This is not just for my work you know cause what happens if I have a partner that is also physically disabled. I think about it for sex work but also for my other sexual needs. I am planning on doing in person work, but I would have limitations that I would need to talk about with an OT and talk about my physical needs so that I don't over-exert myself. And I just feel like I can't talk about it.*

*Had an OT and NDIS planner come visit recently, I know that I can't say whatever I want to about sex work. I just say 'I do online work'. But it's hard because I've had to fund really expensive machines for my sex work in order to meet my needs. **There are a lot of limitations and it feels like I just can't tell my care providers about that at all. I can't talk about something that is a big part of my life.***

*I avoid [Centrelink, DSP and NDIS] ... now because of previous bad experiences. I will need to pursue NDIS in the near future and am concerned. For example, when I was on Job Seeker in WA maybe 13 years ago, I couldn't attend an appointment with Centrelink because [I was working as a sex worker at that time]. I called to let them know and was honest about it, and was told that **SW wasn't considered work so I would be penalised for missing the appointment, but was reminded that I needed to report any income made from it.***

Accessing justice for sex workers with disability

The legacies and ongoing impacts of sex work criminalisation and licensing regimes have cultivated a deeply fraught and complicated relationship with the justice system. When police are the regulators of industry, sex workers are unable to seek support from them when we are victims of crime. This is exacerbated for sex workers by other displays of untrustworthiness through racist, misogynist and targeted policing.

When asked about experiences of barriers, discrimination or harm within a justice setting (e.g., courts, police, detention), ten respondents reflected mixed experiences with this space. 40% indicated that this was not an issue for them, while another 40% reported negative

experiences relating to disability. 30% had experienced harm in justice settings related to their sex work. One elaborated on the intersection between the two experiences and how this impacted their experience:

[...]I experienced discrimination by police and sexual assault services when reporting sexual assault as a sex worker. If you have a mental health condition and you're a woman and also a sex worker, you're quickly dismissed as 'hysterical' and 'unreliable' by police. Also police asked me when I reported sexual assault as a sex worker if I pay tax. I don't think any other professional would be asked that when reporting workplace sexual assault.

Experiences with police

When sex workers report violence within a criminalised or licensed setting, we run the risk of the police responding by prosecuting us for 'prostitution offences', rather than pursuing the perpetrator for the crime they committed. Even within decriminalised settings, police responses to sex workers reporting violence are heavily impacted and directed by sex work stigma. A sex worker may also be treated so poorly by the police that they decide not to proceed at all.¹⁵ The risk of mistreatment by police is exacerbated for sex workers with disability. The Research Report '*Police responses to people with disability*'¹⁶, written by a UNSW research team for the ADRC, outlines that the nature of police responses to people with disability can be characterised by negative assumptions and discriminatory attitudes, failure to identify or accept disability and resistance to engaging mandated supports and police violence.

A study conducted with Queensland sex workers in 2017¹⁷ asked participants if they would make a complaint to police if they were assaulted at work. Only 46% said that they would, and 50% said they would not. 66% of respondents who said they would not report cited stigma and privacy concerns as key barriers for them, and 38% indicated that they 'mistrusted police, their competence, the legal system and / or anticipated discrimination'¹⁸. Other sex work literature and research echoes this mistrust of police, including fears that police will charge workers with prostitution offences if they are sexually assaulted while working outside of the law.¹⁹

¹⁵ Scarlet Alliance, Australian Sex Workers Association and Respect Inc., *Sex Work Laws and Workplace Health and Safety Symposium Report* (Report, 14 November 2018) p. 9.

¹⁶<https://disability.royalcommission.gov.au/system/files/2021-10/Research%20Report%20-%20Police%20responses%20to%20people%20with%20disability.pdf>

¹⁷ Respect Inc., *Regulating Bodies: An in-depth assessment of the needs of sex workers [sexual service providers] in Queensland's licensed brothels* (Report, June 2017)

¹⁸ Ibid 21.

¹⁹ B. Sullivan, 'Rape, Prostitution and Consent'.

As one sex worker writes,

*'Historically and globally, police have been the source of continued abuse, rape, violence and harassment of sex workers. They are not our protectors.'*²⁰

People with disability are overrepresented in the criminal justice system, indicating discrimination and police targeting. In one of our roundtable sessions, sex workers with disability shared their experiences of interacting with police. These focussed primarily on sex work experience, and illustrate a thematic 'baseline' of disbelief and victim-blaming from police.

I have experienced physical and sexual violence from clients when I was working in a share house of sex workers. I was [told by police] there wasn't anything they could do because I had consented to becoming a sex worker and it comes with the territory.

I've had a fair bit of experience with [Queensland Police Service]. I reported instances of domestic violence and stalking and the response times were so slow and I was made to repeat my story several times. Once, when I visited their HQ a man made me recall the entire story in the foyer before letting me talk to another officer. When I had spoken to someone on the phone before coming in I was told I wouldn't have to repeat my story. The cops then refused to report it. I think it's because I was being stalked by another sex worker who I had been in a relationship with. I think the intersection of queerness, polyamory and sex work made them think I was a time waster and that this person was just a 'crazy ex bestie'.

There is some work happening with 'sex work friendly officers' in QLD, I have had some success in reporting since that has started.

In [South Australia] I have never reported - I know people that have tried to and it goes fucking horribly. For example I know about a worker who had been assaulted while at work and had called the cops. Then two male cops showed up and started taking the workers report. One cop said, 'well you shouldn't have been out here prostituting yourself'. The worker obviously didn't continue with the report.

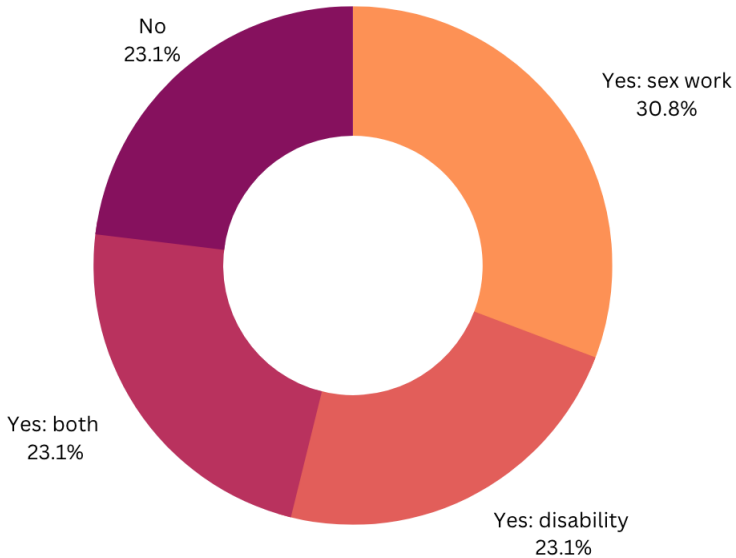
Seeking support for violence or harm

Survey respondents reported sex work as the greatest barrier to reporting experiences of violence or harm to a range of potential supports, followed equally by disability and the

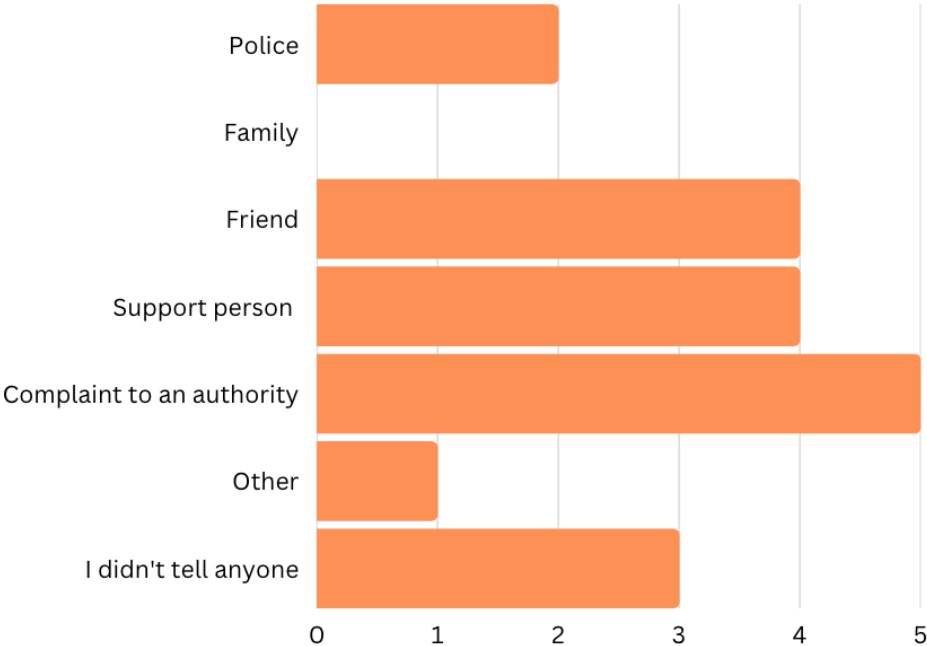
²⁰ MsEloise, 'Because I'm a Whore, 'An Open Letter to Australian Feminists Concerned about Sex Worker Exploitation', *Feminaust: Contemporary Australian Feminism* (Blog Post 20 August 2011) accessed at <<https://feminaeaustralis.wordpress.com/2011/08/20/open-letter-to-australian-feminists-concerned-about-sex-worker-exploitation/>> 16 July 2021.

intersection of sex work and disability. See the following responses to our survey questions about support-seeking experiences:

Have you experienced any barriers to reporting or seeking support in relation to violence or harm you have experienced? (10 respondents)



If you told anyone about the harm, who did you tell? (9 respondents)



Where individuals did seek support, they had the following to say about their experiences:

No support offered, didn't know what to do, seemingly hadn't encountered this ever before/were not educated enough to put down their own stigma and bias.

I was fired.

[It went] badly, I was ostracised doctors and counsellors kind but no power to change outcome to report

I was told there wasn't anything they could do because I had consented to becoming a sex worker and it comes with the territory.

I told a manager once. I was fired. I learnt not to bother after that.

Sex worker stigma compounds differently for sex workers from other marginalised communities who are routinely targeted by police and for sex workers who are parents, use drugs, are young or work as street based sex workers.²¹ For Aboriginal and Torres Strait Islander sex workers, racism further exacerbates sex worker stigma as they already 'face targeted police interaction and disproportionate rates of incarceration'.²² In a recent study conducted about the interaction between sex worker stigma and the criminal justice system, participants highlighted various intersectional factors that are 'protective' for sex workers when dealing with police: 'whiteness, class, heterosexuality, and being cisgender, employed outside the sex industry, English-speaking and working in a decriminalised jurisdiction'.²³ The study further notes that for 'sex workers with multiple stigmatised identities, police engagement remain[s] a severe risk'. Sex worker participants further described 'varying degrees of dissatisfaction, disappointment and frustration' about their interactions with police as victims of crime, with only a few reporting positive outcomes²⁴. This study effectively highlights that as sex workers we anticipate proactive police action 'in charging, arresting or reporting'²⁵ us, whilst also expecting complete police inaction when addressing our experiences of crime.

Justice for sex workers on visas

Migrant sex workers experience racialised sex worker stigma as well, often based on assumptions that they cannot work independently and thus must be involved in organised crime as victims of trafficking or exploitation. This greatly impacts police responses to violence against migrant sex workers. A migrant sex worker explains:

²¹ Stardust, Treloar, Cama & Kim, 'I wouldn't call the cops if I was being bashed to death', p. 2.

²² Ibid.

²³ Stardust, Treloar, Cama & Kim, 'I wouldn't call the cops if I was being bashed to death', p.2.

²⁴ Ibid.

²⁵ Ibid.

“The police don't believe that we have the ability to work independently. They believe we are being controlled and try to get us to admit that someone put in our advertising, or helped us write it, or that someone is answering our phones. They try to get us to tell them who this is. Even when there is no-one.”

‘The police have the power—we don’t have any. It would be very difficult for an Asian sex worker to explain or convince the police they were not doing anything wrong. The attitude of the police is that they don’t trust us, they don’t like us. When police say to sex workers ‘I’m going to send you home’ it shows their racism, their lack of professionalism and their hatred towards us.’²⁶

For those survey respondents who were in Australia on a visa at the time of their participation in our research, some spoke to their experiences as sex workers with disability living in Australia without access to the rights of Australian citizens, noting that working visas do not recognise sex work as skilled work.

A lot of migrant workers are targeted by police, experiencing deportation threats, coerced through minimal options being given, not bringing interpreters to meetings, issuing plea deals without proper explanation.

Part 3: What can the ADRC do? (Recommendations)

The experiences of the sex workers with disability who inform this report point to an urgent need for change at the nexus of sex work and disability law, policy, and support systems. This work must be undertaken with the aim to improve the existing support systems available to people with disability in Australia in ways that are inclusive of and ensure culturally-safe and appropriate services for sex workers with disability.

We present recommendations for action on disability-specific law and policy, but this alone will not support sex workers with disability to access the full suite of human and labour rights that must be afforded to all people in Australia. In order for sex workers to be meaningfully served by the agencies and services intended to support people with disabilities, we need access to enabling legislative and policy environments that will support us to seek help without fear of stigma or criminalisation, and that will recognise our sex work as work.

²⁶ Scarlet Alliance, Australian Sex Workers Association and Respect Inc., *Sex Work Laws and Workplace Health and Safety Symposium Report* (Report, 14 November 2018) p.9.

We provide these recommendations together as a single set to reflect their interdependence. Without sex work law and policy reform, impact of reform to disability law and policy will not reach its full potential.

Recommendation 1: Support the full decriminalisation of sex work across Australia to remove barriers to access to health, safety, rights and justice for sex workers with disability.

In many jurisdictions in Australia, some or all aspects of sex work are criminalised or licensed through a complex matrix of laws that perpetuate the stigma that sex workers that must be carefully controlled or abolished in order to ‘protect’ the public from sex work. These laws are outdated, discriminatory, and do not align with the best available evidence that the decriminalisation of sex work is the only framework that enables sex workers’ access to health, safety, workplace rights, and justice. While any sex worker in Australia is still framed as a criminal, sex workers with disability will experience these barriers, compounded by those that already exist in relation to their disability. As one participant in our research commented,

I believe the only way forward, is full decriminalisation of sex work, and full workers rights instated, this is the only way disability rights will be implemented for workers.

What is decriminalisation?

Scarlet Alliance’s Briefing Paper on the ‘Full Decriminalisation of Sex Work in Australia’ describes the best practice regulatory model for sex work:

‘Full decriminalisation of sex work is the removal of all sex work-specific criminal and licensing laws that apply only to sex workers, our workplaces, clients, and third parties. Criminal laws that apply to everyone are still enforced by police. Civil laws are implemented by government agencies and regulators, not the police. Civil laws protect people’s health, safety, privacy, autonomy, human and industrial rights, and are meant to apply to everyone.’

Decriminalisation of sex work enables sex workers to focus on our workplace health and safety, enables choice over how and where we work, and drastically improves access to justice, services, and rights. The removal of criminal penalties for all aspects of sex work opens up access to a greater degree of choice and control over our work and enables regulation via the laws and regulations that govern other industries. It precludes the access of violent actors from holding the knowledge of illegal sex work as power over us, enables the sharing of safety information and peer education among sex workers without fear of criminalisation, and is a necessary step in de-stigmatising sex work. Criminalisation always begets stigma, and stigma is a root cause of violence against sex workers. In Australia there is

growing support for decriminalisation, with New South Wales adopting the model in 1995, the Northern Territory in 2019, and Victoria voting to implement it in 2022. There are active decriminalisation campaigns currently in play through law reform processes in Queensland and South Australia.

While decriminalisation alone will not end violence against sex workers, it is a fundamental requirement in order to move towards this goal. We elaborate below on other measures that are necessary in order to meaningfully include sex workers in the work of the ADRC, but an alignment with decriminalisation as the best practice model for sex work legislation that supports sex workers to prevent, take action against, and recover from violence, is imperative.

Recommendation 2: Advocate for robust anti-discrimination protections for sex workers to enable sex workers with disability to challenge experiences of intersectional discrimination.

Sex workers in Australia have long been subjected to discrimination and vilification with devastating impacts on our safety, housing and accommodation, financial stability, mental health and well-being. Because some or all aspects of our work are criminalised in many states and territories, there is minimal protection or recourse when this occurs. In order for the benefits of the decriminalisation of sex work to be fully realised, sex workers must have access to protection when we experience the discrimination that continues to create barriers to health, safety, rights and justice.

Many current state and territory anti-discrimination frameworks enable, and in some jurisdictions legalise, discrimination against sex workers, with limited opportunities for us to pursue any protections. Challenging discrimination starts with a complaint and then conciliation, which is a dispute resolution process where the complainant (the party who has experienced discrimination) and the respondent (the party who has been discriminatory) negotiate a remedy for the harm caused by the discrimination. If an agreement can be reached, sex worker complainants are often made to sign non-disclosure agreements covering the discrimination and any settlement agreed upon. This means there is little publicly available information about anti-discrimination cases pursued by sex workers that do not progress beyond conciliation. If not resolved at conciliation, there are significant privacy, safety and financial barriers for a sex worker to take the case to tribunal or a higher court.

Discrimination against our community is widespread and persistent, taking place daily at systemic and interpersonal levels for sex workers. Simultaneously, there is a lack of accessibility for sex workers to the current mechanisms for redress. Law reform at federal,

state, and territory levels is required for sex workers to access the appropriate legal protections when we are targets of discrimination or vilification.

Despite living in a state where [sex work] is decriminalised, individuals and private enterprise can still discriminate. I don't disclose my job and have significant anxiety around people finding out in case of discrimination that could limit my access to housing and necessary services.

(Survey Respondent)

Recommendation 3: Remove financial and stigma-based barriers to accessing diagnosis and address cost of living pressures that disproportionately impact marginalised people, including people with disabilities.

The prevalence of financial barriers to accessing diagnosis, care, and support was of the most commonly-iterated themes among all research inputs. The need for full access to health care for all people in Australia has never been more clear than amidst the COVID-19 pandemic, and continues to be a major issue for sex workers with disability generally. Sex workers participating in our research named the following as actions that would significantly improve their experiences relating to access to care:

- Public funding for all diagnostic processes
- Ensuring fair access to diagnostics and medication for people with prior or current drug use
- Increases to Jobseeker, the DSP, and NDIS funding to reflect ever-increasing costs of living and skyrocketing costs of health care

Recommendation 4: ADRC outputs, including recommendations for reform, must acknowledge and validate sex work as work.

Sex workers with disability who participated in our research provided a range of examples of experiences where the failure of government agencies (and other social support gatekeepers) to treat sex work as work has compromised their access to support. This is particularly concerning given the circumstances that lead many people with disabilities to seek out sex work as a more accessible form of income-generating work than many 'mainstream' employment pathways. Sex work is a valid and, in many cases, preferable work

choice for people responding to the inadequacies of the existing disability support structures in Australia. This is absolutely essential to acknowledge.

A foundational aspect of our inclusion in the work of the ADRC, and in its success achieving better holistic wellbeing outcomes for people with disabilities, must be to recognise that sex work is work. When we say 'sex work is work', we acknowledge that sex work is a legitimate and skilled occupation and that sex workers deserve to access rights and redress equitably with other Australian workers.

Scarlet Alliance's '[Principles for Model Sex Work Legislation](#)'²⁷ states the importance of acknowledging sex work as legitimate work within law and policy:

'Understanding sex work as 'work' – in law and policy – brings a range of industrial and occupational health and safety protections to sex workers. Legislation that recognises sex work as a legitimate occupation affords sex workers better control over our working rights and conditions, improves our abilities to implement safer sex practices, enhances opportunities for collective bargaining and advocacy (for holiday pay, sick leave, superannuation, parental leave, industrial awards), recognises contracts made for working purposes (between sex worker and client, or in the hiring of premises, drivers or security), legitimises income (paying taxes, claiming work-incurred expenses and applying for loans), and gives sex workers better legal redress unfair dismissal and other injustices in the workplace. Recognising sex work as legitimate occupation also has important flow-on effects for Australia's whole-of-government approach to Social Inclusion, which envisages an inclusive society in which 'all Australians feel valued and have the opportunity to participate fully in the life of our society.'²⁸

For sex workers with disability, the recognition of sex work as work is a first step in improving access to:

- Support at work, including disability access and workplace health and safety standards for sex industry businesses and occupational therapy support for the material work of sex work.
- Income support. Where sex work is understood as a legitimate occupation, sex workers are able to feel safe to disclose it when seeking income support.
- Appropriate and supportive sexual and reproductive health care, where sex workers with disability are not shamed, patronised, or provided with inadequate or inappropriate care due to sex work disclosure.
- Justice when reporting violence, harm, or crimes committed against us to relevant authorities and agencies. Treating sex work as work is particularly supportive for sex

²⁷ Scarlet Alliance, 2014, '*The Principles for Model Sex Work Legislation*', https://scarletalliance.org.au/library/principles_2014.

²⁸ Ibid.

workers seeking support for workplace-related matters, but would also support those who experience sex work stigma in the course of their daily lives, including in the context of disability support, to access redress.

- Holistic support as people with disability. Failing to recognise sex work as work reinforces sex work stigma and prevents sex workers with disability from living full and self-determined lives as whole individuals.

Recommendation 5: Resource peer sex worker organisations to deliver education and consultation on the provision of culturally-appropriate services and supports to sex workers with disability

Dismantling sex work stigma happens on all levels of culture, from structural to interpersonal. Sex workers and our representative organisations and allies work to demystify and humanise sex work through a wide range of activities from advocacy and policy development; to the provision of practitioner training for service delivery in health, law enforcement, social services, and other sectors; to storytelling to the broader public. Doing this work enables us to present sex work as we experience it, rather than as it is presumed to be by those who've only been exposed to stigmatising or misrepresentative stories. This work can be vital to ensuring that services delivered to sex workers are helpful rather than harmful, and should be delivered to public sector, private sector and frontline workers engaged in disability support infrastructure in Australia.

A disability-sector-wide investment in this type of training and awareness-raising is essential and is one potential activation of the cultural change needed to ensure that sex workers are able to interact with the disability sector safely. In order to be impactful, it must also be reinforced by high-level policy and guidance that accepts work as work and explicitly validates and supports people with disabilities who do sex work. Acknowledgement and inclusion of sex workers **must be informed by sex worker peer organisations like Scarlet Alliance and our member organisations** in the development or amendment of any Federal guidelines, national standards of care or support, or other guidance provided as a result of the work of the Commission. We are available for and committed to this work, and urge the ADRC to recommend it in its report.

Recommendation 6: Resource sex worker peer organisations to provide peer support services and input mechanisms for sex workers with disability

When discussing the lack of appropriate, non-stigmatising services available to sex workers with disability, participants in our survey and roundtable sessions identified that this lack

comes from both the sex work and disability sectors. Sex worker peer organisations often lack the resources to provide peer support and advocacy services in a way that maximises inclusion of sex workers with disability.

Many funded sex worker peer organisations provide specialised peer education services for particular cross-sections of the sex worker community, including holding LGBTIQ+, male, First Nations and language-specific positions for peer educator staff. Similar positions for peer educators with disability would offer support to sex workers with disability navigating workplace health and safety, income support, and disability support mechanisms. They would also be able to lead SWWD peer-only spaces and activities, improving the experiences of sex workers with disability in seeking support from sex worker peer organisations.

An additional barrier is lack of funding for disability services in sex work orgs. Having support with navigating accessibility from sex worker orgs would be so helpful. We need support and referrals from people who are familiar. And there just isn't. It is a significant issue. The ADRC needs to know that our orgs are not funded [for this work].

(Roundtable Participant)

Disability awareness education programs delivered to sex worker peer organisations from providers who are able to understand sex work as work and offer us sex work-affirming education would support staff and volunteers of our organisations to better support sex workers with disability. For unfunded or underfunded sex worker peer organisations, access to this type of education may also need to be subsidised. This work is essential to ensuring that sex worker peer organisations are able to take active steps that enable meaningful inclusion of sex workers with disability, including input on approaches to peer education, advocacy, policy development, and other frontline service provision provided by sex worker peer organisations.

Recommendation 7: Adopt a holistic response to violence against people with disability that includes recognition of systemic violence against sex workers and improves access to justice for sex workers with disability

Like other survivors of violence, sex workers experience the existent stigma surrounding survivorship, especially regarding sexual violence. For sex workers, however, existent stigma intersects with and is compounded by both disability and sex work stigma and discrimination. In our submission on the draft *National Plan to End Violence Against Women and Children*, we outline common discriminatory stereotypes leveraged against sex workers

who are survivors of sexual assault.²⁹ An understanding of how violence against sex workers is perpetrated by the state, within workplaces, in the home, in public, and by non-state organisational actors is essential in providing a clear picture of violence against sex workers with disability. This violence is informed by *and reinforces* the following stigmatising assumptions:

- Sex workers provide blanket consent and are thus ‘unrapeable’
- Assault is an ‘occupational hazard’ of sex work
- Sex workers are not ‘good’ or believable victims
- Sex workers are victims of our own work

Sex workers expect to experience stigma when interacting with the legal system. This stems from a long and continuing history of criminalisation, stigmatising laws and discriminatory legal case outcomes. This lack of trust that we have in the justice system can often result in opting out of the system entirely to ‘avoid re-traumatisation, stigmatisation and discrimination’.³⁰ Sex workers also have unique privacy and anonymity concerns within legal processes as many of us do not want to connect our legal names with our sex work. Legal responses and processes currently do not have adequate safeguards to protect our privacy or to protect us from discrimination and potentially, further violence. Unfortunately, sex work stigma is built into the legal system, especially in criminalised and licensed jurisdictions and without supportive legal and policy frameworks and anti-discrimination protections, we often choose not to interact at all.

²⁹ Scarlet Alliance submission on the draft National Plan to End Violence Against Women and Children 2022-2032, Pages 9-17. Accessed on <https://scarletalliance.org.au/wp-content/uploads/SCARLET-ALLIANCE_National-Plan-to-End-Violence-Against-Women-2022-2032-_Redacted.pdf>

³⁰ Z Stardust, Treloar, Cama & Kim, ‘I wouldn’t call the cops if I was being bashed to death’, p. 10.