Office of the Public Advocate

PG 26 Sexuality: advocacy and guardianship for people with cognitive impairment in relation to sexual expression

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1 Purpose of the guideline

The purpose of this guideline is:

- to provide a human rights framework relating to sexual expression
- to resource advocate/guardians with a common set of principles
- to identify potential issues that may emerge in the course of advocacy/guardianship
- to provide advocate/guardians with resources to support decision-making around sexual expression
- to explore matters of capacity and consent
- to clarify roles and responsibilities for advocate/guardians in relation to sexual expression

2 Introduction

Personal relationships and sexuality can enrich and give meaning to our lives. They can be both a source of, and a means of, expressing intimacy, connection, love, joy, creativity, desire, identity and individuality. Relationships and sexuality develop across a lifespan and provide many opportunities for

growth, discovery and fun. Research has demonstrated that positive relationships are integral to our physical and emotional well-being.[1]

Many people with cognitive impairment who live in residential care settings or are dependent on family for support, experience discrimination, restrictions or limited opportunities to express themselves sexually or to engage in sexual activity.

In this guideline, sexual expression includes activities and behaviours relating to physical or emotional intimacy. Sexual expression can also be conceptualised more broadly and has a relationship to self-esteem, sexual identity, body and self-image including gender identity and may have broader social implications in relation to a shared identity and/or community.

Cases involving sexual expression come to OPA in various ways:

1. a person seeking sexual expression in circumstances where their wishes are not taken into account or disapproved
2. during the course of OPA guardianship for issues other than sexual expression
3. inappropriate behaviour requiring restrictive interventions.

Decisions relating to sexual expression are often complex due to differing understandings around what constitutes:

- capacity: what level of capacity is required to consent to sexual activity
- risk: both to the person with a disability and to others
- values: the interplay between the values held by the person, their family or friends, service providers and the community.

Advocate guardians are obliged to act in the best interests of the person while "protecting the person from neglect, abuse or exploitation", take into account expressed wishes and seek the least restrictive alternative. Within this dynamic, there may be a tension between best interest and expressed wish while seeking to implement the least restrictive alternative.

This guideline concerns those cases where a person may have impaired capacity to make decisions about their sexual expression or where a person does have capacity to make those decisions but is unable to enact a decision due to the circumstances of their lives.

3 Principles to guide decision-making and advocacy

KEY MESSAGES
Legislative frameworks
Human Rights conventions
Disability Services guideline

3.1 Legal requirements for decision-making

The primary obligation of a guardian is to make decisions in the best interests of the represented person. Section 28 of the *Guardianship and Administration Act 1986* (the Act) must be complied with –

> A guardian acts in the best interests of a represented person if the guardian acts as far as possible—
>
> (a) as an advocate for the represented person; and
> (b) in such a way as to encourage the represented person to participate as much as possible in the life of the community; and
> (c) in such a way as to encourage and assist the represented person to become capable of caring for herself or himself and of making reasonable judgments in respect of matters relating to her or his person; and
> (d) in such a way as to protect the represented person from neglect, abuse or exploitation; and
> (e) in consultation with the represented person, taking into account, as far as possible, the wishes of the represented person.

[1] Personal relationship, sexuality and sexual health policy and guidelines. Disability Services, Victoria, 2006

Most of these provisions are relevant where a person is seeking to be sexually expressive.

- A person's community is made up of relationships and sexual expression is one important way of creating an intimate community
- Where a person has deficits in relation to their capacity to make decisions about sexual expression, a guardian is obliged to encourage and assist the person to become capable of making reasonable judgements
- In assisting a person to express themselves sexually, the guardian must have regard to the level of protective behaviours a person possesses. The best protections against abuse and exploitation are a strong network of supportive relationships and good protective behaviours. An environment that discusses, and positively reinforces, information on sexual rights and responsibilities will support the development of protective behaviours
- Where a person wishes to be sexually active, this expressed wish must be taken into account. Section 4 of the Act requires that a person's wishes be given effect to wherever possible

Guardians must comply with the *Charter of Human Rights and Responsibilities Act 2006* (the Charter). The following rights may be relevant in this regard:

- Every person has the right to enjoy his or her human rights without discrimination (s8(2))
- Every person is equal before the law and is entitled to the equal protection of the law without discrimination and has the right to equal and effective protection against discrimination (s8(3))
- A person has the right not to have his or her privacy, family, home … unlawfully or arbitrarily interfered with (s13)
- Families are the fundamental group unit of society and are entitled to be protected by society and the State (s17(1))
- All persons deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person (s22(1)).

3.2 International human rights

As well as having these legal obligations to consider, there are international human rights documents that also provide us with guidance.

The *UN Convention on the Rights of Persons with Disabilities* outlines a number of articles relevant to sexual expression These include:

- equality and non-discrimination (5)
- equal recognition before the law (12)
- freedom from exploitation, violence and abuse (16)
- protecting the integrity of the person (17)
- living independently and being included in the community (19)
- freedom of expression and opinion and access to information (21)
- respect for privacy (22)
- health (25)[2].

The Yogyakarta Principles also address a broad range of international human rights standards and their application to issues of sexual orientation and gender identity. The first principle is that "All human beings are born free and equal in dignity and rights. Human beings of all sexual orientations and gender identities are entitled to the full enjoyment of all human rights".

Other important rights include:

- The Right to Have a Life Free from Discrimination
- The Right to Privacy
- The right to Freedom of Opinion and Expression, which notes 'the expression of identity or personhood through speech, deportment, dress, bodily characteristics, choice of name…".[3]

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[2] United Nation Convention of the Rights of Persons with Disabilities, 2006

[3] Yogyakarta Principles on the Application of International Human Rights Laws in relation to Sexual Identity and Gender Orientation, 2006

3.3 Disability Service Guidelines

The Disability Services publication *Personal relationships, sexuality and sexual health policy and guidelines* provides a useful set of principles that we have adopted.

People with disabilities have a right to:

- the same freedoms, choices and life experiences as people without a disability
- treatment with respect, consideration and sensitivity
- engage in relationships of their choice
- have their relationships treated with respect and confidentiality
- engage in any form of relationship that is legal and non-exploitative
- live with partners of their choice, marry or have children
- support, education and resources to understand their rights and responsibilities
- receive adequate and ongoing support, education and resources to create opportunities for socialising and developing social networks

(DHS p. 5 & 13)

We also acknowledge that, from time to time, it may be necessary for us to limit a person's rights in order to comply with our obligations to the person under the Guardianship and Administration Act.

4 Capacity and consent to sexual expression

KEY MESSAGES
Consent in mutual relationships
Suspected abuse/coercion
Formal capacity assessments

4.1 Mutual relationships

Sexual expression is an integral part of the adult experience.

Sexual expression is not something that can be 'turned off' simply because a person may lack the cognitive capacity to consent. Regardless of the capacity to consent, people will still desire to be involved in expressing themselves sexually.

Given the situation that the majority of people will wish to express themselves sexually, how can advocate guardians make a best-interest decision that takes into account the expressed wish of the person in the least restrictive way possible?

The first consideration for an advocate guardian is to understand the individual's capacity to consent to sexual expression.

The capacity to consent to sexual expression is not global and is not determined solely by the type or extent of the person's disability. The ability to consent, in this instance, can be a matter of both expressed wish and, knowledge and understanding. The guardian needs to take into account what the person wants, which can be expressed verbally or by behaviour. Advocate guardians often work with people who are not able to articulate their consent but, by their behaviours, are able to clearly indicate their wishes.

Capacity to consent to sexual activity should be assessed in the context of the specific decisions that need to be made and, in many instances, may be limited to a specific relationship. For instance, people with a cognitive impairment may understand certain types of sexual activities more than others and may therefore have the ability to consent to some, but not all, sexual activities or relationships.

Stavis and Walker-Hirsch[4] provide three categories of sexual expression that may be helpful when considering issues of consent:

- adult activities of a sexual nature that do not require formal legal consent, eg displays of affection, dancing, choice of dress, masturbation, access to erotic material
- activities involving mutual agreement and consent such as sexual petting, mutual masturbation and sexual stimulation by another person

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[4] Stavis P and Walker-Hirsh L, *Consent to Sexual Activity*. In: Dinerstein R Et al (eds) *A Guide to Consent*, American Association on Mental Retardation, 1999

- activities requiring the highest level of consent. This includes sexual intercourse.

Evidence of mutuality in the relationship can be helpful in assessing whether a relationship is abusive. For example, both parties seeking each other out and spending spare time together, shared leisure activities etc. Advocate guardians should always be mindful of elements of coercion and consider whether the person is being unduly influenced by such factors.

4.2 Suspected situations of abuse or coercion

In situations of suspected abuse or coercion, the capacity to consent is crucial in evaluating whether a sexual relationship or act has been entered into voluntarily or is exploitative. The challenge for advocate guardians is to strike the appropriate balance between a person's right to sexual expression and fulfilment, and reasonable protection from harm. In these situations a more rigorous definition and assessment of capacity is necessary.

In the decision Re Burke[5], capacity was defined as -
"capacity is dependent upon having the ability, whether or not one chooses to use it, to function rationally: having the ability to understand, retain, believe and evaluate (ie, process) and weigh the information which is relevant to the subject-matter."

A key word in this definition is information. What is the information that must be understood, retained, believed, evaluated and weighed when contemplating sexual expression? This may include:

- the physical mechanics of the activities
- the possible physical consequences (eg: pregnancy or sexually transmitted disease)
- that participation is voluntary and that consent may be withdrawn at any time
- that there will usually be a psychological and emotional effect on the participants
- any relevant contraceptive or safety measures
- the relationship or circumstances in which the expression occurs (eg: committed relationship, sex worker, casual encounter)
- whether the sexual activity is legal (for example, where a person is under age).

Ability to understand the information

To understand something is to perceive its meaning, to grasp its significance, to infer from information provided[6]. Thus to understand sexual expression is to:

- comprehend the physical aspects of the activities
- grasp the significance (psychological, emotional, material) for those involved
- recognise the consequences
- appreciate the relationship or circumstances in which the expression occurs (eg: committed relationship, sex worker, casual encounter)
- appreciate that there are laws that both allow and restrict sexual activities.

Ability to retain the information

To retain information relating to sexual expression is to be able to:

- explain or describe the physical activities
- respond to issues of contraception, safety or illness
- remember the relationship or circumstances in which the expression will occur
- imagine its significance to the participants
- remember what activities are legal or illegal.

Ability to believe the information

In this context, to believe information is to accept the veracity of the information set out above.

Ability to evaluate (i.e., process) and weigh the information

This is probably the key ability in assessing capacity as it will involve:

- imagining how the activity will affect the participants

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[5] R (Burke) v General Medical Council & Ors [2004] EWHC 1879 (Admin)

[6] Derived from the definition of understanding in the Australian Concise Oxford Dictionary 1987

    - imagining how to respond to any risk issues or contraception issues that may arise
    - dealing with any aspects of the activity that may be illegal
    - picking up verbal and non-verbal cues about the other participants' voluntariness prior to and during the activity.

It may be that a person with a cognitive impairment has capacity in some of these areas but not others. Depending on the level of risk or potential for abuse, a guardian may seek a formal assessment. A formal assessment of capacity to consent could also be considered in situations where a person may not fully comprehend the context, or a person's rights to sexual expression are being restricted due to concerns about their capacity to consent.

Some of the benefits of a formal capacity to consent to sexual activity are that it:

- allows the person who has capacity to exercise their sexual rights
- protects the person who lacks capacity from possible harm or exploitation
- may elevate people from not competent to competent as a result of identifying and remedying sexual knowledge deficits[7]
- identifies areas of potential risk for self or others.

Formal assessments can include:

- information gathering which may include consultation with partners, service providers and family (taking into account privacy and confidentiality)
- psychological testing such as the Assessment of Sexual Knowledge (ASK)
  The ASK is a test that aims to provide workers within disability services and other health professionals with a tool to assess the sexual knowledge and attitudes of people with an intellectual disability. The information obtained from the assessment can then provide a basis for the development of educational programs and human relations educational counselling that can be more accurately tailored to suit both individual and group needs. The ASK has been carefully designed to be an accurate and user-friendly tool appropriate for use with people with an intellectual disability. There are four components to this assessment tool:
    - knowledge
    - attitudes
    - Quick Knowledge Quiz
    - A Problematic Socio-Sexual Behaviours Checklist

  More information about the ASK is available through the Centre for Developmental Disability Health Victoria. (Contact details in s7.2 of this document)
- Static and Dynamic Risk Assessments.

Outcomes from formal assessments can include:
- an understanding of where the person needs information and education
- strategies to enable safer sexual expression and activity.

The formal assessment should yield information that may help attend to any deficits in the person's capacity. This may be in relation to:
- understanding of the person's level of knowledge. The provision of sexual information, education and training is vital for people with disabilities and may assist a person become competent to consent. To be successful, this information/education may need to be provided in a range of formats and over a continued or extended period
- strategies to enable safer sexual expression and activity, such as arrangement for sexual services for the person that are legal
- the person's understanding of rights, risks and responsibilities.

In the event that a formal assessment results in a finding of lack of capacity the advocate guardian should continue to take into account the person's expressed wish to engage in sexual activity. At this point, the advocate guardian can determine what information, education and supports are necessary to

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[7] Lyden, M Assessment of Sexual Consent Capacity, Sexuality & Disability, 2007 25:3 – 20

enable the person a safer sexual experience. The finding of lack of capacity may mean consideration of alternative activities to enable the person's sexual expression.

KEY MESSAGES
People with disabilities as asexual
Sexual health issues
Fear of sexual abuse
HIV
Sexual offences
Risky behaviours

5 Potential Issues

5.1 Sexual health issues overlooked

People with cognitive impairment may encounter disapproval and barriers to sexual expression, based on an attitude that people with cognitive impairment should be protected from their own and others' sexual needs. The view of people as asexual may result in sexual and reproductive health needs being overlooked, for example they may not be provided with Pap Tests, pregnancy tests or sexually transmissible infection (STI) checks.

5.2 Sexual expression curtailed

5.2.1 Denial that a person is sexual

There are many situations in which people who have a cognitive impairment, especially those with an intellectual disability or an acquired brain injury, are treated as though they are asexual. Some common situations are:

- They are given an 'age-equivalent' assessment that is pre-puberty and are thus treated as prepubescent
- They are fully dependent on others for their needs and these others are not aware of, or possibly uncomfortable with, the person expressing themselves sexually
- They live in circumstances where they are thought to be incapable of developing relationships with others and so sexual expression is just not considered possible for them
- They live with parents who are uncomfortable that their children are sexual
- Due to their residential circumstances, they are not allowed to have sexual relationships with others
- They are not given the same opportunities and access to life experiences as people who do not have disabilities in order to develop the full range of social skills and networks necessary to initiate sexual relationships.

5.2.2 Fear regarding sexual behaviour

Fear for people with disabilities being sexually abused is often cited as a reason for not allowing them to engage in sexual relationships. Sexual abuse is due to a complex range of factors, one of the most significant for people with disabilities being vulnerability.

People with disabilities have the same emotional, psychological and sexual feelings and needs as everyone else. Consequently, people with disabilities should not be prevented from the opportunity to express themselves sexually for the fear of being abused.

In this context, there is a clear need for the advocate guardian to weigh up what is in the best interest of a person with a disability and their expressed wish. There is often a tension between the dignity of risk and the need for protection in guardianship and the arena of sexual expression is just one more example of the need to manage this tension.

When a guardian or advocate becomes aware of situations involving a person wanting to express themselves sexually and there is concern of potential abuse or exploitation it will be necessary to assess :

1. the person's wishes and aspirations
2. the person's capacity to enter into sexual encounters with others (see the discussion above about capacity)
3. knowledge and skills
4. risk vs rights
5. how to facilitate the sexual expression for the person in ways that are safe

6. how to prevent exploitation or abuse.

Other reasons why people may be denied sexual expression include:
- concerns about the person's lack of knowledge of sexually transmissible infection
- contraception and pregnancy
- concern about previous sexual abuse or exploitation
- concern about a person's vulnerability
- concern that should one party become pregnant, they do not have the capacity to care for a child
- fear that the person will become sexually promiscuous
- lack of economic resources to enable a person to pay for sexual services.

In circumstances where there are these concerns, a guardian or advocate will be particularly attuned to the need for the person to learn self-protective behaviour that will enable them to negotiate sexual relationships while mitigating risk. This may mean seeking out specialist support services that could provide such information. It may be helpful to seek an ASK first.
In situations where lack of funds restricts access to services, advocate guardians should consider advocating to have these issues identified in the person's Individualised Support Plan.

5.3 Controlling a person's sexual expression

Guardians may be asked to make a decision that restricts a person's right to engage in sexual behaviour with others. The only way of preventing sexual activity completely would involve detention of the person and their constant supervision. There are no places for such detention and supervision outside the framework of the supervised treatment orders in the *Disability Act 2006*. Under that Act, such decisions are made by VCAT, not a guardian.

There may be other mechanisms that involve other services and laws that the guardian may draw on.

This is an area where it is necessary to explore supportive decision-making and education to find least restrictive options that the person will voluntarily adopt.

5.3.1 Sexual expression and people who are HIV positive

Harm to others may occur in the context of a person who is HIV positive who has a cognitive impairment and whose behaviour is placing themselves or others at risk by having unsafe sex. The decision to restrict a person's sexual behaviour is made under section 117 of the *Public Health and Wellbeing Act 2008* and is the responsibility of the Contact Tracers through the Department of Health (see OPA practice guideline, 'Testing, Treatment and Detention of People with HIV/AIDS').

5.3.2 People who sexually offend

There are areas of 'sameness' and areas of difference between the application of the law in response to people with disabilities who sexually offend.

Article 12 of the *United Nations Rights of Persons with Disabilities* states that all people are equal before the law. This relates to both the legal rights of people but also their legal responsibilities. However, people with disabilities do not have the same level of skills and knowledge about what is legal and socially acceptable behaviour as people without disabilities. This means the context in which sexual offending behaviours occur is different.

If a guardian were to become aware that a represented person had committed criminal acts, they must raise this immediately with their manager.

There is no positive duty to report a crime. However, it may be that it is appropriate to report the criminal activity of a represented person to the police. In determining whether this is appropriate, the manager and the guardian will have regard to OPA's checklist document regarding making a decision in a person's best interests [G Drive in the folder 'Practice Resources']. For example, whereas a person without a disability who exposes themselves in public should face prosecution under the law, a person with a cognitive impairment may need education and support to understand that such behaviour is inappropriate. The resolution of such a situation would still need to involve the police but may not warrant

prosecution. Another example could involve a person with a disability who has sex with a person under the age of consent. Again, this is a criminal matter and may need to be reported to the police but may not result in prosecution but referral for the development of appropriate knowledge and skills.

The more serious the sexual offending behaviour the more complex the response. It is not up to guardians to determine the correct legal response to sexual offending behaviour – that is a matter for the police. However, it is incumbent on a guardian to advocate for the rights of the person with a disability who commits a sexual offence.

Further information about decisions to report a crime, procedures and resources relating to criminal matters can be found in the OPA practice guideline, 'Criminal law – Supporting clients who are offenders or victims of crime.'

5.3.3 Risky behaviour

Where a person is not HIV positive but engaging in sexual behaviours that place that person or others at risk, such as being exposed to exploitation, the advocate guardian needs to take active protective measures. This could include a referral to Family Planning Victoria, Melbourne Sexual Health Centre or specialist disability counsellors who can be accessed through the Centre for Developmental Disabilities.

An initial starting point for the guardian involved in making decisions based on the assessment of various harm to others would be to seek ASK counselling. Such an action would be the least restrictive in the circumstances. The guardian may refer the person for education and support around specific issues identified in the ASK.

6 Case studies

6.1 Elderly person with dementia

Maria and Bill have been in a sexual relationship for a number of years. Maria developed dementia and became very frail. Maria's family decided to restrict Bill's access to Maria and large trips out with him on the advice of medical practitioners. Bill and Maria both want to continue the relationship including the sexual side of their relationship. However, Maria's family effectively prevented Bill from having any contact with Maria.

In this case the question for the office is to work out for what we should advocate. It would seem that Maria has lost capacity to consent to sexual acts due to her dementia. Bill has no disability. That may suggest that the relationship is unequal or exploitative. However, there was nothing in the circumstances that suggested this was so and the history of the relationship indicated that it was a nurturing and faithful one.

Maria wished the relationship to continue. The Guardianship and Administration Act requires that all decisions give effect to the person's wishes wherever possible. The major risk for Maria is the loss of the support of her family should she continue in the relationship against their wishes. This possibility creates a tension between the community that is formed by Maria's loving relationship with Bill and the community that Maria has as part of her family. It may be that the advocacy can retain both communities for Maria.

6.2 Sexual services

Max is a middle-aged man with significant mobility problems. Max also has an ABI.

Max wanted to lose his virginity and he sought assistance to visit a sex worker. He asked the help of a friend (who then rejected him).

Max understood the nature of sexual acts and the consequences of engaging a sex worker. Thus, there were no issues related to his capacity to consent.

OPA was Max's guardian. On hearing of his desire to see a sex worker, the guardian, who had access to services authority, advocated for this to happen (see s28 of the Guardianship and Administration Act). He asked a case manager to organise this. The case manager agreed but sabotaged every attempt.

Eventually, the house supervisor where Max lived made an arrangement for Max to see a sex worker. Max also needed an assistant to take him to the venue, undress and shower him, help him into bed, and pay the brothel. This was expensive for Max, but to him "it's about being human. Without sex there would be no people on the planet".

The guardian found many people involved in Max's life were uncomfortable that he should be seeing a sex worker. This disapproval has impacted on Max's life because he has lost a friend. Nonetheless, it was Max who decided what was most important to him at that point in his life.

6.3 Relationships in Shared Supported Accommodation

Grace was living in a supported residential service (SRS). She developed a intimate relationship with another resident, Craig.

The management of the facility sought her eviction because, apart from Craig, she brought home men from the local pub and this was disruptive to other residents.

OPA was appointed Grace's guardian to find alternative accommodation. This was found in a facility for people with a disability. Grace would only move in if she were able to maintain her relationship with Craig, including his sleeping over from time to time, and being able to leave the premises as she wished.

However, once Grace moved in, there was resistance from staff in relation to these two matters as these arrangements were unusual in that particular facility. The guardian advocated for Grace in order secure the conditions of her joining the community and to secure her a stable home.

The training of staff enabled them to accept the situation and to adopt a harm minimisation approach, ensuring that Grace's sexual health needs were met, including contraception and health checks. Craig was introduced to the other residents and he visits regularly. Grace has begun to feel that this facility is her home, However, she ultimately wishes to set up a home with just Craig.

7 Additional information

Family Planning Victoria, Ph: 9257 0131
Extensive waiting list but may make exceptions in urgent cases; May do urgent reports / sexuality knowledge assessment for VCAT; 40 -50 clients per year with HR knowledge deficits [?] are eligible for free service; secondary consults for professionals; resources for sexual education.

Centre for Developmental Disability Health Victoria, Ph: 9902 4467
Fee for service or referral through DCS Southern. http://www.cddh.monash.org/sexuality-disability.html

Mill Park Community House & ATSS, Ph: 9404 4565
Provide Human Relations, grief and loss, parenting counselling. Minimal fees.

Co-Care Human Relations Program, Ph: 9355 9900 or youthhealth@mchs.org.au; www.mchs.org.au
Range of Human Relations and sexuality groups (group work only) run for eight weeks for 12-25 year olds, North and West regions only.

DASSI, Ph: 1300 032 774
Not-for-profit organisation providing attendant and personal care services. Will accompany clients to visit sex workers. Other attendant care organisations may also provide this service.

Private Clinicians
List available through Advocate Guardian team page on OPA Intranet

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Engaging a sex worker

It is estimated that there are 20,000 sex workers in Australia and visits to sex workers are estimated between 12 to 16 million per year. It is easy to find sex workers for heterosexual men, gays and lesbians. However, it is more problematic to obtain a sex worker for heterosexual women. The sex industry is legal in Victoria but there are some illegal establishments.

The first step to engage a sex worker is to contact resourcing health and education in the sex industry (RhED) the specialist service for the sex industry in Victoria. The contact details are:

Address: 10 Inkerman Street, St Kilda, VIC 3182
Phone: 9534 8166 or 1800 458 752 (10 AM to 5 PM)
Fax: 9525 4492
Website: www.sexworker.org.au
e-mail: sexworker@sexworker.org.au

The RhED worker will be able to assist you with recommendations regarding workers who are experienced in working with people who have a disability, expectations, condom usage, cost and preferred brothels in the client's locality. You should speak about your client's preferences, likes/dislikes, to the RhED worker to try and maximise a suitable match. If your client does not have access to a brothel, then escorts are available. Escorts will come to your client's home (if permitted by the service operator) or a motel room.

The Public Health and Wellbeing Act stipulates that regulations around sex work in brothels now applies to escort agencies.

The client can pay by cash or credit card in a brothel. However, most escorts will require cash up front. All clients are expected to shower prior to being seen by the sex worker and will need to be able to do so independently. The sex worker is not a personal care worker and will not assist the client in dressing etc.

It is best to try and make contact with the sex worker at the brothel prior to the client's being seen in order to advise if there are any particular issues that the sex worker needs to be aware of and to advise that the client has a disability.

Costs will vary between different brothels and escorts services, services requested and time allotted.