Community Empowerment & Transformative Learning among Sex Workers

- This bulletin offers findings from a pilot Peer Health Advocates training program, designed with and for sex workers. It aimed to enhance community empowerment to enable sex workers to shape their practices around health promotion and prevention strategies, and to contribute to improving access to health and social services within their communities.
- Participants enhanced self-esteem and reduced internalized stigma, increased their critical consciousness, acquired new knowledge from participation and control over the training program, strengthened solidarity with other sex workers, and contributed to increased resource mobilisation in the community.
- This pilot study, the first of its kind in Canada, was a successful proof of concept and built the foundation for a long-term initiative. Other jurisdictions in Canada could adapt similar programs in their area.

Before the Training	After the Training	Outcome
Internalized stigma Low self-esteem	Self-valuation Confidence	Reduced internalized stigma Improved self-esteem
Conditioning Binary thinking	Perspectives Diversity	Increased critical consciousness
Exclusion Lack of control	Inclusion Asserting boundaries	Increased participation and control
Isolation	Networking Sex worker organization	Strengthened solidarity
Limited knowledge Untapped skills	Knowledge acquisition Skills building	Resource mobilization to shift behaviour & improved health care

Background

SOCIAL marginalisation and a criminalised working environment create elevated risks for sex workers and reduce their access to health promotion and prevention services compared to the general population [1-4]. Community empowerment-based health promotion programs that prioritise the engagement of members of the targeted population in the development and delivery of the programs have been showed to be effective [5-7]. Peer-led initiatives aid in establishing supportive relationships that enable sex workers to access health and social resources [8,9]. This bulletin summarizes findings from a pilot peer health education program in an urban centre in Canada, designed with and for sex workers, aimed to enhance community empowerment to enable them to shape their practices around health promotion and prevention strategies, and to contribute to improving access to health and social services within their communities.

Training sessions covered a range of topics:

- Empowerment Approaches to Sex Work
- Becoming a Peer Educator
- Honouring Diversity in Gender and Sexuality
- Honouring Diversity in Indigenous Communities
- Clients, Health and Safety
- Health and Social Services Mapping Sexual Health for Sex Workers
- Harm Reduction
- Overdose Prevention and Naloxone Training
- Meet and Greet with Health and Social Services
- Practicums
- Debriefing Sessions

Methods

THE program was piloted in a Canadian city where progressive municipal leaders, police and justice officials and health and social services providers have worked cooperatively to improve the health and safety of sex workers. It adopted a community-based participatory research approach guided by a research team comprising sex workers, representatives from service organizations and healthcare clinics for marginalised populations, health service managers and researchers. Based on evidence related to the effectiveness of community empowerment interventions with sex workers, a training curriculum and evaluation plan were developed in consultation with the research team. The training program was offered at a local sex worker organization and consisted of 16 2-hour sessions, followed by 8 weeks of interactions in the community, during which participants took part in weekly 2-hour debriefing sessions. Trainees received a cash honorarium at the end of each session. Sessions were offered by members of the research team, local service providers and community members with lived experience. The curriculum was flexible and adapted as it was delivered, based on input from participants. The research was approved by the ethics review board of the first author's university.

Participants were recruited through a hiring process via various local community-based organizations, local escort agencies, and online fora that sex workers might use to find clients. Criteria included interest in improving health and access to health care services for sex workers, being 19 years of age or older, currently engaged in sex work in the research setting, and having strong leadership skills and networking abilities. Trainees varied in age, gender, sexual orientation, Indigenous cultural background, socioeconomic status, and sex work history. Their sex work locations ranged from independent indoor, webcam, escort agency to independent outdoor. Some worked full-time, others part-time and some were transitioning out of sex work.

Data were collected from December 2015 to June 2016 through qualitative semi-structured interviews (N=14) with the participants prior to the training, after the training and at the end of the 8-week intervention phase; journals kept by the participants and project coordinator throughout the training program; and feedback forms collected from the participants after each training and debriefing session. All information was transcribed and redacted. Thematic analysis was performed [10] and identified themes are presented in the findings. Interrater reliability was strengthened through independent coding by the first three authors and comparison and discussion for agreements. The authors drew upon conceptual frameworks of community empowerment and transformative learning to help frame the analysis [11-18].

FINDINGS

1 Reduced Internalized Stigma & Improved Self-Esteem

"That action doesn't define me"

POSITIVE self-valuation and confidence are precursors to the development of empowerment [16]. Internalized stigma occurs when individuals internalize prejudice directed at a group they are part of, which leads to lower self-esteem and self-efficacy [19]. Participation in the training program led to reduction in most participants' internalized stigma and an increase in confidence and self-esteem. "Before I carried a lot of shame about being a sex worker. I would- it ate me alive inside, some days. But you know what? Today it doesn't. […] And it's because of this project, that I can confidently say" [P5]. "I help my peer[s] and that builds my confidence… I feel a lot of happiness giving back." [P2].

2 Increased Critical Consciousness

"Divide the black and white and open that gray area"

CRITICAL consciousness is developing the capacity to challenge norms, values, beliefs, myths, explanations, and justifications embedded in language, social habits, and cultural forms [18]. Participants stated that they became conscious of some of the limitations of their views and learned to challenge others' views: "The biggest challenge for me was people would try and label my [sexual orientation] identity… I learned it in this training, exposing their binary thinking… to divide the black and white and open that gray area." [P5]

Participants stated that they came to appreciate others' various perspectives and experiences: "I like this job [sex work] so much and I love all the opportunities that it gives me, I assume that everybody feels the same way. So it was interesting… It is good to see the other…side of the coin– yeah, the diversity of it." [P4]

Participants learned to challenge stigma and provided feedback to service providers about their experiences with the services, which led to changes in practice: "Since the [community health centre] nurses have come to the class… we educated them on how it comes from our perspective… They've really stepped up and been understanding" [P2].

> "It is good to see . . . the diversity of [other sex workers' opinions]

3 Increased Participation and Control

"Far from that teacher approach"

ALIGNED with community empowerment-based responses, this program prioritised the engagement of sex workers in the development and delivery of the program [20,21]. Participation was stimulated through frequent reminders that this training program was their program to develop. The teacher-student dynamic was replaced with a more horizontal power dynamic: "I felt like it would be more like teacher and student type thing… everybody in the group… we were all working our own little ways on different stuff… And then also [the Project Coordinator] was far from like that teacher approach. And it was just so relaxed and fun. And I found we all could share…And learn a lot from each other." [P2]

Participants experimented with their role by leading the discussions during the debriefing sessions and providing their expertise to some of the presenters: "I felt the need to raise the awareness… Training the trainer" [P5]. They suggested rearranging the room format to a round table setting, which worked well for the group: "The round table change brought a more group setting, eliminated cross talk, removed the teacher-student atmosphere" [Anonymous Feedback Form].

They also changed their title from Peer Health Educators, given to them at the start of the program, to Peer Health Advocates, a title they said better reflected their role: "… we were able to, you know, strategically and proactively even change the title of our training" [P5]. As advocates rather than educators, they related that they were "being viewed as a resource" [P5] and that: "we don't always have to have the answers but we can always refer them to somebody that can give them the answers" [P5].

Finally, participants gained increased control by learning to assert work boundaries: "I think there is more respect between my clients and me now... I've been really strict about using safe sex practices and so they don't question it like they did before" [P1]. By having the opportunity to assert one's thoughts and opinions on the program, some participants noted feeling positive about "getting my voice heard" [P3] by the researchers and service providers.

> "I felt the need to raise the awareness . . . Training the trainer

4 Strengthened Solidarity

"It's like family out there"

THE training program fostered strengthened relationships and solidarity among participants, as well as with other sex workers in the community. The support provided by the local sex worker organization was important in empowering participants to identify as sex workers: "I would never, ever, before being associated with [local sex work organization] be able to identify as a… sex trade worker. It's very liberating to have all of that come forward and know that there's support services in place" [P5].

Positive relationships mitigated isolation and provided an opportunity for the group to work as a team and support each other: "We can text each other if there's a problem with something and there's a real support in that" [P1].

Telling other sex workers about their involvement in this training provided opportunities for knowledge sharing: "I put it out there, at first, it's [the peer health advocate program] something I talked about… And some have shared some personal, really personal things and stuff I can help them with" [P2].

Solidarity between sex workers was expressed when participants stood up for peers, accompanied them to a safe place, provided safer sex supplies and linked them to services. They also expressed a desire for ongoing training so that more sex workers could become involved, more networking between sex workers through ongoing group meetings, and more resources for people who are new to the sex industry: "I think it would be good if we could get like a bunch of us trained and out there… if you're on the street and you've got this training, you can help so many people with what you do… Because… in town here with sex workers and people on the street, it's like family out there and everyone is connected to someone." [P1]

> We can text each other if there's a problem with something and there's a real support in that

5 Resource Mobilization to Shift Behaviour & Improved Health Care

"It helped me realize more people I can help"

MOBILISING resources within the sex worker community started with skills building and knowledge acquisition, an important area of growth and empowerment for participants.

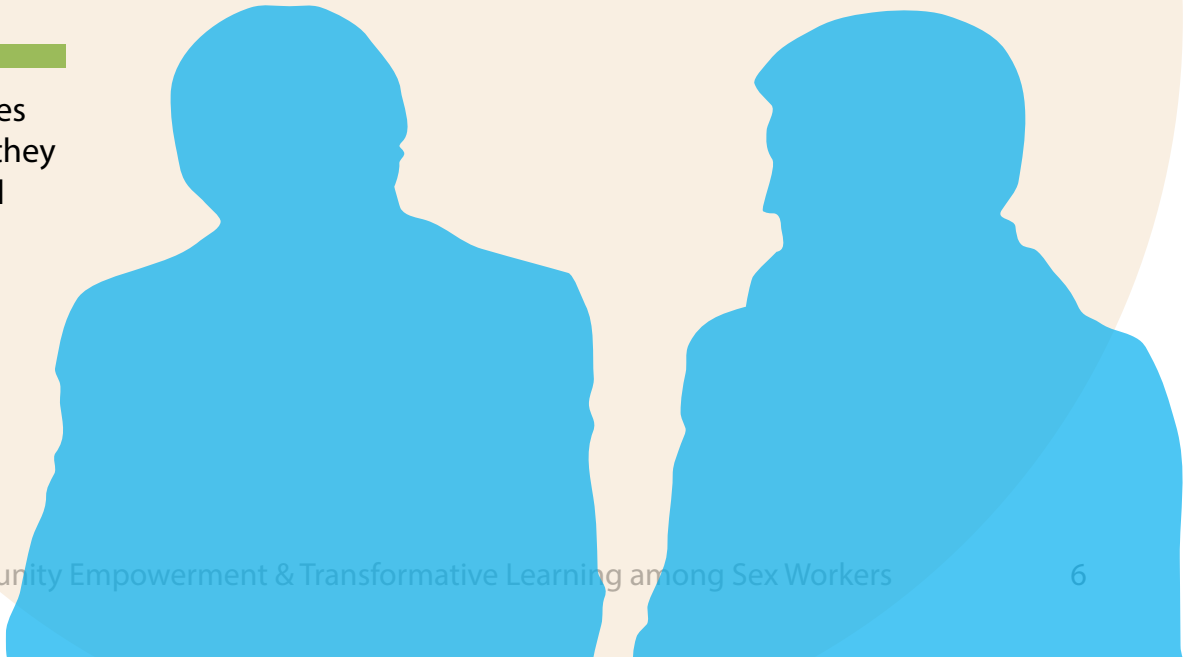
Participants felt more confident venturing into the community and helping others due to the knowledge they gained: "I have, I think, more confidence knowing, like, a lot more education I have and a lot more resources that I know about" [P2]. They linked those they came in contact with health and social services through referrals, accompaniment and follow-up: "She wasn't really aware of where to get free condoms and stuff, which was surprising to me. But now she's going there regularly" [P1]. Learning about local resources also helped participants seek help for themselves and improve their life conditions, including their safer sex practices in sex work: "This project has helped me identify where and when I can get help" [P5].

Participants noted that they became known as peer health advocates for sex workers and others in their social networks: "If something else comes up in their mind that they need help with, they'll come back to me" [P1]. They also contributed to resource mobilisation in the community by distributing safer sex and drug use supplies: "I specifically got a nice large handbag and filled it with harm reduction supplies." [P3].

Some participants felt rewarded by opportunities to help others: "It made me think about how important it is to try and prevent things like [STBBIs] in the sex trade… if I can increase my own…level of understanding of STIs and if I can help spread that in the community then that's good for everybody… Because it's just about helping people." [P4]

After the project ended, participants gave back to the community by volunteering, found employment in street outreach, or were planning on continuing to interact with people in the community: "I'll still be out there doing what I was doing when I was taking the course… I do enjoy doing it and helping people" [P1]; "Being active at [the local sex worker organization]… and then volunteering there... Something I wouldn't ever thought of doing before, but they were very helpful… And it's the only way I could think of giving back." [P5]

> If something else comes up in their mind that they need help with, they'll come back to me



Discussion

THIS RESEARCH enhanced community empowerment and transformative learning processes through the pilot program. Our findings showed that the program's sex work positive, harm reduction, and human rights approach helped personal empowerment [14] through improved self-esteem, which led to reduced internalized stigma [13]. Our pilot program brought together individuals who share sex work-related stigma but vary in terms of other stigmas associated with poverty, sexual orientation, gender identity, age and Indigeneity [19]. It offered information to challenge sex work stereotypes, as well as face-to-face exchange between sex workers and others [19] to confront and reduce stigma expression and better integrate sex workers into the community. The aim of this multilevel approach to addressing stigma was to create favourable conditions for long-lasting effects. The impact of the intervention on sex work stigma was limited by its pilot, non-sustained nature, though showed potential to address stigma in participants as well as among service providers.

Through critical awareness, participants learned to scrutinise their own views and others' and became more empathetic to a wider spectrum of identities and perspectives. Participants changed how they interact with people of various identities and perspectives. They challenged stigma against sex workers in the community through expressing their opposition when faced with derogatory comments or negative assumptions about sex workers.

Our program enhanced sex worker meaningful participation in and control over the design and implementation of the pilot program [22]. Our intention of shifting the power relations away from a teacher-student relationship to one of shared control with sex workers reflected democratic practices that foster transformative learning [18]. Over time, participants got more involved and took gradual ownership over the program [1]. This process whereby participants reclaimed domains of their lives that had been ceded to academic and service provision experts [18] and integrated their own specialised knowledge into the program, was most evident when they changed their title from Peer Health Educators to Peer Health Advocates. Participants also exercised control by providing local service providers feedback on their experiences with the services and witnessing changes as a result. The program thereby contributed to community mobilisation by resulting in some changes to local services in the community that support sex workers [23].

Sex worker empowerment grew as positive relationships and strengthened solidarity formed amongst study participants and beyond [11,12,17], which contributed to encouraging sex workers to take part in improving conditions for their group [18]. Participants became known to other sex workers in the community and sought for their knowledge and assistance. Our pilot program also increased a sense of shared identity and networking among sex workers by touching on subjects beyond risk, STIs and drug misuse [22]. Further adaptation of a sustainable program and enhanced involvement of sex workers in the delivery and implementation of the program would likely further solidarity between sex workers as well as community mobilisation.

Increased resource empowerment through skills building and knowledge acquisition [13] contributed to behavioural change, which could improve STBBI prevention [9,22,23]. Participants were more informed and confident about discussing sexual health in general, and negotiating safer sex practices, both in their work and personal relationships. They expanded access to health and social services to their peers [12]. Their own life conditions improved through access to health and social services they were previously unfamiliar with. To help with the material context of poverty faced by most participants [23], the program provided some vocational training for outreach work [22], remuneration, and reference letters at the end of the training. Mobilisation of the greater community, beyond the sex worker community, to foster a health enabling social environment [23] was somewhat successful, though limited by available resources and time. Although the project did not extend to actors and agencies who have the political and economic power to effect structural change, our program's success is likely attributable, in part, to the fact that it was situated in a local sex worker organization in a city where the greater community had been mobilising around improving services and conditions for sex workers [23]. Results may differ in other cities.

The study was limited by the small number of participants; many voices were thus missed. Our pilot program's short duration still allowed us to reveal signs of transformative learning and community empowerment among participants. Interventions of a longer duration could lead to full ownership of the training program by sex workers.

Our pilot program was, to our knowledge, the first of its kind in Canada. It served as a successful proof of concept, with promising results. Our findings are critically important for populations such as sex workers who, due to the combined effects of stigma and criminalisation, face significant barriers to accessing health knowledge, quality health care, and other public resources [24,25]. The pilot program built the foundation for a long-term initiative in this setting. Other jurisdictions in Canada could learn from our initiative and adapt similar programs in their area.

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