

An Exploration of the Counselling Experiences of
Women who Work in the Indoor Sex Industry

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ABSTRACT

The purpose of this qualitative study is to enrich the understanding of the counselling and psychotherapy experiences of women who have previously or currently worked in the Canadian sex industry. I conducted semi-structured interviews with 6 participants ranging in age from 19 to 52 who described an individual counselling experience in which they revealed their sex work employment status. I analyzed the interview drawing from a Gadamerian hermeneutic phenomenological approach grounded in feminist standpoint theory. The results revealed 17 themes organized in 5 categories: (a) seeking counselling, (b) the therapeutic relationship, (c) disclosure of sex work, (d) counselling outcomes, and (e) recommendations for counsellors working with sex workers. The results shed light on indoor sex worker clients' heterogeneous counselling needs, expectations, and experiences, providing valuable considerations for culturally responsive and socially just practice with sex workers. The discussion of the results reflects previous research studies, clinical implications, and suggestions for future research.

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CHAPTER 1: INTRODUCTION

While there is an extensive body of research literature on the physical and safety concerns (e.g., risk of sexually transmitted infections and violence) experienced by sex workers (Potterat et al., 2004), it is only recently that researchers have started to focus on the mental health and emotional wellbeing of this community (Jackson, Bennett, & Sowinski, 2007). This is an important line of inquiry because sex workers have indicated that in comparison to the health and physical risks of their work, emotional risks (e.g., stigma) resulted in the greatest concern to them, as emotional risks are more difficult to control and have more detrimental consequences to their personal and social lives (Sanders, 2004b). Some of the most pressing emotional concerns reported by sex workers include the pervasive impact of stigma (Bowen, 2015; Sanders, 2004b), the emotional labour involved in sex work (Sanders, 2006; Witzer, 2007), and a lack of social and institutional support (Jackson et al., 2007; Kissil & Davey, 2010).

Rössler et al. (2010) assessed the mental health of female sex workers over different work settings in Zurich. Sex workers reported higher rates of depression, anxiety, and post-traumatic stress disorder (PTSD) than female participants of the general population, as assessed in epidemiological studies. Higher rates of mental health disorders were primarily related to violence, while lower rates were associated with access to social support. The authors concluded that legal measurements to secure the environment of sex workers and greater access to professional support were crucial to addressing the vulnerability of this community. In 2015, the Canadian government criminalized the purchase of sex. Evidence suggests that criminalization positions sex workers at greater risk of violence (Cambell, 2015; Krüsi et al., 2014) and solidifies barriers to accessing professional support systems given the amplification of stigma and discrimination against sex workers (Lazarus et al., 2012; Rekart, 2005).

Previous research has found that while many sex workers have expressed a need for psychological support services, they often encounter barriers to accessing services or receive inadequate support for mental health concerns (Gorry, Roen, & Reilly, 2010). The main barriers to accessing support services reported by sex workers include shame, stigma, and discrimination (Kissil & Davey, 2010), as well as structural barriers, such as financial factors and service unavailability (Socías et al., 2015). When sex workers manage to access services, they often refrain from disclosing their sex work to service providers largely due to fear of judgement or believing that their work was unrelated to their presenting issues (Cohan et al, 2006). In addition, studies on facilitators to accessing services have highlighted the need for service providers to develop trust and familiarity with sex workers, be mindful of stigma-related barriers, and offer affordable and flexible quality services (Gorry et al. 2010; Stevenson & Petrack, 2007).

Unfortunately, research specific to the experiences of sex workers who actually engage in counselling services remains alarmingly scant. While only two studies (i.e., Brode, 2004; Kuntze, 2009) have explored the counselling experiences of sex workers in the United States, the emerging picture is that although counselling can be a positive and helpful experience, it can also be culturally insensitive in some instances. Indeed, the participants in Kuntze's (2009) study reported feeling stigmatized and misunderstood in their encounters with counsellors. Moreover, the participants in Brode's (2004) study wanted counsellors to not judge them about their work, to not identify sex work as the presenting problem or interject the goal of leaving sex work unless identified by the client, and to have a culturally competent understanding of sex work.

Given our limited understanding about the counselling needs and experiences of sex workers in Canada, I believe it is imperative to obtain knowledge about this phenomenon from

the perspective of sex workers themselves. Knowledge generated from the clients' perspectives is being increasingly valued for developing culturally alert, socially just, and effective counselling practices (Pope-Davis et al., 2002). The client perspective offers nuanced insights into the ways in which counselling does or does not meet the expectations and needs of clients, which can be used to help counsellors work more efficiently with their clients (Elliott, 2010).

The purpose of my study is thus to contribute to a better understanding of the counselling experiences of sex workers in the Canadian sex industry. While recruitment was initially open to street-based and indoor sex workers, I only managed to recruit women with experience in indoor sex work (e.g., escort agencies, strip clubs, online, and independent). My study thus aimed to answer the question: How do women who work in the indoor sex industry describe and interpret their personal counselling experiences? Consistent with my research aim, I drew from a Gadamerian hermeneutic phenomenological approach grounded in feminist standpoint theory. This approach privileges sex workers' standpoints, rather than the dominant perspectives of counsellors who control the design and delivery of counselling. In addition, it requires the researcher to be reflective, open, and sensitive to context. Reflections by the participants can provide an initial foundation for empowering counselling relations, remove barriers to accessing services, and inform and improve counsellors' work with this marginalized community.

Personal Prelude

My study is inspired by my personal, volunteering, activist, and research experiences. In the past two years, I have had the opportunity to become more involved with sex worker communities in my city. Through our conversations, I realized that many sex workers raised important concerns about the impact of the prostitution laws introduced by the Conservative government. As the industry continues to be driven further underground, many sex workers

spoke about the threats to their livelihood and safety as well as the harms of arrests, criminal records, and violence. In addition, many women expressed frustration against the fact that non-sex working people continue to make decisions about their lives based on their moral judgements about sex work. Indeed, their agency and expertise is often ignored by legislators, anti-prostitution feminists, and the general public alike. As the Liberal government works on reviewing the prostitution legislation, I believe that sex workers' diverse voices need to be privileged, and their right to work, safety, dignity, and respect supported.

Previously, I volunteered at a sex worker drop-in service at a local harm-reduction agency. Several of the service users granted me the personal privilege of hearing their life stories. Most of these women talked about pain and suffering in relation to violence, survival, and marginality, but also about the ways in which they have developed resiliency, courage, or hope in the face of adversity. These stories moved me, transformed me, and inspired me to see activism as an essential and promising component of counselling work.

Currently, I am a member of Students for Sex Worker Rights, a joint social, political, and educational endeavor of sex workers and allies at the University of Ottawa. We engage in information-sharing sessions, documentary viewing, and letter writing campaigns to raise awareness on sex workers' realities. For instance, we organized a panel discussion on Bill C-36 led by sex worker activists. We also support sex worker led rallies against violence and discrimination. As an ally, I learned to view sex work as a form of labour and sex workers as the best positioned to develop strategies to improve their living and working conditions.

As a counselling student, I was saddened to discover that despite its emphasis on diversity and social justice, the counselling field had largely neglected the study of sex workers' experiences and needs. As a result, I conducted a pilot study on the counselling experiences of

two sex worker participants for my Qualitative Research course. Both participants reported negative experiences with their counsellors as they perceived them to be uneducated or judgmental about sex work. As a counselling student and ally to sex workers, I want my master's research to assist counsellors in providing competent, respectful, and non-judgmental services.

Thesis Overview

In the next chapter, I further situate the study with a critical review of the literature relevant to the subject of inquiry. In Chapter Three, I provide an overview of the current study, including the research questions and the theoretical framework that grounded the study. In Chapter Four, I present the methodological background for the study, as well as a detailed description of the process in which I gathered and analyzed the data. In Chapter Five, I present the results of my study, the thematic categories and themes, and quotes from the study participants. In Chapter Six, I provide a detailed discussion of the results in the context of the relevant literature. I also conceptualize the limitations of my study as well as implications for practice with sex workers and recommendations for future research efforts.

CHAPTER 2: LITERATURE REVIEW

My research explores the counselling experiences of female indoor sex workers in Canada. I will begin this literature review by defining the terminology of sex work. I will then describe the feminist scholarship debates over sex work and the sex work laws in Canada. I will also explore research on common emotional and mental health difficulties that sex workers may experience, including the impact of stigma and the emotional labour of sex work. Lastly, I will address sex workers' experiences in accessing and receiving support services such as counselling. Given the purpose and scope of my study, this literature review will largely focus on women involved in the indoor sex industry and on Western societies, unless otherwise specified.

Terminology: Defining Sex Work

In my thesis, I will use the terms “sex work” and “sex worker” as this language is used by the Canadian and international sex worker rights movement (van der Meulen, Durisin, & Love, 2013). Sex work refers to the voluntary exchange of sexual services for remuneration between consenting adults (Sanders, 2005a). Therefore, sex workers are adults who derive at least part of their income through the sale of direct sexual contact and/or indirect sexual stimulation (Shumka & Benoit, 2008). The term is used to reference individuals who engage in outdoor, street-based sex work, as well as those who work in indoor venues, such as escort agencies, private premises, exotic dance clubs, massage parlours, and the Internet. It is important to recognize the distinction between voluntary sex work and sex trafficking. Sex trafficking involves the use of force, deceit, violence, or coercion to exploit a person for commercial sexual services (Butcher, 2003). Sex trafficking thus refers to forced sexual labour.

The term “sex work” was coined and advanced by sex worker activist Carol Leigh in the context of the feminist movement of the 1970s. Leigh intended to position sex work as a form of

labour and destigmatize sex workers (Desyllas, 2013), denoting a crucial ideological shift from abolitionist feminists' monolithic view of sex work as "sexual slavery, misogyny, and sexual assault" (van der Meulen et al., 2013, p. 17). The "sex as work" paradigm recognizes the complex and heterogeneous realities of sex workers. Indeed, a growing body of literature by sex workers (Grant, 2014; Leigh, 2004; Oakley, 2007) not only foregrounds the differing meanings and experiences ascribed to their work but also the centrality of sexism, racism, and classism in the stratification of sex work (van der Meulen et al., 2013). Accordingly, this paradigm does not define sex work as inherently harmful, but rather posits that the victimization of sex workers is primarily produced by structural factors, such as the stigmatization and criminalization of sex work, and the gendered and racialized devaluation of work (van der Meulen et al., 2013).

The sex as work paradigm is rising in popularity among academics (Weitzer, 2007). Using the term sex worker is less stigmatizing than the term prostitute, as the former term highlights an income-generating activity rather than a totalizing identity that minimizes the complexity of the individual and reduces their identity to one socially-stigmatized dimension (Desyllas, 2013). This paradigm can also have policy implications because if sex work is seen as legitimate work by the state, workers can gain labour rights, protections, and improvements of working conditions, such as in New Zealand, Germany, and the Netherlands (Weitzer, 2007). However, as sex work is stigmatized and the purchase of sex is illegal in Canada, many individuals involved in the sex industry do not identify themselves as sex workers (van der Meulen et al., 2013).

An Overview of the Sex Work Debates in Feminist Scholarship

Research on women's sex work has been predominantly done through the lens of feminist theory, as it invokes gender relationship issues, particularly in regards to the experience

of agency and/or violence and oppression (Comte, 2014). There are three main feminist theoretical stances regarding sex work: abolitionism, sex radicalism, and decriminalization. Those who identify as abolitionists within feminism advocate for the emancipation of women from male sexual oppression and thus condemn sex work as a form of objectification of women that should be eradicated (Gerassi, 2016; Kissil & Davey, 2009). While both sex radicals and sex-as-work supporters advocate for the right to self-determination and decriminalization of sex work, the former define sex work as a form of sexual empowerment for women and the latter as a legitimate form of labour that is experienced differently by different women, thus rejecting the dichotomy of victimization/empowerment (Gerassi, 2016; Kissil & Davey, 2009). I will proceed to explore these three main feminist perspectives regarding sex work issues.

Abolitionism: Sex workers as victims. Abolitionists, also referred to as prohibitionists or anti-prostitution radical feminists, argue that sex work is violence against women and that it constitutes a practice of sexual commodification of women that is instrumental to maintaining and reinforcing patriarchal power (Dworkin, 1981; Farley & Kelly, 2000). Interpreting all sex work as violence, abolitionists utilize the term prostitution to refer to remunerated sexual services. Kathleen Barry (1995), a leading abolitionist feminist, described prostitution as “the most extreme and most crystalized form of all sexual exploitation. Sexual exploitation is a political condition, the foundation of women’s subordination and the base from which discrimination against women is constructed and enhanced” (p. 11).

Since prostitution is intrinsically an affront to women’s rights and dignity, abolitionists argue that prostitution is always non-consensual and thus make no distinction between coerced and voluntary sexual exchanges. Indeed, abolitionists further believe that prostitution “results in a profound self-hate and that, because prostitution turns women into objects, a prostitute cannot

be seen as a subject and is incapable of self-determination” (Andrijasevic, 2014, p. 361). As a result, abolitionists conceptualize prostitutes as victims who need to be rescued from the sex industry (Comte, 2014). For these theorists, prostitution and trafficking in women are intertwined and need to be fought simultaneously. Moreover, abolitionists define the envisioning of prostitution as a choice as a form of internalized oppression or false consciousness. False consciousness occurs when “prostituted women” (and sex worker activists) “identify themselves so well with the masculine culture that they do not recognize their alienation” (Comte, 2014, p. 199). In the view of these theorists, the oppressed not only submit to masculine interests, but also side with the oppressor and fail to resist the subjugation and denigration of all women (Outshoorn, 2005).

Abolitionists support the criminalization of buyers of sexual services and the decriminalization of prostituted women. Abolitionists are often aligned with conservative religious and government interests and have been successful in influencing prostitution legislation in Canada and abroad (van der Meulen et al., 2013). Critics argue that abolitionists have typically neglected complex analyses and disregarded discussions of sex worker self-determination and agency (van der Meulen et al.; 2013). Additionally, abolitionists have been described as paternalistic, harmful, and stigmatizing to women who choose to work in sex work, especially when abolitionist principles are incorporated into prostitution laws (Gerassi, 2016).

Sex radicalism: Sex workers as sexual and political agents. Sex radicals argue that the sexual repression of women is maintained by patriarchal and heteronormative regimes. They identify a pervasive double standard, where men are rewarded for heterosexual sexual contacts, whereas women are derogated and stigmatized for sexual activity outside of the confines of monogamous heterosexual relationships (Comte, 2014). Sex radicals argue that under patriarchy,

“sexual re-appropriation is, for women, a powerful emancipating factor” (Comte, 2014, p. 201).

Sex radicals assert that sex work has the potential to redefine women’s sexuality in women’s terms and to destigmatize anonymous, casual, and recreational sex for women (van der Meulen et al., 2013). Indeed, they pose sex work as an opportunity for women to explore their sexual agency and subjectivity. This involves exploring sexual activities that seem interesting, pleasurable, and new; and ultimately eliminating feelings of shame associated with non-dominant forms of sexual expression (Comte, 2014). From a sex-radical perspective, sex workers are thus “creative and emancipated women who subvert gender rules within the current patriarchal, capitalist framework that structures much of our lives” (van der Meulen, 2013, p. 169). Many creators of sex-radical theory are themselves sex workers and include other sex workers in the production of knowledge about sex work (Outshoorn, 2005).

Lastly, sex radicals define sex work as legitimate work and argue that what makes sex work “abusive in some but not all instances is a question of the conditions under which the *work* takes place (the relations of production) rather than the terms under which the *sex* takes place (for money, love, or pleasure)” (Outshoorn, 2005, p. 14). These theorists also support the decriminalization of sex work, arguing that it should be regulated like any other form of labour. Critics accuse sex radicals of overemphasizing the liberating elements of sex work without contextualizing women’s choices and experiences of sex work in relation to structural factors of inequity (e.g., poverty, lack of access to education, racism, etc.) (van der Meulen et al. 2013).

Decriminalization: Sex-as-work. Feminists advocating for the decriminalization of sex work typically do so through sex-worker rights organizations or harm-reduction agencies (Comte, 2014). These feminists define sex work as a form of labour and call for the establishment of labour regulations to guarantee sex workers’ rights and safety (Outshoorn,

2005). They argue that sex work is not intrinsically harmful to women and rather highlight the negative impact of criminalization and stigmatization on sex workers (Comte, 2014). Indeed, criminalization pushes the sex industry further underground and hinders sex workers' ability to combat exploitative labour conditions and violence (Wetizer, 2007). These feminists further make a clear distinction between trafficking in women or forced prostitution and voluntary sex work, explaining that the latter involves a practical and sensitive choice made by many women to sell sexual services for economic gain or security, from among the options available to them (McCracken, 2013). In line with sex radical discourse, sex workers are thus posited as active agents in the face of social sanctions and structural inequities (Outshoorn, 2005).

Decriminalization would involve the removal of criminal laws related to sex work from Canada's Criminal Code. Instead, sex work would be regulated under the civil code and be treated as any other legitimate industry. This situation might allow sex workers to enjoy more autonomy over their labour as well as improved and safer workplace standards (van der Meulen et al., 2013). Moreover, decriminalization would contribute to the social de-stigmatization of sex work and to facilitating sex workers' access to justice, health care, and social services (Weitzer, 2007). Of note, decriminalization does not involve the removal of laws that criminalize coercion, violence, and human trafficking from the Criminal Code, but rather advances the reinforcement and full enforcement of these laws.

Lastly, the sex-as-work paradigm highlights the widely different experiences of individuals involved in the sex industry, thereby challenging the prevalent victimization/sexual empowerment dichotomy of sex work advanced by the competing discourses of abolitionism and sex radicalism. Instead, sex workers "feel, simultaneously and often contradictorily, different combinations of power, powerlessness, and indifference" (Brzuzy & Lind, 2008, p. 547). Indeed,

Van der Meulen et al. (2013) argue that women are “differently positioned within the multifaceted sex industry based on our intersecting social locations, which in turn can affect our labor-related experiences” (p. 17). Critics of this paradigm argue that decriminalization tends to favour the priorities of the most privileged sex workers, namely white and middle-class women. Indeed, Koyama (2012) argues that legal reform alone cannot undo the structures affecting oppressed groups, particularly immigrants, drug users, trans women, and sex workers of colour. As such, Koyama proposes that decriminalization must be paired with a fight for social and economic justice in the face of state surveillance and violence against oppressed peoples.

Bill C-36: Criminalizing the Purchase of Sex in Canada

In 2013, the Supreme Court of Canada delivered a landmark decision in *Bedford v. Canada*. Terri Jean Bedford, Amy Lebovitch, and Valerie Scott, three women with experience in the sex industry, challenged the constitutionality of several Criminal Code provisions that criminalized activities related to prostitution. The Court decided to strike down three anti-prostitution laws (i.e., living on the avails of prostitution, keeping a common bawdy-house, and communicating in a public place for the purpose of engaging in prostitution) on the grounds that they violated Charter rights to freedom of expression and security of the person, and endangered the lives of sex workers (van der Meulen et al., 2013). The Supreme Court also gave the Conservative government a year to draft new legislation if desired.

In December of 2014, Canada’s Criminal Code was amended by *The Protection of Communities and Exploited Persons Act* (Bill C-36) in response to the Supreme Court’s decision. Under Bill C-36, the following activities have become illegal: (a) purchasing sexual services, (b) receiving material benefit derived from the sex work of others, (c) advertising the sale of another person’s sexual services, and (d) communicating for the purpose of selling sexual services if

youth are in the vicinity. Unlike the other new offences, the communication offense targets sex workers and does not protect them from criminal liability for participating in this offence, even if the offense relates to their own sex work. In contrast, the purchasing, material benefit, and advertising offences protect those who sell their own sexual services from criminal liability.

Bill C-36 has been described as an abolitionist approach to the Canadian sex industry as it draws heavily from the Swedish model of prostitution policy and from abolitionist feminist discourse (Galbally, 2016). The Swedish abolitionist model, which is increasingly being adopted internationally, criminalizes the clients of sexual services while completely decriminalizing sex workers. It thus argues to balance the need to protect “‘the exploited’ while eliminating the opportunity for further social commodification of ‘sexual slavery’” (Galbally, 2016, p. 8). However, in contrast to the Swedish abolitionist model, Bill C-36 criminalizes sex workers who knowingly offer and provide sexual services in a public place. The criminalization of sex workers through the communication offense deviates from a purely abolitionist model, as it does not completely protect sex workers, defined as the “‘victims of a human rights violation’” (Galbally, 2016, p. 8) by the Bill, from criminal liability for any part they may play in sex work.

Additionally, legal frameworks of criminalization have been criticized for disregarding growing empirical evidence of the negative impact of criminalization on sex workers, as well as international guidelines by the WHO, the UNAIDS, and Amnesty International that advocate for decriminalization to advance the health, safety, and human rights of sex workers (Campbell, 2015; Krüsi et al., 2014). Indeed, withholding total decriminalization of the worker has been consistently associated with: (a) elevated risk of violence as sex workers are forced into isolated areas to avoid police detection (Shannon & Csete, 2010); (b) reduced ability to screen clients and adequately negotiate acts, fees, and, safer sex due to bans on communication for sex work

purposes (Shannon & Montaner, 2012); (c) erosion of safety networks and warning systems among sex workers (Lewis & Shaver, 2011; Lowman, 2005); (d) more onerous and abusive working conditions as third parties (e.g., agencies) employing sex workers are not accountable under labour laws (Comte, 2014); and (e) more aggressive policing strategies, paired with increased difficulty in accessing police protection (Shannon et al., 2008). Moreover, there is growing evidence that criminalization represents a significant barrier to seeking, accessing, and receiving adequate support services given the amplification of stigma and discrimination against sex workers (Lazarus et al., 2012; Rekart, 2005).

The Mental Health of Sex Workers

Sex workers' voices have been traditionally excluded from mental health research processes (Wahab, 2004). Most studies use quantitative methodologies to characterize sex workers, largely in terms of pathology and victimization, so as to prove that sex work is inherently harmful. (Burnes, Long, & Schept, 2012; Comte, 2014; Weitzer, 2007). Indeed, research on the impact of sex work tends to be conducted from an anti-prostitution, abolitionist stance, which has been criticized for its "essentialism and universalism, in particular the contention that victimization and exploitation are inherent, omnipresent, and unalterable [in sex work]" (Weitzer, 2005, p. 937). Additionally, many of these studies contain methodological shortcomings that are seldom disclosed and/or addressed by the authors (Comte, 2014; Vanwesenbeeck, 2001; Weitzer, 2005). I will present several highly cited studies that represent this problematic tendency.

For example, Raymond (2004) explored the patterns and health consequences of sexual exploitation by interviewing 146 victims of trafficking in five countries. Raymond found rates of violence that were "extremely high, with physical harm (almost 80%), sexual assault (over 60%),

and emotional abuse (over 80%)” (p. 1175). It is important to consider that these figures were reported by victims of sex trafficking, whom are subjugated to the most vulnerable and harshest segment of the sex industry (Weitzer, 2005). As such, the study findings cannot be generalized to the reality of all women involved in the sex industry. Still, Raymond inaccurately concludes that the reported findings “indicate high levels of violation, harm, and trauma, and the fact that prostitution is a form of violence against women” (p. 1177).

Similarly, Raphael and Shapiro (2004) surveyed 222 sex workers across Chicago to measure the prevalence of diverse acts of violence experienced by indoor and outdoor sex workers. The study documented very high levels of physical violence in outdoor settings and of sexual violence in indoor settings. The researchers included in their total figures acts of violence committed by pimps, clients, police, and intimate partners. It can be argued that intimate partner violence constitutes a form of violence occurring outside of sex work. Therefore, the inclusion of intimate partner violence inflates the total prevalence of violence in sex work reported by the researchers (Weitzer, 2005). Additionally, the study sample seemed biased towards a negative representation of sex work. Indeed, the interviews were conducted by “survivors of prostitution” (i.e., women who did not see their previous involvement in sex work as “work or a choice”) and the recruited participants were “already known” to the survivors/ interviewers. As an added consideration, Vanwesenbeeck (2001) notes that when researchers “find it easier to think of prostitutes as victims, it is understandable that the sex workers [recruited and interviewed] will stress their victim status and negative motivations for working.” (p. 129)

Other researchers have studied mental health problems experienced by sex workers and have attributed it to sex work itself. For instance, Farley, Baral, Kiremire, and Sezgin (1998) examined the prevalence of PTSD among a sample of 475 sex workers across five countries.

Farley et al. found that 67% of the sample met criteria for a diagnosis of PTSD and concluded that “prostitution is an act which is intrinsically traumatizing to the person being prostituted” and that the “harm of prostitution is not culture-bound” (p. 405). In their assertion, Farley et al. dismissed other vulnerability factors reported by the participants, such as the high prevalence of homelessness, drug abuse, and a history of victimization outside of sex work (Vanwesenbeeck, 2005). Additionally, Farley et al. also refrained from addressing how the recruitment of participants in agencies offering support services may have led them to end up with a sample likely to be particularly in distress (Weitzer, 2005). Lastly, Farley et al. appeared to be discounting of study data that did not meet their negative understanding of sex work. For example, 44% of the participants interviewed in the USA, 38% in South Africa, and 28% in Thailand stated that the legalization of prostitution would decrease the incidence of violence. Contradicting these participants’ perspective, Farley et al. argued that “legalization makes [sex workers’] lives worse...and puts the state in the role of the pimp.”

Finally, a study by Alegria et al. (1997) suggested that sex workers have high rates of psychological symptoms. The researchers found that 70% of the sample of street-based and brothel sex workers in Puerto Rico (N = 127) reported high depressive symptomatology. However, the interpretation of the findings is limited by the fact that the researchers used a convenience sample and lacked a comparison group.

While further investigation on the mental health needs of sex workers is warranted, it is also critical for researchers to adopt a more balanced perspective of the nature of sex work, include sex workers voices in research processes, and address and/or refrain from reproducing common methodological flaws in sex work-related research. Otherwise, researcher risks promoting stigma and harmful stereotypes about sex workers and sex work, rather than a

nanced and sophisticated understanding of the sex industry.

Rössler et al. (2010) conducted a study to make the first comprehensive assessment of the mental health of sex workers (N = 193) over different work settings in Zurich. The authors found higher rates of depression, anxiety disorders, and PTSD in female sex workers compared with the general population. The most prevalent correlates of ill mental health were violence in and apart from the work setting and negative aspects of sex work. Negative aspects included poor working conditions, as well as the internal psychological struggles of “leading a double life,” dealing with shame and guilt, and the toll of sex work *per se*. Moreover, lower levels of mental health disorders correlated with subjectively experienced social support. The authors called for legal and administrative measures to secure and improve the work environment of sex workers and to make professional support services more available to sex workers.

In a study on the health care needs of Canadian sex workers, Benoit, Ouellet, and Jansson (2016) found that sex workers (N = 209) experience notably worse perceived mental health, poorer social determinants of health (e.g., sense of community belonging), and a higher prevalence of unmet health care needs than other Canadians. In a similar vein, a working paper by Benoit et al. (2014) from a CIHR-funded national research program on the sex industry provided preliminary insights on the mental health of Canadian sex workers. As a group, sex workers (N = 218) experience higher levels of stress, depression, PTSD, and alcohol use than do other Canadians. For some sex workers, these factors were associated with childhood disadvantages (e.g., trauma). The researchers indicated that while “these factors frequently interact to constrain opportunities, increase risk and negatively impact health and wellbeing, they often have little or nothing to do with sex workers’ interactions with clients that often go smoothly” (Benoit et al., 2014, p. 19). They also concluded that much of the vulnerability

experienced by sex workers is not inherent in their work, but is shaped by stigma, criminalization, and institutional practices that limit access to support systems.

Occupational stratification in the sex industry and mental health. The location of work—that is street-based vs. indoors—creates different risks and protective factors for sex workers (Weitzer, 2007). Research shows that street-based sex workers are more likely to experience violence, including rape, assault, robbery, verbal abuse, and exploitation than indoor workers (Church, Henderson, Barnard, & Hart, 2001; Weitzer, 2007; Woodward et al., 2004). Studies also report that anywhere from 60 to 80% of indoor workers indicate never experiencing any work-related physical violence (Jeal & Salisbury, 2007; Sanders & Campbell, 2007). Recently, Sanders, Connelly, and Jarvis-King (2015) surveyed 240 indoor sex workers (i.e., independent escorts, webcam sex workers, and phone sex operators) and found that 47% of the respondents had been the victim of crime during the course of their work, which commonly manifested in the form of verbal abuse and threatening or harassing texts, calls, and emails.

Research also suggests that rates of psychological disorders are higher among street-based than indoor sex workers (Weitzer, 2007). An earlier study in the United States documented significant psychological issues among street-based workers, but indoor workers were largely maintaining healthy coping skills and doing well in their occupation (Exner, Wylie, Laura, & Parrill, 1977). More recently, Romans, Potter, Martin, and Herbison (2001) additionally found no differences in self-esteem and mental health between a group of indoor sex workers and non-sex workers in New Zealand. Studies also show a higher prevalence of injecting drug use and problematic drug use among street-based workers compared to indoor workers (Breen, Degenhard, & Roxburgh, 2005; Weitzer, 2009). Although indoor sex work is not risk-free, it has often been reported as a choice among different income-generating activities, as a means for

financial independence, and as something positive in the lives of indoor workers (Comte, 2014).

Sex workers' emotional health, their experiences of work, and their position in the sex trade are connected to structural factors, including racism, poverty, and sexism (Weitzer, 2007). van der Meulen et al. (2013) indicate that in the Canadian sex industry, middle-class white women often occupy safer and better indoor paying jobs, while poor women, women of colour, Indigenous women, and trans women are overrepresented in survival sex work (i.e., exchanging services for essential needs such as food), in street-level sex work, and as targets of institutional, police, and male violence.

The impact of stigma. Goffman (1963) defined stigma as “an attribute that is deeply discrediting” and reduces the bearer of stigmatization “from a whole and usual person to a tainted and discounted one” (p. 3). Pheterson (1996) identified the brand of stigma experienced by all sex workers as “whore stigma.” As “whores,” they are dehumanized, criminalized, and ostracized. Sex workers face multiple forms of stigma, such as labeling, discrimination, and violence, in their interactions with social institutions, and in their work and private lives (Jackson et al., 2007; Sallmann, 2010). Research shows that stigma can severely impact sex workers' wellbeing (Plumridge, 2005; Wahab, 2004). It can harm their self-esteem and self-worth, induce shame and guilt, and lead to service avoidance, isolation, and drug use (Gorry et al., 2010).

In her ethnographic study of risks associated with indoor sex markets (e.g., brothels, saunas, and escort agencies) in London, Sanders (2004b) found that sex workers viewed potential physical risks (e.g., sexually transmitted infections and violence) as less menacing than the emotional risks of their work, as the latter are less readily controlled and remedied. Due to the stigma attached to sex work, sex workers tend to prioritize concealing their work from family, friends, partners, and community members. This process requires significant time and

vigilance within and outside work-related encounters and is experienced as highly stressful. Indeed, being discovered working in sex work by a loved one could have devastating consequences, including “the end of relationships, family breakdown, stigmatization, and irreparable emotional distress” (Sanders, 2004b, p. 570).

Additionally, the stigma of sex work as a personal identity marker not only adheres across social spheres but also endures across time (van der Meulen et al., 2013). Indeed, stigma has been reported as a significant challenge experienced by women who have transitioned out or begun to transition out of the sex industry (Bowen, 2015; Law, 2013). In her study, Bowen (2015) stated that the “participants [N = 22] shared extraordinary accounts of stigma [direct and indirect] and humiliation during periods of transition” into the ‘square world’” (p. 18). Participants had to continuously engage in stigma-managing techniques, such as hiding or altering their past biographies during and after transitioning. Of note, many current and former sex workers actively resist stigma, take pride in their work, and fight for the legitimacy of their occupation, especially those with social support (van der Meulen et al., 2013).

Recently, the Canadian government has allocated funding to sex work transitioning programmes. Transitioning is conceptualized as a process that often requires support throughout and afterwards (Sanders, 2007). Månsson and Hedin (1999) noted that some challenges facing women during and post-transitioning may include, working through their experience with sex work, dealing with internalized shame, and navigating close relationships. Additionally, it has been recommended that transitioning interventions should adopt a holistic approach, considering the structural, interpersonal, and individual barriers to leaving sex work. Indeed, some women may require access to tangible resources, such as educational, employment, and financial assistance. (Bowen, 2015; Rabinovitch & Strega, 2004).

Sex work as emotional labour. Emotional labour is defined as the process of displaying appropriate emotions during interpersonal transactions at work (Morris & Feldman, 1996). Sex workers, especially in indoor markets, engage in emotional labour to “display feelings, appearances and actions during intimate contact with clients in the hope of creating a desired feeling for the customer” (Sanders, 2004c, p. 281). More specifically, besides offering sexual services, indoor workers often counsel and befriend clients and provide romantic or dating experiences (Weitzer, 2007). Many sex workers thus create a “working identity” as a business strategy, which involves adopting a jovial personality, adapting their appearance to feminine beauty standards, and providing empathy and intimacy to clients (Sanders, 2005b). The working identity also serves as a coping strategy, allowing sex workers to appropriately separate work from private life (e.g., by concealing personal identifiers) (Sanders, 2005b).

In addition, sex workers may also engage in emotion work to control unwanted feelings (e.g., desire and repulsion), remain emotionally detached at work, and/or manage potential psychological struggles associated with selling sexual services (Sanders, 2005b). Some sex workers find that managing their emotions and those of clients can be stressful (Sanders, 2006). Indeed, work that involves emotion regulation needs to be managed properly to reduce stress and increase work satisfaction (Marie, 2009). Besides engaging in emotional labour, sex workers often work under difficult and unpredictable conditions, and have to manage physical risks, stigma, and criminalization (Marie, 2009). Given these multiple factors, it seems likely that sex workers need to work harder than people in other service jobs to manage their emotional health.

Access to Support Services

Sex workers are often unable to access support services, with barriers to accessing services disproportionately impacting the most marginalized sub-populations of sex workers

(e.g., gender and ethnic minorities, and street-based workers) (Socías et al., 2015). Studies identify shame, stigma, and discrimination as the main barriers to services (Kissil & Davey, 2010). Recently, Socías et al. (2015) explored barriers to health care experienced by 723 street-based and indoor sex workers in Vancouver. The researchers found the following barriers related to the demographic profile of this population: (a) institutional barriers, such as long wait times, limited hours of operation, perceived disrespect by health care providers, and not having a provincial health card; (b) interpersonal barriers, such as having experienced partner, workplace, and community-level violence; and (c) individual factors, such as self-identifying as gender/sexual minority, being an immigrant, recent use of injection drugs, and a mental illness diagnosis. Research also suggests that both indoor and street-based sex workers tend to refrain from disclosing their work to professionals due to reasons such as negative experiences with disclosure in the past, embarrassment, fear of judgement, and believing that sex work was unrelated to presenting concerns (Cohan et al., 2006; Lazarus et al., 2012; Phillip & Benoit, 2005; Tate, 2015). Lastly, Gorry et al. (2010) studied barriers specific to psychological services experienced by street-based sex workers in England. Despite a desire for psychological support, participants' access to mainstream services was hindered by mistrust in professionals, previous stigmatising experiences, and a lack of affordable and flexible services.

It is also important to consider facilitators to service use among sex workers. Recently, King and Maman (2013) highlighted the role of support systems in facilitating the use of health care services among sex workers. Indeed, the researchers identified the following facilitators: (a) intervention by family members, (b) social connections within the health care system, and (c) referral from institutional settings to counselling services.

Moreover, Stevenson and Petrak (2007) evaluated the provision of drop-in psychological

services integrated within a sexual health clinic for indoor and street-based sex workers. The clients presented with diverse psychosocial needs, including problems related to sex work (e.g., coping with work stressors and transitioning), depression and anxiety, substance misuse, and immigration and legal problems. The authors concluded that the successful uptake of the service was related to having a regular female psychologist who developed trust and familiarity with the clients. Other factors included displaying a non-judgemental attitude to sex work, familiarity with sex work terminology, employing a contextualized and flexible approach to therapy, and providing resources and referrals to other services. Similarly, Gorry et al. (2010) reported that street-based sex workers favoured psychological services that adopted a non-judgemental approach, displayed awareness of psychological struggles related to sex work (e.g., stigma and low self-worth), and prioritized trust and confidentiality. Lastly, Strega, Casey, and Rutman (2009) found that many street-based sex workers preferred specialist sex worker services and to work with counsellors who had a background in sex work.

Counselling and Psychotherapy with Sex Workers

Mental health research has largely focused on the negative psychological consequences of sex work. However, sex workers “have been rarely afforded the level of engagement or involvement in research necessary to ensure data collection and interpretation can be successful” (Fawkes, 2005, p. 94). Indeed, sex workers are often grounded in narratives of pathology or victimhood that misrepresent their varied experiences, multiple identities, and contexts (Desyllas, 2013). Lastly, the focus on their characterization neglects the study of institutional practices that may contribute to sex workers’ marginalization, from their perspectives.

There is a scarcity of research related to counselling and psychotherapy with sex workers (Carter & Dalla, 2006; Kissil & Davey, 2010). To my knowledge there are only two studies, both

of which were undertaken during doctoral studies, that have looked at the experiences of sex workers in psychotherapy from their perspectives. Brode (2004) conducted a focus group study with 13 exotic dancers from a peep show in San Francisco. She explored what participants wanted clinicians to know about their lives in order to provide an accurate picture of who they are, and on the qualities that they would like to experience in a clinician. The participants desired “to be seen as a person with a more complex, multifaceted existence than simply that of a sex worker” and “to be seen as an individual rather than a stereotype” (p. 32). The participants also wanted clinicians to not judge them about their work, to not identify sex work as the presenting problem unless identified by the client, to not have an agenda about whether the client stays or leaves the sex industry, and to have a culturally competent understanding of sex work.

In her dissertation, Kuntze (2009) collected qualitative data through individual interviews with 10 exotic dancers at various venues in San Francisco. Kuntze looked at how the women experienced their lives in relation to dancing, and how they experienced therapy. Presenting concerns reported by the women included substance use, relationship issues, self-esteem issues, side-effects of stigma, and depression. Additionally, all of the participants experienced stigma in their encounters with therapists, especially at the beginning of the relationship. Despite this, three participants reported positive and healing experiences in therapy, mostly due to the interpersonal qualities of the therapist. They appreciated their therapists’ patience, good intentions, steady presence, and willingness to learn and create a safe space for them. Lastly, Kuntze encouraged therapists to be mindful of gender dynamics, as some participants expressed feeling more trusting of and comfortable with female therapists.

My study seeks to expand and deepen Brode and Kuntze’s work. My research also differs from their work in important ways. I recruited women who have been involved in different

venues of the indoor sex market (e.g., massage parlours, strip clubs, online sex work). Moreover, my study was conducted in Canada, at a time in which legal changes may risk harming sex workers' health as well as their access to counselling. Lastly, while Brode and Kuntze mainly explored how participants understood their identities as exotic dancers, my study explored how sex workers interpret and make meaning of their counselling experiences. Given the lack of information on sex workers' counselling needs, I believe it is crucial to conduct sensitive qualitative research that foregrounds sex workers' voices on what they need to receive culturally responsive services.

CHAPTER 3: CURRENT STUDY

Rationale for the Current Study

There is vast literature on the physical and sexual health of women who work in the sex industry (Potterat et al., 2004; Ward & Day, 2006). Although of immense value, this research has been mainly driven by public health concerns rather than by sex workers' voiced needs (Jackson et al., 2007). Indeed, emotional risks are deemed more significant to many sex workers; as such risks are more difficult to control and can have severe consequences but have been less studied compared to physical risks (Sanders, 2004b). Moreover, studies on the mental health of sex workers tend to be underlined by a pathologizing framework that characterizes the totality of sex workers in terms of personal deficit (Comte, 2014). This literature posits sex work as inherently harmful, and minimizes the diversity and individuality of sex workers by characterizing them as universal and ahistorical entities.

When sex workers' voices are involved in research, they indicate emotional concerns, such as stigma, emotional labour, social isolation, and the effects of criminalization (Sallmann, 2010; Sanders 2004b). In Canada, the criminalization of the purchase of sex will continue to negatively impact sex workers' wellbeing by heightening violence, stigma, and economic insecurity, and solidifying barriers to support services (van der Meulen et al., 2013). Risk will be higher for the most marginalized workers, including street-based workers and workers of colour.

Research shows that many sex workers identify a need for psychological support, but that they seldom receive appropriate services (Gorry et al., 2010; Sanders, 2009). Despite this finding, the experiences of sex workers who actually engage in counselling have been rarely studied. The only two studies that have explored these experiences indicate that counsellors may benefit from greater awareness, knowledge, and skills in how to work with sex workers in a

socially just way. Indeed, Kuntze (2009) indicated that while some exotic dancers reported healing therapeutic experiences, most felt stigmatized and misunderstood in their encounters with therapists. Moreover, Brode (2004) reported that sex workers wanted counsellors to see them as individuals, rather than negative stereotypes. They also wanted counsellors to be educated about sex work and to not judge them about their work.

My study sought to foreground indoor sex workers' interpretations of their counselling experiences and to apply their knowledge to inform counsellors' work with this community. While it is estimated that 80% of Canadian female sex workers are employed in the indoor sex industry (Bungay, Halpin, Atchison, & Johnston, 2011), research has been traditionally conducted with the more visible and reachable population of street-based sex workers (Aggleton & Parker, 2015; Shaver, 2005). A greater awareness by counsellors about indoor sex workers' experiences can provide an initial foundation for the development and promotion of ethical, culturally responsive, and socially just practices, both in the research and counselling context.

Research Questions

The purpose of my study is to contribute to a better understanding of the experiences of sex workers in counselling and add to the scarce body of literature on this phenomenon. Therefore, the central research question posed in my study is: "How do women who work in the indoor sex industry describe and interpret their personal counselling experiences?" More specifically, I aimed to understand how sex worker clients might experience: (a) initiating counselling, (b) working with a counsellor and the therapy relationship, (c) disclosing sex work, and (d) the counselling outcomes. Lastly, I sought recommendations for counselling practice improvement from sex worker clients.

Theoretical Framework

I adopted feminist standpoint theory as the theoretical framework for my study. Feminist standpoint theory emerged in the 1970s as a critical theory about relations between knowledge production and power (Harding, 2004a). This theory challenged the positivist epistemology that shaped the development of the social sciences, mainly its belief in objective knowledge that is independent from the researcher's socio-historical location (Harding, 2004a). Indeed, feminists identified sexist and androcentric biases in dominant conceptual frameworks that established ignorance and error about the lives of women (Harding, 2004a). As a remedy for the potential limitations of social science, feminist standpoint research centers on women's lived experiences. It also "studies up" to examine "conceptual practices of power" that perpetuate women's oppression (Harding, 2004a, p. 6). Grounded in feminist political goals, this theory aims to produce knowledge for women so as to disrupt hierarchies of power and foment social justice.

Feminist standpoint theory. Standpoint epistemology argues that knowledge is "constructed in a specific matrix of physical location, history, culture and interests, and that these matrices change from one social location to another" (Sprague, 2005, p. 41). A standpoint is a combination of resources available within a specific social location from which an understanding of a particular phenomenon can be constructed (Sprague, 2005). A standpoint also reflects a strategic choice made by the researcher regarding how to investigate that phenomenon (Sprague, 2005). Feminist standpoint theory consists of two main theses: the thesis of situated-knowledge and the thesis of epistemic privilege (Intemann, 2010). I will proceed to examine these theses in more detail.

The situated-knowledge thesis. This thesis asserts that in hierarchical societies, social location systematically influences people's experiences thus enabling and limiting what people come to know (Harding, 2012). Social location refers to a group's or individual's placement in

society at a given time, based on their intersecting identity demographics, such as race, class, age, and gender (Williams et al., 2016). Knowledge is thus “partial, local, and historically specific” (Sprague, 2005, p. 41). Moreover, the understandings available to dominant groups not only tend to legitimize their position in society, but are also made operative through material and conceptual practices that reflect their interest and values, and that ignore or justify the suffering of the oppressed as “freely chosen, deserved or inevitable” (Jaggar, 1983/2004, p. 56).

Feminist standpoint theory argues that the success of standpoint research requires both science and politics in order to attain a degree of freedom from the “oppressors’ institutionalized vision” (Harding, 2012, p. 6). A standpoint is thus not ascribed by virtue of membership in an oppressed group. This is because oppressed individuals’ perception of the social order can be obscured by dominant ideologies that justify their suffering (Jaggar, 1983/2004). A standpoint is an achievement that requires a collective process of critical reflection about the nature of social location, and its impact on knowledge production (Intemann, 2010). It also enables liberation, as an oppressed group struggles to see the world from their own perspective (Harding, 2012).

Feminist standpoint theory also rejects the idea of one essential “woman’s experience” (Hesse-Biber, 2014a). While common themes may link women’s lives, their realities are diverse and shaped by factors other than gender, such as race, class, and occupation. Diversity is a “scientific and political resource” (Jaggar, 1983/2004, p. 63). Indeed, women’s experiences at the intersection of different systems of oppression can generate unique insights about the social order and contribute to “the collection of human knowledge” (Harding, 2004a, p. 9). Moreover, through dialogue, diverse groups of women can develop empathic understandings and alliances to fight for more just societies (Brooks, 2006). There is thus no monolithic women’s standpoint—rather, there are multiple standpoints that together form the standpoint of women.

The epistemic privilege thesis. This thesis asserts that in order to survive, members of oppressed groups have developed a double consciousness—a heightened awareness of both the worldviews of dominant groups and their own worldview (Brooks, 2006). Although dominant perceptions of reality support the status quo, the suffering of the oppressed might push them to realize that there is something wrong with the social order (Brooks, 2006). Oppressed persons are likely to speak of experiences of stigma and marginalization that might not be visible to more privileged persons, partly because it would be discomfiting for the privileged persons to acknowledge social inequities and injustice (Brooks, 2006). Feminist standpoint theory thus positions the experiences of oppressed groups as privileged and legitimate sources of knowledge, and as a map for social change (Brooks, 2006). Indeed, oppressed groups can reflect on their experiences to identify socially just and unjust practices in their view, with the intent of advancing the just practices in society and mitigating the unjust ones (Hirsh & Olson, 1995). Of note, the selection of social locations to study a phenomenon reflects a researcher's political, ethical, and epistemological choices (Hartsock, 1997/2004). The researcher must engage in strong reflexivity and assess how her social location, values, and interests influence the study (Harding, 1993/2004b).

The marginalization of women engaged in the sex industry is reinforced by the materialization of dominant ideologies of sex work and sex workers in the law, social services, research, and other institutions (Phillips, Casey, & Leischner, 2011). Moreover, “the clandestine nature of the sex industry ensures that the vast majority of citizens both receive and propagate prostitution stigmas in the absence of any real empirical knowledge of, or contact with, the sex industry” (Phillips et al., 2011, p. 240). In my study, using feminist standpoint theory allowed the heterogeneous voices of women in the sex industry to be privileged, thus enabling the

construction of a rich understanding of the phenomenon of counselling from their perspectives. My intention was to bring sex workers from the margins to the center of inquiry, and start off research from their lived experiences to create knowledge that can benefit this community. By uncovering what participants find helpful and unhelpful in their counselling, counsellors can integrate helpful practices in their work with sex workers and discard unhelpful ones.

CHAPTER 4: RESEARCH METHODOLOGY

My study sought to co-create knowledge with the participants in order to better understand their lived experiences with counselling and the meanings ascribed to these experiences. To this aim, I drew from a Gadamerian hermeneutic phenomenological approach grounded in feminist standpoint theory. In this chapter, I will explain my chosen methodology and its philosophical underpinnings. I will then describe the participant sampling, instruments used, and research procedures followed. Lastly, I will conclude with standards for evaluating this study, as well as a reflection of my standpoint and experiences conducting this study.

Hermeneutic Phenomenology

For this study, I drew from a hermeneutic phenomenological approach, as I intended to achieve a deep and nuanced understanding of the experiences of sex workers who have engaged in counselling. Hermeneutic phenomenology studies how participants interpret and make meaning of their lived experiences in order to generate new understandings (Cohen, Kahn, & Steeves, 2000). In this approach, the researcher and the participants collaboratively work together to reach an understanding of the phenomenon of interest, through engagement in meaningful and genuine dialogue (Finlay, 2012). In this study, the phenomenon involves indoor sex workers who are woman and have experienced individual counselling. In order to more accurately understand the participants' experiences, the researcher must exhibit openness and be sensitive to language and the context in which the stories are being told. In addition, I need to reflect on how my assumptions and socio-historical location guide and influence my interpretations of the participants' accounts (Finlay, 2012).

Hermeneutic phenomenology thus differs from Husserlian phenomenology in important ways. Husserlian phenomenology seeks to describe universal essences of a phenomenon of

interest that are independent from history and context. To this end, the researcher brackets or suspends her assumptions about the phenomenon (Laverty, 2003). In contrast, hermeneutic phenomenology seeks to interpret the contextual meanings of a phenomenon. To this aim, the researcher's assumptions are not set aside, but are deemed essential to the interpretive process (Laverty, 2003). A hermeneutic phenomenological study ultimately offers a rich, dynamic, contextual, and co-constructed account of the participants' lived experiences.

Philosophical underpinnings. My study was guided by the philosophical hermeneutics of Hans George Gadamer (1976, 1960/1989). Although Gadamer did not provide a procedure for understanding, I drew from his central concepts of prejudice, dialogue, fusion of horizons, and the hermeneutic circle to guide the research process. I will briefly define these concepts below.

Prejudice. In a modern, Enlightenment discourse, the term prejudice has a negative connotation as irrational thought. Gadamer (1960/1989) reclaimed a pre-Enlightenment notion of prejudice, meaning a "judgement that is rendered before all elements that determine a situation have been fully examined" (p. 270). For Gadamer, prejudices were pre-understandings or initial beliefs that represented the basis for understanding. The researcher's prejudices stem from her situatedness in the world and cannot be suspended. Instead, she must reflect on her prejudices and be open to alternate meanings so that she can remain oriented to the phenomenon of interest.

Dialogue. For Gadamer, understanding can occur through dialogue under certain conditions (Risser, 2015). First, one must manifest *Bildung*, or openness to meaning, which entails listening with openness to the unexpected and being ready to revise one's prejudices (Turner, 2003). Second, the subject matter needs to lead the conversation rather than the will of either partner (Risser, 2015). Lastly, there is a resulting understanding of the phenomenon through which both partners have the potential of knowing differently (Risser, 2015). The notion

of dialogue also applies to the interaction between the reader and a text. In both cases, language is the medium through which human experience is disclosed (Gadamer, 1976).

Fusion of horizons. A horizon is “the range of vision that includes everything that can be seen from a particular vantage point” (Gadamer, 1976, p. 302). A horizon refers to a person’s frame of reference that is based on personal experiences and socio-historical context (McManus, 2007). Understanding entails a “fusion of horizons” which occurs when the researcher’s and the participant’s horizon come together during their encounter, and they both leave with their own new understanding of the phenomenon, that is, with a superior range of vision (Walsh, 1997). Understanding expands as it merges into new horizons with new knowledge and experiences. To achieve a fusion of horizons, I will explore my own horizon and the participants’ horizon. That is, I will explore their meanings of counselling within their particular context. With openness, collaboration, and sensitivity, we can reach an understanding of the phenomenon.

The hermeneutic circle. Gadamer’s (1960/1985) notion of the hermeneutic circle suggests that we need to “understand the whole in terms of the detail and the detail in terms of the whole” (p. 291). The researcher becomes part of the circle as she moves back and forth between interpretations of the whole text and parts of the text, representing an emerging understanding of the phenomenon (Walsh, 1997). I will provide details of this iterative process in the data analysis section. Ultimately, I hope to convey the complexity of the participants’ counselling experiences to enable meaningful dialogue with future interpreters of my study.

Rationale for choosing hermeneutic phenomenology. I adopted a hermeneutic phenomenological approach due to several factors. First, this methodology is suitable to answer questions of the meaning of experience (Cohen et al., 2000). Indeed, it permitted me to deeply and diligently explore how participants interpreted their previous counselling, while considering

the unattainability of a position of complete neutrality and objectivity from which to perceive their experiences (Turner, 2003). Second, it allowed me to acknowledge the influence of my pre-understandings, while encouraging me to remain open to alternative understandings throughout the study (Turner, 2003). Third, it may have offered an opportunity for the participants to be genuinely heard and to reflect on their experiences, thereby enabling increased self-awareness (Turner, 2003). As we co-created meaning from our particular contexts, we opened the possibility of being transformed by the experience, of enacting change (Turner, 2003). In my view, this methodology thus demands a level of reflexivity, openness, collaboration, and sensitivity to context that is essential to conduct ethical, anti-oppressive, and empowering research with women involved in the sex industry.

Hermeneutic phenomenology and feminist standpoint theory. There are several themes in hermeneutic phenomenology that converge with feminist standpoint theory. First, both approaches take as foundational the primacy of lived experience. Indeed, personal experience is submitted to rigorous contextual interpretation (Langellier & Hall, 1989). Second, they both take a value-laden stance to research by highlighting the structural conditions in which understanding occurs. Third, they both encourage the researcher to position herself “in the same critical plane” as the participants (Harding, 1987, p. 11). Lastly, feminist standpoint theory extends methodology through interpretation in the interest of diverse groups of women (Langellier & Hall, 1989). In line with this goal, this study sought to uncover what a group of indoor sex workers found helpful and unhelpful in their individual counselling in order to raise awareness and promote competent counselling practices with sex workers.

Participant Selection and Recruitment

Hermeneutic phenomenology aims to gain a deep understanding of a phenomenon, rather

than to discover findings that can be generalized to a wider population (van Manen, 1990).

Purposive sampling can be used to select diverse participants that possess a wealth of knowledge about the phenomenon (Rudestam & Newton, 2007). Creswell (2006) and Rudestam and Newton (2007) suggest a sample size of 10 or less people for a phenomenological approach. A specific sample size is often determined by saturation, or when data analysis becomes redundant and no new themes emerge (Polit & Beck, 2004). A purposive sample of 6 participants took part in my study and is described in the Results section. While the participants provided rich data about the counselling experiences of women involved in indoor sex work in Canada, I cannot claim to have reached theoretical saturation.

The inclusion criteria for participant eligibility included: (a) self-identifying as a woman; (b) having previously or currently voluntarily worked in any area of sex work; (c) having completed face-to-face, personal counselling or psychotherapy in the past two years; (d) having disclosed sex work in counselling and (e) being at least 18 years old. In this study, I defined counselling and psychotherapy as having explored with a trained counsellor or therapist for at least one individual session any difficulty or concern that was affecting the client's emotional wellbeing. Exclusion criteria included currently experiencing suicidal risk and/or serious mental health concerns such that participation in the study could pose risk of harm for the participant.

After obtaining ethical approval from the University of Ottawa Research Ethics Board (REB), I employed a multi-faceted approach to recruitment in two Canadian cities. I recruited potential participants by: (a) posting a recruitment text (Appendix A) at community organizations providing services to sex workers; (b) posting the recruitment text on websites of interest to sex workers; and (c) employing word-of-mouth by asking professional contacts (e.g., mental health care professionals and researchers who have worked with sex workers) (Appendix

B) and the research participants (Appendix C) to refer my study to women who might have been interested in participating. Recruitment lasted five months and was discontinued after the minimum number of participants was surpassed and an adequate elucidation of the phenomenon had been achieved.

There are two important methodological considerations that influenced the recruitment outcomes of this study, and subsequently shaped the scope of the study. Initially, recruitment was open to women in any venue of the sex industry, including street-based workers. However, during the recruitment period, I was only approached by indoor sex workers. This may be due to not having conducted fieldwork recruitment, such as strolling in street sex work locations to penetrate local networks, which has been suggested as an effective method to reach this population (Shaver, 2005). Considering the practical and time constraints of a master's thesis, as well as the general underrepresentation of research with indoor workers, I decided to focus my study exclusively on the experiences of women engaged in indoor sex work. Ultimately, I was able to recruit a combination of participants that covered several venues within the indoor sex industry (e.g., escort agencies, strip clubs, online, and independent) and a wide range of counselling sessions (i.e., 1 to 100 sessions).

In addition, my study originally intended to explore the experiences of participants who directly disclosed their sex work employment to their counsellors. During the screening process, one participant (Rachel) indicated that the psychiatrist she had seen was aware of her involvement in the sex industry. However, during the interview, she clarified that disclosure of her sex work did not take place directly with the psychiatrist, but rather with the intern intake worker. Rachel assumed the intern passed the information on to the psychiatrist but she had no real evidence of that as the psychiatrist never confirmed this in their conversation. In Rachel's

case, I analyzed a disclosure that proceeded largely as a “non-disclosure” in her single intake session with the psychiatrist.

Description of the Participants

The current study sample consisted of 3 current and 3 former indoor sex workers. Participants ranged in age from 19 to 52. Three of the participants identified as European Canadian, one as Moroccan Canadian, one as Haitian Canadian, and one as Mi’kmaq Canadian. Three participants had a high school degree, two a bachelor degree, and one a graduate certificate. Three participants rated their socioeconomic status as middle and three as low.

Additionally, I asked the participants questions about their sex work employment history. At the time of the counselling experience, three participants were actively engaged in the sex industry. Anna works as an erotic masseuse part-time and Alex as an online sex worker part-time (e.g., fetish, videos, and webcam services). Rachel engages intermittently in “the sugar thing,” which she described as an agreement with men, mostly men whom she knows, that when she is in a difficult financial situation they will meet for an exchange of material resources for sexual interactions. Additionally, Ariel worked sporadically as an exotic dancer when she entered counselling and worked briefly as an erotic masseuse after the counselling, assuming that it would be a better working environment. Lastly, two participants entered the counselling after having transitioned out of sex work, with Alexis having formerly worked as a stripper and an escort and Kay having previously worked as an escort. Table 1 presents summarized demographic information about each participant.

Table 1

Self-Reported Demographic Data

Pseudonym	Sex work status	Venue/duration of sex work	Age	Ethnicity	SES	Relationship status	Education
Alexis	Former	Stripper (10 years) Escort (2 years)	52	Canadian of Finnish descent	Low	Single	High-school degree
Anna	Active, part-time	Erotic masseuse (3 years)	24	Canadian of Portuguese descent	Middle	In a relation	Bachelor degree in social work
Ariel	Active, sporadic	Exotic dancer (7 year) Erotic masseuse (2 months)	30	French Canadian	Middle	In a relation	Hair dressing certificate
Kay	Former	Escort (1 year)	29	Haitian Canadian	Middle	Single	Bachelor degree
Alex	Active, part-time	Online sex worker (2 years)	19	Mi'kmaq Canadian	Low	In a relation	High school degree
Rachel	Active, sporadic	Sugar dating (3 years)	30	Canadian of Moroccan descent	Low	In a relation	Bachelor in psychology and graduate certificate in autism spectrum disorder

In addition to personal demographic information, I asked the participants questions regarding the characteristics of their counselling experience and their practitioners (see Table 2). Reported reasons for seeking counselling, included sex work related concerns, depression and anxiety symptoms, relationship difficulties, and intimate partner abuse. The number of sessions attended ranged from 1 to 104, with most participants attending counselling weekly and seeing a female counsellor. All the participants saw practitioners (e.g., psychotherapist, psychologist, and social worker) with credentials in the fields of counselling and psychotherapy, with the exception of Rachel who saw a psychiatrist for a single intake session in an emergency hospital setting. Rachel's experience may thus depart from a counselling context that traditionally forefronts a relational process. I invite and will remind the reader to keep in mind Rachel's unique context when I present and analyze her experience. Lastly, while all the participants initiated seeking counselling services themselves, the majority did not choose the counsellor they ended up with as the particular setting (e.g., school counselling program, victim assistance program, and counselling agency) assigned the counsellor to them.

Table 2

Characteristics of the Counselling

Pseudonym	Presenting concerns	Setting	# of sessions	Frequency of sessions	Practitioner gender	Professional designation	Years of experience	Choice of practitioner
Alexis	Relationship issues	Community counselling centre	104	Weekly	Woman	Psychotherapist	Unknown	No
Anna	Depression	Private office	6	Weekly	Man	Social worker	Unknown	Yes
Ariel	Sex work issues and partner abuse	Private Office	15	Bi-weekly	Man	Psychologist	20 +	No
Kay	Sex work issues	Private Office	7	Monthly	Woman	PhD-level counsellor	20+	No
Alex	Depression and anxiety	High school	10-12	Weekly	Woman	Guidance counsellor	Unknown	No
Rachel	Anxiety	Hospital emergency care	1	Once	Woman	Psychiatrist	Unknown	No

Instruments Used

I developed two instruments to guide my conversations with the research participants: (a) a questionnaire to collect demographic information and (b) a semi-structured interview guide to elicit client experiences in counselling. These instruments are described below.

Demographic questionnaire. I used a demographic questionnaire (Appendix D) to gather contextual data of the participants and to assist with data analysis. Items included age, ethnicity, and sex work history. The questionnaire also included questions about the participants' counselling context, such as the presenting issue, length of counselling, and counsellor characteristics (e.g., gender, credentials).

Interview guide. Gadamer (1960/1989) argued that understanding occurs through genuine dialogue with a partner. Furthermore, hermeneutic principles suggest that people interpret their experiences by constructing and sharing narratives that are autobiographical and inherently meaningful (Cohen et al., 2000). Interviews can elicit narrative data that capture the meaning of experience in the participants' words (Cohen et al., 2000).

In my study, I employed individual, semi-structured, in-depth interviews. A semi-structured approach provides freedom and flexibility for participants to explore stories of their counselling experiences that are meaningful to them (Mason, 2004). In addition, I conducted the interviews in person to facilitate rapport and to identify nonverbal expressions (Hesse-Biber, 2014b). Lastly, consistent with feminist research, face-to-face, in-depth interviews can provide benefits to participants. Indeed, Hutchinson, Wilson, and Wilson (1994) identified several benefits, including self-validation, increased self-awareness, sense of purpose, foregrounding the voices of the oppressed, and communication of justices and injustices. In my study, I viewed sex workers as co-researchers and experts of the topic and their stories as catalyst for change.

The interview guide contained open-ended questions (Appendix E). I began each interview with a general request “Tell me about your experience with counselling” to afford participants an opportunity to start the storying of their experiences themselves, and then I prompted along the way with questions regarding the experiences that I hoped to hear more about. The questions were based on the literature on sex workers and mental health services, and addressed experiences of (a) entering counselling (Gorry et al., 2010), (b) working with a counsellor and the therapy relationship (Gorry et al., 2010; Kuntze, 2009), (c) disclosing sex work in counselling (Cohan et al., 2006), and (d) counselling outcomes (Stevenson & Petrack, 2007). I also asked participants to share their recommendations for counsellors (Brode, 2004), and to share anything they wish to say that was not covered in the interview. The questions aimed to elicit stories of concrete events (Cohen et al., 2000). I used probes to convey understanding, deepen exploration, and elicit clarification and anecdotes (Hesse-Biber, 2014b).

Consistent with Gadamer’s notion of dialogue, I aimed to promote more collaborative interviews. This entailed empathic listening, allowing for the exchange of information, and trusting the participants’ expertise by giving them more control over the telling of their stories (Hesse-Biber, 2014b).

Data Collection

After securing ethical approval, I proceeded with recruitment and data collection. Potential participants were asked to contact me, either by phone or email, to discuss their questions and interest in the study. I then emailed them the study description (Appendix F) at the earliest point possible upon expressing interest to me, with the understanding that screening (Appendix G) needed to occur by phone. If potential participants met the eligibility criteria and remained interested, we then set an appointment at a mutually convenient time and place to

discuss informed consent.

I conducted the interviews between December 2015 and April 2016. I took several measures to safeguard the anonymity and confidentiality of the participants. Our meeting took place at a private, quiet room in a university library that ensured the participant's privacy, confidentiality, and comfort. In order to protect their anonymity, I asked the participants to provide verbal consent, without needing to disclose their real names. To ensure free and informed consent, I gave participants time to read the informed consent form (Appendix H) and verbally emphasized the voluntary and confidential nature of their participation. I further invited and addressed participant's questions and concerns, and reminded them that they could ask questions or express concerns at any point throughout the study or even after the interview was completed. Once the participants provided verbal informed consent to participate, I reminded them to select a pseudonym for the study and documented their consent in my research log. I also provided the participants with a copy of the consent form for their records. We then completed the demographic questionnaire and the interview.

The interviews lasted between 43 minutes and one-and-a-half hours and were audio-recorded with the participants' permission. I interviewed one participant over two meetings, as she had to leave early on the first meeting. Following each completed interview, I debriefed with the participants and gave them a list of support services (Appendix I) in their community, as the topic of the interview may have evoked emotional discomfort. Two participants presented signs and disclosed emotional discomfort in relation to talking about their experiences. After debriefing, I discussed with them three specific resources relevant to their concerns so they could speak to a support person, if desired.

Lastly, I personally transcribed all interviews verbatim and removed any identifying

details (e.g., names and counselling centres). The process of transcription had the added advantage of familiarizing myself more intimately with the participants' stories.

Data Analysis

A modified version of the Gadamerian-based method advanced by Fleming et al. (2003) guided the analysis of the interviews. The process of analysis began during data collection and continued with the analysis of the whole text. The whole text refers to the interview recording, interview transcript, salient expression and summary of each interview, journal reflections, non-verbal expressions, and the demographic questionnaire (Fleming et al., 2003). My analyses were guided by the hermeneutic rule of movement, as I moved from the whole to the part and back again to achieve a deeper understanding of the phenomenon. Below is a description of each step of the data analysis.

1. Understanding the salient meaning of the phenomenon. I read each interview transcript numerous times, often listening to the accompanying interview recording, to garner an overall understanding of the transcript. My intention was to find an expression (e.g., sentence or paragraph) that reflected the salient meaning of the transcript. As I approached the transcript with this intention, I soon realized that I needed to establish concrete guidelines to inform my selection. I thus selected the expression based on its ability to: (a) inform the central research question and (b) support the intended research contributions of increasing counsellors' familiarity with the needs of sex worker clients. I then shared with my supervisor the selected expressions to inform my interpretations. Through dialogue, we quickly reached a consensus over the expressions judged to best capture the salient meaning of the phenomenon for each participant. These expressions can be found in Appendix J.

2. Exploring individual meanings. I repeatedly read each individual transcript, line by

line and highlighted significant statements (e.g., words, phrases, sentences, or paragraphs) that directly pertained to the participant's experience of counselling. I labelled each highlighted significant statement with a description of the content that could help visualize a tentative theme name, as well as added my interpretation of the statement in the margins of each statement. I then colour-coded the highlighted significant statements that reflected similar concepts, extracted them from the transcript, and grouped them together into a chart organized into themes for each participant.

This phase of the process allowed me to describe aspects of the phenomenon that each individual participant experienced and garner significant context for a detailed understanding of each participant's horizon. I created a summary of the analysis of each interview for the participants to have an opportunity to engage with my interpretations of their experience. More specifically, I provided each participant the following materials: (a) a copy of their interview transcript; (b) the most salient expression from their transcript, in my view; and (c) a summary of my initial analysis of their account, including a description of the themes and relevant quotes. I invited the participants to comment within a 2-week timeframe on my selected expression or provide an alternate one, to give feedback on my analysis and representation of their experience, and to provide further reflection on their experience.

3. Distilling themes across participants. The previous analytical immersion allowed me to collect themes for all participants. I then compared the themes and associated significant statements from each individual transcript with every participant's transcript, being particularly mindful of the commonalities and differences across participants. While not all participants described experiences related to every theme, there was considerable consistency among the themes identified across participants. This facilitated my grouping of the themes (i.e., tentative

theme names and corresponding significant statements with my interpretations of the content) from each transcript into a single chart.

Following this step, I carefully contemplated the themes and organized them into higher order themes, or categories, reflecting a similar topic. While a category captured a facet of a pattern across the dataset, a theme reflected a particular aspect of the category. For example, the theme *Counsellor Responses: From Supportive to Invalidating* together with other themes, such as *Disclosure as Internally Motivated*, made up the category *Disclosure of Sex Work*. I found many statements in the transcripts that dealt with the participants' varied experiences of their counsellor responses. As such, while the categories formed the broad structural framework of the phenomenon, the themes carried the convergences, divergences, and personal meanings of particular elements of the counselling experience for the participants. I constructed five categories and a total of 17 themes, each located within one category. I supported each theme with quotes in the language of the participants that best represented the range of meanings encompassing each theme. Indeed, I attempted to show all possible perspectives within each theme (Cohen et al., 2000).

Throughout this process, I implemented the dialectic process of interpretation and understanding. I challenged the themes with my prejudices and prior theoretical views of the phenomenon under study, which in turn were tested and expanded by the prevailing themes. I oriented the recursive adjustment of my prejudices in relation to the themes with the questions provided by Debesay et al. (2008): "What meaning?" and "Meaning for whom?" (p. 59). This involves approaching the participants' expressions with an openness and curiosity to accurately convey their meaning and also reflecting on the notion of application, which involves considering the context in which the phenomenon will be presented (Debesay et al., 2008). As

such, I continuously and iteratively informed the characterization of themes and final theme naming decisions with my vocabulary and training in counselling, as well as discussions with my thesis supervisor, in a manner that represented the language used by the participants.

4. Returning to the whole. To maximize trustworthiness, I reflected the process of the hermeneutic circle through iterative movement between the part of the text and the whole and vice versa (Heidinger, 2009) on several levels. For example, once I identified the significant statements composing each theme, I contemplated each significant statement in relation to its original “whole text” and vice versa. Then, I understood the themes and categories in relation to the whole texts of the data and vice versa. Throughout this process, my overall understandings continuously shifted as I derived new perspectives from engaging with the data in this circular motion. Ultimately, after recurrent movement through the circle, I was able to compile a list of themes and categories that best captured the meaning of the phenomenon of the counselling experiences of sex workers, thereby enabling a fusion of my horizon with the participants’ horizons (Fleming et al., 2003).

5. Communicating the meaning of the phenomenon. Cohen et al. (2000) indicate that the final goal of the analysis is to provide a thick description that captures and communicates the meanings of the phenomenon for the participants in the study in all its complexity. The end product of my research will offer a collective account of the themes for all participants combined, emphasising the commonalities and differences in the participants’ experiences within each theme. To add richness to the analysis, I articulated the interactions between my prejudices and the data in the presentation of the results.

Trustworthiness

When conducting a qualitative study, it is of vital importance to take several steps to

ensure the high quality of the data obtained. Lincoln and Guba (1985) operationalized a set of criteria for ensuring rigor in qualitative research, namely as credibility, dependability, transferability, and confirmability. In the following section, I will discuss each criterion of trustworthiness and describe the methods that I used to address them in my study.

Credibility. Credibility involves establishing that the findings accurately represent the participants' descriptions of their experiences (Shenton, 2004). To this aim, I conducted member checks by soliciting feedback from the participants in regards to the extent to which my interpretation of their experiences resonated with participants. I sent each participant a copy of their interview transcript and a 6-page summary of my analysis of her interview via email. Two of the participants who participated in the study replied to my member-check invitation. The two respondents stated that they found the main quote and summary to be representative of their counselling experience.

Furthermore, to promote transparency, I kept a reflective journal to evaluate my research as it developed (Shelton, 2004). This helped me monitor my evolving prejudices and constructions throughout the different stages of the project. I integrated a description of my evolving prejudices in the write-up of the results. Furthermore, to ensure consistency, I applied triangulation by using multiple sources of data collection (Lietz & Zayas, 2010). This included data collected through interview transcripts, demographic questionnaires, field notes, and my journal reflections.

Transferability. Transferability refers to the extent to which the study findings relate to other similar settings or groups (Shenton, 2004). Lincoln and Guba (1985) argue that it is the researcher's responsibility to provide sufficient contextual information to enable the readers of the research to make a judgement over its transferability. To facilitate transferability, I provided

a thick descriptions of the context in which the findings emerge, including background information about the participants and the geographical setting of the study, as well as a detailed description of data collection procedures (Lietz & Zayas, 2010). I also purposively selected a diverse sample, hoping to reflect a wider breadth of experiences (Macnee & McCabe, 2008).

Dependability. Dependability refers to the consistency of the findings over time (Shenton, 2004). To address dependability, the research decisions and activities need to be reported in detail, thereby enabling other researchers to replicate the research processes (Shenton, 2004). I provided a comprehensive and transparent description of the research procedures, including the implementation of the research design, data collection, and analysis, and contextual information about the participants and myself (Shenton, 2004).

Confirmability. Confirmability refers to the extent to which the research findings are the result of the participants' accounts, rather than the preferences of the researcher (Shenton, 2004). To address confirmability, I maintained a detailed audit trail, with all the steps taken throughout the entire research. Bowen (2009) indicates that an audit trail offers "visible evidence—from process and product—that the researcher did not simply find what he or she set out to find" (p. 307). Additionally, my thesis supervisor served as an auditor of the study, providing feedback on the quality and consistency of my methodological procedures and of both the within and between participant analysis. To improve the quality of the results, my supervisor's input was considered and incorporated into the results. Lastly, I used a reflective journal throughout the study, documenting how my prejudices and positionality influenced the research process (Hesse-Biber, 2014b). To maximize transparency, I generated an account of my initial prejudices of the phenomenon (see Appendix K) and provided an analysis of how my prejudices about the phenomenon were confirmed, disconfirmed, or extended by the data within the Results section.

Reflexivity and positionality. Reflexivity is based on the premise that reality is socially constructed and knowledge is historically and contextually bound (D'Silva et al., 2016). Reflexive research requires an ongoing critical self-examination of how the researcher's positionality influences the manner in which she interprets the world (Langellier & Hall, 1989). Central to feminist standpoint theory is thus the notion that the researcher's social locations, beliefs, and political stance are important variables that influence the research process (D'Silva et al., 2016). Within the research encounter, any of the multiple social locations the researcher embodies may be foregrounded by the participant(s) and vice versa, which I explore below.

Before encountering the participants, I made several assumptions regarding my positionality that relate to the concept of insider/outsider. I identify as a 27-year-old, middle-class, non-sex worker, Latina ciswoman. I expected that our shared identity as women would be a resource to the facilitation of rapport and safety with the participants, while my position as a non-sex worker would be grounds for scrutiny. Consistent with the values of transparency, sensitivity, and mutuality in feminist research, I thus disclosed to the participants my position as an ally to sex workers, explained why I was interested in this line of research, discussed the process of and relevance of member checks, and genuinely and warmly expressed my appreciation for their willingness to share their knowledge with me.

Through my interactions with the participants, I realized that my original expectations regarding the salience of my positionalities were misconstrued. Indeed, I found most of the participants to be open, friendly, and keen to talk with a non-sex worker about their experiences. Four of the participants expressed their appreciation for participating in the research, explaining that the topic was a matter of great importance to them. Through the dominance of sex work stigma in society, the participants appeared to have responded to my sincere interest in their

experiences as an opportunity to engage in a conversation that also mattered to them in a space that was safe, confidential, and where their voices were sought and heard.

For example, one participant who had never talked about her sex work experience with an outsider commented the following during the interview, “I never have [talked about sex work.] This is honestly the first time and when I saw the ad I was like really? I was meant to see this. Who’s this person? I’m calling right away.” Similarly, another participant who wished to engage in advocacy for sex workers but had to prioritize the need to protect her “identity and stay anonymous” expressed the following about participating in the interview: “I like talking about my experiences and I do like talking about sex work and trying to get that positivity out there and trying to make it more acceptable as a profession.”

Furthermore, during the interviews, I became aware that my expectations about the advantages of my status as woman in facilitating a relational ground with the participants were naïve. Indeed, two of the participants named a discomfort and distrust of women given their experiences of judgement from other women, both within and outside the sex industry. Within a system of whore phobia, my identity as a woman may have, understandably, constrained some of the participants’ willingness to relate to me and to trust me with some of their disclosures.

Indeed, my privileged location as a non-sex worker, woman researcher exploring the experiences of sex worker women raises political concerns. This is because of the power differential that exists in a whore phobic and sexist society such as ours, the ways in which non-sex worker researchers have traditionally stereotyped, silenced, and objectified sex workers, and the possible exploitation of sex workers in using their stories for personal, professional, and political gains. I acknowledge these systems of oppression, my unintentional role in maintaining them, and the fact that they have influenced how I understand the world. By making my

privileges visible I am committed to reducing the authority of my voice as well as acknowledge my moral responsibility to the participants to ensure that their stories are not misrepresented.

Ultimately, an ongoing process of reflexivity, sensitivity, and accountability helped to inform the way in which I collaborated with the participants, as well as the way in which I foregrounded the participants' diverse voices and ways of knowing in my thesis.

CHAPTER 5: RESULTS

In this chapter, I present the results of my study. First, I present the results of the thematic analysis of the participants' stories. Then, I articulate an analysis of my evolving prejudices of the phenomenon as they were enriched by the participants' horizons.

Thematic Analysis of the Participants' Stories

I constructed five main categories using the method of data analysis described in the previous chapter. These categories, named *Seeking Counselling*, *Therapeutic Relationship*, *Disclosure of Sex Work*, *Counselling Outcomes*, and *Recommendations for Counsellors*, represent the overall structure of the counselling experiences extrapolated from the participants' stories and incorporate the resulting 17 themes. The categories and themes are presented in Table 3, followed by a detailed description of their meanings and supported by quotes from the participants' interviews. These descriptions encapsulate the complexities of the participants' accounts, delineating the similarities and differences in experience as narrated by the participants.

Table 3

Categories and Themes

Categories	Themes
Seeking Counselling	Relevance of sex work to precipitating concerns
	Decision-making as externally facilitated
	Expectations about counselling: From optimism to caution
	Finding a counsellor: The role of setting
The Therapeutic Relationship	Counsellor attitudes toward sex work

	Facilitating and hindering counsellor qualities
	Significance of safety and rapport
	Counsellor attunement and collaboration
Disclosure of Sex Work	Disclosure as internally motivated
	Vulnerability surrounding disclosure
	Counsellor responses: From supportive to invalidating
	Counsellor familiarity with sex work
Counselling Outcomes	Resolution of presenting concerns
	Willingness to pursue future counselling
Recommendations for Counsellors Working with Sex Workers	Ideal counsellor qualities
	Competencies specific to sex work
	Counsellor advocacy for sex workers

Category 1: Seeking counselling. Seeking counselling emerged as the first major thematic category encompassing aspects of the counselling process that preceded first contact with the counsellor. These aspects had an important influence in the subsequent counselling experience for each participant. I identified four themes from the participants' descriptions, *Relevance of Sex Work to Precipitating Concerns*, *Decision-Making as Externally Facilitated*, *Expectations about Counselling: From Optimism to Caution*, and *Finding a Counsellor: The Role of Setting*.

Relevance of sex work to precipitating concerns. The participants sought counselling for diverse concerns, with most participants presenting to counselling with multiple life challenges which resulted in emotional distress. Sex work employment and the precipitating concerns that

led participants into counselling could be seen on a continuum in terms of relevancy. Indeed, for the majority of participants, sex work had a bearing on the precipitating concerns to some degree, whether they directly arose from sex work or sex work manifested as part of the mental health struggles. However, for one participant (Anna), sex work employment was unrelated to the precipitating concerns that led her to seek counselling.

Two participants reported seeking counselling to primarily deal with sex-work related concerns. For example, Kay indicated that she wanted to “remove that shameful feeling and just come back to that peaceful place before the [escorting] experience.” To contextualize her concerns, Kay revealed that she had formerly engaged in escorting out of financial need and that making this decision had resulted in an internal psychological struggle, as it conflicted with the cultural norms and values instilled in her Christian, conservative upbringing. Kay explained:

When I became an escort, it was really because I felt cornered...I was looking for a job for a while, nothing was coming up and bills were piling up. So it was a hard decision because I wasn't raised in that kind of environment...it was a self-conscious thing that I was going through. It was tiring because I couldn't accept it for myself.

Additionally, Ariel sought counselling to work on the impact of her experience with “conjugal violence” and to transition out of sex work, as she did not perceive her work to be conducive to “good relationships.” Ariel explained, “I started dancing when I was 17, so it's not a good job. It's money fast, but when you see men in that kind of area, you think everyone is full of shit.” Further elaborating on her counselling goals, she asserted, “I knew that if I wanted to change, I needed to quit the sex industry.”

The other four participants sought counselling for more general mental health and relational concerns that may bring many individuals to counselling. However, three of these participants still identified sex work employment as a contributing factor, amongst several others, to their concerns. For example, Alex reported seeking counselling for depression and

anxiety. While these conditions were present before she began sex work, Alex revealed that her lifestyle at the time was not very “healthy.” She explained: “I was doing sex work which, for a 17 year old, can’t be very good. Alcohol. I actually never did drugs, which I’m surprised about looking back... Things weren’t great at home with my parents.” Although not positioning sex work as unhealthy, Alex seemed to believe it was developmentally inappropriate for her age.

Furthermore, Alexis sought counselling to “figure out” her “dysfunctional relationships” with her mother and her ex-husband. She described her ex-husband as a “mixed-up person” and said that their divorce was precipitated by his decision to rejoin a religious organization group. Alexis explained her difficulty in accepting his decision: “I met him in a strip joint when I was a stripper and I thought ‘Wow. How does one go from what I call normal living in the normal world to something that to me is borderline cult?’” She further suggested that she perceived a “link” between her “past” in sex work and her “selection of men, boyfriend, the ex-husband.”

Lastly, Rachel received emergency psychiatry care at a hospital for a severe panic attack that started when she was at her merchandising job. She attributed her “anxiety issues” to several life stressors, including relationship dissolution, work-related stress, and the internal conflict brought up by “the sugar thing,” which she undertook to financially support her son. During the interview she appeared overwhelmed as she explained her past situation:

I was going through a lot of stress... God, there’s like so many things in my mind that I’m trying to go back to that moment. So I was in a situation, I broke up with my boyfriend and, at the same time, I was struggling financially. So after breaking up with him, I got with somebody else, an ex, for money specifically. I’m like this is what’s going to happen. If you want this, you have to help me with my son... So I was there at the hospital talking about anxiety issues relating to probably what I’m just talking about [the sugar thing], that fact that I did that didn’t sit well with me. In addition to the work being stressful, because it was a totally new field, merchandising never developed products with [country name] before.

Finally, unlike the other participants, Anna did not relate the precipitating concern that

brought her to counselling with her employment as an erotic masseuse. She reported seeking help for a depression that resulted in significant distress and impairment of functioning, as it rendered her unable to go to her job as a cook in a restaurant.

Decision-making as externally facilitated. The participants described engaging in a decision-making process concerning whether to seek counselling. The participants revealed that the decision to start counselling was prompted by the realization that counselling could be potentially instrumental to valued outcomes, including alleviating their precipitating concerns and affording an opportunity for a new beginning. Additionally, five of the participants identified external factors, that is something that was presented or introduced to them that they had yet to consider personally, that facilitated their decision to seek counselling.

When describing the decision to seek counselling, participants indicated an awareness of feeling overwhelmed by their circumstances, as the demands exceeded their coping resources.

For example, this premise was highlighted by Alex:

I hit a pretty big low when I was in school. I was recently diagnosed with depression and generalized anxiety. So the two of those working together just made life hell and I just figured maybe if [counselling] can help, it can help, and I just needed some sort of intervention.

Kay further described her decision to seek counselling as a longing to release the psychological burden of her previous escorting and to begin a new journey; she recounted:

After the experience [with escorting], I had so many feelings that were weighing on me and I felt like I really need to start a new chapter and really start fresh. So that's how I decided it was time for me to go [to counselling].

External factors that participants identified as facilitating their decision-making process included the justice system, the role of medications, and support from a close friend. First, Ariel mentioned that her decision to start counselling was precipitated by the justice system. Indeed,

she did not technically initiate counselling herself, as the justice system awarded her “one year of therapy” after declaring her partner who abused her was “guilty.”

Second, Anna and Rachel mentioned the role of medication in their decision to seek mental health services. Anna initially visited her general practitioner to seek help for her depression and her practitioner informed her as to what her alternatives were. Anna recounted: “She said that either I should go on meds or go to counselling. And I didn’t want to take medications.” It thus seemed that Anna chose counselling as the better option, partly out of avoidance of medication. On the contrary, Rachel decided to go to the hospital with the hope of receiving “an anxiety pill” because she was feeling “beyond anxious” at the time, given a severe panic attack that she experienced while at her merchandising job. She believed that a practitioner could provide her with a “solution” to manage and reduce the anxiety.

Lastly, for Alexis and Kay, a close friend was a source of encouragement as they pondered the possibility of seeking counselling. Kay described her friend’s support in the following quote:

I was talking to my friend, she was telling me sometimes if you talk to someone that you don’t know, you can have a more objective point of view and that person also is licensed and has experience or they can give you better exercises that can help you just release all the tension and all the guilt.

The support from Kay’s friend appeared to be important in Kay’s final decision to engage in counselling, as she had experienced cultural barriers to do so. Kay explained that “in the Caribbean community they don’t really believe in seeking counselling or going to therapy.” After avoiding counselling “for a long time,” Kay said that she ultimately made the “bitter-sweet” choice to seek counselling after accepting that she “needed external help” in regards to her concerns.

Expectations about counselling: From optimism to caution. The participants described expectations that centered on what they thought the counselling process would involve. The nature of the participants' expectations appeared to be influenced by the extent of their experience with counselling. Indeed, novice clients presented with highly optimistic or what could be considered typical expectations about counselling, as compared to the more experienced clients. The participants' expectations about counselling enhanced and improved the decision-making process.

The four participants with one experience or no previous experience with counselling described holding high expectations about counselling. For example, Ariel described her optimistic expectations of counselling as follows: "I thought that maybe I'm going to be able to find a way to change my life, to change the way I feel every day, to meet better people. I thought it was a good way to change." Similarly, Anna described her expectations about the counselling process outcomes in highly hopeful terms:

I guess that we would talk about my feelings, that I would find a problem or solution or find the deep layers within myself and it would come to light and I would be more advanced as a person and more emotionally stable.

Additionally, Alex described going into the counselling with very high expectations about the counselling outcomes: "I...had very pretty high expectations...I figured it would help me sort out all my shit, and life would be so much better, and I wouldn't have any depression or anxiety."

Lastly, Kay described a stereotypical expectation about the counsellor's style that was influenced by the media's depictions of counsellors. She noted: "In the movies, they show you someone sitting on the couch and the person doesn't really talk they just listen."

On the contrary, the two participants with more than two previous experiences in

counselling revealed more reserved expectations about the effectiveness of counselling. For example, Alexis simply expected counselling to be a place where she would be heard; she stated: “Honestly, I just thought it was a place to go where someone would actually listen to me for an hour...anything on top of that was great.” While Rachel did expect to find a “solution” for her anxiety at the hospital, she was “hoping” to “get an anxiety pill,” rather than a particular counselling intervention. Additionally, given her previous counselling experiences, which ranged from “fantastic” to “horrible,” Rachel had an awareness about her apprehension for prescriptive practitioner approaches; she explained: “For me, it doesn’t work being controlled or being told what to do” and “I know what’s right for me. I’m open to guidance.”

Furthermore, Alexis and Rachel presented specific expectations about their sex work employment in their encounters with their practitioners. Indeed, although Alexis sought counselling for relationship issues, she still presented expectations about the relevance of her sex work history in counselling; she explained: “I really wasn’t there for that. But I honestly thought that stuff like that would come about sometimes...I actually thought it might or would or could or even should.” Additionally, Rachel described expecting to feel self-conscious about seeking care at the hospital, given the discrepancy between her engagement in the sugar thing and her educational and employment background in the mental health field. She recalled:

Just like feeling funny because of my background and doing this...I have a bachelor’s in psych. It’s embarrassing you know?...I worked as a planned behavioural analyst therapist...with autistic kids. I know how to do things. It’s just weird. You don’t expect somebody with my background to be in this situation.

Finding a Counsellor: The role of setting. The final theme to emerge in the Seeking Counselling category encapsulates the participants’ journey to finding a counsellor. The majority of participants described how the particular setting that housed the counselling service (e.g., school counselling program, counselling agency, and victim assistance program,) assigned the

counsellor to them. Indeed, only one participant actively found and selected the counsellor she wanted to work with through her own devices. Despite this, the participants' descriptions highlighted their perceived ease of the overall process of finding a counsellor, using words such as "pretty simple," "pretty easy," and "pretty quickly."

Five participants described having no control over the choice of counsellor and noted that the particular setting assigned the counsellor to them. For example, Alex said that she requested counselling through the vice-principal at her high school and that student services gave her "10 to 12 sessions" and assigned her the "only [counsellor] for three schools." In Ariel's case, the "victim assistance program" awarded her 20 sessions with a counsellor that they "found" for her. Kay and Alexis respectively sought services at a private counselling clinic and community counselling centre that offered a sliding scale fee, where they were assigned to their counsellor. Lastly, Rachel was assigned a psychiatrist for an emergency intake session at the hospital.

On the contrary, Anna was the only participant who actively chose the private practice counsellor she wanted to work with. She revealed that she searched online for a "male" counsellor with "positive reviews." Anna explained that her gender preference for a male counsellor resided in her view that a female counsellor may be prone to being more judgemental of a female, sex worker client. She explained:

Women are more judgmental on themselves than men will ever be on women. I don't know why. There's this thing that men work together and get to the top and women just try to kind of stab each other's backs and we're at the bottom of the social ladder. So I think there's that just kind of ingrained in most people to begin with. And then you combine that with all the stigma and everything that's associated with sex work, that maybe [the female counsellor] would feel like she's trying to do a good job, but [think] what kind of woman would work there?

Category 2: The Therapeutic Relationship. Participants spoke about the therapeutic relationship with their counsellors at some length. When describing the therapeutic relationship,

all participants mentioned the importance of the quality of the relationship with their counsellors to their overall counselling experience. The participants' therapeutic relationships are conceptualized on a continuum, ranging from highly helpful to highly unhelpful alliances. Four participants described the relationship with their counsellors as predominantly positive. However, one of the participants deemed the relationship with her counsellor, and in Rachel's case psychiatrist, to be predominantly negative. More specifically, while all participants were able to identify factors of the relationship that they deemed helpful, four participants expressed their frustration and disappointment with elements of the relationship. The heterogeneity of these experiences highlights the intricacy of the therapy relationship, as most participants navigated facilitators and hindrances to the relationship over the course of their counselling.

I identified four themes within the Therapeutic Relationship category, *Counsellor Attitude toward Sex Work*, *Facilitating and Hindering Counsellor Qualities*, *Significance of Safety and Rapport*, and *Counsellor Attunement and Collaboration*. These categories influenced the participants' overall perceptions of the quality of the alliance.

Counsellor attitude toward sex work. When describing the therapeutic relationship, the majority of the participants addressed the manner in which the counsellors positioned themselves or came across after learning about their sex work employment status. While most participants appreciated the counsellors' supportive attitude toward their sex work, a few participants also expressed concerns about their counsellor or psychiatrist's unsupportive and dismissive position toward their sex work.

Both Ariel and Kay appreciated the counsellor's understanding and non-judgemental attitude towards their sex work employment, as they both had conflictive feelings about their sex work. Kay highlighted the counsellor's attitude towards sex work as one of the most helpful

aspects of the counselling, as she came into the counselling with feelings of shame and guilt over her previous escorting; she recounted: “[The counsellor] understood also where I was coming from, and she always made sure that she made me feel like I was in a secure and non-judgmental zone with her.” Ariel also noted the following in regards to the value of the therapeutic relationship: “It’s important to talk with someone neutral in your life and someone who doesn’t judge you.”

In addition, both Alex and Anna exalted their counsellor’s accepting, non-judgmental, and open attitude about their current sex work employment. Indeed, for Alex, the counsellor’s accepting and non-judgmental attitude about her sex work at her age was a welcomed surprise and potentially validating. Alex indicated, “She was pretty accepting, which was nice to find a counsellor who wasn’t like ‘You’re doing sex work at 17? What are you doing?’ She was good.” Similarly, Anna indicated that her counsellor was “supportive,” “accepting and open” about her sex work, which she identified as the “only” helpful aspect of the counselling.

On the other hand, two participants expressed dissatisfaction with the manner in which their practitioners positioned themselves toward their sex work. Rachel recounted how the psychiatrist made unsupportive comments even though it was not clear to Rachel that the psychiatrist was aware of her sex work, as Rachel’s disclosure had taken place with the intake worker. Rachel elaborated on her thoughts about the psychiatrist’s seemingly disapproving and insensitive position towards her engagement in the sugar thing:

She didn’t tell me to stop doing [the sugar thing], but she said, “Use your dad for money.” Like literally just use him. Because I have a bit of issues with my father. She’s like “Okay, you don’t like him or whatever. Just use him for the money.” Not telling me stop doing what you’re doing with those guys, but I know what she was trying to do. I could pick up on her trying to direct me towards that versus [the sugar thing].

Lastly, Alexis expressed that she could not comment on the counsellor’s attitude to her

sex work because it was “never addressed” in the counselling. Alexis further noted, “in terms of my work with her, it had nothing to do with anything of why I was there.” Throughout our interview, Alexis expressed her discontent with the counsellor never giving her sex work history any direct consideration in sessions, as she thought this history represented an important aspect of her healing work. Alexis ultimately viewed her counsellor as having a dismissive attitude towards her sex work history.

Facilitating and hindering counsellor qualities. The participants described counsellor personal qualities, in addition to a supportive attitude towards sex work employment, that they deemed important to the therapeutic relationship, including active listening, openness, approachableness, and warmth. The participants appeared to deem these qualities important either because the counsellors displayed them in a manner that facilitated the establishment of the relationship or because they would have liked them to be more present. For some participants, facilitating counsellor qualities co-existed with hindering ones.

Four participants described counsellor qualities that they deemed helpful and which seemed to have facilitated the therapeutic relationship. They reported that the counsellor’s empathetic listening was a uniquely positive experience. Indeed, for Ariel and Alex the experience of being “listened” to by the counsellor was one of the most supportive aspects of the counselling. For instance, Alex noted: “She was nice, she listened, and I guess just having someone to listen was positive.” Alex further elaborated that while she did not find the counselling particularly effective, she still appreciated the counsellor’s presence; she explained, “I don’t think the actual therapy affected me too much...But it was positive, just having that person there, especially for...that chunk of time.”

Contrary to her expectation, Kay experienced her counsellor as open and approachable

qualities that helped her feel comfortable in the relationship. Kay elaborated, “She was very nice. I thought that she would be maybe closed off and really not very open to interaction, but she was very open to interaction.”

On the other hand, three participants identified counsellor qualities that they deemed unhelpful and which seemed to have hindered the therapeutic relationship. Perceiving their counsellor or psychiatrist as inattentive, unapproachable, or cold made the participants feel disconnected from their practitioners. For instance, Anna remarked the counsellor’s presence in sessions, saying, “Sometimes I would wonder if he ever read what he wrote down because he would ask me a lot of the same questions.” Anna found the counsellor’s inattentiveness “upsetting.”

Moreover, Alexis highlighted the counsellor’s discomfort with self-disclosure. Alexis provided the following example which took place at the counsellor’s home office: “I noticed that she had a big piano in the room and one day I asked her if it was her that played or somebody else. And I almost felt like I wasn’t allowed to ask.” When I asked Alexis what made her feel this way, she explained: “Her body language, the expression on her face. She kind of got a bit stiff and, just as a mental note; I thought, ‘Okay Alexis don’t ask any personal questions anymore.’” It appeared that the counsellor’s discomfort with self-disclosure prevented a sense of openness in the relationship that Alexis was looking for. Alexis explained:

I felt like she was a person that if she wasn’t my counsellor, I would want to go out and have a glass of wine and shoot the shit and just say, so what’s your life like? You know so much about me, what about you?... Something, you know? She wasn’t approachable that way.

Lastly, Rachel juxtaposed the qualities of the psychiatrist and the intern worker she had seen, noting that it was their differences in warmth and presence that contributed to her sense of disconnection with the psychiatrist and connection with the intern worker. Rachel specified:

“...The intern had warmth. The psychiatrist definitely lacked warmth. The intern was more listening. It’s a listening thing. The energy was so much better. It could be a personality thing.”

Significance of safety and rapport. When describing the therapeutic relationship, some of the participants mentioned the importance of establishing safety and rapport with their counsellors. In contrast to the participants who were satisfied with their sex work employment, the participants struggling with sex work issues were particularly preoccupied with the conditions of trust, security, and acceptance to fully engaging in the counselling and self-disclosing about sex work in a comfortable manner. Observations on the meaning of safety in the counselling appeared to be related to the participant’s personal experience of sex work.

Additionally, some of these participants indicated that managing to feel comfortable with their counsellors was a process. Indeed, the two participants who struggled with sex work-specific concerns described an initial difficulty with safety and comfort in the counselling. Both Kay and Ariel described how building a foundation of safety and comfort within the therapeutic relationship was a prerequisite to disclosing about sex work matters in an honest, intimate, and authentic manner. For example, Kay noted that the counsellor helped her overcome her obstacle towards openness about her previous escorting experience:

At first, it was hard for me to open up, but she really helped me understand why I was blocking and how I could remove myself from those blockages and be more open. So I would say that after like the third, fourth session, I started opening up a little bit more.

When I asked Kay what helped her overcome the barrier to talking about her struggles with escorting and fully engaging in the counselling, she specified the counsellor’s assurance of confidentiality, safety, and comfort, as this helped her feel less “tense” or “conditioned” in her disclosures. She indicated:

I guess just always making me feel comfortable... I never used to journal, being able to have my own journal and journaling day to day, that helped me feel like I was in a safe

environment... And knowing also that we signed a confidentiality agreement. I wasn't thinking that she was going to reveal what I told her, but it just made me feel more secure.

Similarly, Ariel mentioned that she initially "didn't feel that comfortable" in counselling. However, she recounted that, over time, the counsellor managed to build up the "trust" and made her feel "comfortable" to discuss more freely. Indeed, she noted that she was able to "talk about everything" with the counsellor which led her to feel "free after" the counselling. Another factor that appeared to be important in Ariel's positive therapeutic relationship was the counsellor's ability to convey safety as a man. Indeed, Ariel exalted qualities of the counsellor that differentiated him from "customers at the bar" where she worked, namely the fact that the "relationship was neutral" and that the counsellor kept an appropriate physical "space between" them in session. For Ariel, the counsellor's neutrality was of utmost importance; as she noted: "It was necessary for me to find a psychologist like that. Otherwise, I'll change the psychologist."

In contrast to Ariel and Kay's personal struggle with safety in counselling, the two participants with no concerns about sex work seemed less consumed by the idea of safety and comfort as necessary to disclosing about sex work matters or engaging in the counselling. Indeed, Anna and Alex did not make observations on safety or lack thereof, in the counselling and how that might connect back to their personal experiences of sex work.

In addition, two participants described a largely negative therapeutic relationship, emphasizing a lack of safety and/or rapport which ultimately hindered their experience. While Rachel's experience was based on an interaction with a non-counsellor, it is nevertheless worth considering here given that her experience may reflect what sex worker clients would not want to see happen when they seek mental health assistance. More specifically, Rachel experienced a "lack of warmth" and "communication issues" in her relationship with the psychiatrist, primarily

because Rachel did not appear to have been invited to talk openly about her mental health struggles or made to feel understood by the psychiatrist. Indeed, Rachel remarked, “I had to fight to talk. I’m like can I say something?” Rachel also seemed to have had to defend herself to the psychiatrist, as she recounted:

I actually went back, and [said] “I want to bring up two things that you just said,” and I brought it up, and I’m like “No, this is not the way it is.” I don’t remember the details now, but I remember stopping her or waiting or whatever. But to bring up what she just said and how that’s not true.

While Rachel managed to assert herself to the psychiatrist on several occasions, she also noted that she did not disclose her sex work-related struggles to the psychiatrist or clarified whether the psychiatrist’s was in fact aware of her sex work, as she perceived the psychiatrist to have made indirect and unsupportive comments about her sex work. It may be possible to assume that despite Rachel’s assertiveness, the lack of safety and rapport in the relationship prevented her from discussing and clarifying these important matters with the psychiatrist.

Lastly, while Anna did not struggle with safety as a sex worker client in the counselling, she did describe a largely negative therapeutic relationship, as she felt unimportant to the counsellor. She recounted:

I don’t feel like I was ever important. I mean I never felt like another number even though I knew that I was. You can’t survive with only one patient. But I never felt like I was different or special or anything like that.

Counsellor attunement and collaboration. The last theme to emerge in the Therapeutic Relationship category encompasses the participants’ stories about the counsellor’s attunement and collaboration in the counselling. Participants primarily spoke about the counsellor’s ability to engage them in the counselling process by using an approach that they interpreted to be sensitive to their individual and cultural needs. Indeed, it appeared that when the counselling was going well for the participants, it was when the counsellor managed to be attuned to the client’s

worldview and/or tailor their approach to the client's needs. However, when the counselling was not going well, it was when the counsellor appeared unresponsive to the client's needs, or more precisely, disengaged or too directive.

The majority of the participants described experiences of therapeutic attunement that they deemed particularly helpful. More specifically, two participants described valuing counsellors that emphasized collaboration in the counselling. Indeed, Ariel and Kay, the two participants who described their therapy relationships as highly positive, exalted the "collaborative" and "interactive" manner, respectively, in which they worked with their counsellors. They described experiencing a mutual investment in the relationship which engendered a sense of empowerment in the participants. For instance, Kay described how the counsellor's approach ultimately led her to recognize herself as the agent of change within the counselling; she recounted:

I guess it's funny but she always told me that the real [change] came from within. And it's true because she gave me some insight, but I feel like I did a lot of the work. Like when I would leave her office, my brain would go 100 km. I would think about a lot of my past experiences as a child, as a teenager, and just understanding why I was dealing with my problems at the time.

In addition, five participants appreciated the counsellor's use of individually and culturally tailored approaches, which were experienced as conducive to or supportive of their specific counselling goals. Indeed, both Ariel and Kay found their counsellors' tailored insights to be particularly helpful with their sex work-related concerns. For example, Kay shared how her counsellor helped her become aware of her individual, psychological conflict over her previous escorting. The counsellor encouraged Kay to release the burden of her self-judgements by shifting the locus of control from others to the self. Kay described her experience as follows:

...I felt like even though my entourage didn't know [about the escorting] I still for some reason felt judged. And she made me realize that they weren't judging, but I was judging myself, and that I needed to forgive myself... That it was a healing process. That's what I think the biggest thing was. I felt like it was coming from outside, but it really was

coming from inside.

Kay also highlighted the helpfulness of the journaling intervention that the counsellor introduced, as well as the counsellor's ability to tailor the counselling strategies in a manner that was responsive to Kay's changing needs with her disclosure of sex work; she recounted:

When we started she would make me write a diary and just go back to when I was a child, how I grew up, understand why I wasn't really transparent with myself. And then [after the disclosure], she understood that yes, I had other issues but that the main reason why I was in counselling was because of my experience. She then told me to write letters, letters to some of my old clients, and letters to myself also to be able to forgive. And then just burn it to know that it was something that was in the past and that I could move forward and look forward to just a bright future.

Alexis was another participant who described her counsellor's insights as helpful with her concerns. Alexis expressively described how the counsellor appeared to use Alexis's "maternal" transferences to precipitate insights that helped Alexis transform her expectations about her relationships with her mother and ex-husband. Alexis shared the following example:

[The counsellor] was very maternal (Alexis's eyes teared up, and then she laughs). Oh, I didn't want to do this. I recognize that I didn't have that part...and [the counsellor] helped me to understand this. That's one thing that she did, helped me to understand that I was never going to have the relationship that I wanted with my mother and that it would never happen and that I was looking for something in my mother and my ex-husband that was never going to be possible. And it took me a while to accept that, because I think I'm that headstrong...

Lastly, for Alex, who identifies as Mi'kmaq, it was the counsellor's willingness to provide her with culturally tailored resources that she found helpful and respectful; she explained:

She gave me a lot of resources like helplines and talk lines just in case I couldn't reach her. I guess that she respected my culture and she helped give me things tailored to that, like there's a native woman's helpline and resources like that. So it was good.

On the other hand, three participants described experiencing counsellor or psychiatric approaches they deemed particularly unhelpful. Practitioner approaches that were either predominantly disengaging or directive were experienced as unresponsive and insensitive to the

participants' individual needs, and ultimately had a negative influence on the quality of the alliance and the participants' overall therapeutic process and outcomes.

For example, Anna described the counsellor's approach as "hands-off" and seemingly disengaged, which was particularly unhelpful given her interpersonal style. Anna recounted:

I'm not somebody who speaks a lot. I need somebody to really go and get me usually. So for me that's where I found he was lacking. He kind of was just sitting there and he's like, "Okay talk. Like tell me about your feelings." I've been suppressing feelings for as long as I can remember, so to just speak it was very difficult... At some points, I remember thinking that I could just save the money and go talk to a tree. I just felt like I was wasting my time. So it wasn't a very positive experience that I had.

In Alex's case, it was the counsellor's directive CBT approach that she found unhelpful; she said: "...basically she told me what to do and I tried to do it. It's difficult with CBT. She did a lot of exercises but it didn't help me very much; they seemed very childish." As a result, Alex adopted a passive approach to her counselling; she revealed: "I kind of just didn't take it seriously. It just wasn't working. I was just like, "Okay I'll do that" and then not think of it."

Lastly, while Rachel saw the psychiatrist for a single intake session at the hospital, she was still impacted by what she described as the psychiatrist's "very directive" approach, as the psychiatrist was telling Rachel "what to do" without having a sensitive understanding of Rachel's needs and context. Rachel recounted an interaction that captures this premise:

She was also telling me to continue school because I got into social work at [name of university] and then I had to drop out because I had a kid. I had to choose being a mom or... And I was complaining about how at my recent job I was doing merchandising, which was to work with [name of country] to develop hats for a company. And I'm like, "I'm developing hats. This is not what I'm supposed to be doing. Who cares about hats? I'm not moved by hats." And she's like, "You can go back to school." No, I can't go back to school. I can't go back into the program because it costs money. I need to work, to make money to pay rent. It's easy. She's like, "Tell your dad to pay for it." It doesn't work like that. My father has given me a lot already.

Rachel further categorized the psychiatrist's prescriptions as "dangerous" as the psychiatrist was "not informing herself properly before giving advice." Drawing from her

interaction with the psychiatrist, Rachel made an ethical and professional recommendation to all mental health providers, irrespective of their professional designation:

I hate when people talk when they don't know what they're talking about. It drives me crazy. Do your research. Ask the questions. Don't just say whatever. And that pissed me off because it's like you're in a field where it's your job to investigate and ask questions, understand all the factors. And you should be careful as to what you say to your patients or whatever because your patients are very sensitive, they're in a very sensitive state.

Category 3: Disclosure of Sex Work. The participants' disclosure in the counselling of sex work employment emerged as the third major category. The participants addressed their decision-making process surrounding the disclosure, describing what motivated them and what they perceived as difficult in disclosing. While a few participants highlighted their openness and ease in disclosing, most participants described the disclosure as a vulnerable moment in the counselling as they anticipated the possibility of judgement from their counsellors. Additionally, the participants provided detailed accounts of the counsellors' responses, which ranged from supportive to invalidating responses. These descriptions were complemented by the participants' assessments of their counsellors' level of knowledge and understanding about sex work.

I constructed four themes within the category of Disclosure of Sex Work: *Disclosure as Internally Motivated*, *Vulnerability Surrounding Disclosure*, *Counsellor Responses: From Supportive to Invalidating*, and *Counsellor Familiarity with Sex Work*.

Disclosure as internally motivated. The participants described the nature of their motivations for disclosing their sex work to the counsellor. All participants identified internally-oriented motivators in their disclosure, such as a desire to aid the counselling process by providing relevant information to the counsellor. In addition, two participants stated a yearning to confide in the counsellor about their sex work, having had to keep it secret from others.

When I asked the participants about their reasons for disclosing their work, they all

indicated a willingness to provide personal background information so that their counsellors could support them in an effective way. As such, the majority of participants, except for Kay, engaged in the disclosure within the first two sessions, during the initial assessment.

For example, Alexis assumed that her sex work history would be important information for the counsellor to have; she noted: “I know myself well enough that I would have brought it up because I personally would have thought it was relevant perhaps to her.” For Alex, it was both her willingness to help the process and the confidential nature of the therapy relationship that encouraged her disclosure; she noted: “It wasn’t like I was hiding it. It wasn’t general knowledge but to a professional who was confidential, then why not, it’s part of my life and all the information I can give her can help me.”

Furthermore, Ariel and Kay described an additional internal motivator, namely a desire for transparency about their sex work in counselling as they could not talk to their informal support systems about it. Indeed, Ariel longed to tell her story to the counsellor and appeared to dislike the dishonesty she was engaging in when she had to cover up her exotic dancing to others by saying she was working elsewhere. Ariel explained the reasons behind her disclosure:

Because if I want to change, I have to talk about everything. Because nobody in my family knows about my work. I used to work at a call center. I did a few jobs. I said to my family that I used to be a barmaid, but that was not the case. So I had to say the truth to someone.

Despite seeking counselling for her prior escorting experience, Kay delayed this disclosure until later on in the counselling, as she struggled with internal “blockages” to speaking openly about her experience. When I asked her what ultimately motivated her to self-disclose to her counsellor, Kay mentioned a desire for closure through disclosure as she could not talk to others about her work; she explained:

It was really because I was having nightmares and I felt like if I really wanted to move on to the next chapter, not to say that it never happened because it happened, but just being able to have closure and move on, I knew that I couldn't do it by myself. I needed someone else. I couldn't talk to my family, I couldn't talk to my close friends.

Vulnerability surrounding disclosure. While participants saw value in disclosing their sex work employment to their counsellor, they also described experiencing difficulty with the disclosure. While two participants described the ease with which the disclosure was conveyed, the majority of participants described experiencing vulnerability when disclosing, as they considered the possibility of judgement from their counsellors as a result of their revelation. Of note, the participants' experiences of the disclosure were complemented by the counsellor responses, which will be described in the following theme.

Two participants emphasized their openness and comfort in the disclosure of their sex work employment. For example, Alex's disclosure of sex work was like any other; she clarified: "[the disclosure] was pretty easy. [Sex work] is just part of my life. It's just like I work at the local supermarket. There's no difference between telling her." Similarly, Anna noted that the disclosure was "not a huge deal" for her as she had told "a few other people" in the past. It is possible that the ease in the disclosure for these participants was facilitated by their satisfaction with their sex work job and previous experiences with disclosure outside of counselling.

On the contrary, four of the participants described their disclosure of sex work as a vulnerable moment in the counselling. They indicated experiencing self-conscious emotions as they anticipated the possibility of judgement from their counsellors, given the wider social context of sex work stigma. For instance, Alexis shared the following account of her feelings of anxiety and trepidation as she anticipated the plausibility of judgement from her counsellor:

Usually when I tell people, I get like kind of knots in my stomach and my heart starts to feel like it's going to come out of my throat and I just feel like okay what are they going to say? How are they going to look at me now? (deep breath) But I think at this time, at

52 years old, I'm a little bit 50% like I don't give a shit anymore, but there's always still a piece of me that does and will care. But I know that I'm a sensitive person.

Alexis also specified a concern over the perceived threat of judgement when disclosing to a female counsellor, which might have added to her feelings of trepidation and anxiety; she indicated: "I've always been judged by women unless they work in the sex industry themselves. For me, it's very difficult to get close to a woman. She has to be really cut out of the same cloth as me."

Rachel described feelings of embarrassment as she worried about the impact of her disclosure on the intake worker. Indeed, Rachel assumed that her engagement in the sugar thing could be viewed as a potentially deviant path given her undergraduate studies in psychology; she explained:

I felt embarrassed. Again, given my background and how I am doing, I felt like I don't know her, I don't know what she's been through but it feels like maybe I'm taking a bit away of her innocence. Even people like me do it. Kind of opening her eyes, maybe.

While the disclosure was freeing for Ariel, she noted that she was originally "scared to be judged" by the counsellor. She appeared to suggest that the longer she was in the sex industry, perhaps the harder it was to disclose about it as the negative impact of the work takes hold. Indeed, Ariel made this observation in comparison to how women who are just starting out in the industry seem to disclose more freely; she recounted:

...but after [the disclosure] I was feeling free... Some people they feel comfortable with that. Some girls they feel like that ... But they don't know all the problems when after a few years you work. It can be a lot of problems. The problems come and they don't know about the job. So now it's like it's cool to do that, but I think if I have an advice to give to anyone, it's not good.

Lastly, while Kay felt "ashamed" about the disclosure, asserting "that there's a bad view about the industry in general," she also remarked advantages of disclosing to the counsellor over a loved one. Indeed, she appeared to suggest that disclosing to the counsellor presented her with

more control over the consequences of the disclosure:

... It's easier to talk to a stranger because the person doesn't have a certain perception of who you are and you don't feel the judgement because you're not going to see that person again. It's not the same feeling compared to talking to someone, a close friend, a family member because then the perception changes forever.

Counsellor responses: From supportive to invalidating. The participants described the nature of the counsellors' responses to their disclosures of their sex work employment in great detail. The counsellors' responses can be conceptualized on a continuum, ranging from supportive to invalidating, as defined by the participants. According to most participants, the counsellor's responses to the disclosure influenced the overall outcome of their counselling.

Three of the participants identified their counsellors' responses to their disclosure as supportive and helpful to their counselling. For instance, Anna recounted her counsellor's affirmative response as follows: "He was very supportive. He was very open and didn't really see it as an issue, just kind of passed over it." Anna further appreciated the fact that her counsellor did not problematize her sex work in the counselling; she explained:

We never discussed it in great detail but I think he knew enough to know that I wasn't being coerced, that it was very consensual...It was like a non-issue... And the fact that just because I'm doing this doesn't mean that I have problems. I don't need to be saved. So I never felt like a lot of the stereotypes.

For both Ariel and Kay, who sought counselling for sex work-related concerns, the counsellors' responses to the disclosure facilitated a highly therapeutic moment, conducive to meeting the goals they had brought to the counselling. For instance, Kay's experience of shame and guilt around her previous escorting appeared to be dissipated by the counsellor's validating response to her disclosure; she narrated:

I didn't tell her at first about the work because it was still hard for me to talk about it, but she could sense that there was a blockage. And once I finally told her about it and explained to her the situation, she said that sometimes when you're in a desperate situation, you can do desperate things but it doesn't define you as an individual. So right

there and then, it helped me release just a weight that was on me and just release that guilt. It was the first time that I was maybe more open to talk about it.

Kay's counsellor further reframed Kay's experience of shame suggesting that, contrary to what Kay believed, her prior engagement in escorting was not inherently wrong or bad and that it did not comprise her identity as a person. Kay recounted: "I was feeling ashamed a little bit, but then she told me that I didn't have to feel ashamed...that I'm not my work, and that there was nothing for me to feel guilty about." The counsellor's response empowered Kay to not only be more transparent about her work in the counselling, but to also release the debilitating shame.

Similarly, Ariel shared how in response to her disclosure the counsellor suggested that her barrier to meeting "good people" resided in the nature of the sex industry; she recounted:

He thought that maybe it's not a good way to change because he thought that this is an industry, the sex industry. It's hard to find real people. It's hard to trust in someone. And sometimes I was talking to myself, like, I always find...bad people.

Ariel agreed with the counsellor's interpretation, explaining: "When I used to work in this industry, I didn't have good friends. I didn't have a good relationship. It's always sex, sex, sex." After this exchange, Ariel started the process of transitioning out of sex work, which was one of her counselling goals; she recounted: "After that, I don't think that something changed that fast, but I think it was the first step...I started to try to find another job better than this one."

In Alex's case, she experienced both a misinformed counsellor response followed by a supportive one. In response to her disclosure, the counsellor asked her a series of questions about her job based on the counsellor's "very little" knowledge of the sex industry, as she appeared to believe that it only covered street-based work. Alex recounted:

She was like, "What are you using for safety? How late do you stay out?"... So with that, she assumed that I was on the street because she didn't know. She basically asked me if I had a pimp. It was just funny. I'm like, "No." I can't remember what exactly she said, but she's like, "Do you have someone who controls your work?" basically. Something like that. And I'm like, "No, I do it all by myself." And she's like, "How late do you stay out

for work?" And I'm like "I don't." So that kind of led into me educating her.

Alex further explained that after educating the counsellor on the nature of her online sex work, which was "not too bad," the counsellor was "accepting" of her sex work and did not pressure her to "get out of there," which Alex appreciated it.

Lastly, two participants described practitioner responses that were experienced as dismissive as well as unhelpful to their overall experience. In Alexis's case, the counsellor did not address the initial disclosure, which led Alexis to perceive that it "was completely irrelevant to [the counsellor]." Still, Alexis persisted in introducing the relevance of her sex work history in her counselling; she recounted:

I felt close to her and I wanted to share something that I wrote so that she could see another side of me. And I felt comfortable doing so; otherwise I would have never done it because what I write is...all about the sex industry.

However, she was saddened to report during the interview that she did not "recall receiving any feedback" from the counsellor. After some reflection, Alexis concluded that by disregarding the significance of her experience in the sex industry, the counsellor failed to help her heal from her past. She explained with discontent and frustration:

I think I kind of came to this conclusion...that I don't really think that she helped me as a person, as an individual, as a woman with quite a past. I honestly can say she didn't help me at all concerning that...I hate to say it, and it's not because I've had a bad day. It's clear, it's logical. It would be like going to therapy and you've gone through a horrible fire and part of your body is burned, and you go to therapy and they don't want to talk about it. It's in your face, the person is in front of you. You can see the layers of pain, anger, resentment, sarcasm, things that are all negative in life that get you nowhere. There's no healing in that. It's like that old expression avoiding the big pink elephant in the room. How do you sweep that under a carpet? It's a pretty lumpy carpet to hide an elephant.

In Rachel's case, her disclosure to the intake worker was not directly addressed by the psychiatrist during their encounter after the intake. As such, Rachel was left speculating about whether the intake worker had even informed the psychiatrist about her sex work, leaving her to

assess the intent behind the psychiatrist's interventions. This may have added to Rachel's feelings of invalidation in her meeting with the psychiatrist. Moreover, it raises questions about the process of transmission of essential information from the intake worker to the practitioner after the client accomplishes the often difficult task of sex work disclosure. In our interview, Rachel frequently stressed that the psychiatrist advised her to "use" her father for money to meet her financial needs, which Rachel perceived to be an indirect deterrent to her engagement in the sugar thing. Indeed, Rachel gave the following reading of the psychiatrist's advice, giving her take on the societal view of sex work:

[The advice] was her way of saying don't use those guys for money. Use your father because probably you don't have to sleep with him. It would make sense, right? Probably a psychiatrist, a psychologist wants you to not do that because it's not healthy. Maybe it is healthy for certain people... But I'm assuming most people would think that it's not a healthy thing to engage in.

While Rachel mentioned that she did not find the psychiatrist's advice to be unfounded given she herself was not comfortable engaging in the sugar thing, she found the advice to be unhelpful as the psychiatrist did not offer her any practical alternatives to meeting her financial needs. Indeed, Rachel explained: "I don't like to resort to doing that obviously, right? So if she spoke about what can you do instead to solve your problems? Going to therapy is part of it, but it's not right away. There's no immediate solution..."

Counsellor familiarity with sex work. This theme further contextualizes the theme of *Counsellor Response: From Supportive to Invalidating*, as most participants were able to speculate about the counsellor's familiarity with sex work based on the counsellor's response to the disclosure of sex work. During the interviews, I had asked the participants about their thoughts on their counsellors' familiarity with sex work. None of the participants had asked their counsellor directly about this matter or said that the counsellor explained to them directly her or

his familiarity or training in working with sex worker clients at any point in the counselling. Participants nevertheless inferred the counsellor's familiarity and experience in working with sex workers from the manner in which the counsellor spoke about sex work issues and/or responded to their sex work disclosures. The counsellors varied in their expression of familiarity with sex work, with some being perceived as knowledgeable and understanding, and some as inexperienced and insensitive, in regards to sex work matters.

Half of the participants had assessed the counsellors' familiarity with sex work related matters positively. More specifically, they made inferences about their counsellors' level of knowledge from the extent to which the counsellors' assertions about sex work resonated with the participants' frame of reference. Indeed, Kay recounted that the counsellor's universal definition of the transactional nature of sex work helped Kay name and accept her past in escorting. This led Kay to perceive her counsellor as competent and knowledgeable in supporting sex workers with similar concerns; she recounted:

When I finally told her what I did, she told me that there is basically no difference between someone who's an escort, or if you're a prostitute, or you're doing porn, or if you're a sugar baby. Basically, it's really an exchange. So you exchange your body for money. Whether there's sexual contact or not, it's still an exchange of goods. And she said that once you acknowledge that it is an exchange, because sometimes I would try to justify it and say there was no sexual contact, she would say it's still an exchange. And once I finally accepted the definition, the meaning, I realized that she helped me just be true to myself by letting me just speak my truth basically. So I think that she already had a previous customer who was a prostitute and her previous client also I think had a blockage also by not being willing to say out loud what she did. So she really helped me just accept what I did and say it.

While Anna was not in counselling for sex work-related concerns, the emotional labour involved in her work would come up sporadically in counselling conversations, which allowed her to make an assessment of her counsellor's familiarity with sex work matters; she recounted:

...he did mention how I was also somebody that people turned to with their problems and that I was sort of in a supporting role similar as he was. So he would reference that from time to time, saying how it's difficult if I'm going through my own stuff and then have other people coming and telling me about it and I'm not even qualified. Sometimes it's deep stuff that they tell you.

On the contrary, three of the participants made a negative assessment of their counsellors' familiarity with sex work. Alexis speculated on her counsellor's lack of knowledge, experience, and understanding in matters related to sex work, given the counsellor's neglect to directly address her sex work history in the counselling. For instance, when I asked Alexis whether her counsellor was familiar with sex work matters, she responded:

I don't think so. And my gut instinct tells me that because I think that if she had a lot of knowledge and some compassion or empathy, that [my sex work history] would have come up, logically speaking. I could be wrong.

While Alex also perceived her counsellor to be uninformed about sex work, she did not appear to believe that this undermined her counsellor's ability to address her work sensitively. Indeed, Alex highlighted the benefits of educating her counsellor by answering questions she had about her sex work, noting: "I'm okay with educating people about it. I think it's important and I think the more knowledge is out there, the less judgment there will be, so it wasn't too bad."

Category 4: Counselling outcomes. The fourth category to emerge during the analysis encompasses the participants' descriptions of the counselling outcomes. The participants primarily assessed the outcomes of their counselling by discussing: (a) the extent to which counselling helped resolve the concerns that brought them to counselling, and (b) their willingness to pursue counselling in the future, as reflected in the two themes: *Resolution of Presenting Concerns* and *Willingness to Pursue Future Counselling*.

Resolution of presenting concerns. Participants talked about the extent to which counselling helped them resolve the concerns that led them to seek counselling. Three

participants described counselling as effective in resolving their presenting concerns, with some of these participants also noting that counselling led to sustained benefits as they developed an empowered approach to life. However, two participants described the counselling as resulting in no improvement. Lastly, in Rachel's case, the intake emergency session with the psychiatrist worsened her presenting concerns.

Ariel and Kay reported that the counselling helped them resolve the sex work-related concerns that brought them to counselling. Indeed, Ariel successfully transitioned out of the sex industry as a result of her counselling; she said: "I found a fulltime job, and I think I realized that it's much different people when you work in an office than when you work in a bar."

Furthermore, the counselling helped Kay release some of her internalized guilt over her escorting experience; she explained: "I think overall [counselling] went well and today I can say that, I wouldn't say that it's in my past just yet, but at least I'm not feeling as guilty." Kay also described how the counselling seemed to raise her consciousness about the potential struggles of women involved in the sex industry, which allowed her to adopt a more compassionate attitude towards others and possibly herself. Indeed, Kay elaborated on this outcome:

I would say my perception on the industry and the women...has changed also. I'm more compassionate and I understand that certain situations in life can put you in undesirable environments. So I would say that my perception in general has changed and I'm less judgmental because I know that one can never know where life is going to bring you.

Kay and Ariel also described addressing psychological barriers to making empowering changes in their lives, as they both developing a sense of ownership and efficacy over their life circumstances. For example, in Kay's case, counselling helped her to claim ownership over her situation as she had originally identified a difficulty in accepting her engagement in escorting; she recounted: "[counselling] was just a way for me to look at myself in the mirror and stop...trying to find external elements or trying to blame someone else for my situation. It really

made me be accountable for my actions.” Additionally, counselling helped Ariel develop assertiveness and self-efficacy, as she had originally described a sense of helplessness when finding herself in “bad” relationships or environments; she noted: “I think after [counselling], I was feeling better to express myself. I was feeling better to recognize things that before I didn’t recognize and to find the things that I have to work on.” As an example, Ariel indicated that she was working on her “self-confidence” and on trusting herself.

Furthermore, while Alex did not receive a “cure” for her depression and anxiety as she had initially expected, she reported that counselling did provide her with “good tools” to alleviate her mental health conditions autonomously. Despite indicating a dislike for CBT, Alex found “positive self-talk” and “questioning the thoughts” to be helpful strategies.

On the contrary, two participants perceived the counselling to lead to no improvement in the concerns that brought them to counselling. For example, Alexis asserted that counselling did not help her alter her relational patterns; she explained: “...if I think about the relationships that I’ve got into afterwards and not having been in therapy for a while, my patterns are still the same. I’m still attracted to the same sort of dysfunctional men.”

In a similar vein, Anna stated that counselling did not have a “direct effect” on her presenting concerns. She rather speculated that perhaps the counselling “indirectly” impacted her depression, as she ultimately decided to take matters into her own hands; she explained: “...I was like, ‘Okay [the counselling] isn’t working; I got to do something for myself.’” She further elaborated: “Towards the end, I was getting fed up and I was like, ‘I’m going to start exercising and eating better. I’m going to start being happier and it will take care of itself in the end.’”

Lastly, Rachel recounted the harmful impact of her single emergency session with a psychiatrist. She reported that the interaction with the psychiatrist exacerbated her symptoms as

it made the anxiety “worse” and made her “more angry.” It was difficult for Rachel to recount the impact of this experience as she noted that she was about to cry upon realizing that “I felt more damaged that day.” While Rachel’s experience was with a non-counsellor, she still cautioned mental health providers, irrespective of their professional designation, to be mindful of their approach when interacting with a sex worker client. Rachel said: “They don’t realize in those situations they have to be careful with what they say because they don’t know you, they don’t know all the details, and they can say something that can actually make it worse.”

Willingness to pursue future counselling. Participants talked about how their present counselling experience influenced their willingness to pursue counselling in the future. While the majority of participants reported optimism about future counselling, two participants recognized a hesitancy to engage in counselling as a result of their unhelpful counselling or harmful psychiatric experience.

Most participants developed a sense of optimism about the potential benefits of counselling in general. For instance, while Kay originally experienced cultural obstacles to counselling, her positive experience made her aware of counselling’s advantages; she explained: “[My experience] changed my perception on counselling and I feel that sometimes one should seek external help because your friends and families don’t necessarily have the right approach or the right methods or just the knowledge to help.”

Similarly, Ariel appeared to have become an advocate of counselling as a result of her highly positive experience; she stated:

I think everyone should have counselling...I told that to my mom too. She needs maybe counselling. It could be [for] anyone. Because everyone has their own way to feel. Sometimes you think you don’t have problems but you have some.

Interestingly, despite reporting predominantly negative counselling outcomes, three

participants remained open to the possibility of future counselling and had an awareness of the potential benefits that counselling could offer. For instance, despite not finding the counselling as helpful as she had wished for, Alexis noted that she has “a great respect for therapy” and recognized that “a lot of key players” in her life “would clearly, without a doubt, benefit” from therapy.

Additionally, it seemed that for these participants their counselling experiences, although mainly unhelpful, helped them recognize that they could position themselves differently in future counselling to get more out of it and have their needs met. For example, Alex explained:

For a while, I thought counselling was pretty bull and then I realized there are other ways to go about it. It made me realize that CBT didn't work for me, but I'm not going to say it won't work for anyone else. It just kind of depends on the person and their thought process and how they work.

Similarly, Alexis expressed interest in returning to counselling in the future to actively address her sex work history as it relates to her negative relational patterns with men. While Alexis attended her counselling to primarily focus on her relationships with men, she explained that she brought up her previous sex work employment, hoping that her counsellor would explore how her sex work history potentially contributed to her relational patterns. Although the counsellor did not explore this with Alexis, it appears that Alexis gained trust in her ability to get her needs met in counselling specifically related to sex work. Additionally, it seemed that counselling primed her to work directly and deeply on sex work-related issues. Alexis indicated:

I think [counselling] would be very different this time because I actually think that I would talk about [my sex work experience.] There's a lot of things in my life that are unsolved in my relationships with men, the decisions I make of what type of men I bring into my life and why and who I'm attracted to and why. And why these relationships don't work most of the time.

However, two participants reported an understandable reluctance to engage in future counselling as a result of their damaging psychiatric or unhelpful counselling experience. For

instance, Rachel developed “doubt and fear” about counselling in general given the harmful impact of her single session with the psychiatrist. Rachel commented the following in regards to the therapy referral by the psychiatrist:

[The referral] just pissed me off. Honestly, I was just more angry. It was like, “Okay, it’s nice to know I could go to therapy. But then if I go to therapy, based on my last experiences with the psychiatrist and then the psychologist—who is this person? Is she going to piss me off too?...So am I going to feel better or worse?”

The negative experience with the psychiatrist thus led Rachel to develop a generalized uncertainty about the helpfulness and effectiveness of future counselling. Rachel seemed to contemplate self-preservation as it related to counselling, as she considered protecting herself from future damage. She questioned the following in relation to the attending future counselling:

Do I want to be pissed more than I already am? I already have too much anxiety. Do I want to put myself at risk for feeling worse because [the psychiatrist] just proved to me that by going there I feel worse?

In Anna’s case, the counselling temporarily disrupted her willingness to engage in future counselling. Indeed, Anna’s friends encouraged her to find another counsellor to work with, but she noted that it was not worth her investment at the time given her anticipation that subsequent counselling, like her last experience, would not be helpful. Anna explained:

I just had this experience that I didn’t get anything out of and I just didn’t feel like going through all of that again: finding somebody else, going, having the first meeting, spending another month or a month and a half, and then, after all that time, again it didn’t work.

Category 5: Recommendations for counsellors working with sex workers. During the interview, most of the participants gave a lot of thought to answering the question about their recommendations for counsellors who are supporting sex worker clients. Two participants noted that it was difficult to provide a specific answer to this question. Indeed, Kay indicated that it was “hard because every individual is unique” and Anna stated that counsellors already “get taught everybody’s experience is their own.” These participants appeared to highlight the

expectations that counsellors consider the individual client's point of view, without making assumptions about the client's experience of sex work.

Ultimately, all of the participants shared recommendations to counsellors for improving the quality of services for sex workers. More specifically, the participants listed counsellor qualities they deemed important to work effectively with sex workers and encouraged counsellors to develop competencies specific to sex work and to engage in advocacy efforts on behalf of sex workers. I developed the following three themes under the category of Recommendations for Counsellors: *Ideal Counsellor Qualities*, *Competencies Specific to Sex Work*, and *Counsellor Advocacy for Sex Workers*.

Ideal counsellor qualities. During the interview, I asked the participants to share their thoughts on the qualities that they would like to find in a counsellor in light of their sex work employment status. In addressing what qualities they would value in a counsellor, the notion of the counsellor as open-minded and “non-judgemental” was shared by all the participants. For example, Kay expressed what she valued in a counsellor:

Open and just creating that safe space for the person to open up, creating that space where the person feels comfortable. They feel also that they're not going to be judged or it's not going to be awkward or uncomfortable. That the space is safe is very important.

Similarly, although Alexis did not experience judgement in her counselling, she believes judgement about sex work is nevertheless a particularly relevant concern given its social pervasiveness and that counsellors therefore need to be very mindful of managing their potential biases. Alexis noted:

I'm not really in shape to help anybody at this moment, but I think that that we need much more people like you (referring to the interviewer) in this world to deal with women like myself, to help them, to have sympathy, and to clearly have no judgment. And I hope that if there is a counsellor out there that is slightly judgmental, for whatever reason, because of their backgrounds, I hope they can fucking hide it. Sorry for

swearing... Because the one thing that I could say for a lot of sex trade workers, they can read people really well. And most of them, there's no bullshit.

In a similar vein, Anna mentioned a preference for a counsellor "with a history of sex work," explaining that a shared background "would be helpful, so that you feel like the person would be more just open."

Additionally, Alex, Alexis, Rachel, and Ariel mentioned the counsellor's attentiveness in session, valuing a counsellor who would "listen" to them and be perceived to be "in the moment." Rachel and Alexis also talked about the importance of the counsellor's empathetic stance, explaining that they would like to work with a counsellor who "actually cares," displays "empathy," and is "full of love because this topic [sex work] is so challenging."

Furthermore, the participants also addressed the counsellor's style, preferring to work with a counsellor who matched their personality preferences. Indeed, Alexis and Ariel mentioned a preference for a counsellor who displays "a light" or "positive energy." In addition, Alexis, Ariel, and Anna noted the counsellor's interactive style, favouring a counsellor who is "easy to talk to," "outgoing," "talkative," or "friendly." For Ariel, a counsellor's friendly attitude needed to be paired with good physical boundaries; she asserted: "Friendly, but it's important to have the space between the counsellor and me...Otherwise, I would change [the] counsellor." Lastly, other ideal counsellor qualities mentioned were "sincere and creative" (Rachel) and having a sense of "humour" (Alexis).

Competencies specific to sex work. In line with the premise of individual differences, all of the participants drew from their personal knowledge and experience of sex work employment to provide suggestions for counsellors supporting sex worker clients. The participants recommended counsellors to develop competencies specific to sex work which encompassed: (a) having an awareness of potential biases about the client's sex work experience based on

stereotypes about sex work, (b) developing knowledge about sex work, and (c) creating space in the counselling for the client's individual experience of sex work.

First, Anna and Alex encouraged counsellors to be aware and mindful about the stereotypes and misinformation about sex work/sex workers. For example, Alex encouraged counsellors to suspend any stereotypical assumptions about the client's sex work experience:

Don't assume. Don't assume they're not taking care of themselves. Don't assume they're being unsafe and don't assume that they're being forced. I like it. I enjoy it. It's good money and it's something I'm into. I find it very fulfilling. Not all women do. Some women are forced. But don't automatically assume it's out of desperation, they don't want to do it. Just don't assume right away.

In a similar vein, Anna used examples from her personal experience to discount several negative stereotypes about sex workers' background, namely that all sex workers are financially well-off, "uneducated bimbos," or raised in "broken homes." For instance, Anna addressed the stereotype that all sex workers experience childhood trauma or adversity in the following quote:

Sure, some people were raised without their dads, fine, but you can say that about any profession. I grew up with both my parents. My mom was stay-at-home at some point and then she worked. It went kind of back and forth. But my dad had a very good job. We weren't in poverty... Something must have happened to you as a kid. No, sometimes you just read a good book and decided that you were curious about the world.

Furthermore, both Anna and Alex, encouraged counsellors to not assume that the client's involvement in sex work is the cause of their presenting concerns or that the client's goal is to transition out of sex work. Indeed, Alex argued that her presenting concerns preceded her sex work; she explained: "People would assume [sex work is] often the cause of depression and anxiety but, for me, it was there a long time before and it didn't amplify it, it wasn't what drove me to it. So just don't assume." These participants explained how the assumption of sex work as inherently problematic could have detrimental consequences to the client's self-determination and wellbeing. Anna warned counsellors to not impose a "rescue" agenda on the client,

indicating “just don’t try to push the girl or guy to quit and seek out eternal salvation.” Alex also addressed how the counsellor’s reproduction of unsupportive sex work discourse could shape a client’s identity and induce harm. Alex noted:

Once you plant that seed [sex work as a problem], especially if you have anxiety, you’re wondering is this a problem, is this unhealthy, is this something I should be doing, is this bad, is this wrong? No, if you’re enjoying it and you’re being safe, then there’s no harm.

As a second recommendation, Alex and Anna encouraged counsellors to develop a working knowledge about the sex industry, sex work, and cultural diversity in general. For example, Alex encouraged counsellors “to understand a bit more about what goes on in the sex industry,” especially in regards to the growth and diversity of the online sex industry. She explained that encountering counsellors who are able to “stay up-to-date would really help because a lot of people’s image of sex work, has been on the street corner and selling your body when it’s very rarely that nowadays.” Alex further recommended that counsellors display multicultural competency by having “general knowledge” about sex work as well as about different cultures, the LGBTQ community, and “proper terminology and pronouns.”

Additionally, Anna and Alex encouraged counsellors to educate themselves through more direct interaction with the sex worker community, assuming that in this manner counsellors could develop a more representative understanding of the sex industry. For instance, Anna invited counsellors to reach out to “a local sex work program” in order to get “a more insider’s perspective,” which she assumed might not be obtained by “just watching TV.” Similarly, Alex encouraged counsellors to connect with sex workers online, explaining that there is sex workers who provide “webinars” and “online phone conferences” to counsellors and social workers who are looking to obtain important knowledge and resources to support their sex worker clients.

As a third recommendation, the participants mentioned that counsellors needed to address

the client's individual experience of sex work employment in a skillful manner in the counselling. While most participants mentioned counselling strategies that are more exploratory in nature, two participants provided strategies corresponding to when sex work is seen as an issue by the client.

The participants mentioned that it was important to listen to the client and ask questions in order to understand their individual frame of reference and experience. For example, Rachel indicated that based on her counselling experience, she believed it is important for counsellors to "be careful" and "gather all the information and facts before giving advice" to the client. Similarly, Kay encouraged counsellors to invite the client to discuss their "background and understanding of the experience itself" whenever the client feels "comfortable," noting that women do sex work for different "reasons" and as a result, some women may need support with their experience while others may not. Lastly, Alex believed it may be important to ask the client what "kind of sex work" (e.g., "street, webcam, or call girl") they work in, as the venue may shape the client's experience. She also shared that it is important to follow the client's lead in the areas of exploration, noting that the client "might not even want to talk about it."

Finally, two participants suggested that it is important for counsellor's to not ignore or dismiss the client's sex work history in the counselling, as it may be an important presenting concern for the client. Alexis explained:

I think that something like [sex work] is a very huge part of someone's life whether they were doing it presently while in therapy or not. And I also believe that that shouldn't be overlooked or thrown under the carpet because I think that those are valid reasons to go to therapy. Just that alone. Forget anything else that comes along with that. Because there's always other stuff that comes along with that.

In a similar vein, Ariel recommended counsellors to conduct a risk assessment with their clients, asserting that there is "bad stuff that comes with the job." She specifically mentioned a

growing lack of “respect” in the work environment at strip clubs and the use of “drugs” or “alcohol” as a means to cope with exotic dancing, especially long-term.

Counsellor advocacy for sex workers. The participants made recommendations that alluded to the counsellors’ role in advocating for sex workers outside of counselling. Indeed, the participants encouraged counsellors to extend their interventions for sex worker clients beyond the office by: (a) linking clients to relevant institutional “resources,” (b) removing “barriers” to entering counselling services, and (c) facilitating clients’ access to informal support systems.

Four participants recommended counsellors to be aware of and provide clients with “tools” and institutional “resources” to address their concerns, reflecting the idea that individual counselling may need to be paired with interventions that directly address the client’s social context. For example, Rachel and Ariel, respectively, encouraged counsellors to provide “employment agency” referrals to women who want to transition out of sex work and relevant resources for sex workers affected by interpersonal violence. Alex also invited counsellors to have specialized resources specific to sex workers, such as support phone lines for sex workers or websites for risk reduction information and strategies for women involved in sex work. Alex warned that “if a woman doesn’t know how to stay safe, she’s going to get taken advantage of.”

Additionally, Alex identified the need to address systemic economic barriers to counselling services experienced by sex workers as well as the concerning absence of sex work-positive counselling in the community. She noted:

I do think that counselling should be more accessible for lower class women who are in the industry, who are enjoying it, but just need support. Because it can be a very hard industry to be in. It can be very emotional, it can be very draining, especially if you start developing a relationship with clients. But you don’t really know how to access that. There’s nothing there...there’s nothing there that’s sex positive. There’s nothing there that is like okay you want to keep doing this, that’s great, here’s some tools to help you.

Lastly, three participants highlighted the absence of and need for greater informal

community support for sex workers. These participants discussed the detrimental effects of sex work stigma both outside and within the sex industry. For example, Alexis shared that “judgement” from others is “constant” in her life, questioning: “I’m surprised that in terms of women power, where is it? We’re approaching 2016, this is a part of my past...How is it that to this day I am under the microscope for most people?”

Moreover, Anna has experienced “judgement” between women working in different “categories” of the sex industry; she said: “Everybody sees what they’re doing as being okay and then you’ll look at somebody else and go ugh! For whatever reason, you justify that you’re better than them.” In resistance to the judgement in the industry, Anna asserted that there are “legitimate reasons” for each person’s path in sex work. Indeed, she called on other sex workers to work “together” and encourage diversity within the industry by being “able to see the other person as one of you or being able to understand that you may not think the same way they do but their view isn’t necessarily wrong, it’s just their view.”

Alex indicated that counsellors could have an important role in facilitating sex worker clients’ access to supportive community systems, explicitly by connecting sex workers to peer support networks. She explained this premise in the following quote: “... here’s some people to talk to who understand. Here’s a group of women who are in the same situation. They enjoy it, but they need support because a lot of us can’t find support in family or friends.”

Analysis of My Prejudices about the Phenomenon

I entered this study with six preliminary assumptions (Appendix K). My prejudices included the following main ideas about sex worker clients in counselling: (a) they may be more likely to seek counsellors with a background as a sex worker (i.e., having lived experience in sex work) and experience barriers (e.g., shame, stigma, and discrimination) to seeking mainstream

services; (b) they will present to counselling with concerns that may or may not be related to sex work; (c) their encounters with counsellors may be perceived as negative, unless counsellors exhibit cultural competence, experience, and sensitivity; (d) they are likely to disclose their occupation to the counsellor given the confidential nature of counselling, but counsellor responses may not always correspond to what the client deserves or expects; (e) they may feel dissatisfied with their counselling outcomes, largely due to not feeling validated as sex workers in the counselling or receiving services that are not tailored to their individual needs; and (f) they value counsellors that are empathetic, understanding, open-minded, respectful, and non-judgemental.

Upon analyzing the results of my study and my initial prejudices about the phenomenon, it appears that there is some veracity to my expectations of counselling with sex workers. While the majority of my prejudices were confirmed, they were also extended by the diversity of experiences covered in the data. For example, while all of the participants talked about the importance of the counsellors' cultural competence in their assessments of the helpfulness of counselling, it became apparent that this competency was particularly pivotal to participants who experienced sex-work related concerns. For participants who did not experience sex work-related issues, a personalized counselling approach and a strong therapeutic alliance seemed more relevant to their experience. Additionally, while participants did appreciate the confidentiality of counselling as an important facilitator in their disclosure of their occupation, they all gave precedence to compelling internally-oriented motivators to disclosing.

Furthermore, one of my initial prejudices was clearly debunked by the participants' stories. None of the participants sought counselling with a counsellor with a background in sex work and only one participant mentioned this as an ideal counsellor characteristic. Indeed, the

participants prioritized a counsellor that displays openness and non-judgement, irrespective of whether the counsellor had a background in sex work. Additionally, all the participants sought mainstream services and did not report experiencing barriers to accessing these services, with the exception of one participant who indicated how her internalized stigma and cultural barriers delayed her decision to seek counselling. It was pleasantly surprising to find that the two participants who sought counselling for sex-work specific issues reported highly positive and helpful experiences and outcomes. This may suggest that when equipped with cultural sensitivity, attunement and collaboration, mainstream counsellors may deliver highly effective services to sex workers.

My encounter with the participants was rather revealing of a broad range of experiences, from poignant accounts of healing as a result of counselling to worrisome stories of emotional harm caused by psychiatric care. The participants' stories thus provide crucial information for counsellors in regards to what may be helpful and unhelpful in their work with sex workers, but also point to the centrality of cultural sensitivity for ethical and just practices in counselling.

CHAPTER 6: DISCUSSION

The results emerging from the participants' stories provide insights that contribute to a better understanding of the counselling needs and experiences of indoor sex workers in Canada. In this chapter, I present the main research findings from each theme with reference to relevant literature. I then discuss possible implications for counselling practice with sex worker clients that are reflected in the main findings. Finally, I discuss the limitations of the study and suggestions for future research.

Discussion of Research Findings

My analysis of the data resulted in the formulation of five categories and 17 themes. The categories are: Seeking Counselling, The Therapeutic Relationship, Disclosure of Sex Work, Counselling Outcomes, and Recommendations for Counsellors Working with Sex Workers. The participants' descriptions of helpful and unhelpful elements in their overall experience of the counselling process illuminate important considerations for counselling practice with sex workers. In this discussion, I will summarize and reflect on the main findings within the themes in each category.

Seeking counselling. The Seeking Counselling category encompassed aspects of the participants' counselling experience that preceded first contact with the counsellor. I organized these aspects into four themes named: *Precipitating Concerns*, *Decision-Making as Externally Facilitated*, *Expectations about Counselling: From Optimism to Caution*, and *Finding a Counsellor: The Role of Setting*. The main findings in relation to these themes are presented below.

Precipitating concerns. There was an overlap between the concerns that led the current study participants to seek counselling and those in the research literature regarding mental health issues experienced by sex workers. The precipitating concerns of the current study participants

fell on a continuum in terms of the relevancy of sex work, as sex work often touched upon precipitating concerns to some degree, while in one instance sex work was completely unrelated to precipitating concerns. This finding resonates with Stevenson and Petrack's (2007) study on the psychosocial needs of sex workers seeking a clinical psychology service. These researchers found that sex workers sought services for sex work-related concerns (e.g., unhappy in job and exiting sex work) as well as for psychosocial problems (e.g., depression, anxiety, substance use) that may affect any individual regardless of sex work employment.

More specifically, two of the current study participants reported precipitating concerns that directly arose from sex work, which resonate with previous research on common sex work-specific issues. These concerns encompassed Kay's need to overcome the inner turmoil caused by her feelings of shame and guilt over her previous sex work (Gorry et al., 2010; Kuntze, 2009; Sanders 2005a), and Ariel's goal to transition out of exotic dancing due to the perceived negative impact of her work on her interpersonal relationships (Bowen, 2015; Law, 2013).

In addition, five participants described general mental health struggles, namely depression, anxiety, relationship issues, and intimate partner violence. This finding resonates with previous research suggesting that these concerns may be common to sex workers presenting to counselling (Argento et al., 2014; Benoit et al., 2014; Rössler et al., 2010). Still, the majority of these participants indicated that sex work employment was a contributing factor to their concerns. In a similar vein, Rössler et al. (2010) found high rates of depression and anxiety amongst a sample of sex workers in Switzerland and noted that these mental health conditions were often related to the negative aspects of sex work identified by the participants. While research on the intimate relationships of sex workers is scant, Bellhouse, Crebbin, Fairly, and Bilardi (2015) recently reported that sex work status impacted negatively on women's personal

romantic relationships. Two Canadian studies have also documented a high prevalence of intimate partner violence among sex workers; with Argento et al. (2014) documenting 21.5% and Muldoon et al. (2015) reporting 32.7%. As suggested by these researchers, it is necessary to regard the findings about sex workers' intimate relationships within the context of structural gender-based violence and the negative impact of stigma associated with sex work.

Decision-making as externally facilitated. The current study participants reported engaging in a decision-making process concerning whether to seek counselling, remarking that their decision was often facilitated by their expectations about counselling as well as external factors, including encouragement from friends and support from particular counselling settings.

The participants described a decision-making process that was grounded in an awareness of severe personal distress and a desire to alleviate that distress by seeking help through counselling. This is consistent with Kushner and Sher's (1989) model of individuals' general approach to counselling. While previous research has found that sex workers often encounter barriers to seeking support services, such as mistrust in professionals, which often translates into under-utilization (Kissil & Davey, 2010; Socías et al., 2015; Varga & Surrat, 2014), the majority of the current study participants rather held positive views about the potential benefits of counselling and did not report barriers that might have impeded their decision to seek counselling. Indeed, only Kay reported a cultural barrier to deciding on counselling, explaining that engaging in counselling clashed with Haitian cultural values of solving problems independently or with family members. Of note, previous studies suggests that, in general, racial and ethnic minorities use fewer (and have less access to) mental health services than do Caucasians with similar problems (Jackson, 2006).

Furthermore, the current study participants described several external factors that were

instrumental in facilitating their decision to seek counselling. Consistent with previous research on facilitators to service uptake by sex workers, two participants mentioned encouragement from personal support networks (Kurtz, Surratt, Kiley, & Inciardi, 2005) and four participants mentioned the role of institutional settings (e.g., victim assistance program, high school counselling program, and health care settings) in facilitating access to counselling (King & Maman, 2013; Varga & Surratt, 2014). Lastly, two participants reported the role of medication in their decision-making process, with Anna seeking counselling to avoid medications and Rachel seeking emergency hospital care to potentially receive medications.

Expectations about counselling: From optimism to caution. Previous research indicates that sex workers are often ambivalent about mental health professionals (Brode, 2004; Gorry et al., 2010; Kuntze, 2009; Stevenson & Petrack, 2007). In the current study, the nature of the participants' expectations about counselling appeared to be related to their extent of experience with counselling. In accordance with past research, the participants with more than two previous experiences with counselling had reserved expectations about it, with Rachel being particularly weary of the prospect of encountering a practitioner who would predetermine the direction of client care (Brode, 2004; Kuntze, 2009). Participants in Brode's (2004) study echoed concerns over the role of power in psychotherapy, being weary of counsellors who would impose their own agenda, beliefs, and values on a sex worker client.

Additionally, these participants presented expectations about the role of their sex work employment status in their encounters with practitioners that correspond with previous research. While Alexis expected her sex work history to be relevant to the counselling (Brode, 2004), Rachel anticipated feeling embarrassed about her sex work in her intake session due to her educational background in a more prestigious field (Barton, 2007). Indeed, anticipation of stigma

by sex workers in their encounters with support service providers has been documented extensively (Brode, 2004; Gorry et al. 2010; Kissil & Davey, 2010; Kuntze, 2009).

In contrast to the abovementioned findings on sex workers' expectations about counselling, the four participants with one experience or no previous experience with counselling held highly optimistic expectations about the counselling process and outcomes and no expectations about the role of sex work in the counselling. These participants also reported that they changed or reaffirmed their expectations as a result of the helpfulness of their actual counselling experience. These findings suggest that previous experiences in counselling may act to moderate sex workers' expectations about counselling.

Finding a counsellor: The role of setting. The study participants described their journeys to finding a counsellor. In resonance with previous research, particular settings (e.g., victim assistance program, high school counselling program, and counselling agencies) were involved in finding and assigning the counsellor to the majority of participants (King & Maman, 2013; Varga & Surrat, 2014). As a result, five of the participants did not have control over the choice of counsellor or the length of counselling. As such, while the presence and involvement of particular institutional settings that housed the counselling services enabled access to counselling, it also limited the participant's choices and preferences over the process.

Anna was the only participant who actively found and selected the male counsellor she wanted to work with. Anna explained that her gender-based selection was grounded on her presumption that a female counsellor would be judgemental of a woman sex worker. This result is inconsistent with Kuntze's (2009) finding that women sex workers may feel more comfortable working with a woman therapist. While sex workers may prioritize a counsellor's ability to be non-judgemental and open-minded about their sex work, the gender of the counsellor may also

be an important consideration in the preferred choice of counsellor (Brode, 2004; Gorry et al., 2010; Kuntze, 2009; Stevenson & Petrack, 2007; Wahab, 2004).

The Therapeutic Relationship. The participants in this study described the therapeutic relationship at some length. The participants described facilitators and hindrances to the relationship that appeared to influence their perceptions of the quality of the alliance. The four themes that emerged from this category are: *Counsellor Attitude toward Sex Work, Facilitating and Hindering Counsellor Qualities, Significance of Safety and Rapport, and Counsellor Attunement and Collaboration.*

Counsellor attitude toward sex work. The participants identified the counsellor's attitude toward sex work as an important aspect of the therapeutic relationship. In resonance with previous research, participants who were satisfied with their sex work employment valued counsellors who expressed support, acceptance, and non-judgement about their employment, primarily by not pathologizing the participants' sex work or encouraging them to transition out of it (Brode, 2004; Kuntze, 2009; Wahab, 2004). Similarly, the participants who struggled with sex work appreciated counsellors who were supportive, non-judgemental, caring, and understanding about the participants' sex work-related concerns (Gorry et al., 2010; Kissil & Davey, 2011; Stevenson & Petrack, 2007).

On the contrary, a few participants expressed dissatisfaction with their counsellors' dismissive attitude towards their sex work, as the counsellors failed to directly address the relevance of their sex work history in the counselling. While several studies have reported that a major obstacle to successful counselling can be a counsellor's expressed negative attitude towards sex work (Brode, 2004; Kissil & Davey, 2010; Kuntze, 2009; Gorry et al., 2010; Wahab, 2004), the current study uniquely highlights how a counsellor's dismissive and discounting

attitude towards a client's sex work struggles is also an obstacle to fruitful therapeutic relationships and counselling outcomes.

Facilitating and hindering counsellor qualities. At the core of any counselling modality reside basic counsellor qualities. These counsellor qualities have been commonly conceptualized as genuineness, empathic understanding, and the ability to actively and respectfully listen to the client (Patterson, 1996). These qualities have been found to contribute to the development of an effective therapeutic alliance (Patterson, 1996). Initially derived from a Rogerian client-centered approach, these counsellor qualities have extended to other counselling approaches, with some scholars considering these qualities to be common factors present across different schools in contemporary psychology (Blow, Sprenkle, & Davis, 2007).

The current study findings support previous research on the importance of these counsellor qualities to the therapeutic relationship. Indeed, the participants described how the presence of counsellor qualities, such as active listening, openness, approachableness, and warmth facilitated feelings of comfort, understanding, and rapport in their relationship with their counsellors. However, some participants reported that a counsellor's expressed inattentiveness and unapproachability hindered the establishment of the therapeutic relationship.

Significance of safety and rapport. Effective counselling tends to be underpinned by a collaborative therapeutic relationship (Clarkson, 2003). Research evidence suggests that relational processes are crucial to effective counselling, regardless of theoretical modality (Cooper, 2008; Finlay, 2015). According to Finlay (2015), the therapy relationship involves "a shared desire to nurture a relationship that is built on trust, communication, and acceptance" (p. 30). Similarly, Paré (2013) indicates how establishing trust and rapport, through the portrayal of compassion, curiosity, and respect in the client's expertise, "make[s] careful collaboration

possible” (p. 48).

In corroboration of what has been established in the research literature, the current study participants described the benefits of a supportive, cooperative, respectful, and culturally affirming relationship when attending counselling as sex workers. Nonetheless, in contrast to participants with no sex work-related concerns, the participants struggling with sex work issues were particularly preoccupied with establishing safety, comfort, and trust in the relationship with their counsellors, which is in line with previous research (Gorry et al., 2010; Kuntze; 2009; Kissil & Davey, 2011). More specifically, it seems that a client who struggles with internal conflicts over sex work may benefit from a counsellor’s assurance of confidentiality and safety in their disclosures (Gorry et al., 2010). Moreover, a client who struggles with boundary issues with customers at the job may consider the counsellor’s demonstration of professional and physical boundaries to be paramount to safety and comfort in counselling (Barton, 2007).

While observations on the meaning of safety may be particular to the client’s personal experience with sex work, it seems that an absence of rapport and safety with the practitioner may unfairly limit a client’s ability to discuss important concerns or experiences in relation to sex work (Gorry et al., 2010; Kuntze, 2009, Phillip & Benoit, 2005). While Rachel’s experience of lack of safety was based on an interaction with a non-counsellor, it is nevertheless indicative of what counsellors may need to watch out for when working with sex worker clients. Indeed, counsellors who work with clients struggling with sex work may need to work more diligently on establishing and assuring trust, rapport and safety to promote client’s honesty, comfort, and engagement in counselling.

Counsellor attunement and collaboration. The final theme in the Therapeutic Relationship category refers to the counsellor’s level of attunement and collaboration in the

counselling. Paré (2013) depicts counselling as a collaborative dialogue that puts the client at the centre of the process, while carefully attending to power dynamics and cultural diversity and inclusivity. Similarly, Peavy and Li (2003) argue that the success of intercultural counselling relationships largely depends on two aspects. First, counselling is a “collaborative process, the success of which depends on how well the counsellor and client coordinate their communication on process and content” (p. 187). The second argument is that successful intercultural counselling rests on the counsellor’s cultural attunement. This perspective not only requires a state of connectedness where the counsellor attains greater sensitive to and awareness of the client’s needs (Wing Sue, Rasheed, & Rasheed, 2016), but also an attitude of open curiosity, respect, and humility towards difference and an understanding of the socio-contextual factors surrounding the interaction (Peavy & Li, 2003). In resonance with previous research, the current study participants viewed their counselling experience favourably when the counsellors worked collaboratively and were attuned to the client’s worldview and cultural background.

More specifically, the experience of attunement with the counsellor facilitated the participants’ therapeutic progress, as well as the participant’s perceptions of the counsellor as culturally competent, effective, and respectful. Additionally, two participants reported the empowering effects of a collaborative counsellor approach, which was described as the counsellor’s willingness to share choice over and responsibility for the counselling process as well as to provide tailored suggestions over prescriptive directives. This finding resonates with feminist counselling literature on the benefits of a collaborative working alliance to promote client empowerment within and outside the counselling room (Goodman et al., 2004).

On the contrary, some participants reported unsuccessful counselling experiences when the counsellors were disengaged or overly directive. In resonance with previous research,

participants who experienced counsellor mis-attunement reported feeling unimportant, unheard, or disengaged in the relationship with their counsellor (Owens, Springwood, & Wilson, 2012).

Although Rachel's encounter with the psychiatrist needs to be positioned within the unique context of a single emergency intake session at a hospital, her experience may still offer important reminders to counsellors working with sex worker clients, particularly in the context of an intake session and/or short term or crisis counselling. Indeed, despite the understandable constraints of time and setting, a careful exploration of the client's current situation and social context in a sensitive manner needs to be prioritized. Similarly, Peavy and Li (2003) recommended counsellors to employ a socio-ecological approach to intercultural counselling as well as "cooperation and consensus rather than authority and imposition" (p. 190).

Disclosure of Sex Work. The study participants described the decision-making process preceding the disclosure of sex work as well as the impact of the disclosure on their overall counselling process, including the therapeutic relationship and counselling outcomes. Disclosure has been postulated as a critical component in building client-counsellor relationships and in enabling therapeutic processes (Chaudoir & Fisher, 2010). While previous research has focused on the barriers to disclosing sex work to support service professionals (Cohan et al., 2006; Lazarus et al., 2012; Tate, 2015), the current research largely speaks to facilitators of and the event of actual self-disclosure to a counsellor. The four themes in this category are: *Disclosure as Internally Motivated*, *Vulnerability Surrounding the Disclosure*, *Counsellor Responses: From Supportive to Invalidating*, and *Counsellor Familiarity with Sex Work*.

Disclosure as Internally Motivated. While research on the motivators behind sex work disclosure to a counsellor is largely absent, I believe the literature on the disclosure of a concealable stigmatized identity may provide an appropriate frame of comparison. The current

study participants revealed internally oriented motivators in their disclosure of sex work as they expected to derive personal benefits from the disclosure in the counselling. This led most participants to disclose their sex work within the first two sessions, during the initial assessment. The finding that most participants anticipated and got to self-disclosure early in the counselling does not resonate with research suggesting that self-disclosure of a concealable stigmatized identity is mainly facilitated by the level of intimacy and trust in the interpersonal relationship (Chaudoir & Fisher, 2010; Obermeyer, Baijal, & Pegurri, 2011). Unlike the other participants, Kay delayed the disclosure until she felt safe enough in the counselling, given the psychological barriers of shame and guilt over sex work. It is thus possible that women who struggle with debilitating internalized shame over sex work withhold self-disclosing until safety and trust have been established with the counsellor (Gorry et al., 2010).

Furthermore, the participants who struggled with sex work mentioned additional motivators in their disclosure. In correspondence with research on the goals for disclosure of a concealable stigmatized identity (Chaudoir & Fisher, 2010), Ariel and Kay reported that disclosure was driven by the burden of concealment and the need to garner social support in relation to their sex work experience. Indeed, as seen in the literature review, many sex workers have to actively engage in secrecy and concealment of their sex work from other individuals due to the risk of experiencing detrimental outcomes, including social rejection, discrimination, and violence (Jackson et al., 2007; Sanders, 2004b). While disclosure of sex work is often not an option for sex workers given the current social order, research also suggests that concealment of an invisible stigmatized identity can take a toll on one's psychological wellbeing (Chaudoir & Fischer, 2010). Culturally sensitive counselling may thus offer sex workers a safe, neutral, and confidential space where they can voice important elements about their work experience, without

the threat of social repercussions that sex workers may fear in other social contexts.

Vulnerability surrounding disclosure. While all of the participants saw value in disclosing to their counsellor, the majority also described feeling vulnerable in the disclosure, anticipating the possibility of judgement. The vulnerability of visibility was associated with self-conscious emotions, including shame, anxiety, fear, embarrassment, and trepidation. This finding resonates with previous research on the complexity and difficulty that often accompanies the disclosure of sex work employment, as disclosers often fear and worry that they will now be judged negatively or be socially devalued in the relationship (Chaudoir & Fischer, 2010; Sanders, 2004b; Tate, 2015). However, not all participants experienced a sense of vulnerability, with two participants describing the ease and confidence in their disclosure. They also named facilitators to their disclosure, such as satisfaction in their sex work and positive experiences with disclosures outside of counselling. These factors have also been identified as contingencies that make resistance to stigma more likely amongst sex workers (van der Meulen et al., 2013).

Furthermore, in connection to previous research, the range of experiences in the current study suggests that a client's vulnerability in the disclosure of sex work may be influenced by: (a) psychological struggles over sex work stigma (e.g., shame, embarrassment, and fear of being devalued) (Cohen et al., 2006; Gorry et al., 2010; Phillip & Benoit, 2005); (b) dissatisfaction with sex work employment (Gorry et al., 2010); (c) apprehension towards the counsellor's gender (Kuntze, 2009; Tate, 2015); and (d) limited or past negative experiences with disclosure to professionals or others (Cohen et al., 2016). While previous literature has found the abovementioned factors to be barriers to the disclosure of sex work to support service providers, these factors did not act as barriers in the current study but rather as indicators of vulnerability. It may be that, for the study participants, the perceived benefits of the disclosure outweighed the

barriers, or that sex workers who are more consumed or impacted by these influences do not disclose to their counsellors or simply do not seek counselling to avoid disclosure altogether.

Finally, the role of the counsellor's gender in the disclosure also merits some discussion. Indeed, Alexis mentioned the counsellor's gender as an aggravator in the disclosure as, similarly to Anna, she perceived women to be more judgemental of sex workers. This finding is in disagreement with Tate's (2015) study where the participants were unwilling to disclose to men support service providers, as there was a "permeating categorization of males as judgmental, not understanding, and a source of fear" (p. 22). While a counsellor's gender does not seem to be a discriminative categorization, sex worker clients' comfort in disclosing to a counsellor of a particular gender may depend on their individual history with people of the counsellor's gender. Counselling settings should thus consider allowing sex workers to select the gender of the counsellor to facilitate disclosure and engagement in the counselling.

Counsellor responses: From supportive to invalidating. Previous research suggests that disclosure of a concealable stigmatized identity can lead to positive outcomes, including: (a) stress removal that results from no longer having to keep a secret on that part of one's identity (Hult et al., 2012), (b) yielding interpersonal intimacy and trust within the context of dyadic relationships (Chaudoir & Fischer, 2010), and (c) a form of voice that could create social change (Corrigan, 2005). However, the reaction of the confidant has been posited as one of the most important aspects determining whether the discloser would experience self-disclosure as beneficial or not (Chaudoir & Fischer, 2010).

The results of this study corroborate previous research on the outcomes of self-disclosure and the relevance of counsellor's response. Three participants described supportive counsellor responses that led to feelings of validation and even profoundly healing experiences. Indeed, Kay

and Ariel described how the counsellor's caring and sensitively tailored response enabled: (a) a sense of liberation from the burden of concealment of sex work; (b) expedition of counselling progress as internal conflicts associated with sex work were reduced (e.g., self-judgements about escorting and self-blame over unfulfilling relationships); and (c) strengthening of the therapeutic alliance, as the participants felt their counsellors understood and validated their subjective sex work experience. Similarly, Kuntze (2009) reported that working with a caring, understanding, and genuinely interested counsellor led the participants to feel liberated to be fully honest about their sex work.

While Alex experienced her counsellor's response as uneducated about sex work, she still remarked the benefits of educating her counsellor by responding to the counsellor's questions about her work. This presented Alex with an opportunity to raise awareness about the sex industry and thus contribute to reducing the social stigma surrounding it. Contrary to this finding, Brode (2004) and Kuntze (2009) found that sex worker clients wanted their counsellors to exhibit cultural competence, as they did not want to spend their therapy session educating the therapist about sex work, but rather focusing on the issues they would like to resolve. Assuming an educational role may thus depend on the client's openness and comfort with raising awareness about sex work or on their expectations about the counsellor's cultural competency.

Lastly, Alexis and Rachel remarked, respectively, how the counsellor's and psychiatrist's dismissive response to their disclosure not only led them to feel invalidated and misunderstood, but also hindered their healing as they were not given an opportunity to address their sex work struggles. It seems that to facilitate positive experiences with disclosure of sex work, counsellors should directly respond in a supportive and calibrated manner as well as offer an inviting, safe, and validating space where the client may be more willing to discuss sex work experiences or

struggles, if needed.

Counsellor familiarity with sex work. The possession of culture specific knowledge appears to be crucial to the provision of culturally proficient and effective services (Sue, Zane, Nagayama Hall, & Berger, 2002). Counsellors are thus encouraged to have knowledge about the client's worldview, culture, social identities, and experiences with privilege and oppression (Ratts et al., 2015b). A study by Pope-Davis et al. (2002) provided evidence on the importance of multicultural competence relative to client variables. More specifically, for participants who defined themselves and their presenting concerns using cultural constructs, the concept of multicultural competence was crucial to their overall counselling experience. However, some participants were less preoccupied with the role of culture and thereby placed less emphasis on the cultural competence of the counsellor and more on meeting other self-identified needs.

Consistent with Pope-Davis et al.'s (2002) research, the current study participants who struggled with sex work perceived the counsellor's familiarity with sex work to be critical to their counselling. In contrast, the participants who did not struggle with sex work were less preoccupied by this, but still appreciative of counsellors who expressed familiarity. More specifically, the two participants with sex work struggles who perceived their counsellors to be familiar with sex work issues indicated that their counsellors were sensitive, understanding, and effective in dealing with the concerns that brought them to counselling. However, a counsellor who was dismissive of a client's sex work history was described as lacking knowledge, expertise, and empathy in this area, which contributed to negative experiences and outcomes. This finding is consistent with past research suggesting that counsellors may benefit from a greater education about sex work (Brode, 2004; Kissil & Davey, 2010; Kuntze, 2009).

Alternatively, there may be another interpretation for a counsellor's neglect to address

sex work in the counselling. It may be the case that a counsellor is aware of sex work but makes a conscious effort to not address it. This could be due to discomfort with the subject matter, or perhaps wanting to avoid the appearance of being overtly interested in something they are presumably not so familiar with, or still yet feeling a need to protect the client from potential embarrassment or other uncomfortable feelings related to disclosing. While the counsellor perspective was not a component of my study and further research on this matter is required, related research may shed light on counsellor willingness to have sexuality-related discussions with clients. For example, Harris and Hays (2008) found that comfort with sexual content and sexuality education were the best predictors of therapist's (N = 175) willingness to initiate sexuality-related conversations.

Counselling Outcomes. The study participants described the outcomes of their counselling on the basis of whether or not they had resolved their presenting concerns or would seek future counselling. Therefore, the themes in this category are: *Resolution of Presenting Concerns* and *Willingness to Pursue Future Counselling*.

Resolution of presenting concerns. The current study findings resonate with previous research stressing that culturally adapted interventions benefit intervention outcomes in intercultural contexts (Sue et al., 2009) as well as with the applicability of Multicultural and Social Justice Counselling Competencies (MSJCC) (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015b) with sex worker clients. Indeed, participants reported resolving their presenting concerns when the counsellor had employed culturally tailored approaches and interventions. However, when this tailoring did not occur, the participants reported no improvement.

Ariel and Kay appeared to have experienced culturally and individually tailored

counselling that led to the successful resolution of their sex work concerns. Indeed, Ariel became aware that the difficulty in establishing the relationships that she was hoping for was not within her, as she had largely assumed, but rather in the context of the environment at the exotic dance club. This realization helped her transition out of sex work to an office job. Additionally, Kay not only released some of her internalized shame over escorting, but also developed a compassionate mindset towards the struggles shared by many sex workers given social stigma and economic inequality. These outcomes resonate with the MSJCC (Ratts et al., 2015b) encouraging counsellors to address the internalized oppression experienced by marginalized clients and assist them in the development of critical consciousness by understanding their lived experience within the wider context of an oppressive society. Similarly, Kissil and Davey (2010) argue that “therapy with prostitutes cannot be conducted in a void and has to address contextual variables and the negative messages created by the dominant discourse and possibly internalized by prostitutes” (p. 15).

Furthermore, Kay and Ariel also discussed having addressed some of the individual, psychological barriers to resolving their internal conflicts over sex work engagement and making empowering changes in their lives. Similarly, Gorry et al. (2010) argued that services addressing emotional or psychological issues with sex worker would ideally address and remove psychological obstacles (e.g., low self-worth, sense of helplessness, and debilitating shame and guilt) impinging on the client’s healing journey. Kay and Ariel’s particular presenting concerns suggest that the psychological struggles over sex work may often be intertwined with the emotional repercussions of the wider context of sex work stigma and workplace or economic inequities. As such, counselling approaches to resolving sex work issues may need to consider both a socioecological and individual perspective to effectively support the client.

On the contrary, culturally insensitive counselling experiences appear to hinder the participants' improvement in relation to their presenting concerns. For example, both Anna and Alex attributed their lack of progress and dissatisfaction with the counselling to their dislike for the counsellor's approach. Indeed, client preferences in the counselling have been found to impact treatment satisfaction and outcome (Lindhiem, Bennet, Trentacosta, & Mclear, 2014), and should thus be considered in the design and delivery of counselling.

Furthermore, while Alexis presented to counselling for general mental health struggles, she still remarked how sex work manifested as part of those struggles. As such, the invisibility of sex work in their counselling severely impinged on these participants' healing. This finding supports Kissil and Davey's (2010) recommendation for counsellors to "listen to what the clients want to work on in therapy while at the same time not being afraid to talk about other issues related and unrelated to prostitution in order to provide their clients with culturally competent services" (p. 15) that serves client needs. In a similar vein, the MSJCC (Ratts et al., 2015b) invite counsellors to be curious about and create space in session to explore the marginalized client's history, worldview, culture, context, and experiences.

Finally, it is important to address the psychiatrist's harmful impact on Rachel. The psychiatrist's seemingly unsupportive and indirect remarks about Rachel's sex work were inapplicable and insensitive to the challenges of her current disadvantaged situation. This outcome echoes concerns reported in Brode's (2004) study, namely the clinicians' willingness to impose their own agenda about the client's sex work, as opposed to engaging in a collaborative exploration of the clients' self-identified needs and goals. Additionally, although Rachel's psychiatrist did not directly express an attitude towards sex work, Rachel still perceived the psychiatrist to possibly have a pathological view of sex work, given Rachel's take on the societal

view of sex work. While Rachel's experience refers to an interaction with a psychiatrist within the more prescriptive medical model, it is still pertinent to consider Kissil and Davey's (2010) reflection on the role of power in psychotherapy with sex workers, especially for counsellors who want to ensure their approach is collaborative and non-oppressive:

Since in their positions as therapists, they have more privilege and power than this oppressed group of women, it is essential to not use that power to convince the client that her profession is pathological, even if the therapist thinks this is true. Therapists who can remain curious and open will be able to respect the client's own voice and collaboratively work with her and support her goals in treatment. (p. 15)

Willingness to pursue future counselling. The quality and effectiveness of the participants' counselling experience appeared to influence the participants' views about counselling in general. As expected, participants with positive counselling experiences developed optimistic views about counselling. Surprisingly, however, participants who deemed their counselling to be unhelpful indicated an understanding that they could position themselves differently in future counselling to make their experience more fruitful. As such, positive attitudes about counselling were either a consequence of direct positive experiences, which supports Stevenson and Petrack's (2007) findings, or of a subjective recognition that the participants could exercise their preferences in future counselling.

However, in Rachel's case, the emotional harm caused by the psychiatrist's intervention led to a generalized wariness about counselling, irrespective of the professional designation of the practitioner providing the service. Similarly, Phillips and Benoit (2005) reported that health care practitioners who were perceived to be uncaring, rushed, or dismissive about health concerns specific to sex workers negatively impacted the provider-client relationship as well as the client's willingness to see and trust health care providers. The current study findings thus seem to suggest that while ineffective counselling may temporarily disrupt a client's willingness

to engage in future counselling, harmful experiences with mental health providers (irrespective of professional designation) may lead clients to mistrust, fear, and underutilize counselling services (Gorry et al., 2010).

Recommendations for counsellors working with sex workers. The participants provided several recommendations for counsellors to improve their practice with individuals involved in the sex industry. The themes that emerged from this category are: *Ideal Counsellor Qualities*, *Competencies Specific to Sex Work*, and *Counsellor Advocacy for Sex Workers*.

Ideal counsellor qualities. The current study participants identified ideal counsellor qualities that echoed findings from previous studies (Brode, 2004; Gorry et al., 2010; Kuntze; 2009; Lazarus et al., 2012; Phillip & Benoit, 2005; Wahab, 2004). Indeed, sex worker clients value a counsellor who would convey empathy, openness, and non-judgement towards their current or previous sex work employment. The current study participants also remarked that they would like the counsellor's interpersonal style to match their individual preferences. Lastly, unlike findings from previous studies (Strega et al., 2009), only one of the participants mentioned a preference for a counsellor with a background in sex work. It may be possible that most participants prioritized culturally sensitive counsellors, irrespective of a personal background in sex work.

Competencies specific to sex work. The current study participants recommended counsellors to develop competencies that are specific to working with sex worker clients, including: (a) awareness of self in relation to sex work, (b) knowledge about sex work, and (c) counselling skills in relation to sex worker clients/issues. These recommendations resonate with the MSJCC (Ratts et al., 2015b). The MSJCC are grounded on theoretical and empirical perspectives of multicultural and social justice scholarship that highlight the importance of three

main elements in counselling practice (Ratts et al., 2015a). First, counsellors are urged to recognize and understand that human identity is composed of shifting, multiple, and intersecting socially constructed identities (e.g., race, gender, and class). The concept of intersectionality was first introduced by Kimberlé Crenshaw (1989) in the field of critical race and gender studies. Intersectionality addresses the manner in which multiple matrices of oppression and privilege interact with people's identities and their worldviews. Such oppression (e.g., racism, sexism, and classism), as it manifests on an individual and systemic level, has a significant influence on the mental health and general wellbeing of marginalized individuals within the current social order (Ratts et al., 2015a).

Second, following the recognition of intersectionality and the detrimental impact of oppression on wellbeing, counsellors are required to adopt a socioecological perspective in their practice, which entails understanding individuals within the context of their wider social environments (Ratts et al., 2015a). Lastly, counsellors are encouraged to address client problems on multiple levels. This involves determining in collaboration with their clients the level (e.g., intrapersonal, interpersonal, community, or institutional) at which interventions should be targeted and delivered (Ratts et al., 2015a). Indeed, a careful balancing of individual counselling with social justice advocacy efforts is vital to addressing the root of client problems, because it considers clients and their contexts (Ratts et al., 2015a).

The philosophical and empirical foundations of the MSJCC provide a context for their developmental framework of competence. Developmental domains of the MSJCC encompass: (a) counsellor self-awareness, (b) client worldview, (c) counselling relationship, and (d) counselling and advocacy interventions (Ratts et al., 2015b). Within the first three domains reside the aspirational competencies of: (a) attitudes and beliefs, (b) knowledge, (c) skills, and

(d) action (Ratts et al., 2015b). The MSJCC encourage counsellors to first develop self-awareness about their cultural attitudes, beliefs, and biases as well as of themselves as members of privileged and marginalized groups (Ratts et al., 2015a). Additionally, counsellors need to proactively develop knowledge and gain an understanding of the client's worldview, history, values, beliefs, and experiences with power, privilege, and oppression (Ratts et al., 2015a).

Furthermore, when counsellors are critically self-aware and cognizant of the client's worldview, they may have a better understanding about the manner in which socio-contextual factors influence the counselling relationship (Ratts et al., 2015a). Of particular relevance to the present study is the counsellor's competency to recognize how stereotypes, discrimination, power, privilege, and oppression influence the counsellor-client relationship (Ratts et al., 2015a). Indeed, postmodern counselling scholars have articulated how dominant discourses that reflect prevailing ideologies in society (e.g., stereotypes about sex work and sex workers) may influence the counselling relationship (Madsen, 2007). For example, dominant discourses may inform the definition of the client's problems, marginalize alternative understandings, influence the selection of counselling tools and courses of action, and even obscure the client's knowledge and preferences (Madsen, 2007). In this way, dominant discourses may shape the client's identity in a manner that perpetuates their marginalization. It is thus important for counsellors to be mindful of dominant ideologies and the socio-historical context in which they developed, recognize the ways in which stereotypes may have influenced the client's worldviews and experiences, and uncover subordinated discourses that disrupt the influence of ideological power in counselling (Magnusson & Marecek, 2012). I will review the developmental domains and their respective aspirational competencies, as they relate to the study participants' suggestions.

In the developmental domain of counsellor self-awareness, counsellors are encouraged to explore their attitudes and beliefs as well as to develop knowledge and skills relative to their self-awareness and worldview (Ratts et al., 2015b). Similarly, two of the current study participants encouraged counsellors to develop awareness of their personal assumptions, attitudes, and biases about sex work/sex workers, and be particularly mindful and critical of negative stereotypes and misinformation about sex work/sex workers. This is consistent with recommendations from previous research studies (Brode, 2004; Kuntze, 2009).

In the developmental domain of the client worldview, counsellors are encouraged to “be aware, knowledgeable, skilled, and action-oriented in understanding the client’s worldview” (Ratts et al., 2015b, p. 6). In a similar vein, the current study participants encouraged counsellors to develop general knowledge about the sex industry and to explore and gather knowledge specific to the client’s worldview, recommendations which are also consistent with previous research (Brode, 2004; Kuntze, 2009; Wahab, 2004). Indeed, two participants invited counsellors to obtain knowledge about the sex industry by directly connecting with established sex worker networks and communities, as opposed to educating themselves through mainstream media. Furthermore, most participants recommended that counsellors explore the client’s individual experience of sex work in a skillful and sensitive manner in session. For most participants this involved espousing an openly curious, non-judgemental, and unimposing exploration of the client’s subjective experience of sex work employment. A few participants also invited counsellors to probe on the risks that may accompany sex work employment (Gorry et al., 2010).

In addition, the participants cautioned counsellors against ignoring or dismissing a client’s experience with sex work in the counselling, particularly when the client struggles with sex work concerns. At the same time, some participants warned counsellors to not impose sex

work as a problem in the client's life or interject the goal of leaving sex work on behalf of the client, echoing concerns identified in previous research (Brode, 2004; Kuntze, 2009). A joint consideration of these stances echoes Collins and Arthur's (2007) argument on caveats related to the counsellor's positionality towards culture in the counselling. Indeed, counsellors should be weary of both adopting a "position of cultural blindness" where culture in the counselling is ignored, as well as the "position of over-applying cultural hypothesis" where the client's culture is presumed and imposed to be the primary cause of the client's presenting concerns (p. 38).

Lastly, in the developmental domain of the counselling relationship, counsellors need to be "aware, knowledgeable, skilled, and action-oriented in understanding how client and counsellor privileged and marginalized statuses influence the counselling relationship" (p. 9). In line with this domain, the participants encouraged counsellors to establish a trusting, comfortable, and safe therapeutic relationship for clients to self-disclose and address potential struggles with sex work. Indeed, participants wanted counsellors to follow the client's lead in the exploration, noting that sex workers may often experience individual and social barriers (e.g., shame, stigma, and trust issues) to disclosing freely. Lastly, Rachel asked counsellors to develop an understanding of the socio-contextual factors impinging on the lives of sex worker clients. Indeed, a failure to examine the client's context (as well as the counsellors' privileges in relation to the client's marginalization) will lead to culturally insensitive and unjust counselling encounters that may harm the client.

Counsellor advocacy for sex workers. The majority of the participants invited counsellors to advocate for sex worker clients at different levels. Their recommendations echoed some practices from the developmental domain of counselling and advocacy interventions of the MSJCC (Ratts et al., 2015b), which invites counsellors to intervene with, and on behalf of, the

clients at multiple levels (intrapersonal, interpersonal, community, and institutional). First, multicultural and social justice competent counsellors need to help clients gain access to needed resources in society (Ratts et al., 2015a). In correspondence with past research, the current study participants mentioned specific resources, such as employment agency referrals for women wishing to transition out of sex work (Bowen, 2016) or relevant resources (e.g., emergency resources, government agencies, and legal support) for women who are victims of violence (Gorry et al., 2010). In addition, Alex remarked the importance of specialized resources for sex workers, such as hotlines and educational and risk reduction websites.

Furthermore, multicultural and social justice competent counsellors need to address institutional inequity and employ social advocacy to remove systemic barriers marginalized clients experience within institutions (Ratts et al., 2015). In a similar vein, Alex asked counsellors to work on removing barriers to accessing counselling services unjustly impacting sex workers in poverty. Alex also noted an absence of sex worker positive counselling services, especially services tailored towards woman who experience sex work related concerns but do not wish to transition out of sex work. Alex's concerns resonate with previous research on the barriers to support service utilization reported by sex workers (Gorry et al., 2010; Socías et al., 2015) as well as with the current context of free government-funded support services for sex workers in Canada, which focus on transitioning efforts.

Lastly, multicultural and social justice competent counsellors need to assist clients in connecting with informal support systems (Ratts et al., 2015b). Indeed, in line with previous research, the participants highlighted the detrimental effects of sex worker stigma on their individual wellbeing as well as on their access to support within and/or outside the sex industry (Bowen, 2015; Jackson et al., 2007; Kissil & Davey, 2010; Kuntze, 2009; Sanders, 2004b). Alex

thus recommended counsellors to connect sex worker clients with supportive communities of sex workers. Similarly, Barton (2007) and Kuntze (2009) emphasized the role of community as an intervention in the successful resistance of stigma in the lives of sex workers. Engagement in community may encompass getting involved in sex worker community organizations, forming relationships with co-workers, or participating in group psychotherapy with other sex workers (Kuntze, 2009). Still, Kuntze (2009) and Barton (2007) warned that encouraging community can be difficult as some sex workers may “other,” judge, or distance themselves from other sex workers as a stigma-management technique. Counsellors may need to unpack the internalized whore stigma being projected onto other sex workers before encouraging community.

Implications for Counselling Practice

The participants’ accounts provide valuable insights, which may be of assistance to counsellors who work with women involved in the indoor sex industry. The first consideration, is that when supporting a sex worker client, the counsellor needs to respond to the presenting concerns and needs self-identified by the client, inquire about the context of the client’s circumstances, and avoid focusing the counselling interventions on sex work, unless of relevancy to the client’s needs. Indeed, it would be culturally insensitive and oppressive for the counsellor to assume that the presenting problem resides in the client’s involvement in sex work and/or impose the goal to transition out of sex work. As suggested by the participants, the responsibility resides on counsellors to adapt their counselling approaches and interventions to the client’s self-identified needs, individual preferences, and salient socio-cultural identities.

Second, culturally attuned, collaborative, and safe counsellors may offer profoundly healing experiences for clients dealing with sex-work related concerns. In line with recognition of the diversity in the sex worker community, counsellors should give primacy to understanding

the client's individual experience of sex work. Indeed, counsellors may need to inquire about the client's sex work background and potential individual struggles with sex work, whether or not they seem directly related to the client's presenting issues. This inquiry needs to be done in a manner that conveys openness, empathy, safeness, and non-judgement. Creating a supportive counselling relationship may allow the client to fully explore potential concerns about sex work that she may not have felt safe or comfortable enough to address, given the various reasons identified by the study participants (e.g., psychological barriers, social stigma, and a disregard by the counsellor). Concurrently, it is important for counsellors to meet the client where she is, directly respond in a supportive and tailored manner to her disclosures, and encourage choice over the counselling process in order to facilitate trust, empowerment, and collaboration.

Third, counsellors who wish to provide multicultural and socially just counselling services to sex worker clients need to be aware of their own beliefs, attitudes, prejudices, behaviours, and assumptions about sex work and sex workers. Counsellors ought to be cognizant about sex work/sex worker dominant stereotypes, resist the urge to give advice without a regard for the client's life circumstances, and/or set an agenda based on the counsellor's values and beliefs systems. If counsellors believe that their values interfere with the counselling, they need to seek consultation and supervision with an individual who is culturally competent in working with sex workers or refer the client to appropriate services elsewhere.

Fourth, it is important for counsellors to develop knowledge about and familiarity with the sex industry in Canada. To this end, counsellors could connect directly with the sex worker community, through community-based or online sex worker networks, in order to gain a better understanding of the varied realities and needs of this heterogeneous community and be better equipped to support their sex worker clients.

Fifth, sex workers often connect to a counsellor through particular settings (e.g., victim assistance program, counselling agencies, and community programs). As such, the particular setting housing the counselling services should offer sex worker clients more choice over the selection of the counsellor. Important criteria for the selection may include the counsellor's gender and their familiarity with sex work related matters.

Sixth, counsellors need to engage in advocacy with and behalf of sex worker clients. Counsellors need to be aware of and employ strategies to address systemic barriers to sex workers accessing counselling services, including financial obstacles and the scarcity of sex-work positive resources. Some strategies for counsellors to consider include, offering a sliding fee scale or free counselling, advertising their services as sex-worker friendly, and connecting workers with supportive community and social institutions. Indeed, counsellors should maintain a resource bank to meet sex worker clients' needs that may extend beyond the support available in the counselling room. In order to foment client's support networks and resilience, counsellors should be aware of and propose referrals to online or community-based peer groups for sex worker clients to connect with and advocate for one another.

Lastly, counsellors are well positioned to actively address social justice issues that may impede on sex workers' wellbeing and development. Indeed, stigma often severely constrains sex workers' wellbeing, safety, and access to meaningful support from their families and peers outside and/or within the sex industry. Consistent with the counselling field's commitment to social justice, counsellors should support the fight against the stigmatization, oppression, and marginalization of sex workers by intervening with, and on behalf of clients, at the intrapersonal, interpersonal, community, institutional, and public policy levels (Ratts et al., 2015b).

Limitations of the Study

There are several limitations that constrained the findings of my study. First, my study is exploratory and phenomenological with a small sample of current and former indoor sex workers. As such, the experiences and recommendations of the participants cannot be generalized to the overall sex worker community. Indeed, the results are bounded by the socio-historical location of the participants and myself as the researcher, and as such they should be taken as points of consideration and reflection for practice, as opposed to universal prescriptions.

Second, I was the sole data coder in this study. Although I consistently sought feedback on my analysis and interpretations from my supervisor, attempted to be aware of my prejudices throughout the process, used my journal for critical self-reflection, and engaged in member-checking, my study is still limited by my worldview and positionality. Additionally, my presence and cultural identities, particularly my gender, may have impacted the participants' disclosures about their counselling during the interviews. While two participants reported a general mistrust of women, I believe I was able to establish significant rapport with one of them which may have diminished the gender barrier. Moreover, one participant reported shame over her escorting, which may have constrained her disclosures. However, at the end of the interview, this participant reported that she felt at ease during the interview because my questions focused on her relationship with her counsellor as opposed to her personal experience with sex work.

Third, the participants provided retrospective accounts of their counselling. As such, recall bias was a potential limitation of this study because participants were asked to reflect on their past experiences and respond based on the confines of their memory.

Fourth, the study sample does not reflect the diversity of the indoor sex industry. I was able to recruit current and former sex workers that encompassed a range of indoor venues, ages,

SES backgrounds, and number of counselling sessions. However, all the participants were English-speaking ciswomen, and the majority were of European Canadian decent and in a heterosexual relationship. As such, the findings are not representative of the diversity of experiences of indoor sex workers with other intersecting social locations (e.g., women of colour, non-English speaking, or trans women).

Fifth, the study sample lacked heterogeneity. The participants were recruited mainly through the Internet, which limited the type of participants to those with access to this technology. Additionally, one of the participants learned about the study through one of my professional contacts. As indicated by Shaver (2005), sex workers are often reluctant to talk to researchers who are not referred to them by a known and trusted contact. Lastly, I only recruited participants who could meet for an in-person interview in two major urban Canadian cities. Counselling resources tend to be more plentiful and accessible in major cities in comparison to other geographical areas.

Recommendations for Future Research

To my knowledge, the current study is one of the few to explore the perspectives of indoor sex workers who have been in counselling. In light of the participants' interpretations, the aforementioned limitations, and the current body of research on this topic, there are several areas in need of further research.

First, more research is needed to assess the quality of counselling and psychotherapy services for sex worker clients, from their perspectives. Future research could build upon what clients in this and previous studies (Brode, 2004; Gorry et al., 2010; Kuntze, 2009) found helpful and unhelpful in their counselling to advance the counselling field's understanding of the complexity, unfolding, and outcomes of counselling with sex workers. Indeed, research that

explores the standpoints of diverse sex worker clients may unveil important considerations to fortify reflective counselling practice, with an attention to the client's particular context.

Second, there is a need for future studies, conducted by culturally competent counselling researchers, to include a larger sample of more diverse participants. Indeed, there is a scarcity of knowledge on the counselling experiences and needs of youth, people of colour, trans women, immigrants, and other marginalized communities who are involved in the sex industry. As indicated by previous research (Socías et al., 2015), sex workers with intersecting marginalized identities encounter more barriers to accessing support services. In a similar vein, current research tends to study sex workers as a homogenous collective. Given the heterogeneity of the sex worker community, future research should address the convergences and divergences of effective counselling with sex workers from diverse social locations and venues in the sex industry (e.g., street-based, dancers, escorts, etc.).

Third, future studies should consider a deeper exploration of the therapeutic relationship, the disclosure of sex work, and outcomes in counselling with sex workers. Within each of these topics, it is important to consider counsellor characteristics, such as demographics (e.g., gender) and cultural competence, as well as client characteristics (e.g., motivations and expectations in relation to counselling), that may facilitate or hinder effective working alliances, positive disclosures, and successful outcomes.

Fourth, drawing from the participants' recommendations in regards to competencies specific to sex work and advocacy for sex workers, future research could explore the applicability of the MSJCC in counselling with sex worker clients.

Lastly, in addition to exploring the perspectives of sex worker clients, it may be helpful to assess the counsellors' perspectives. For example, studies on client-counsellor dyads can

investigate how counsellors' accounts relate to sex worker clients' perspectives and whether convergent and divergent perspectives of the counselling process and working alliance impact outcomes. This may contribute to a more comprehensive and instructive understanding of counselling with sex workers. In a similar vein, the participants' accounts suggest that some counsellors may lack familiarity with the sex industry and may express common social stereotypes of sex workers in their practice. Research into counsellors' knowledge of the sex industry and counsellor training education directed towards improving counsellors' knowledge and proficiency in supporting sex workers may improve the likelihood that sex workers who seek counselling will have positive experiences.

Concluding Remarks

This hermeneutic phenomenological study sought to forefront indoor sex worker clients' descriptions and interpretations of their counselling experiences, with a particular emphasis on elements of the counselling that they found helpful and unhelpful. Grounded in feminist standpoint theory, my study aimed to capture the diversity of standpoints from which the participants interpreted their experiences. Overall, the study findings suggest that the counselling needs and experiences of sex workers are heterogeneous; however, there are common threads that if attended to may lead to the delivery of more positive, sensitive, respectful, and effective counselling services. Ultimately, my hope is that my research has contributed to a better understanding of the counselling needs of sex workers and will serve as a catalyst for future culturally competent and socially just counselling practice with the sex worker community.

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Appendix A: Recruitment Text

Do you/have you worked in the sex industry?

Have you been in counselling/therapy?

If so, I would like to invite you to participate in a study exploring the counselling experiences of women who work in the Canadian sex industry, from their perspectives. This study seeks to gather stories from your experiences in counselling to inform and improve counselling services for sex workers.

To participate in this study you need to:

- a) Self-identify as a woman
- b) Voluntarily work or have previously worked in any sector of the sex industry
- c) Have completed counselling/therapy in the past two years for any reason
- d) Have told your counsellor that you work or have worked in the sex industry
- e) Be at least 18 years old

Your participation will involve an interview of 1 to 1.5 hours, at a time and place that is convenient for you. Your participation is completely confidential.

You will receive \$20 for your time and participation.

If you have any questions or are interested in participating, please contact me,

Camila Velez.

I am a Master's student in Educational Counselling at the University of Ottawa. This research has been approved by the University Research Ethics Board and is supervised by Dr. Cristelle Audet

Appendix B: Letter to Professional Contacts

Dear [Name and Last Name],

My name is Camila Velez. I am a graduate student in Educational Counselling at the University of Ottawa. I am currently conducting my master's thesis under the supervision of Dr. Cristelle Audet. My study focuses on the counselling experiences of women who work in the Canadian sex industry. I am seeking to learn about sex workers' experiences of (a) entering counselling, (b) working with a counsellor and the therapy relationship, (c) disclosing sex work in counselling, and (d) the counselling outcomes. My hope is that the knowledge generated in this study will inform and improve counsellors' work so that they may provide culturally competent services to sex workers who seek counselling.

I am looking to recruit participants who a) self-identify as a woman, b) voluntarily work or have previously worked in any sector of the sex industry, c) have completed personal counselling/therapy in the past two years for any reason, d) have told their counsellor that they work or have worked in the sex industry, and e) are at least 18 years old. Their reason for seeking counselling does not have to be related to their work.

Participation involves one semi-structured individual interview that can last between 60 to 90 minutes. Participants in this study will receive financial compensation and will be provided with information about mental health community resources where appropriate.

I would like to invite your participation in this study by helping me to recruit women that may be suitable candidates. I am enclosing information pamphlets for your information and for you to consider distributing to potential participants. Should you require further information, or additional copies of these pamphlets, please let me know.

I would also be happy to meet with you in person at a time of your convenience to discuss this study in greater detail. I can be reached by email at, or via phone at. Dr. Cristelle Audet can be reached by email at caudet@uottawa.ca, or via phone at

With appreciation,

Camila Velez

University of Ottawa

Appendix C: Word-of-Mouth Recruitment Script

Following the interviews, I will debrief with participants. I will then thank them for their participation and will invite them to collaborate with recruitment if they are interested in doing so. Below you will find a script demonstrating how I will approach this conversation.

“Thank you so much for sharing your experiences with me and for participating in this study. I was wondering if you would be interested in passing along information about this study to peers or contacts who might also be interested in learning about and participating in this study. You are under no obligation to refer my study to other people and whether or not you refer this study is totally up to you and will not affect your participation in this study or have any negative repercussions.

Does this sound like something that you are interested in helping me with?

If not: Ok, no problem. I totally understand. Thank you so much for participating in the interview. I really appreciate it.

If yes: Ok, thank you very much. I really appreciate your help. I will give you three copies of the recruitment text so that you can share it with your peers. The recruitment text includes the purpose of the study and the specific criteria that women need to meet to participate. Alternatively, you can give your peers my contact information. Your peers could then contact me for more information, to ask me any questions they may have, and for possible inclusion in the study.”

Appendix D: Demographic Information Questionnaire

Pseudonym: _____

Date: _____

1. How old are you?
2. What is your ethnic background?
3. What is your level of education?
4. How would you classify your socioeconomic status?
Lower____ Middle____ Upper____
5. What is your relationship status?
6. What is your occupation within the sex industry?
7. How long have you been working in the sex industry?
8. Have you worked in other areas of the sex industry?
9. Is there anything else you would like to share about yourself?

Consider the counselling experience that you wish to discuss:

1. What was your general purpose for seeking counselling?
2. How long ago did you seek counselling?
Month/Year of 1st session _____ Month/Year of last session _____
3. How many sessions did you attend?
4. How regularly did you see your counsellor?
5. Where did you receive counselling?
University counselling center _____ Private office _____ Hospital _____
Community organization: _____ Other: _____
6. What was your counsellor's gender?

7. What were the credentials of your counsellor? This can include your counsellor's academic degree and professional licenses/certifications.
8. How many years of experience did your counsellor have?
9. How did you go about choosing your counsellor?

10. Were you able to choose the counsellor that you wanted to work with?

11. If yes, why did you choose the counsellor that you did?

Appendix E: Interview Guide

Priming question

1. Can you please tell me about your experience with counselling? What was that like for you?

Initiating Counselling

2. How did you decide on counselling?
3. What was your experience of finding a counsellor like?
4. What were your expectations going into counselling?
5. To the extent that you feel comfortable, can you please tell me about your purpose for seeking counselling?

The counsellor and the therapy relationship

6. Can you tell me about your counsellor? How was she like? How was he like?
7. Can you describe your relationship with your counsellor?
8. How would you describe how you and your counsellor worked together?

Disclosure of Sex Work

Note: When asking questions about the participant's work, I will use the term that she prefers/uses to refer to her work in the sex industry.

9. What was going on in the counselling when you told your counsellor about your work?
10. What motivated you to tell your counsellor about your work?

What purpose were you hoping it would serve in the counselling?

11. How was it like for you to tell your counsellor about your work?
12. What, if anything, do you believe changed within the counselling as a result of informing the counsellor of your work?
13. What are your thoughts about the counsellor's knowledge and understanding about matters related to your work?

Can you give me examples of things he/she said or did that made you feel that way?

Counselling Experience

14. How would you describe how counselling went for you overall?
15. Can you tell me about some things the counsellor did that were helpful?
16. Can you tell me about some things the counsellor did that were unhelpful?

Counselling Outcomes

17. How did counselling end?
18. In what ways do you think the counselling impacted the concern that brought you to counselling?
19. How did your experience in counselling make you feel about yourself?
20. How did your experience make you feel about counselling in general?

Ideal Counsellor and Suggestions

21. How would you describe your ideal counsellor?
What qualities would you want your counsellor to have?
22. What kind of suggestions do you have for counsellors who are working with women involved in the sex industry?

Lingering Thoughts

23. We are at the end of the interview, and I would like to give you an opportunity to share anything you would like to say that we may not have touched upon.
24. What was it like for you to participate and share your experiences in the interview?

Appendix F: Study Description

Greetings,

My name is Camila Velez and I am a Master's student in Educational Counselling at the University of Ottawa supervised by Dr. Cristelle Audet. I am currently recruiting participants for my thesis research project. The purpose of my research is to explore the counselling/therapy experiences of women who work in the Canadian sex industry, from their perspectives. I view participants as co-researchers and as experts on the topic under study. I would be honored to learn from your experiences if you are interested in participating in the study.

What is the purpose of this study?

The main reason for doing this project is because there is very little information available about the experiences of sex workers who have been in counselling. My hope is that the knowledge generated in this study will inform and improve counsellors' work so that they may provide culturally competent services to sex workers who seek counselling.

Who am I asking to participate?

The participants in this study need to meet specific criteria, that is: a) self-identify as a woman, b) voluntarily work or have previously worked in any sector of the sex industry, c) have completed personal counselling/therapy in the past two years for any reason, d) have told your counsellor that you work or have worked in the sex industry, and e) be at least 18 years old. Your reason for seeking counselling does not have to be related to your work.

However, persons who are currently experiencing serious mental health concerns and/or suicidal thoughts, or are currently engaged in counselling will not be included in the study.

It is important to note, that this study aims to hear from women that cover a wide range of counselling sessions (e.g., one versus ten sessions) and venues of the sex industry (e.g., escort agencies and strip clubs). Therefore, even if at the time of screening it is determined that you meet the study's eligibility criteria, it is possible that you may not be invited to participate depending on the variability of experiences acquired through the study to that point

What will participation involve?

Should you choose to join the study, your participation would involve an interview lasting approximately one to one and a half hours and a follow-up opportunity to review the interview transcript and analysis. During the interview, we would talk about your experiences in counselling. For instance, I would like to learn about how you experienced the therapy relationship, and what you found helpful and unhelpful in counselling. The interview would be at a time and venue that is mutually convenient for both of us. With your permission, I would need to audio-record the interview, which I would then personally transcribe. You would receive a 20\$ honorarium for your time and participation.

If you voluntarily decide to participate in this study, it is important for you to know that you have the right to:

- Ask any questions about the study at any time

- Decline to answer any particular question at any time
- Stop the interview or the audio-recording at any time
- Withdraw from the study without suffering any negative consequences
- Provide information on the understanding that your name will not be used
- Be given access to your interview transcript and a summary of the initial analysis of your interview

Are there any risks involved in participating?

Talking about your experiences in counselling, especially if they were negative ones, may give rise to feelings of discomfort or distress. You can refuse to answer any questions or to stop the interview at any time. You can also inform me of your discomfort at which time I will give you three resources for support services in your community for your consideration.

Are there any benefits involved in participating?

You will have the opportunity to voice your experiences in counselling to contribute to the understanding of the counselling experiences of women who work in the sex industry, with the intent of ultimately improving counselling services.

How will I maintain your privacy and confidentiality?

Your confidentiality will be completely safeguarded. You can use a pseudonym (a made-up name) in the study to remain anonymous. Your identity will not be revealed at any time, and only your pseudonym will appear in interview transcripts, the thesis manuscript, and future publications. Anonymous quotes may be used in the report such that no identifying information will be included in those quotes. Confidential data collected during this study will be securely retained for the purpose of this research for five years.

Please contact me if you have any questions or are interested in being a part of this project.

My supervisor Dr. Cristelle Audet can be reached by email at or by phone.

Thank you very much for your consideration,

With regards,

Camila Velez

Appendix G: Screening Text

Hello, thank you for your interest in my study. My name is Camila Velez and I am a master's student in Educational Counselling at the University of Ottawa. The purpose of my study is to better understand the counselling experiences of women who work in the sex industry. I'm looking for women who voluntarily work in any sector of the sex industry and who have completed counselling or psychotherapy to participate in my research. The results of this study will inform counsellors about sex workers' needs and experiences, and will help counsellors improve their services. Does this sound like something you might be interested in?

If not: Ok, thank you for your time and your interest. Good-bye.

If yes: Ok great. The women who participate in this project need to meet specific criteria. So before I go on, do you mind if I ask you some questions about your age, gender, work and mental health and counselling history to determine whether or not you are eligible to participate? Please know that you are free to say no, and to not answer any questions you don't want to answer.

If not: Ok, I understand, would you like to hear more information about what your participation would involve before getting into these questions?

If not: Ok, thank you for your time. Good-Bye.

If yes: Ok, thanks. My questions are the following:

1. Are you 18 years of age or older?
2. Do you identify as a woman?
 - A woman is any person who identifies as such, including ciswomen and trans women.
3. Have you ever engaged in sex work?
 - For this study, I define sex work as any activity that involves the **voluntary** exchange of sexual services for money.
 - Is/was your involvement in sex work **voluntary**?
4. What is/was your occupation in the sex industry? (In order to ensure diverse participants)
What term do you prefer that we use when referring to your work? (I will use this term from now on to help balance power)
5. Have you completed personal counselling/psychotherapy in the past two years?
 - Counselling and psychotherapy are defined as having explored any difficulty or concern that was affecting your emotional wellbeing with a trained counsellor or therapist for at least one individual, face-to-face session.
6. Was your counsellor aware of your occupation in the sex industry?
 - Your reason for seeking counselling does not have to be related to your work. This question is just to know if your counsellor knew about your occupation.
7. How many sessions of counselling did you attend? (In order to ensure diverse participants)
8. Have you been diagnosed with a mental health condition?
9. Have you been having thoughts about suicide or about ending your life?

If inclusion criteria are not met: Thank you for your answers. Unfortunately, this study is not a good fit since I am looking for participants that meet all the criteria for the study. Thank you for talking to me today. I appreciate your interest and your willingness to help me.

If inclusion criteria is met: Thank you. Based on your answers you meet the inclusion criteria for this study. Can I tell you more about the project? If you have any questions, feel free to ask me at any time. Your participation would involve meeting with me at a place and time that is convenient for both of us so that we can discuss the study and your participation more fully. If you give your consent, we would then complete a demographic questionnaire and an interview that can last from 1 to 1.5 hours. You will also have a follow-up opportunity to review the interview transcript and analysis. Your participation would be completely confidential, and you can also choose a made-up name for the study. With your permission, the interview would be audio recorded and transcribed for analysis. At a later time, I will invite you to review my initial analysis of the interviews so that if you want, you can give me some feedback by email or in person. Do you have any questions for me so far?

If inclusion criteria is met, but heterogeneity is needed: Thank you for your answers. Unfortunately, you will not be able to participate in this study as I am currently looking for participants that: a) work in other sectors of the sex industry or b) have completed more/less counselling sessions. This is because I need to ensure that participants cover a wide range of experiences. Thank you for talking to me today. I appreciate your interest and your willingness to help me.

If exclusion criteria is met: If the caller divulges that she is experiencing serious mental health concerns and/or suicidal thoughts, I will explain to her that participating in the study can put her at risk of harm, and that her safety and wellbeing are of utmost importance. I will then propose three suitable resources depending on the nature of the concern for her consideration.

Your participation in each step is completely voluntary. You have the right to decline to participate or to withdraw at any point during the project without any repercussions, however you will not be able to withdraw your interview responses once the study results are published. You will receive \$20 for your participation in the study. Does this sound like something you would like to participate in?

If not: Thank you for your time. I appreciate you taking the time to listen. Good-bye.

If yes: Thank you. I appreciate it very much. Would it be ok if we schedule a time to meet to go over the study consent form and if you agree, conduct the interview? When would be a good day and time for you to meet? Where would you like to meet? If you want, we can do the interview at a private room in the library or in the counselling center at the University of Ottawa. These locations are safe, confidential, and comfortable.

After scheduling: Great, what is the best way to reach you? Do you mind if I contact you about 1-2 days before the interview to confirm that you are still interested? If you have any questions or concerns, please do not hesitate to contact me. My phone is x, and my email is x.

Thank you again. I am looking forward to meeting you and learning from your experiences. Have a great day. Good-bye.

Appendix H: Informed Consent Form



Université d'Ottawa | University of Ottawa

Faculté d'éducation | Faculty of Education

Project Title: An Exploration of the Counselling Experiences of Women Who Work in the Sex Industry

Names of researchers and contact information

Camila Velez, MA student
Principal Investigator
Faculty of Education
University of Ottawa

Dr. Cristelle Audet, Ph.D.
Thesis Supervisor
Faculty of Education
University of Ottawa

Invitation to Participate: I am invited to participate in the abovementioned master's research study conducted by Camila Velez, under the supervision of Dr. Cristelle Audet.

Purpose of the Study: The purpose of this study is to understand the counselling experiences of women who work in the Canadian sex industry, from their perspectives. The knowledge created in this study will inform and improve counsellors' work so that they may provide culturally competent and socially just services to sex workers.

Participation: If I agree to participate in this study, the following will occur:

1. I will complete a demographic information questionnaire including questions about my age, gender, ethnicity, and work and counselling history.
2. I will engage in an interview lasting approximately 1 to 1.5 hours around my counselling experiences. The interview will take place at a mutually chosen time and venue that ensures my comfort, safety and confidentiality. I am free to share as much or as little as I want, and to refuse to answer any question. I will be asked to choose a pseudonym for the study. Camila will audio-record and transcribe my interview.
3. Camila will contact me by my preferred way (e-mail or phone) for a follow-up opportunity to review the transcript and analysis, and for further discussion. I do not have to agree to give feedback or further discussion in order to participate in the study.

Assessment of risks: There are some possible risks from participating in this study. Talking about my experiences in counselling, especially if they were negative ones, may make me feel uncomfortable or upset. I am free to refuse to answer any questions or to stop the interview at any time. I can inform Camila of my discomfort at which time she will provide me with three resources for support services in my community for my consideration.

Benefits: I will have the opportunity to voice my experiences in counselling to contribute to the

understanding of the counselling experiences of women who work in the sex industry, with the intent of ultimately improving counselling services.

Confidentiality and anonymity: I have received assurance from the researcher that the information I share will remain strictly confidential. My identity, or that of any person that I mention, will be known only to the researcher and will not be revealed at any time. I can choose a pseudonym for the study in order to remain anonymous. My pseudonym will be used in the interview transcripts, thesis manuscript and future publications. Any details in the interview recordings that can identify me will also be changed during transcribing. Quotes may be used by the researcher, but no information that can identify me will appear in them. Lastly, only the researcher and her thesis supervisor will have access to the interview recordings and transcripts.

Conservation of data: I have been assured that the demographic questionnaire, audio-recording, and transcript will go in a locked cabinet in the supervisor's locked office. The data will be securely safeguarded for a minimum of five years; and when research is complete, all material data will be shredded and electronic data will be erased.

Compensation: I will receive a \$20 honorarium for my participation. Even if I drop out of the study, I am entitled to this compensation.

Voluntary Participation: I am under no obligation to participate and, if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions without suffering any negative consequences. If I choose to withdraw, data gathered until the time of withdrawal will be destroyed. It is important to note, that while published data cannot be withdrawn, I can always request that my data (e.g., audio-recordings, transcripts) be destroyed.

I understand that information obtained from the interview and in correspondence with me will be used by the researcher for the sole purpose of this research. I acknowledge that the results of this study may be disseminated through conferences and publications, and that once the results are published there is no way the researcher can remove information related to me.

Acceptance: I-agree to participate in the above research study conducted by Camila Velez as part of her master's thesis requirements, at the Faculty of Education, University of Ottawa under the supervision of Dr. Cristelle Audet.

If I have any questions I may contact the researcher or her thesis supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Office of Research Ethics and Integrity, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5 Tel.: (613) 562-5387 Email: ethics@uottawa.ca

Appendix I: Resource Lists

Resource	Contact Info	Description
Ottawa Distress Center	613-238-3311	24 hour general crisis intervention.
Mental Health Crisis Line	613-722-6914	24 hour crisis line.
Mental Health Mobile Crisis Unit, Ottawa Hospital	613-722-6914	Direct intervention for mental health crisis.
Royal Ottawa Mental Health Center	613-722-6521	In / out patient services. Many programs related to mental health.
Hooked up and Getaway Program, Elisabeth Fry Society	613-237-7427	Program for women involved in sex work, peer support and crisis line.
Sex Trade Outreach Mobile, Minwaashin Lodge	613-265-3606	Information and referrals, crisis intervention and basic supplies. Aboriginal workers.
Ottawa Rape Crisis Line	613-562-2334	Crisis line –Sexual Assault
E-Mental Health	www.ementalhealth.ca	List of resources in Ottawa
POWER Ottawa	http://www.powerottawa.ca/	Advocacy support for Sex workers

Resource	Contact Info	Description
Tel-Aide	514 935 1101	Confidential listening service for people in distress available 24/7
Depressed Anonymous	514 278 2130	French-language phone line and weekly sessions for persons suffering from depression
Club AMI	514 739 7931	Drop in, arts and crafts, outings, workshops, support groups
Expression LaSalle	514 368 3736	Art therapy and related workshops, individual counselling
Face a Face	514 934 4546	Social gatherings, support groups, listening line, counselling, assistance
Stella Managed by a majority of sex workers and ex-sex workers	514 285 8889	Advice and referrals, individual and group support, bad trick list, prevention material and advice
Women's Centre of Montreal	514 842 4780	Provides the women of Montreal a place to confidentially discuss various issues and problems. Regular individual and group meetings are held.
Action on Mental Illness in Quebec	514 486 1448	Provides advice and support for sufferers of mental illness and their care givers. Its website has much useful information on different types of mental illness and their treatments.

Appendix J: Expressions of the Salient Meanings of the Phenomenon

What follows is the presentation of the expressions that reflect the six salient meanings of the phenomenon from the six interview texts comprising the study.

“It would be like going to therapy and you’ve gone through a horrible fire and part of your body is burned, and you go to therapy and they don’t want to talk about it. It’s in your face, the person is in front of you. You can see the layers of pain, anger, resentment, sarcasm, things that are all negative in life that get you nowhere. There’s no healing in that. It’s like that old expression avoiding the big pink elephant in the room. How do you sweep [previous sex work engagement] under a carpet? It’s a pretty lumpy carpet to hide an elephant.” (Alexis)

“We never discussed [sex work] in great detail but he [the counsellor] knew enough to know that I wasn’t being coerced, that it was very consensual, and he was aware of that. So it wasn’t a big issue. It was like a non-issue...And the fact that just because I’m doing this doesn’t mean that I have problems. I don’t need to be saved. So I never felt like a lot of the stereotypes. I didn’t feel like he believed or bought into any of them.” (Anna)

“I used to like to talk about myself because I’m the kind of person who doesn’t share things with anyone. It was important for me to see all the things and why I find that kind of [“bad”] men. So [counselling] helped me discover that it was because of the job [exotic dancing] that I had and the people I used to see.” (Ariel)

“Well, I didn’t at first tell her [the counsellor] about the work [in escorting] because it was still hard for me to talk about it. But she could sense that there was a blockage. And once I finally told her about it and explained to her the situation, she said that sometimes when you’re in a desperate situation, you can do desperate things but it doesn’t define you as an individual. So right there and then, it helped me release just a weight that was on me and just release that guilt. It was the first time that I was maybe more open to talk about it.” (Kay)

“She had very little [knowledge]. She thought the sex industry was just being a prostitute or call girl, whatever the term is these days, just being on the street corner picking up guys. So I was like no, that isn’t what I do. It was a little bit of education there for her.” (Alex)

“They don’t realize in those situations they have to be careful with what they say because they don’t know you, they don’t know all the details, and they can say something that can actually make it worse.” (Rachel)

Appendix K: My Initial Prejudices about the Phenomenon

After reflecting on my pre-understandings about the counselling experiences of sex workers in various conversations with colleagues, I have come to realize that they have been primarily shaped by my feminist orientation, social justice values, conversations with sex workers, and literature and media generated by sex workers and allies, as well as by my research experiences and involvement with Students for Sex Worker Rights. My pre-understandings are as follows:

- 1) Sex workers may be less likely to seek mainstream personal counselling than non-sex working individuals due to barriers such as shame, stigma, and discrimination. They may be more likely to count on informal peer support or to seek out experiential counsellors (e.g., counsellors with lived experience as current or former sex workers) for support with emotional or mental health concerns.
- 2) The purpose for seeking counselling may or may not be related to sex work. In my pilot study, one of the participants sought counselling for depression which she attributed to her social isolation rather than to sex work per se, while the other participant sought counselling to deal with feelings of guilt as some of her clients were getting too emotionally attached to her and she was having difficulty establishing her boundaries. I have also come across other reasons in conversations with sex workers and in the literature. First, there are concerns related to sex work, such as side-effects of stigma, help with transitioning out of sex work, and relationship issues with colleagues, managers, clients and significant others. Second, there are reasons unrelated to sex work, such as school stress and body image issues. Lastly, there are more complex needs including substance misuse, PTSD, and other mental health conditions.
- 3) Sex workers' views of their encounters with counsellors may be negative, unless providers have experience working with sex workers or exhibit an adequate level of cultural competence. In my pilot study, participants indicated that counsellors were not knowledgeable about their lives as sex workers and, as a result, they constantly felt misunderstood. In addition, they found themselves recurrently having to educate their counsellors about sex work, which took time away from their sessions. One participant was particularly hurt by the fact that despite voicing her concerns about the new prostitution laws, her counsellor did not take the time to educate herself more about them for the next session. The participants also indicated that they perceived their counsellors

to be judgemental about sex work. One of the participants even indicated that once she disclosed her work, her counsellor's demeanor completely changed and that, at that moment, she felt an incredible amount of anxiety and felt that she was being perceived as a 'slut' rather than a person.

- 4) I believe that most sex-working clients disclose their occupation to their counsellors given the individual and confidential nature of counselling. However, counsellors' reactions may not always correspond to what sex workers deserve or expect. Once disclosure occurs, counsellors may not only display judgement (even if unwillingly), but they may also set up an agenda to get the clients to leave sex work. Still, there are counsellors who respond in a culturally competent way by remaining understanding, and not making sex work an issue if not indicated as such by the client.
- 5) I believe that some sex-working clients feel dissatisfied with their counselling experiences. In my pilot study, the participants used words such as 'unhelpful' and 'horrible' to describe counselling. The participants expressed frustration with the lack of tools, strategies and relevant information that they received from their counsellors. One participant indicated that the counsellor even made a dangerous suggestion due to a lack of awareness of the sex industry. Sex workers who work with experiential or specialist counsellors report very different experiences. They do not feel judged or misunderstood, and they feel validated as counsellors are aware of important terminology and of sex workers' experiences. In addition, they may appreciate more practical support, such as being provided with sex worker-friendly resources.
- 6) Sex workers value counsellors that are empathetic, understanding, open-minded, respectful and non-judgemental. They also value counsellors that have a culturally competent understanding about sex work, and that do not try to impose their values onto clients. Many sex-working clients understand that mainstream professionals do not have an initial working knowledge of sex work, but they really appreciate when they make efforts to educate themselves in their own time. This is particularly important when the client's concerns are related to sex work. In my mind, the ideal counsellors would extend their role beyond their office space, and advocate for sex worker rights.