# Indoor Female Sex Workers' Experiences of Counselling: A Hermeneutical Phenomenological Exploration
# Les expériences du counseling vécues par des travailleuses du sexe en établissement : une exploration herméneutique phénoménologique

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ABSTRACT

The counselling needs of sex workers remain largely invisible in the counselling literature despite sex workers identifying a range of mental health concerns, some of which are tied to the criminalization of sex work. This hermeneutic phenomenological study explored the counselling experiences of female indoor sex workers in Canada. The experiences of 6 participants are presented, based on descriptions obtained through semi-structured interviews. Results reveal 9 themes generated within 3 categories that were explored related to sex workers' experiences of counselling: (a) initiating counselling, (b) the therapeutic relationship, and (c) disclosing sex work to the counsellor. Findings indicate that sex workers' presenting concerns fall on a continuum regarding the relevancy to sex work. Beneficial and hindering aspects of the therapeutic relationship and disclosure of sex work are identified, emphasizing the importance of culturally-sensitive practice with sex workers. Implications for practice and future research are discussed.

RÉSUMÉ

Les besoins de counseling des travailleurs du sexe occupent peu de place dans la littérature sur le counseling, même si ceux-ci évoquent une vaste gamme de préoccupations en matière de santé mentale, dont certaines sont liées à la criminalisation du travail du sexe. Cette étude herméneutique phénoménologique a exploré les expériences de counseling rapportées par des travailleuses du sexe en établissement au Canada. On y présente les expériences de 6 participantes, en se fondant sur les descriptions obtenues dans le cadre d'entrevues semi-structurées. Les résultats ont révélé 9 thèmes rapportés dans 3 catégories qui ont été explorées en lien avec les expériences du counseling vécues par les travailleuses du sexe. (a) l'amorce du counseling, (b) la relation thérapeutique et (c) le dévoilement du travail du sexe au conseiller ou à la conseillère. On a constaté que les travailleuses du sexe présentant des préoccupations se situent dans un continuum en ce qui concerne la pertinence à l'égard du travail du sexe. On y cerne les aspects bénéfiques et encombrants de la relation thérapeutique et du dévoilement du travail du sexe, insistant sur l'importance d'une pratique culturellement adaptée auprès des travailleurs du sexe. On présente une discussion des implications pour la pratique et pour la recherche à venir.

Women who work in the sex industry are disproportionately affected by mental health challenges and social inequities compared to the general population (Benoit et al., 2014; Krumrei-Mancuso, 2017; Puri, Shannon, Nguyen, & Goldenberg, 2017). However, it is only recently that researchers have shifted their focus on physical and safety concerns (e.g., risk of sexually transmitted infections and violence) (Potterat et al., 2004; Ward & Day, 2006) to also include the mental health and emotional well-being of sex workers (Jackson, Bennett, & Sowinski, 2007). This is an important line of inquiry because sex workers have indicated that emotional risks related to their work (e.g., being discovered working as a sex worker by loved ones) are of greater concern to them as they are more difficult to control and have more detrimental consequences to their personal and social lives (Sanders, 2004).

The Canadian government's recent criminalization of the purchase of sexual services further impedes sex workers' health by placing workers at greater risk of violence, fueling sex work-related stigma, and hindering access to and quality of professional support services such as counselling and psychotherapy (Benoit, Jansson, Smith, & Flagg, 2017; Campbell, 2015; Lazarus et al., 2012; Vanwesenbeeck, 2017). Qualitative findings from two studies (i.e., Brode, 2004; Kuntze, 2009) conducted in the United States suggest that although counselling can be a positive and helpful experience for sex workers, it can also be culturally insensitive in some instances. Despite this concerning context, the experiences of Canadian sex workers who obtain help remain scant in a counselling context, or else focus primarily on assistance from medical professionals (Benoit et al., 2018).

Given limited understanding about the counselling needs and experiences of sex workers in Canada, this paper presents findings from a larger study that sought to learn more about this phenomenon specifically from the perspective of indoor sex workers. Drawing from the work of Sanders (2005) and Weitzer (2007), *indoor sex work* is defined as a voluntary exchange of sexual services for remuneration between consenting adults that occurs in private venues (e.g., strip clubs, massage parlours, and escort agencies), as opposed to street-based venues.

While an estimated 80% of Canadian female sex workers are employed in indoor sex work (Bungay, Halpin, Atchison, & Johnston, 2011), research has been traditionally conducted with the more visible population of street-based sex workers (Aggleton & Parker, 2015; Shaver, 2005). Overall, securing reliable information on the size and demographics of the hard-to-reach sex worker population continues to be challenging, with stigmatization and criminalization presenting as significant barriers (Shaver, 2005). While the size of this population remains unknown (Shaver, 2005), a national investigation on the Canadian sex industry encompassing sex workers ($N$ = 218) from five Canadian cities has shed some light on the makeup of this community (Benoit et al., 2014). Most sex workers were Canadian born, female, White, heterosexual, in their 30s or 40s, and had a high school diploma. Generating knowledge from the clients' perspectives, in this case of indoor sex workers, is increasingly valued for developing culturally alert, socially just, and effective counselling practices (Pope-Davis et al., 2002).

CRIMINALIZING THE PURCHASE OF SEX AND ITS IMPACT ON SEX WORKERS:
THE CANADIAN CONTEXT

Knowledge and awareness of the legal context that shapes sex work and sex workers' lives is important given that (a) legislation that negatively impacts well-being is rarely addressed in the counselling literature (Audet, 2016); (b) legislation that unfairly risks harm to members of specific communities can be conceptualized as systemic, human rights, and social injustice issues (e.g., Scoular & O'Neill, 2007; van der Meulen, Durisin, & Love, 2013; Vanwesenbeeck, 2017); and (c) counsellors have manifested particular interest in the legal aspects of sex work (Velez & Audet, 2018), perhaps because little is known due to it being a taboo and stigmatized topic.

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 sex work experience, challenged prostitution[1] provisions in the Criminal Code. Drawing from social sciences and legal research evidence (Benoit et al., 2017), the Supreme Court struck down provisions against living on the avails of prostitution, keeping a brothel, and street soliciting, because they violated Charter rights to freedom of expression and security of the person. The Court kept these provisions in effect for 1 year to give the then conservative government time to consider whether to develop new laws before decriminalization would ensue. This resulted in the *Protection of Communities and Exploited Persons Act* (Bill C-36) in December of 2014.

Bill C-36, now in effect, claims as its primary objectives the reduction of the demand for sexual services and the protection of people who offer sexual services, rendering the following activities 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. The offences related to purchasing, material benefit, and advertising protect those who sell their services from criminalization. By contrast, the communication offence targets sex workers and does not protect them from arrest or criminal liability. By not fully decriminalizing sex workers, defined in the Bill C-36 as the "victims of a human rights violation" (Galbally, 2016, p. 8), the Bill ironically augments the risks of the very community it seeks to protect from exploitation.

Criminalization has been criticized for disregarding growing evidence of its negative impact on sex workers, including anecdotal evidence from sex workers themselves and robust research by academics in the case of Bill C-36 (Benoit et al., 2017; van der Meulen et al., 2013). Negative consequences identified include the following:

1. Elevated risk of violence as sex workers are forced into isolated areas to avoid police (Shannon & Csete, 2010).
2. Reduced ability to screen clients and negotiate transactions due to bans on communication for sex work purposes (Shannon & Montaner, 2012).

3. More abusive working conditions as third parties employing sex workers are not accountable under labour laws (Comte, 2014).
4. More aggressive policing strategies paired with increased difficulty in accessing police protection (Shannon et al., 2008).
5. More barriers to seeking and receiving adequate support services amidst amplified stigma against sex workers (Lazarus et al., 2012; Rekart, 2005).

Criminalization also disregards guidelines by the WHO, UNAIDS, and Amnesty International that aim to advance health, safety, and human rights through labour rights and better working conditions for sex workers (Krüsi et al., 2014).

<div align="center">MENTAL HEALTH OF SEX WORKERS</div>

In a study on the health care needs of Canadian sex workers ($N$ = 209), Benoit, Ouellet, and Jansson (2016) found that, compared to other Canadians, sex workers experience notably poorer mental health and social determinants of health, and a higher prevalence of unmet health care needs. Additionally, Puri et al. (2017) found that among a sample of 692 sex workers in Vancouver, 48.8% reported being diagnosed with a mental health condition, with depression and anxiety being the most common. Sex workers with a diagnosis were more likely to identify as a sexual/gender minority, to use non-injection drugs, to have a history of childhood trauma, or to do street-based sex work. The researchers called for empirically-based interventions that address intersections between trauma, stigmatization, and mental health.

In a similar vein, Rössler et al.'s (2010) comprehensive assessment of sex workers' mental health ($N$ = 193) across different work settings in Zurich found higher rates of depression, anxiety disorders, and posttraumatic stress disorder when compared with the general population. The most prevalent correlates of poorer mental health were violence and negative aspects of sex work, which included poor working conditions, psychological struggles of "leading a double life," dealing with shame and guilt, and the toll of sex work *per se*. Lower levels of mental health disorders were associated with having social support systems.

Some of the most pressing emotional concerns that sex workers identify include stigma and emotional labour (Benoit, McCarthy, & Jansson, 2015; Sallmann, 2010; Sanders, 2004). Due to the stigma of sex work, sex workers often prioritize concealing their work from loved ones—a process which requires significant time and energy and is highly stressful. Stigma can also harm sex workers' self-esteem and self-worth, induce shame and guilt, and lead to depression, service avoidance, isolation, and drug use (Benoit et al., 2015; Bowen, 2015; Gorry, Roen, & Reilly, 2010). The emotional labour in sex work has often been described as highly taxing, with indoor workers having to provide empathy and intimacy to clients, carefully regulate their emotions and those of clients, as well as manage potential psychological struggles associated with

selling sex (e.g., private moral dilemmas) (Lever & Dolnick, 2000; Sanders, 2004). Indeed, Vanwesenbeeck (2005) found a relationship between emotional burnout and sex work, mainly within the context of negative social reactions, role conflict, and unsupportive working conditions.

*Determinants of Health*

The location of work—that is street-based versus indoors—creates different risks and protective factors for sex workers (Weitzer, 2007). Compared to street-based workers, indoor sex workers are generally less likely to experience violence and exploitation (Church, Henderson, Barnard, & Hart, 2001; Weitzer, 2007; Woodward, Fischer, Najman, & Dunne, 2004), psychological disorders (Weitzer, 2007), and injecting or problematic drug use (Breen, Degenhardt, & Roxburgh, 2005). Although indoor sex work is not risk-free, it has often been reported as a choice among different income-generating activities, a means for financial independence, and something positive in the lives of indoor workers (Comte, 2014).

In the Canadian sex industry, middle-class white women often occupy safer and better indoor paying jobs, while women who are poor, of colour, Indigenous, or trans are over-represented in survival sex (i.e., trading services for basic necessities), in street sex work, and as targets of violence (van der Meulen et al., 2013). Sex workers' well-being and position in the sex trade are thus shaped by structural and social determinants of health (e.g., laws, poverty, race), thereby pointing to a social justice issue that requires a multi-level approach to well-being.

*Access to Support Services*

Sex workers are often unable to access support services, with studies identifying shame, stigma, and discrimination as the main barriers to services (Kissil & Davey, 2010). Despite a desire for psychological support, sex workers have indicated mistrust in professionals, previous stigmatizing experiences, and a lack of affordable and flexible services as hindering their access to counselling. Meanwhile, facilitators included services that adopted a non-judgemental approach, displayed awareness of psychological struggles related to sex work (e.g., stigma and low self-worth), prioritized confidentiality and trust, and offered resources and referrals to other services (Gorry et al., 2010; Stevenson & Petrak, 2007). Even when sex workers surmount certain barriers and access much needed support services, they tend to refrain from disclosing their work to professionals (Lazarus et al., 2012; Tate, 2015). Benoit et al. (2018) found that Canadian sex workers (*N* = 218) reported mixed feelings about disclosing their sex work to health providers such as physicians, nurses, and therapists due to anticipated stigma, self-perceptions of their work as unrelated to health care needs, and confidentiality concerns. Interestingly, despite stories of discrimination and judgment by health professionals, an encouraging finding was that most participants reported benefits to disclosing their work status, including relationship building, experiencing trust and acceptance, and receiving comprehensive care.

*Counselling and Psychotherapy with Sex Workers*

Research related to counselling and psychotherapy with sex workers (Carter & Dalla, 2006; Kissil & Davey, 2010) is scarce. To our knowledge, there are only two studies explicitly addressing sex workers' experiences of psychotherapy. Brode (2004) and Kuntze (2009) conducted a focus group and individual interviews, respectively, with exotic dancers in San Francisco. In Brode's study, participants did not want clinicians to see them as a "stereotype," but rather as "a person with a more complex, multifaceted existence than simply that of a sex worker" (p. 32). The participants also wanted clinicians not to judge them about their work, to not identify sex work as a problem or interject the goal of leaving sex work unless identified by the client, and to have a culturally competent understanding of sex work. In Kuntze's study, women reported presenting concerns about substance use, relationship issues, self-esteem issues, effects of stigma, and depression. Three participants said they had highly positive and healing experiences in therapy, highlighting the therapists' patience, insights, good intentions, and willingness to learn and create a safe space. However, most participants experienced stigma in their encounters with therapists, described as direct or perceived judgement from the therapist.

*Present Study*

Given the lack of Canadian research regarding indoor sex workers' counselling needs, the current study sought to foreground indoor sex workers' counselling experiences to help broaden counsellor awareness and knowledge, and contribute to counselling practices that are ethical, culturally responsive, and socially just. The research question of this study was: "*How do women who work in the indoor Canadian sex industry describe and interpret their personal counselling experiences?*" Results in this paper focus on experiences related to (a) initiating counselling, (b) working with a counsellor and the therapy relationship, and (c) disclosing sex work.

METHODOLOGY

*Research Design*

The theoretical framing of this study was feminist standpoint theory, which acknowledges that women hold a different type of knowledge based on their unique roles, social locations, and lived experience in society (Sprague, 2005). The theory thus invites exploration of social phenomena specifically from the perspective of women and enables social constructions and understandings different from existing ones that have traditionally excluded women's voices. Privileging women's experiences as a legitimate source of knowledge and map for social change (Brooks, 2006), this framing also challenges systemic issues that have not accounted for women's knowledge yet contribute to the oppression of women, as can be the case in culturally misinformed counselling approaches.

This study also reflects a hermeneutic phenomenological approach to unveil how women interpret and make meaning of their lived experiences situated within their particular sociohistorical context. The process of eliciting lived experiences requires the researcher to be involved in an active process of interpretation and collaborative dialogue with the participants (Cohen, Kahn, & Steeves, 2000). As such, the findings are influenced by the researchers' preunderstandings that stem from their situatedness in the world and cannot be suspended (Gadamer, 1960/1989). The hermeneutic process requires that researchers acknowledge their assumptions and be open to alternate meanings to remain oriented to the phenomenon of interest. Through engagement in meaningful and genuine dialogue, and sensitivity to the context in which the stories are being told (Finlay, 2012), this method ultimately allowed for a contextual and co-constructed account of female indoor sex workers' lived experiences of counselling. Ultimately, this study was designed to centralize heterogeneous voices of women in the sex industry and enable the co-construction of rich and contextualized understandings of counselling from their perspective to counter homogenous and essentialized renditions of sex work experiences.

*Procedures*

After obtaining approval from the University of Ottawa Research Ethics Board, we recruited participants from two cities in eastern Canada through online classified ads, community organizations providing services to sex workers, and word of mouth. Purposive sampling ensured that participants possessed experience and knowledge about the phenomenon under study (Rudestam & Newton, 2007) and met the following criteria: (a) self-identify as a woman; (b) have previously or currently voluntarily worked in any area of sex work; (c) have completed face-to-face, personal counselling or psychotherapy in the past two years; (d) have disclosed sex work in counselling; (e) be at least 18 years old; and (f) not be experiencing suicidal risk and/or serious mental health concerns. We defined counselling and psychotherapy as having explored with a trained counsellor or therapist, for at least one individual session, any difficulty or concern affecting the client's emotional well-being.

*Data collection.* Gadamer (1960/1989) argued that understanding occurs through genuine dialogue. Furthermore, hermeneutic principles suggest that people interpret their experiences by constructing and sharing narratives that are autobiographical and inherently meaningful (Cohen et al., 2000). To collect the data, we chose a semi-structured interview approach, as it provides participants with the flexibility to explore stories of their counselling experiences that are meaningful to them (Mason, 2004).

The first author conducted interviews. Upon expressing interest, potential participants were provided with a description of the study and, if interested and eligible, were invited into the informed consent process. Participants who provided verbal consent chose a pseudonym for the study and completed a demographic information questionnaire that included items such as age, gender, and sex work

history. A semi-structured interview protocol comprised of open-ended questions was used to guide the interviews. Each interview began 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, where relevant, were prompted regarding experiences particularly related to (a) entering counselling (Gorry et al., 2010; Stevenson & Petrak, 2007), (b) working with a counsellor and the therapy relationship (Brode, 2004; Kuntze, 2009), and (c) disclosing sex work in counselling (Cohan et al., 2006).

To facilitate co-construction, the interviewer asked clarifying questions, offered observations for participants to comment on, and encouraged participants to take the lead in the telling of their stories. The audio-recorded interviews ranged from 43 to 95 minutes in duration. As the interview topic may have evoked emotional discomfort, each participant was debriefed and given a list of support services in their community following the interview. Field notes were maintained to document reflections on the encounter and contextual information. All interviews were transcribed verbatim without any identifying participant details.

*Data analysis.* The first author conducted the data analysis of the interviews and the second author served as the auditor. A modified version of the Gadamerian-based method advanced by Fleming, Gaidys, and Robb (2003) guided the analysis. This process started with reading each interview transcript numerous times, often listening to the accompanying interview recording to garner an overall understanding of the transcript. Subsequently, line-by-line reading of each transcript was performed, highlighting units of text (e.g., sentences or section) that directly pertained to the participant's experience of counselling and adding notes to the margins next to each unit. Highlighted units that reflected similar concepts were grouped into themes for each participant. Creating space for hermeneutic co-construction through dialogue, participants were emailed a description of themes generated from their interview along with relevant quotes and asked to provide feedback within two weeks. Two participants responded and indicated that the analysis was representative of their experiences.

Once each transcript was analyzed, all themes were compared and contrasted across all interviews. Themes that captured participants' common and unique experiences of counselling were developed. During this step, we implemented a dialectic process of interpretation and understanding whereby we adopted a purposeful stance of openness and curiosity to both identify and challenge our preunderstandings when generating themes from the data. To maximize trustworthiness, data analysis reflected the hermeneutic circle of movement between the part of the transcript and the whole, and vice versa (Heidinger, 2009) on several levels. Throughout this process, overall understandings of the data deepened, with new perspectives being derived from engaging with the data in this iterative process. Ultimately, a thick description that captures the meanings of the phenomenon was developed, with an emphasis on the commonalities and differences in the participants' experiences within each theme. Minor revisions of quotes for purposes of strengthening participant confidentiality and anonymity were made.

*Researchers' Positionality and Preunderstandings*

The first author identifies as a middle-class, immigrant, non-sex worker, Latina ciswoman in her twenties. The second author identifies as a middle-aged, White, French Canadian, heterosexual, non-sex worker, ciswoman. Some of the researchers' preunderstandings about sex workers in counselling identified at the beginning of the study and reflected upon throughout the study included that sex workers may: (a) present to counselling with concerns related or unrelated to sex work; (b) have negative experiences with counsellors who lack cultural competence, experience, and sensitivity; (c) have positive experiences with counsellors who appear non-judgemental, open-minded, and empathetic; and (d) likely 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.

*Trustworthiness*

Lincoln and Guba (1985) and Shenton (2004) operationalized a set of criteria to enhance rigour in qualitative research. To ensure *credibility*, the first author (a) solicited participant feedback through member checks; (b) promoted transparency using a reflective journal to be mindful of her evolving understandings throughout the different stages of the research (Shenton, 2004); and (c) used multiple sources of data (i.e., interview transcripts, demographic questionnaires, and field notes and reflections) to explore and contextualize the phenomenon. To facilitate *transferability* of study findings to other similar settings or groups, we provide a thick description of the context in which the findings emerge, including background information about the participants, the researchers, and the geographical setting of the study. (Lietz & Zayas, 2010).

To address *dependability* to enable other researchers to replicate the research, we have offered a comprehensive and transparent description of the research procedures in this paper, including the implementation of the research design, data collection, and analysis (Shenton, 2004). Lastly, *confirmability*—the extent to which research findings result from participants' accounts rather than researcher preferences—was maintained via an audit trail detailing steps taken throughout the entire research process, and feedback from the second author on the quality and consistency of the methodological procedures as well as who audited the data analysis.

RESULTS

*Participants*

The 6 participants included in the study ranged in age from 19 to 52 years and identified as European Canadian (*n* = 3), Arab Canadian (1), Caribbean Canadian (1), and Indigenous Canadian (1). Completed education included a high school degree (3), bachelors' degree (2), and graduate certificate (1). Iden-

tified socioeconomic status was rated as middle (3) to low (3). Regarding sex work employment history, Anna was working as an erotic masseuse part-time and Alex as an online sex worker part-time (e.g., fetish, videos, and webcam). Rachel engaged intermittently in "the sugar thing," which she described as an agreement with men, mostly whom she knows, that when she is in financial need 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, 2 participants entered counselling after having left sex work, with Alexis having formerly worked as a stripper and escort, and Kay having previously worked as an escort. Table 1 summarizes information about each participant, as gathered from the demographic questionnaire.

Participants shared information about the characteristics of their counselling and counsellors, which is depicted in Table 2. All the participants saw practitioners (e.g., social worker, psychotherapist, and psychologist) with credentials in the fields of counselling and psychotherapy, except for 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 involves a relational process. We invite the reader to keep Rachel's unique context in mind when we present and analyze her experience. Four participants worked with a female counsellor and 2 participants with a male counsellor.

*Resulting Themes*

Data analysis resulted in themes generated within each of the three categories explored relating to sex workers' experiences of counselling: (a) seeking counselling, (b) therapeutic relationship, and (c) disclosure of sex work. The categories and corresponding nine themes are presented below, along with supporting verbatim excerpts from participant interview transcripts.

*Seeking Counselling*

Seeking counselling encompasses aspects of the counselling that preceded the first contact with the counsellor and seemed to influence participants' subsequent counselling experiences. Three themes emerged, *relevance of sex work to presenting concerns*, *decision-making as externally facilitated*, and *expectations about counselling: from optimism to caution.*

*Relevance of sex work to presenting concerns.* The participants sought counselling for diverse concerns, with most presenting to counselling with multiple life challenges that resulted in emotional distress. The relevance of sex work employment to the precipitating concerns that led participants into counselling could be conceptualized on a continuum. For all but one participant (Anna), sex work had a bearing on the presenting concerns to some degree—whether directly or indirectly—manifesting as part of the mental health struggles.

Table 1
*Self-Reported Demographic Data*

| Pseudonym | Sex work status | Venue | Age | Ethnicity | SES | Relationship status | Education |
|---|---|---|---|---|---|---|---|
| Alexis | Former | Stripper Escort | 50–55 | European Canadian | Low | Single | High school |
| Anna | Active, part-time | Erotic masseuse | 18–24 | European Canadian | Middle | In a relation | Bachelor |
| Ariel | Active, sporadic | Exotic dancer Erotic masseuse | 25–30 | European Canadian | Middle | In a relation | Certificate Diploma |
| Kay | Former | Escort | 25–30 | Caribbean Canadian | Middle | Single | Bachelor |
| Alex | Active, part-time | Online | 18–24 | Indigenous Canadian | Low | In a relation | High school |
| Rachel | Active, sporadic | Sugar dating | 25–30 | Arab Canadian | Low | In a relation | Bachelor and Graduate certificate |

Table 2
*Characteristics of the Counselling*

| Pseudonym | Presenting concerns | Setting | # of sessions | Frequency of sessions | Choice of Professional | Professional's characteristics | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Gender | Designation | Years of experience |
| Alexis | Relationship issues | Public sector | 100+ | Weekly | No | Woman | Psychotherapist | Unknown |
| Anna | Depression | Private sector | 5-10 | Weekly | Yes | Man | Social worker | Unknown |
| Ariel | Sex work issues, partner abuse | Private sector | 10-15 | Bi-weekly | No | Man | Psychologist | 20 + |
| Kay | Sex work issues | Private sector | 5-10 | Monthly | No | Woman | PhD-level counsellor | 20+ |
| Alex | Depression, anxiety | Public sector | 10-15 | Weekly | No | Woman | Guidance counsellor | Unknown |
| Rachel | Anxiety | Public sector | 1-5 | Once | No | Woman | Psychiatrist | Unknown |

Table 3
*Categories and Themes*

| Categories | Themes |
|---|---|
| Seeking Counselling | Relevance of sex work to presenting concerns<br>Decision-making as externally facilitated<br>Expectations about counselling: From optimism to caution |
| The Therapeutic Relationship | Counsellor attitudes toward sex work<br>Significance of safety and rapport<br>Counsellor attunement and collaboration |
| Disclosure of Sex Work | Disclosure as internally motivated<br>Vulnerability surrounding disclosure<br>Counsellor responses: From supportive to invalidating |

Concerning seeking counselling to primarily deal with sex-work related concerns, Kay indicated that she wanted to "remove that shameful feeling and just come back to that peaceful place before the [escorting] experience." Kay revealed that she had formerly engaged in escorting out of financial need and that decision led to an internal psychological struggle, as it conflicted with the values of her conservative Christian 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.

Ariel sought counselling to work on the impact of domestic 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 goals, she asserted, "I knew that if I wanted to change, I needed to quit the sex industry."

The other 4 participants sought counselling for what could be considered more general mental health and relational concerns but still identified sex work employment, among other factors, as contributing to their concerns. Alex reported seeking counselling for depression and anxiety that preceded her engaging in sex work but felt that her lifestyle at that time was "not very healthy." She explained: "I was doing sex work which, for a 17-year-old, can't be very good. Alcohol…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.

In Alexis' case, she sought counselling to "figure out" her "dysfunctional relationships" with her mother and ex-husband. She said that her 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 observed a link between her past in sex work and her "selection of men, boyfriend, the ex-husband."

Lastly, Rachel sought emergency psychiatry care 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 support her son financially.

Unlike the other participants, Anna did not relate the presenting concern that brought her to counselling with her employment as an erotic masseuse. She reported seeking help for a depression that rendered her unable to go to her job as a cook in a restaurant.

*Decision-making as externally facilitated.* Many participants described their decision-making process concerning whether to seek counselling as prompted by the realization that counselling could be potentially instrumental to valued outcomes such as alleviating presenting concerns and allowing for a new beginning. Most participants identified external factors presented to them as facilitating 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. Alex highlighted this premise:

> 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 described her decision to seek counselling as a longing to release the psychological burden of her previous escorting and to begin a new journey:

> 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, 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. Seeking help for her depression, Anna initially visited her general practitioner who informed her of alternatives. Anna recounted: "She said that either I should go on meds or go to counselling. And I didn't want to take medications." It seems Anna viewed 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. Lastly, for Alexis and Kay, a close friend was a source of encouragement to 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 instrumental in Kay's decision, as cultural barriers had led her "to avoid counselling for a long time." She explained, "in [my] Caribbean community they don't really believe in seeking counselling or going to therapy."

*Expectations about counselling: From optimism to caution.* The participants described expectations that centred on what they thought the counselling process would involve and appeared influenced by the extent of their previous experience with counselling. Participants new to counselling presented with highly optimistic expectations compared to those who had multiple counselling experiences.

The four participants with one or no previous experience with counselling described holding high expectations about counselling, as Anna described:

> 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.

Conversely, the 2 participants with multiple previous counselling experiences revealed more reserved expectations, mainly about counselling effectiveness. For example, Alexis simply expected counselling to be a place "where someone would actually listen to [her] for an hour … anything on top of that was great." Rachel had some counselling experiences that occurred before her engagement in sex work, and which ranged from "fantastic" to "horrible." As such, Rachel was apprehensive of prescriptive practitioner approaches, indicating, "For me, it doesn't work being controlled or being told what to do … I know what's right for me. I'm open to guidance."

Alexis and Rachel also presented expectations specific to their sex work. Although Alexis sought counselling for relationship issues, she still expected her sex work history to be relevant to counselling; she explained: "I really wasn't there for [my past in sex work]. 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 as a sex worker, given 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 [a health field]. It's embarrassing you know? … I worked as a

[mental health professional]… with [special needs population]. I know how to do things. It's just weird. You don't expect somebody with my background to be in this situation.

## The Therapeutic Relationship

Participants addressed the importance of the quality of the relationship with their counsellors to their overall experience. The participants' descriptions of the therapeutic relationship are conceptualized on a continuum, ranging from a highly helpful to a highly unhelpful alliance. This category is comprised of three themes: *counsellor attitude toward sex work*, *significance of safety and rapport*, and *counsellor attunement and collaboration*.

*Counsellor attitude toward sex work.* When describing the therapeutic relationship, most participants addressed how the counsellors positioned themselves or came across after learning about their employment in sex work. While most participants appreciated what they perceived as the counsellors' supportive attitude toward their sex work, a few participants also expressed concerns about their counsellor's (or psychiatrist, in Rachel's case) unsupportive and dismissive position toward their sex work.

As both Kay and Ariel struggled with sex work, their counsellors' understanding and non-judgemental attitude towards their employment in sex work were instrumental in facilitating a safe therapeutic alliance. Kay highlighted the counsellor's attitude towards sex work as one of the most helpful aspects of the relationship, as she felt shame and guilt over her escorting; she recounted: "[The counsellor] also understood 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."

Although Alex and Anna, both satisfied with their current sex work, identified the counselling as largely unhelpful for their concerns, they perceived their counsellor's sensitive attitude towards their work as therapeutic and a marker of counsellor competence. For Alex, the counsellor's accepting and non-judgemental attitude about her sex work at her age was 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" and "accepting and open" about her sex work, which she identified as the "only" helpful aspect of the counselling.

On the other hand, 2 participants expressed dissatisfaction with how 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:

She didn't tell me to stop doing [the sugar thing], but she said, "Use your dad for 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 viewed her counsellor as having a dismissive attitude toward her sex work, explaining: "In terms of my work with her, [my sex work history] had nothing to do with anything of why I was there." Given the relevance of Alexis' sex work history to her healing, the counsellor's failure to directly consider this in session appeared to hinder the therapeutic relationship. Alexis wondered, "If [the counsellor] had some... compassion or empathy, then [my sex work history] would have come up, logically speaking. I could be wrong."

*Significance of safety and rapport.* When describing the therapeutic relationship, some participants mentioned the need to establish safety and rapport with their counsellors. In contrast to the participants who were satisfied with their sex work, participants struggling with sex work issues were particularly preoccupied with the conditions of trust, safety, and acceptance necessary to engage in the counselling fully and self-disclose about sex work comfortably. In other words, safety within counselling appeared to be related to how participants perceived their sex work.

The 2 participants conflicted about sex work described an initial difficulty with safety and comfort in counselling, noting that building a foundation of safety and comfort within the therapeutic relationship was a prerequisite to disclosing sex work matters in an honest, intimate, and authentic manner. For example, Kay noted that the counsellor helped her become aware of and overcome an internal barrier to being open about her previous escorting. When asked what helped her overcome this barrier, Kay specified the following conditions:

> 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... Knowing 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 "didn't feel that comfortable" in counselling but, over time, the counsellor built trust until Ariel was able to "talk about everything." Also important to Ariel was the counsellor's ability to convey safety as a man. Ariel appreciated qualities of the counsellor that differentiated him from "customers at the bar" where she worked, specifically that the counsellor was "neutral" and that he kept an appropriate physical space between them in session. The counsellor's neutrality was of utmost importance, as Ariel 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 struggle with safety in counselling, the 2 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 process. In fact, Anna and Alex did not make any observations about safety, or lack thereof, in the counselling and how that might connect back to their personal experiences of sex work.

*Counsellor attunement and collaboration.* Participants spoke about the counsellor's ability to engage them in the counselling process with collaboration and sensitivity to individual and cultural needs as determining factors. Two

participants expressed valuing their counsellor's collaborative approach in the counselling. For instance, Kay described how her counsellor led her to recognize herself as the agent of change within 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.

Three participants described their counsellor's use of individually and culturally tailored approaches as being conducive to or supportive of their specific counselling goals. Both Ariel and Kay found their counsellors' tailored insights to be particularly helpful with their sex work struggles. Kay's counsellor helped her release the burden of her self-judgements by shifting the locus of control from others to the self. Kay described this insight:

> I felt like even though my entourage didn't know [about the escorting] I still for some reason felt judged. And [my counsellor] 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.

On the other hand, 3 participants described approaches that were either predominantly disengaging or directive as unresponsive and insensitive to their individual needs. For example, Anna described her counsellor as "hands-off" and seemingly disengaged, which was particularly unhelpful given Anna's "shy" interpersonal style. While Rachel saw a psychiatrist for a single intake session in a hospital setting, she was still impacted by what she describes as a "very directive" and "dangerous" approach, as the psychiatrist "told [Rachel] what to do" without having a sensitive understanding of Rachel's needs and context. Rachel recounted:

> She was also telling me to continue school because I got into social work in a university… and then I had to drop out because I had a kid… And I was complaining about how at my recent job I was doing merchandising… 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 not easy.

### Disclosure of Sex Work

The participants' disclosure of sex work employment during counselling was the third area explored. The three resulting themes are: *disclosure as internally motivated*, *vulnerability surrounding disclosure*, and *counsellor responses: from supportive to invalidating*.

*Disclosure as internally motivated.* The participants described the internal motivators to disclosing their sex work to the counsellor. All participants

indicated a willingness to provide personal background information so that their counsellors could effectively support them. As such, most participants engaged in the disclosure during the initial assessment within the first two sessions. Alex exemplified this willingness to help the process: "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."

Ariel and Kay further described a desire for transparency about their sex work in counselling as they could not talk to their informal support systems about it. 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 centre. 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.

In a similar vein, Kay mentioned a desire for closure with the disclosure to the counsellor as she could not talk to others about her work. She explained:

> I felt like if I really wanted to move on to the next chapter, not to say that [escorting] 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 all participants described the value in disclosing their sex work employment to their counsellor to facilitate the counselling process, most participants also described experiencing certain difficulty with the disclosure. Two participants—those who had previously expressed satisfaction with their sex work employment—emphasized their openness and comfort in disclosing their sex work employment to their counsellor. Alex described how disclosing her sex work was like any other disclosure in counselling: "[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 [my counsellor]." Similarly, Anna shared that the disclosure was "not a huge deal" for her as she had told "a few other people" in the past.

The remaining participants described their disclosure of sex work as a vulnerable moment in counselling. They indicated experiencing self-consciousness as they anticipated the possibility of judgement from their counsellors given the wider social context of sex work stigma. For instance, Alexis shared 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 the counsellor's gender as a concern in the disclosure, which might have added to her self-consciousness; 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."

Despite seeking counselling specifically related to her prior escorting experience, Kay delayed this disclosure until the third counselling session, as she felt "ashamed" about the disclosure, asserting "there's a bad view about the industry in general." Still, she observed advantages to disclosing to the counsellor over a significant other:

> 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.

In addition to worrying about how she might be perceived, Rachel worried about the impact of her disclosure on the intake worker:

> I felt like I don't know [the intake worker], 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 [sex work]. Kind of opening her eyes, maybe.

*Counsellor responses: From supportive to invalidating.* Descriptions of counsellors' responses to disclosures of sex work employment can be conceptualized on a continuum, ranging from supportive to invalidating. Half of the participants identified their counsellors' responses as supportive and helpful to their counselling. For instance, Anna recounted what appears to be a validating response by her counsellor:

> He was very supportive…We never discussed [sex work] 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 Ariel and Kay, who sought counselling for sex work-related concerns, the counsellors' responses to the disclosure facilitated a therapeutic moment related to the goals they had brought to counselling. For instance, Kay's experience of shame and guilt around her previous escorting appeared to dissipate after the counsellor's validating response; she narrated:

> I didn't tell her at first about the work because it was still hard for me to talk about it… 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.

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. After this insight Ariel started the process of transitioning out of sex work, which was one of her counselling goals, stating: "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 response followed by a supportive one from the same counsellor. In response to her disclosure, the counsellor assumed engagement in street sex work, possibly due to unfamiliarity with the topic. 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."… So that kind of led into me educating her.

After educating the counsellor on her online sex work, which was "not too bad," Alex valued that the counsellor was "accepting" of and did not pressure her to "get out of " sex work.

At the other end of the continuum, Alexis's counsellor dismissed the initial disclosure by not addressing it in any fashion. Alexis recalled engaging in the disclosure during intake while providing context about her presenting concerns. Despite perceiving her sex work as being "irrelevant to [the counsellor]," Alexis persisted in her attempt to bring it up in counselling:

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

However, Alexis was saddened to report during the interview that she did not recall receiving any feedback from the counsellor about what she had shared. After some reflection, Alexis concluded that by disregarding her experience in the sex industry, the counsellor failed to help her heal. 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… It would be like… 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… elephant in the room. How do you sweep that under a carpet? It's a pretty lumpy carpet to hide an elephant.

<div align="center">DISCUSSION</div>

*Analysis of the Researchers' Preunderstandings*

Upon analyzing the results of the study and the researchers' preunderstandings about the phenomenon, it appears that there is some veracity to our expectations of counselling with sex workers. While most of our preliminary assumptions were confirmed, they were also extended by the diversity of experiences covered in the data. For example, while all participants talked about the importance of counsellor 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.

One of our initial preunderstandings was that participants would have sought out a counsellor with counselling experience or training specific to sex work, or with personal lived experience in the sex industry. Instead, participants prioritized a counsellor who conveyed openness and non-judgement, irrespective of whether the counsellor had a background in sex work. Additionally, all participants sought mainstream services and did not report experiencing barriers to accessing these services, except for 1 participant who indicated how her internalized stigma and cultural barriers delayed her decision to seek counselling. It was pleasantly surprising to us to find that the 2 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 effective services to sex workers.

*General Discussion*

This study sought to contribute to a better understanding of the counselling needs and experiences of indoor sex workers in Canada. Using a combined approach of feminist standpoint theory and hermeneutic phenomenology, we obtained and interpreted rich descriptions of women's experiences related to initiating counselling, the therapeutic relationship, and disclosing sex work to the counsellor.

Concerning *initiating counselling*, sex workers often encounter barriers to seeking counselling, such as stigma, which often translates into under-utilization (Benoit et al., 2017; Brode, 2004; Gorry et al., 2010; Kissil & Davey, 2010).

However, consistent with literature on facilitators to service uptake by sex workers, study participants identified encouragement from significant others (Kurtz, Surratt, Kiley, & Inciardi, 2005), and the roles of institutional settings (e.g., victim assistance program and health care settings) (King & Maman, 2013; Varga & Surratt, 2014) and medication as facilitating their access to counselling.

Women's knowledge generated by this study differs from that generated in other studies from the perspective of health care professionals documenting sex workers' ambivalence about mental health professionals (Brode, 2004; Gorry et al., 2010; Kuntze, 2009; Stevenson & Petrak, 2007). In the present study, participants were optimistic about working with a counsellor. An exception to this was Rachel's worry about the prospect of stigma and a practitioner who would predetermine the direction of care, mirroring Brode's (2004) findings of sex workers' anticipation of stigma and concerns about the role of power in psychotherapy. Relevancy of sex work to presenting concerns fell on a continuum, as sex work often—but not always—touched upon participants' presenting concerns to some degree. This finding resonates with previous research indicating that sex workers may seek counselling for sex work-specific issues (e.g., shame and desire to leave sex work), as well as for psychosocial issues (e.g., anxiety, depression, and relationship issues) that may impact any individual regardless of sex work employment (Gorry et al., 2010; Kuntze, 2009; Stevenson & Petrak, 2007).

Regarding the *therapeutic relationship*, study participants described facilitators to the quality of the alliance, such as the counsellor's attitude toward sex work. Participants who were satisfied with their sex work valued counsellors who expressed support, acceptance, and non-judgement about their employment, primarily by not pathologizing sex work or encouraging transitioning out of it (Brode, 2004; Kuntze, 2009; Wahab, 2004). Participants who struggled with sex work identified similar counsellor qualities, but emphasized that the counsellors' supportive, non-judgemental, caring, and understanding attitude specifically toward sex work was instrumental to building a supportive therapeutic relationship (Gorry et al., 2010; Kissil & Davey, 2010; Stevenson & Petrak, 2007). Although none of the study participants experienced a practitioner who expressed outward discrimination or a negative attitude towards sex work, which has been frequently documented in other studies (Benoit et al., 2018; Brode, 2004; Gorry et al., 2010; Kuntze, 2009; Scorgie et al., 2013; Wahab, 2004), a few did express how the counsellor's ambivalent or seemingly unsupportive attitude toward sex work hindered the therapeutic relationship and resulted in unfruitful counselling.

Research suggests that collaboration—a relational process—is crucial to effective counselling, regardless of theoretical modality (Clarkson, 2003; Cooper, 2008; Finlay, 2015). Similarly, Paré (2013) indicated how establishing trust and rapport in the relationship, through the portrayal of compassion, genuine curiosity, and respect in the client's expertise, "make[s] careful collaboration possible" (p. 48). Paré further depicted 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. In resonance with this literature, some participants

reported a positive and healing therapeutic relationship when counsellors worked collaboratively and were attuned to their worldview and cultural background, while other participants reported an unsuccessful therapeutic alliance when the counsellor was disengaged or overly directive. Similar to Owens, Springwood, and Wilson (2012), counsellor mis-attunement might lead to feeling unimportant, unheard, or disengaged in the relationship.

While counselling tends to highlight the relational process, psychiatric care, especially within the context of emergency care, rather forefronts a biomedical and prescriptive approach to care. Although Rachel's experience with the psychiatrist captured this directive approach in comparison to description of the counsellors, there were some similarities with other participants regarding experiences of cultural insensitivity and invisibility, and how these interfered with healing.

Some sex workers have reported negative experiences with counsellors (Brode, 2004; Gorry et al., 2010; Kuntze, 2009) that resemble Rachel's experience with the psychiatrist. As mental health professionals differ in their approach to therapy (e.g., directiveness and model of care) and attention to cultural sensitivity, we thought that including Rachel's experiences would provide useful insights and points of reflection for counsellors when working with sex workers.

Characteristics most clients would desire—establishing safety, comfort, and trust within the therapeutic relationship—were particularly important for participants in this study struggling with sex work and aligns with findings from previous research (Brode, 2004; Gorry et al., 2010; Kuntze, 2009). A client struggling 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 work may consider the counsellor's demonstration of professional and physical boundaries to be paramount to safety and comfort in counselling (Barton, 2007).

The counsellor's gender appears to be an important consideration in the disclosure of sex work. Sex workers' comfort in disclosing to a counsellor of a particular gender may depend on their individual history with people of the counsellor's gender. While 1 participant identified the importance of the counsellor exhibiting safety as a man given her experiences with customers violating her boundaries at the bar, another participant expressed hesitation about working with a female counsellor given her perception that women tend to be more judgmental of sex workers. This finding counters previous research (Kuntze, 2009), including Tate's (2015) study where women were unwilling to talk about sex work to male counsellors, due to a "permeating categorization of males as judgmental, not understanding, and a source of fear" (p. 22).

Research regarding the process of *sex work disclosure* to counsellors remains scant and focuses mainly on disclosure to medical professionals (Benoit et al., 2018; Socías et al., 2016). Participants revealed internal motivators for disclosing their sex work status, as they expected to derive personal benefits in counselling from doing so. To this end, most participants disclosed about their sex work within the first two sessions, during the initial assessment, as they wanted to provide counsellors

with relevant background information. Similar to Chaudoir and Fisher's (2010) findings, 1 participant refrained from disclosure until the third session, once trust had been established with the counsellor. The secrecy surrounding sex work often serves to avoid social rejection, discrimination, and violence (Jackson et al., 2007; Sanders, 2004). Sex workers may actively engage in concealing sex work from counsellors while also viewing sex work disclosure as necessary to advance the counselling process. This conflict amplifies the importance of using a culturally sensitive approach to counselling and providing a safe, neutral, confidential space to explore work experiences without the threat of social repercussion experienced in other contexts.

While all participants saw value in disclosing to their counsellor, the majority also described feeling self-conscious when disclosing. Research has cited the complexity and difficulty that often accompanies the disclosure of sex work as disclosers often anticipate stigma and judgement (Benoit et al., 2018; Chaudoir & Fisher, 2010; Sanders, 2004; Tate, 2015). In contrast, a few participants described disclosing about their sex work with ease and confidence, naming satisfaction in their sex work and positive experiences with disclosures outside of counselling as helpful factors. These factors have also been identified as contingencies that make resistance to stigma more likely amongst sex workers (Benoit et al., 2018; van der Meulen et al., 2013). The range of experiences in this and past studies suggests that client vulnerability related to disclosing sex work may be influenced by (a) psychological struggles over sex work stigma (e.g., shame, embarrassment, fear of being devalued) (Cohan et al., 2006; Gorry et al., 2010; Phillips & 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 (Cohan et al., 2006).

Participants associated both costs and benefits to counselling when divulging sex work to their counsellor. Similar to other studies addressing sex work disclosure (Benoit et al., 2018; Gorry et al., 2010; Tate, 2015), a few participants found their counsellor's dismissive and discounting responses made disclosure of sex work more difficult. This disclosure difficulty impinged on their care, mainly impeding addressing sex work struggles due to feeling invalidated and misunderstood, and hindering the therapeutic alliance and counselling process. Counsellors who adopt a "position of cultural blindness," wherein the clients' sociocultural dimensions and experiences are minimized or inadvertently ignored (Collins & Arthur, 2007), may make the clients' concerns invisible. This, in turn, turns counselling into a structural barrier that perpetuates stigma and the status quo. Research with other marginalized populations has demonstrated this finding (Dowden, Gunby, Warren, & Boston, 2014; Niki, 2018; Raj, 2002). Given our epistemological stance, we hope knowledge generated by these women can challenge professionals to adopt approaches that accounted for their unique perspectives.

Corroborating previous research on the benefits of sex work disclosure to a practitioner (Abel, 2014; Benoit et al., 2018), participants described supportive

counsellor responses that led to feelings of validation and/or profoundly healing experiences. However, this study suggests benefits particular to clients who struggle with their sex work, given the counsellor's caring and sensitively tailored response enabled: (a) a sense of liberation from the burden of concealing sex work; (b) mitigating internal conflicts associated with sex work (e.g., self-judgements about escorting, self-blame over unfulfilling relationships), thus facilitating counselling progress; and (c) strengthening of trust through counsellor understanding and validation of clients' lived experiences with sex work.

However, counsellors should exercise caution in how they obtain their knowledge about sex work, particularly when involving a client. While 1 participant in our study was comfortable with this task, Brode (2004) and Kuntze (2009) found that sex worker clients wanted their counsellors to exhibit cultural competence, rather than spend session time educating the counsellor at the expense of focusing on the issues they wanted to resolve.

*Implications for Counselling Practice*

The participants provided valuable insights that may be of assistance to counsellors who work with women in the indoor sex industry. Counsellors need to respond to the concerns self-identified by the client while being open and willing to talk about sex work history. This is because sex workers may experience barriers to discussing sex work concerns freely and comfortably (e.g., psychological barriers, social stigma, disregard by the counsellor). As the unique perspective of women in sex work is not well accounted for, counsellors should neither automatically assume sex work is the focus of all therapy nor focus their counselling interventions on sex work unless the client clearly identifies it as relevant to their counselling needs. Additionally, a culturally attuned, collaborative, and safe therapeutic relationship may offer a deeper healing experience, particularly for clients dealing with sex-work-related concerns. To be better equipped to support sex workers, counsellors need to be aware of their own biases about sex work/sex workers, be cognizant about dominant sex work stereotypes, and develop knowledge about the diversity of experiences of the heterogeneous sex worker community.

*Future Research*

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 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 and collaborative counselling practice, with attention to the client's particular context.

While this study focused on the counselling experiences of adult ciswomen, we propose that future research address the counselling experiences and needs of youth, people of colour, trans, immigrants, men, and other communities

who are involved in the sex industry, as workers with intersecting marginalized identities encounter more challenges and barriers to accessing support services (Socías et al., 2016). Additionally, that some counsellors may lack familiarity with the sex industry and express common social stereotypes of sex workers in their practice suggests that research in counsellor education directed towards improving counsellors' knowledge and proficiency in supporting sex workers may be warranted.

## CONCLUDING REMARKS

The counselling needs and experiences of indoor sex workers are heterogeneous; however, there are common threads that if attended to may lead to the delivery of more sensitive, respectful, and effective counselling services. When working with sex workers, counsellors need to prioritize the clients' presenting concerns while at the same time safely and respectfully exploring how their sex work status may interact with the concerns that brought them to counselling. Facilitating cultural understanding may help circumvent the damaging experiences of invisibility and stigmatization in counselling. To this end, we encourage counsellors to continue to develop their knowledge and competencies related to working with this population. Considering the marginalization, criminalization, and stigmatization of sex workers in society, we hope counsellors can offer a space of comfort and support where sex workers freely discuss their experiences without encountering barriers that perpetuate the status quo.

*Note*

1. The term "prostitution" is used here because it is the term used in the legal document Bill C-36. However, joining a growing number of academics, the authors advocate for the use of the terms sex work and sex worker rather than prostitution and prostitute, as this is the terminology used by sex workers' rights advocates (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). Which term (with its intended meaning) is applied can have cultural and policy implications. For example, if sex work (as opposed to prostitution) is seen as work by the state and the public, workers can gain labour rights, as well as safer and improved working conditions, such as in New Zealand (Weitzer, 2007). However, as sex work is stigmatized and the purchase of sex is illegal in Canada, many individuals in the sex industry do not identify as sex workers nor identify their involvement in the industry as sex work (van der Meulen et al., 2013).

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