How Social and Structural Stigma Prevent Women Who Engage in Sex Work from Accessing Counselling Services

by

Stevee McDade

A capstone submitted in partial fulfillment

of the requirements for the Degree of

Master of Counselling (MC)

City University in Canada

Vancouver, BC

March 2024

APPROVED BY

Dawn Percher, M.A., R.C.C., Capstone Supervisor, Master of Counselling Faculty

Dr. Alicia Spidel, M.A., PhD., R.C.C., Faculty Reader, Master of Counselling Faculty

School of Health and Social Sciences

Abstract

This paper is an examination of existing literature that discusses how stigmatization of sex work prevents women who engage in sex work from accessing counselling services. It will explore current sex work legislation throughout the world and how government policies on sex work can increase stigma associated with sex work. The aim of this paper is to understand how social and structural stigma affect the ability for women who engage in sex work to seek out counselling supports while considering if the decriminalization of sex work alone has been an appropriate measure to promote the well-being of women who engage in sex work. Research suggests that while decriminalization of sex work is a necessary first step, it will not be adequate on its own without extensive sociocultural change in attitudes toward women who engage in sex work. This change can begin by becoming aware of language, challenging, and educating those who use stigmatizing language toward sex work, not normalizing sexual violence under any condition, and getting to know the faces and stories of women who engage in sex work within one's own community. According to advocates of legalization or decriminalization of sex work, the primary harm against women who engage in sex work is social stigma.

Keywords: sex work, sex workers, women, social stigma, structural stigma, counselling services, sex work legislation

Dedication

This paper is dedicated to the many women I have met who engage in sex work, as well as to the missing and murdered Indigenous women who engaged in sex work and remain defined as a derogatory term in their absence. The photo below (Figure 1) is placed in your honour. You should not be reduced to a single aspect of your life, your work, or the violence you have experienced. I see you as a daughter, sister, mother, auntie, woman, and a human being first. I have written this paper to bring attention to the social and structural injustices you experience.

Figure 1

Red dresses hanging at the Unist'ot'en Healing Centre near Houston, British Columbia.

Note: the hanging of empty red dresses symbolizes missing and murdered Indigenous women and girls and the emptiness of society's response to the many forms of violence committed against them (Lesco, 2018).

Table of Contents

Chapter 1: Introduction

This paper will primarily focus on the social and structural stigma experienced by women who engage in sex work within Canada, and more specifically, British Columbia. Within British Columbia, sex work has been *partially* decriminalized, referred to as an *end-demand model* and focuses on criminalizing the buyer; while selling sex is legal, the purchase of sex is illegal (Crago et al., 2021). This has resulted in a woman's choice to partake in sex work to become political discourse, demanding policy and legislation that categorizes sex work as a legal or an illegal act, further perpetuating social and structural stigma surrounding sex work (Grittner & Walsh, 2020; Crago et al., 2021). Meanwhile, among sex work advocates, there are heightened discussions around how far governments can go in terms of invading the intimate lives of women through legislation that attempts to regulate bodily autonomy, self-determination, and sexuality, with limited to no guidance from those who define themselves as sex workers (Minichiello et al., 2018). Despite Canada's partially decriminalized status on sex work, the province of British Columbia opened the country's first 24/7 shelter for women and gender diverse folks who engage in sex work in 2021, as this population has been deemed in need of protection (Grittner & Walsh, 2020).

Research has shown high rates of mental health disorders among women who engage in sex work; however, sex work itself is not causally linked to mental illness (Puri et al., 2017). As a marginalized group, women who engage in sex work experience disproportionate health and social inequities, exposure to institutionalized violence, and discrimination in contrast to the general population (Benoit et al., 2021; Sawicki et al., 2019). Therefore, research is needed to question the origin of these mental health symptoms while considering the oppressive paradigm from which the mental illness narrative originated (Burnes & Dawson, 2023). Many symptoms

of mental health disorders among women who engage in sex work are exacerbated or reinforced by conditions of their work environment, including rape, assault, and being threatened with a weapon (Burnes & Dawson, 2023). Further, the cumulative effect of engaging in work that receives systemic hatred creates an inequality that results in challenges with one's mental health (Burnes & Dawson, 2023).

Overview of the Topic

Sex work is a common occurrence, but socially invisible and highly stigmatized (Martín-Romo et al., 2023). In Canada, between 1991 and 2014, there were 294 homicides of women who engaged in sex work; one in three (34%) of these homicides remain unsolved (Tsai et al., 2016). These statistics make it difficult to oppose the invisibility and stigmatization experienced by this population. Today, women who engage in sex work continue to experience stigma at the personal, societal, and structural levels, and continue to be disproportionately affected by gender-based violence (Evens et al., 2019; Wilson, 2020). Much of the language used to describe a woman's participation in sex work utilize stereotypes, perpetuate stigma, and rely on assumptions of their life circumstances (Sawicki et al., 2019). Words like "hooker," "whore," and/or "prostitute" have been found to invoke negative implicit bias among the public and remain repeatedly used in academic literature, courtrooms, and government legislation (Berthe, 2018). In addition, the legal status of sex work remains a critical factor in perpetuating patterns of violence against women who engage in sex work (Deering et al., 2014).

Purpose Statement

This paper aims to create a framework for counsellors to better understand British Columbia's current legislation on sex work, while presenting the urgency of what women who engage in sex work require to feel protected, seen, and heard. There is a need for extensive

research that measures social understanding and perceptions of sex work to uncover what work still needs to be done to diminish social and structural stigma experienced by this population (Armstrong, 2019). Within British Columbia, Bill C-36: *The Protection of Communities and Exploited Persons Act* was established in 2014 for the purpose of protecting those who sell their own sexual services; however, there is concern that the voices of those who engage in sex work were unrepresented in the design of Bill C-36 and that its 'end-demand' model may have made it harder for sex workers to do their job safely and seek out support services when needed (Armstrong, 2019; Crago et al., 2021). Increasingly, advocates for sex workers rights argue that Canada's legal structure on sex work equates to lawmakers stating, '*Selling sex is fine - just make sure it is done behind closed doors*' (Burnes & Dawson, 2023).

The hope for this paper is that it will strengthen community advocacy to support women who engage in sex work, their right to bodily autonomy, and reduce the stigma experienced by this population. Lastly, the objective behind this research is to answer the question, *does social and structural stigma prevent women who engage in sex work from accessing counselling services and how can counsellors work toward reducing the stigma experienced by this population?*

Conceptual Framework

This paper is written from the perspective that sex work is *work* (Burnes & Dawson, 2023). Acknowledging this reduces stigma and creates an inclusive environment, allowing those who refer to themselves as sex workers to feel part of society (Armstrong, 2019; Aroney & Croft, 2019). Sex work activist, Carol Leigh, devised the term *sex work* in 1978 (Burnes & Dawson, 2023). Today, sex work is often the preferred term by women who engage in sex work in reference to the services they offer, with the intention to emphasize that it is 'work' and to

avoid social stigma associated with the term ‘prostitution’ (Burnes & Dawson, 2023). Meanwhile, the term ‘prostitute’ has been a part of the English language since the 1500s and was originally used as a verb, not a noun (Burnes & Dawson, 2023). Therefore, prostitution was not a thing one did, it was something done to them, demonstrating a lack of personal agency (Burnes & Dawson, 2023). It should be noted, stigmas often emerge in the form of derogatory terms that shame, diminish, and dehumanize women who engage in sex work (Canadian Centre on Substance Use and Addiction, 2019). Consequently, language can intentionally and unintentionally propagate the stigma. Therefore, the use of person-first language, such as “women who engage in sex work” acknowledges women as a person before identifying them solely by their actions in the position as a sex worker. Far too often, when talking about women who engage in sex work, the emphasis is put on their work, reducing them solely to what they do.

Contribution to the Field

The aim of this Capstone project is to bring forth transformative and pragmatic research for improving the well-being of women who engage in sex work. A transformative approach will look to the political and social change necessary to benefit the lives of these women, while a pragmatic lens will utilize the experience of women who engage in sex work as the primary means for building knowledge and understanding for what this population needs. As a highly stigmatized and marginalized population, counsellors must be aware of their attitude, perception, and emotion to eliminate the risk of creating more harm when working alongside women who engage in sex work, as further marginalization can occur in the form of counsellor unconscious bias. Through this research, counsellors will learn to challenge their own individual, collective, and systemic beliefs about sex work and intersecting oppressions that are used to problematize

sex work along with the women who engage in it. Furthermore, this paper will explore a counsellor's *duty to report* within the province of British Columbia and whether social and structural stigmas influence one's reasons for reporting. Lastly, this paper will develop a framework for counsellors to work alongside women who engage in sex work (or have previously engaged in sex work) using a trauma-informed, sex-positive, and resilience-based model.

Reflectivity and Positionality Statement

As a registered social worker, I have worked alongside many women who engage in sex work, many of whom were Indigenous and/or experiencing homelessness. My interactions with these women have been while working within systems that perpetuate colonial violence, such as child protection and the medical system. These systems have encouraged me to work alongside women who engage in sex work to "create life goals" and find a "real job"; however, these are expectations from systems that have historically marginalized and oppressed this population. I have learned the most important aspect of role as a social worker is to speak to these women with dignity while listening to what *they* want. Further, by acknowledging their engagement with sex work as *work*, it allows for an opportunity to engage in conversations about safety.

Repeatedly, I have witnessed women who engage in sex work seek out medical care because of physical violence they have experienced while working, and without recognizing my privilege as a white woman, I have ignorantly suggested these women report this to the police. These women have shared with me that majority of their clients are white men who are "well off", and therefore, they feared reporting such acts to police. In addition, these women have told me experiences of feeling shamed and ostracized when seeking out medical care, specifically, within the hospital setting.

As a new social worker, I had no idea about Canada's policy on sex work, nor was it something I had ever considered prior to working alongside women who engage in sex work. It was not until two years ago, when a woman who engaged sex work within my community passed away, that I became increasingly aware of the ways in which social and structural stigmas associated with sex work prevent women from disclosing violence they have experienced. This woman's passing, in addition to the stories many women have shared with me have provoked me to become specifically attentive to the current legislation on sex work in my own backyard.

Definition of Terms

Colonization

The action or process of establishing control over Indigenous peoples by forcing European values, religions, as well as laws and policies that do not respect Indigenous ways of being-knowing-doing. Colonization continues to occur in Canada today.

Duty to Report

A counsellor's ethical obligation to report to the appropriate authorities when an adult is at an imminent risk of serious harm and/or there is reason to believe that a child has been or may be at risk of harm.

Sex Work

The consensual exchange of sexual services between adults for monetary gain.

Sex Worker

A woman who provides consensual sexual service between consenting adults and is primarily compensated through monetary means.

Stigma

A mark of disgrace associated with a woman's participation in sex work. Stigma manifests as individual, social, and structural responses and is grounded in stereotypes.

Social Stigma

Discrimination against women who engage in sex work based on assumed characteristics that serve to differentiate and/or discriminate them from others in society. This display of stigma occurs when a woman is defined by her participation in sex work rather than who they are as an individual. Social stigma toward women who engage in sex work has a long and connected history to the control and erasure of women's bodily autonomy.

Structural Stigma

Laws, policies, and practices that result in the unfair treatment of women who engage in sex work.

Women

Individuals who self-identify as being a woman and engage in sex work.

Summary

This paper will explore how Canada's current legislation on sex work affects women who engage in sex work, and how counsellors can work toward reducing the stigma experienced by this population. Chapter two will explore sex work legislation around the globe, social and structural stigma, and look at the experiences and needs of women working within criminalized *and* decriminalized environments. This inquiry in chapter two will bring forth findings and themes to generate the final section of this paper. Lastly, chapter three will filter these findings and themes to present best practice for supporting the psychological needs of women who engage in sex work, in addition to highlighting practices in decolonizing sex work that center the voices, agency, and freedom of women.

Chapter 2: Literature Review

This section of the paper will comprise a literature review addressing topics relating to the original research question: *does social and structural stigma prevent women who engage in sex work from accessing counselling services and how can counsellors work toward reducing the stigma experienced by this population?*

Sex Work

Traditionally, sex work has been stereotyped as referring to *street-based* sex work; however, women who engage in sex work are a diverse group, and sex work takes many forms (Burnes & Dawson, 2023). Grittner and Walsh (2020) describe sex work as existing along a spectrum of agency, agreement, and power. At one end, sex work involves self-determination of the sexual service being offered, while at the opposite end, choice and control are absent (Grittner & Walsh, 2020). Too often, sex workers are perceived to be a homogenous group 'in need of saving', rather than diverse individuals with contrasting needs (Armstrong, 2019). In considering *who* sex workers are, research that recognizes intersecting identities is needed to understand added experiences of oppression and marginalization among women who engage in sex work (Burnes & Dawson, 2023). Intersecting identities such as race, gender, ethnicity and /or sexual orientation/expression are critical in shaping the individual experience of women who sell sexual services. Consequently, a 'one size fits all' approach has resulted in government responses that reinforce the criminalization of sex work to chastise a woman's involvement in sex work, resulting in destructive effects on the human rights of women (Amnesty International, 2016).

Sex Work Policy Around the Globe

To begin supporting the needs of women who engage in sex work, counsellors must understand how the social and physical location of these women helps to create (or eliminate) protective factors for them (Burnes & Dawson, 2023). In 2003, New Zealand became the first country in the world to decriminalize sex work with the passing of the *Prostitution Reform Act* (Armstrong, 2019). Following their lead, two states in Australia, New South Wales and Northern Territory, introduced legislation to support decriminalization. Within the United States of America, Nevada, is the only state where sex work is not illegal. However, this does not mean sex work has been decriminalized, as sex workers within Nevada can still face criminal penalties for not following 'zoning laws', requiring work in designated areas only (Grittner & Walsh, 2020; Minichiello et al., 2018). Like Nevada, Germany has legalized sex work; however, sex workers are still susceptible to criminal penalties if not adhering to government regulations. Meanwhile, Germany remains the only jurisdiction to offer labour rights, entitling sex workers to employment supports that include sick pay and a pension (Levy & Jakobsson, 2014). Within Canada, France, and Sweden, sex work has been 'partially decriminalized'. This is referred to as an 'end-demand' model and focuses on criminalizing the buyer. While selling sex is legal, the purchase of sex is illegal. This approach maintains the belief that sex workers need saving and/or protecting, assuming that women who engage in sex work can only be made safe by ending demand (Levy & Jakobsson, 2014).

Sex Work in Canada

In 2014, under Canada's Conservative government, Bill C-36: *The Protection of Communities and Exploited Persons Act* was established for the purpose of protecting those who sell their own sexual services, protecting communities from the harms caused by 'prostitution',

and reducing the demand for prostitution and its incidence (Government of Canada, 2021). However, a study by researchers at the University of British Columbia found that since Bill C-36 came into effect, the number of sex workers in British Columbia who were unable to access support services when needed has increased (Crago et al., 2021). In addition, the study found that of the 200 sex workers interviewed (working within Canada's end-demand model) 31.0% reported being unable to call emergency services if they or another woman's safety was at risk due to fear of police detection of themselves and/or their coworker (Crago et al., 2021). Therefore, if women who engage in sex work are fearful of seeking support in crisis situations, it is unlikely that they will be willing to obtain voluntary support services such as counselling (Crago et al., 2021).

A Framework of Pathology

There is significant polarity surrounding approaches to sex work research. The two dominant sides are the *anti-prostitution abolitionist approach* and the *sex worker rights approach* (Ham & Gilmore, 2017). The abolitionist approach argues for the criminalization of all forms of sex work and considers sex work as a gendered form of sexual violence and exploitation against individuals who identify as women (Ham & Gilmore, 2017). Meanwhile, the sex worker rights approach argues for decriminalization of sex work and views sex work as a legitimate form of work that defends women who engage in sex work as having rights (Ham & Gilmore, 2017).

Pathological approaches, such as the anti-prostitution abolitionist approach have been used to study sex work through a lens of victimhood, insult, and presumed lack of agency, resulting in research that is extremely skewed (Weitzer, 2010; Benoit et al., 2017). In addition, the current literature outlining how clinicians understand sex work most often utilizes a

theoretical perspective focused on understanding human behaviour from a model of mental illness and abnormal/maladaptive behaviours; a perspective known as the *oppressive paradigm* by many sex-positive sex work researchers (Burnes & Dawson, 2023). Furthermore, the dominant use of pathological approaches in sex work research, renders invisible the power and resilience of women who engage in sex work (Burnes et al., 2012; Treloar et al., 2021). This framework maintains objectifying and dehumanizing narratives applied to sex workers and creates illness-focused practices that prevent mental health clinicians from fully understanding the unique needs of women who engage in sex work (Armstrong, 2019; Burnes & Dawson, 2023).

In contrast, adopting a resilience and strengths-based framework, such as a sex worker rights approach can provide a community-based perspective to identify ways in which a woman's community serves as a protective factor rather than focusing on her innate pathology (Burnes et al., 2012). Moving forward in sex work research, it is critical that future research breaks down the stigmatizing distinctions represented between 'good' and 'bad' sex workers (Armstrong, 2019).

Dismantling the "Whorearchy"

Many sex-positive researchers and activists have found problems with the classification of sex workers as 'good' and 'bad' (Burnes & Dawson, 2023). Current activists and scholars have named this classification system the *whorearchy*, a hierarchal system that often ranks sex workers from 'elite' to 'inferior' (Burnes & Dawson, 2023). Sex workers themselves have indicated that the closer they are to the streets and police, the closer they are to the bottom, deeming outdoor workers as 'less than' (Burnes & Dawson, 2023). Meanwhile, at the top, are sex workers who work in a designated location (often referred to as *escorts*) and who have no

direct contact with police (Burnes & Dawson, 2023). Unfortunately, women who engage in sex work have come to internalize these ranking systems and apply the whorearchy to classify themselves (Burnes & Dawson, 2023). Consequently, this internalized whorearchy connects with other forms of internalized oppression (classism, racism, and sexism), creating intersections of harm and isolation (Burnes & Dawson, 2023). Unfortunately, the whorearchy is still prevalent in much of the discourse about women who engage in sex work today and has resulted in levels of support, stigma, resources, and safety, that are dependent solely on whoreacrhy classification.

Social Stigma

Sociologist, Erving Goffman, described stigma as a social attribute or mark of disgrace that disconnects individuals from others based on socially given judgment (Benoit et al., 2018; Grittner & Walsh, 2020). Bowen and Bungay (2016) identify stigma as a process of 'othering' that depreciates one's identity, social traits, and limits interactions within socio-structural relationships (Grittner & Walsh, 2020). Stigmas are deeply shaming and reduce the bearer from being a respected and accepted individual to being an unworthy and disrespected person (Benoit et al., 2017). Stigmas have been shown to create harm toward one's level of self-acceptance and identity formation, resulting in social exclusion because of secrecy and/or shame (Benoit et al., 2017). Additionally, provided the pervasiveness of sex work stigma across numerous interrelated levels (social and structural), many women who engage in sex work begin to internalize the stigma directed at them (Antebi-Gruszka et al., 2019).

To work toward the erosion of social stigma experienced by women who engage in sex work, there is a need to increase societal understanding of sex work and create opportunities for other members of society to connect with the 'human faces' of this population (Armstrong, 2019). Women who engage in sex work identify the need for human connection with others in

their community as an essential factor to decreasing their marginalization and vulnerability (Armstrong, 2019). Meanwhile, Grittner and Walsh (2020) found that *social* stigma remains present across all judicial environments, suggesting that while the legal framework surrounding sex work perpetuate stigma, they are not solely responsible for stigma experienced by women who engage in sex work. Weitzer (2018) observes that although decriminalization is imperative, it is not a satisfactory condition for destigmatization.

Structural Stigma

Stigma can be exacerbated by positions of power and privilege within legal frameworks (Treloar et al., 2021; Weitzer, 2010;). The criminalized framework surrounding sex work is an example of stigma operating at the *structural* level (Bruckert & Hannem, 2013). Laws are based on the belief that sex work is disorderly, demanding regulation and police observation (Bruckert & Hannem, 2013). Many studies have found that once women are identified as sex workers, they are subject to not only police interference but also harassment and humiliation within their communities even when not working (Benoit et al., 2017). The ‘problem’ is not the woman who engages in sex work but the larger social and structural forces that establish sex work as problematic from a criminal, moral, and/or health perspective (Minichiello et al., 2018). The mental and physical well-being of women who engage in sex work will continue to be stigmatized if sex work is defined as a ‘problem’ requiring legislation and policy control (Bruckert & Hanneman, 2013). However, few studies have examined how structural stigma operates in contrasting legislative conditions (Armstrong, 2019).

Impacts of Criminalization

Many jurisdictions have criminalized the purchase of sex work based on the argument that it disrupts the social environment of a community and exploits vulnerable women who

require legal measures to protect them (Benoit et al., 2018). Meanwhile, the criminalization and policing of sex work have proven to be detrimental to the safety of women who engage in sex work, as encounters with clients may become rushed, occur in isolated areas, and limit the level of control the woman may have over the situation (Canadian Public Health Association, 2021). The criminalization of selling sex in public locations forces women to move into isolated areas, making them more susceptible to experience violence from clients, while further preventing them from having the time to assess for potential risks of harm from new clients, and thus, from recognizing when to accept the transaction and when to reject it (Comte, 2013). Many women do not report violence for fear of police involvement, and when they do report it, they are often overlooked due to policing practices and the current legal environment (Canadian Public Health Association, 2014; Sanders, 2018). As a result, many women who engage in sex work find themselves estranged from protective and supportive services (Benoit et al., 2017; Crago et al., 2021). This results in a feedback loop where estrangement from protective and supportive services leads to increased victimization due to perceived lack of value and internalized shame, which in turn feeds back into the social and structural stigma held by those in power of government policies established to protect society (Benoit et al., 2017).

Criminalization of the sex work industry means considerable costs are attached to speaking out as a woman who engages in sex work (Aroney & Croft, 2019; Crago et al., 2021). In a meta-analysis by Platt et al. (2017) examining 130 studies in 33 different countries over three decades, researchers found high risks of physical and sexual violence from clients among women who engage in sex worker who had been exposed to undemocratic policing, compared to those who had not (Hoefinger et al., 2020). Oppressive policing practices were also linked to the upheaval of work environments that were once safe, decreased psychological support services,

compromised safety and reduced harm reduction strategies, and limited access to healthcare (Hoefinger et al., 2020; Platt et al., 2017). Studies reported both the physical health *and* mental health seeking habits among women who engage in sex work are diminished for the fear of judgment, leading to unmet human needs (Benoit et al., 2018). Furthermore, criminalization renders women who engage in sex work more vulnerable by amplifying levels of societal disapproval towards them (Armstrong, 2019).

Impacts of Decriminalization

Decriminalization of sex work does not mean the complete absence of sex work regulation, rather, it means legal frameworks should be focused away from offenses that criminalize sex work and move toward laws and policies that protect women who engage in sex work from acts of exploitation and sexual violence (Amnesty International, 2016). This population demands regulation that respects the agency of women who sell sex, along with regulation that contributes to safe working conditions (Amnesty International, 2016). Reasons cited in favour of decriminalization include controlled work environments where clients can be screened before accessing sexual services, increased access to non-stigmatizing healthcare and psychological support, and the ability to report violence to police without fear of criminal prosecution (Armstrong, 2019; Bruckert & Hannem, 2013; Minichiello et al., 2018). Therefore, decriminalization would foster a harm reduction approach and increase access to physical and mental health care services, along with adoption of occupational health guidelines (Minichiello et al., 2018). Decriminalization would lead to recognizing sex work as an approved form of labour and offer protection for women who engage in sex work under civil labour regulations (Bruckert & Hannem, 2013).

In contrast, the criminalized status of sex work in some jurisdictions labels sex workers ineligible to contribute to employment insurance, parental leave programs, and pension plans, constituting yet another form of societal exclusion (Bruckert & Hannem, 2013). In addition, the inability to demonstrate an ‘acceptable’ source of income limits women who engage in sex work from securing housing, an essential human need for overall health (Bruckert & Hannem, 2013). Acknowledging sex work as ‘work’ reduces stigma and creates an inclusive environment, allowing sex workers to feel part of society (Armstrong, 2019; Aroney & Croft, 2019; Bruckert & Hannem, 2013; Sanders, 2018).

Mental Health Concerns

Within counselling literature, the psychological needs of women who engage in sex work remain largely invisible despite this population demonstrating a range of mental health concerns (Velez & Audet, 2019). Benoit et al. (2018) found that Canadian women who engage in sex work reported uncertainty about disclosing their work to helping professionals such as physicians, nurses, social workers and counsellors due to anticipated stigma, internalized shame surrounding their participation in sex work, and confidentiality concerns. Moreover, research indicates sex workers face disproportionate health and social inequities compared to the general population, specifically a higher prevalence of mood disorders, suicidal ideation, and post-traumatic stress disorder (Puri et. al., 2017). In addition, themes from Vancouver-based qualitative research examining the experiences of women who engage in sex work demonstrate significant health and social inequities, including experiences of trauma and sexual violence related to social and structural factors including criminalization and stigma (Crago et al., 2021; Puri et al., 2017).

Women who engage in sex work with a diagnosed mental health disorder are more likely to identify as a gender/sexual minority, experience substance misuse, have a history of childhood and/or intergenerational trauma, and engage in *street-based* sex work (Velez & Audet, 2019). Puri et al., (2017) found that among a sample of 692 sex workers in Vancouver, British Columbia, 48.8% reported being diagnosed with a mental health disorder, with mood disorders (anxiety and depression) being the most common (Velez & Audet, 2019). These symptoms are not innate for women who engage in sex work; rather, they are a result of their negative contexts and unsupportive environments (Burnes & Dawson, 2023) In addition, among the 692 sex workers interviewed, 71.2% reported physical or sexual abuse as a child (Puri et al., 2017). Meanwhile, women who engage in sex work remain limited in their access to counselling services, with research identifying shame and social stigma as the main barriers (Velez & Audet, 2019). However, despite a need for psychological support, women who engage in sex work have disclosed mistrust in helping professionals and a lack of affordable and non-judgmental services as hindering their access to counselling resources (Velez & Audet, 2019). Ultimately, social support remains a significant predictor of better mental health outcomes in sex workers.

Colonization

Sex work in Canada is highly racialized, with Indigenous women disproportionally represented in street-based sex work (Puri et al. 2017; Wilson, 2020). Indigenous women make up approximately 4% of the Canadian population; however, within sex work, Canadian research has demonstrated that 52% of women who engage in *street-based* sex work identify as Indigenous (Wilson, 2020). Puri et al (2017) explain that the overrepresentation of Indigenous women in sex work stems from colonial and racialized policies and practices that resulted in the displacement, dispossession, and marginalization of Indigenous peoples. Furthermore,

colonization has created widespread systemic racism against Indigenous peoples within the systems of healthcare and child protection; two systems greatly affected by women who engage in sex work (Martin & Walia, 2019; Turpel-Lafond, 2021).

The *Indian Act* was instituted in 1876, which established Canada as an authority figure to Indigenous peoples with the power to decide how the lives of 'Indians' were to be lived (Hunt, 2014). Although it has undergone many changes and remains in effect today, the *Indian Act* set the foundation for colonial perspectives about 'Indians' including racist and sexist stereotypes, introducing ideas that Indigenous people are inferior to Europeans and that women are inferior to men (Hunt, 2014; Farrales, 2019). Colonial practices demonstrated that Indigenous women were not 'real' women, leading to the success of sexual violence they continue to experience (Hunt, 2014). This has led to the deep-rooted belief that Indigenous women are 'promiscuous savages', situating them at the margins of society (Hunt, 2014; Pierce, 2015). Today, there is no greater evidence that these are longstanding beliefs upheld by Western culture than the epidemic of violence against missing, murdered, Indigenous women and girls in Canada (Martin & Walia, 2019).

Child Apprehension Among Sex Workers

Research has revealed elevated levels of child apprehension among women who engage in sex work, with child welfare reports from British Columbia demonstrating high levels of child apprehension specifically among Indigenous women (Duff et al., 2014; McGrath et al., 2023). Findings from a 2014 study utilizing the voices of 350 women who engage in sex work located in Vancouver, British Columbia, displayed a 66% increased odds of child apprehension among sex workers of Indigenous ancestry, with 59% of Indigenous sex workers having had a child apprehended (Duff et al., 2014). In Canada, 53.8% of children in foster care are Indigenous, yet

they account for only 7.7% of the child population (Martin & Walia, 2019). Ultimately, the system of child protection represents a form of structural stigma, which includes cultural norms, societal conditions, and policies of colonial practices that constrain the well-being of parents who engage in sex work (McGrath et al., 2023). Duff et al., (2014) bring attention to the high rates of child apprehension among parents who engage in sex work as a reflection of child welfare practices that are more likely to assume women who engage in sex work are positioning their children at increased risk for harm.

Birth Alerts

The high rates of child apprehension among women who engage in sex work has become a barrier for women to seek out counselling services for fear of having their child(ren) removed from their care; a valid concern based on Canada's historical practice of *birth alerts* (Sistovaris et al., 2021). Within British Columbia, birth alerts were once used to notify hospitals and child protection agencies that an assessment was needed before a newborn could be discharged from the hospital to a parent deemed 'high-risk' (Sistovaris et al., 2021). Birth alerts were often made without the woman's knowledge and were based on the perception from a social worker or medical professional that the pregnant woman was unfit to care for their unborn child. Birth alerts were primarily issued for marginalized women and disproportionately affecting Indigenous women (Government of Canada, 2019; Sistovaris et al., 2021). For decades, the practice of birth alerts prevented pregnant women who engage in sex work from seeking out medical and psychological support in fear of a birth alert being placed.

In 2018, Canada's *National Inquiry into Missing, Murdered, Indigenous Women and Girls* recommended the practice of birth alerts come to an end (Government of Canada, 2019; Sistovaris et al., 2021). Instead of birth alerts, advocates argued vulnerable mothers need

programs and protection so families can stay together (Sistovaris et al., 2021). Following these recommendations, the government of British Columbia banned the use of birth alerts in 2019; however, it is critical for counsellors to recognize how the longstanding practice of birth alerts continues to influence help seeking behaviour for pregnant (and non-pregnant) women who engage in sex work today (Sistovaris et al., 2021).

Systemic Racism in Healthcare

Women who engage in sex work face significant health inequities and disproportionate sexually transmitted infections; specifically, human immunodeficiency virus (HIV) (Goldenberg et al., 2023). In Canada, Indigenous women account for 45.1% of new HIV cases, yet they face inequitable access to health care compared with other populations (Martin & Walia, 2019; Turpel-Lafond, 2021). A 2020 report with close to 9,000 interviews with Indigenous peoples for the purpose of addressing racism and discrimination in British Columbia's health care system found that only 16% of all respondents reported never having been discriminated against while receiving medical care (Turpel-Lafond, 2021). Additionally, more than one- third (35%) of health care worker respondents in the same report indicated having personally witnessed discrimination inflicted upon Indigenous patients (Turpel-Lafond, 2021).

Gaps in Research

It is incredibly challenging to obtain a representative sample of women who engage in sex work, a notably clandestine group, due to marginalization *and* criminalization (Bungay et al., 2023; Levy & Jakobsson, 2014) To date, sex work research has been disproportionately focused on street level work, which sex work activists describe as a harmful assumption that reflects the position of a privileged perspective about what sex work is (Bungay et al., 2023). Meanwhile, within British Columbia, there is sufficient evidence that many women who engage in sex work

are situated in indoor venues (Benoit et al., 2019; Bungay et al., 2023). Moving forward, Armstrong (2019) emphasizes the need for research that measures social perceptions of women who engage in sex work to determine how much has changed and how much work still needs to be done to reduce social and structural stigma experienced by this population. Meanwhile, interviews with women who engage in sex working in New Zealand revealed decriminalization has not substantially reduced the social stigma they experience in their communities; therefore, the fear of being shamed for their work continues to affect their willingness to seek out healthcare and psychological support (Armstrong, 2019; Bruckert & Hannem, 2013). Unfortunately, in determining if a woman's access to counselling supports has improved in areas where sex work has been decriminalized, existing literature has limited representation of the lived experience of this population in locations where sex work is decriminalized.

Contrasting results, ranging from positive to challenging experiences of women who engage in sex work, depend primarily on the socioeconomic environment from which women are recruited (Bruckert & Hannem, 2013; Comte, 2014). Research continuing to use the classification system (‘whorearchy’) of sex work found that for middle-class women in larger Western cities, sex work is more often a choice of income-generating possibilities and often experienced as something favourable in their lives (Bruckert & Hannem, 2013). Conversly, women considered socioeconomically vulnerable often experience sex work as something they would rather not do but must do to meet their basic needs (Comte, 2014), which may bring them to experience a lack of personal agency and social worth (Bruckert & Hannem, 2013; Shaver, Lewis & Tyndale, 2011). This reinforces the diversity of women who engage in sex work and demands exploration into social determinants of health for future research. Furthermore, Grittner & Walsh (2020) highlight the need for decolonizing methods in research such as storytelling to

create space for both researchers and participants to acknowledge, reflect, and recognize privilege and power relations intertwined within identity and lived experience of Indigenous women who engage in sex work.

Conclusion

The hope for removing the criminal sanctions surrounding sex work is that it will promote a safer and more supportive environment for women who engage in sex work to seek out counselling services; however, recent literature demonstrates ongoing stigmatization and marginalization of this population remains regardless of decriminalization (Crago et al., 2021). Minichiello et al. (2018), express the need for society to be open to the concept that offering sexual services for profit can be a deliberate choice for women and those who choose to engage in sex work should be able to do so without fear or experiencing harm. The decriminalization of sex work will not be sufficient on its own to eliminate social and structural stigma experienced by sex workers without broader cultural and social change in attitudes (Treloar et al., 2020). Meanwhile, despite Canada's partially decriminalized status on sex work, the province of British Columbia continues to operate the country's first 24/7 shelter for women who engage in sex work. Moving forward in sex work research, British Columbia's shelter may provide a sample population for participatory action research by centering the voices of women who engage in sex work and involving them in the research process to further answer the question targeted in this literature review.

Chapter 3: Discussion and Application

Critiquing Theory

Women who engage in sex work are particularly vulnerable to a distorted understanding of who they are as a person, as well their work (Burnes & Dawson, 2023). Academic literature surrounding sex work continues to utilize a theoretical perspective that focuses on understanding a woman's engagement with sex work from a model of abnormal and maladaptive behaviour, mental illness, and stress (Burnes & Dawson, 2023; Weitzer, 2010). This longstanding approach has created illness-focused practices that prevent counsellors from fully understanding the stressors experienced by this population (Burnes & Dawson, 2023). Consequently, what has become evident from this approach are the adversarial relationships created between women who engage in sex work and community supports. To date, unchallenged historical understandings of sex work have created problematic frameworks for counsellors to work alongside women who engage in sex work (Burnes & Dawson, 2023). Throughout the history of psychotherapy, fundamental assumptions of ‘normal’ versus ‘deviant’ sexuality, and what it means to be a ‘respected’ member in society have been woven into theoretical modalities that have had harmful effects on marginalized populations. Meanwhile, most therapeutic modalities can be practiced in a sex-positive, social-justice-focused, and trauma-informed manner; however, this cannot be done without first learning the history of the theory that is being used to conceptualize clients.

Historically, behavioural and medical models have been used to justify and/or perpetuate false and hurtful understandings about women who engage in sex work; therefore, when applying a theoretical orientation to counselling, counsellors must become aware of ways in which such modalities may have harmed the population they are working alongside (Burnes et al., 2012). Burnes & Dawson (2023) encourage counsellors to ask themselves, “Why do I

connect with this theory? What might some of this theory's historical harms be? and "What clinical practices are an expression of my underlying core values of people's right to dignity, respect, and the affirmation of their humanity?" (p. 103). Furthermore, counsellors that identify themselves as "sex-positive" are moving away from 'old-fashioned' or 'out of date' theoretical orientations and moving toward frameworks, principles, values, and perspectives that are important to recognize when working alongside women who engage in sex work (Burnes & Dawson, 2023). However, in whichever way counsellors choose to practice, the most important skill is thinking about the humanity of the person to whom they are providing a service.

Counsellor Bias

Becoming aware of illness-focused perspectives on sex work creates an understanding of how flawed methods have created flawed research, which in turn has created flawed understanding of sex work, leading to increased stigmatization experienced by this population (Burnes & Dawson, 2023; Weitzer, 2010). This is an example of an oppressive paradigm used to understand sex work from a position of power and privilege and has resulted in counsellors' increased biases (Weitzer, 2010). Based on the influence from obtrusive structural and social factors, counsellors often hold the following three misconceptions about women who engage in sex work: 1. reason(s) for entering sex work (often assumed to be a result of mental illness and/or experience of childhood sexual trauma), 2. their participation in sex work is the 'problem' that requires counselling, and 3. sex work is unsafe, and therefore, women need to be 'saved' (Burnes & Dawson, 2023; Weitzer, 2010). Consequently, these faulty assumptions demand a sex-worker-aware counselling framework to compassionately and ethically work alongside women who engage in sex work; however, this will first require counsellors to recognize well established myths about sex work.

Challenging Myths

Although there has been an increase in awareness among counsellors that sex work is *work,* Burnes and Dawson (2023) identify four myths that sex-positive counsellors are continually fighting against when looking to access community supports for women they are working alongside: 1. sex work is trauma, 2. sex work is the result of trauma, 3. sex workers are looking to leave sex work, and 4. sex work only leads to unhappiness. These myths have created community resources that support women from illness-focused perspectives that aim to stop their engagement in sex work, as that is the only preconceived way to bring forth mental wellness. Traditionally, the mental health profession believed women would only engage in sex work if they were damaged already, creating a professional standard to look for deficits rather than honouring self-determination and resilience behind one's participation in sex work. (Armstrong, 2019; Burnes & Dawson, 2023; Weitzer, 2010).

Potential for Further Harm

When counsellors search for experiences of trauma within consensual and safe sex work, it can humiliate women seeking counselling, as it reveals to them that their type of work is not acceptable if they are looking to improve their mental health (Armstrong 2019; Weitzer, 2010). In addition, it is offensive for counsellors to assume that a woman's participation in sex work is because of past trauma, and therefore, the only reason they are engaging in sex work is to process the trauma they have experienced (Burnes & Dawson, 2023). Although research has demonstrated sex work *can* be a way for women to process experiences of sexual trauma by carrying out acts of sexual self-determination, it cannot be assumed that *all* women engaging in sex work share the same experience (Burnes & Dawson, 2023). Furthermore, adopting the belief that 'sex work leads to unhappiness' is a form of victim-blaming that targets a woman's

participation in sex work as the reason for unhappiness, rather than acknowledging the harmful effects of social and structural stigma experienced by this population. Similar victim-blaming is seen among other marginalized populations; for example, Indigenous peoples, with minimal recognition given to the longstanding social attitudes and laws that have infringed upon their rights. Without awareness of social and structural factors experienced by women who engage in sex work, counsellors can create further harm toward a vulnerable and marginalized population (Burnes et al., 2012).

Supportive Theories in Clinical Practice

Counsellors who challenge the dominant narrative surrounding sex work by recognizing and supporting the individual needs of women who engage in this work are referred to as *sex-positive* and/or *sex-worker-aware* counsellors (Sawicki et el., 2019). A sex-worker-aware approach applies the theories of *minority stress*, *resilience*, and *trauma-informed practice* (Burnes & Dawson, 2023; Meyer, 2003).

Minority Stress Theory

Minority stress theory proposes that excess exposure to social and structural stigma experienced by marginalized populations, such as women who engage in sex work, brings forth health inequalities related to chronic systemic stressors (Frost & Meyer, 2023). To practice ethically alongside this population, counsellors must recognize *minority stress* as separate from ‘normal’ or ‘mainstream’ stress by its origin being rooted in stigma (Frost & Meyer, 2023). Therefore, stressors such as an inability to find work and/or earn an income, could be considered either a ‘typical’ stressor or a *minority* stressor dependent upon whether it was fueled by social and structural factors rooted in discrimination against women who engage in sex work. Ultimately, identifying the difference between these two stressors as a counsellor, reveals to

clients an awareness of power and privilege and recognition between the various perspectives of marginalized groups and the dominant culture/society (Burnes & Dawson, 2023; Frost & Meyer, 2023). Furthermore, counselling approaches directed at reducing one's experiences of stigma and exposure to minority stress can improve the ability for women who engage in sex work to strengthen resilience amidst minority stress (Frost & Meyer, 2023).

Resilience Theory

Resilience is an important factor requiring intentional counsellor exploration and recognition when working alongside women who experience minority stress (Meyer, 2015). Resilience theory in clinical practice explores one's strengths and abilities when confronted with adversities, such as the social and structural stigma experienced by women who engage in sex work. Wanjiru et al. (2022) described resilience as a product of risk exposure *and* protective factors that either reduce or overcome the unpleasant effects of lived experiences. Applying this definition of resilience in clinical practice, sex-worker-aware counsellors must identify the following: 1. what circumstance related to their engagement in sex work has the client experienced that created risk and 2. what protective factors contributed to a positive outcome in the face of adversity (Fergus & Zimmerman, 2005; Wanjiru et al., 2022). Protective factors may include resources (social support, community engagement, access to finances etc.) or intrinsic factors (perceived self-efficacy, emotional self-regulation, hope, spirituality etc.) (Fergus & Zimmerman, 2005). By focusing on resilience, counsellors can ask questions to uncover which areas in a woman's life they already encounter resilience, and in which areas of their life can the counsellor work alongside them to co-construct more opportunities for resilience (Burnes & Dawson, 2023). Psychologist, Hilary McBride (2021), emphasized "marginalized communities bear the heavier burden of intergenerational trauma, and it enables us to marvel at the

intergenerational resilience that has helped people survive" (p. 70). Therefore, identifying resilience as a product of risk exposure *and* protective factors, sex-worker-aware counsellors recognize a woman's capacity to maintain functioning in the face of marginalization and oppression (Wanjiru et al., 2022).

Trauma-Informed Practice

In addition to applying resilience and minority stress theories when working alongside women who engage in sex work, sex-worker-aware counsellors center their approach through a trauma-informed lens. Unfortunately, it was not until the late twentieth century that therapeutic approaches began to focus on the psychological impact from experiences of trauma; therefore, developing an awareness of one's unique experience of trauma, what they need to feel safe, and how it can impede their daily functioning is a relatively new concept in the therapeutic realm (Burnes & Dawson, 2023). To be clear, applying a trauma-informed approach in counselling does not mean *trauma-focused*, nor does it assume women who engage in sex work have experienced trauma, or that experiences of trauma prior to engaging in sex work are the reasons for their participation in this work (Burnes & Dawson, 2023). Rather, trauma-informed practice means paying attention to trauma as a possible part of the equation, which, in turn, requires counsellors to focus on creating a calm and safe space for counselling to occur. Furthermore, this entails counsellors support women to define their *own* concept of safety (Burnes & Dawson, 2023).

Within the counselling profession, trauma-informed practice is not a specific intervention or checklist; it is a lens in which counsellors apply a compassionate curiosity toward recognizing what the individual seeking counselling needs to feel physically and emotionally safe during counselling sessions. This begins by offering women choice and informing them that they play

an active role within the counselling relationship; a process that is collaborative and resilience focused. Establishing safety will create opportunities for women to feel empowered by offering therapeutic interventions that prioritize their individual choice and control. In addition, trauma-informed practice involves a transparent counsellor; someone who is open, honest, willing to discuss imbalances of power and privilege, and able to recognize when bias has influenced their work.

Therapeutic Modalities

In applying a therapeutic modality to work alongside women who engage in sex work, incorporating the principles of minority stress, trauma-informed practice, and resilience theory foster the development of a sex-worker-aware counsellor. As a highly stigmatized group, women who engage in sex work require an approach to counselling that recognizes their innate capacity to heal, rather than a focus on psychopathology such as anxiety and depression, which are often a result of the stigma they experience. Therefore, in considering the social and structural stigma experienced by women who engage in sex work, the application of *Accelerated Experiential Dynamic Psychotherapy* (AEDP) is supportive in working alongside this population, as it affirms and celebrates what is right and good about the client rather than what is wrong (Fosha, 2018).

Accelerated Experiential Dynamic Psychotherapy

AEDP is a relational and experiential approach to counselling that looks to facilitate change and healing by identifying and experiencing emotions that arise within the client from moment-to-moment (Fosha, 2018; Prenn, 2022). It is an integrative, healing-oriented, mind–body, affect-focused therapy requiring counsellor attunement to the attachment needs of the client (Iwakabe et al., 2022). AEDP's moment-to-moment attentiveness focuses on *in-session* change, rather than psychoeducation of coping skills and delivery of "homework" in-between

sessions (Prenn, 2022). Consequently, AEDP's attention to the present moment allows clients to recognize that change *can* be achieved by becoming aware of and/or paying attention to emotion(s) in the presence of being emotionally seen by someone. Ultimately, the ability to make use of *in-session* change is a contributing factor for women who engage in sex work to embody a sense of agency, a feeling that may not be experienced outside of the counselling session in the face of social and structural stigma.

AEDP focuses on undoing aloneness (a common feeling among marginalized populations) through an attuned therapeutic relationship that is attachment-based, emotion-focused, and experiential. It assumes "psychopathology arises from the individual's unwilled and unwanted aloneness in the face of emotions too overwhelming to be regulated and processed" (Iwakabe et al.,2022, p. 364). Therefore, AEDP prioritizes undoing emotional aloneness through dyadic affect regulation alongside the counsellor (Fosha, 2009) and through its experiential component of inviting clients to step away from stigmatizing narratives by redirecting their focus to what is happening in their body (Iwakabe et al., 2022; Prenn, 2022).

The AEDP Protocol

Women who engage in sex work have been conditioned by experiences of social and structural stigma that does not make it easy for them to show up in a way where they can feel deeply seen, known, and understood. Meanwhile, AEDP counsellors work to establish safety from the start and recognize that one woman's definition of 'safety' may differ from the next; however, the intentional focus of AEDP is to facilitate a safe environment through the process of counsellor and client becoming emotionally attuned to one another. Canadian physician, Dr. Gabor Maté, offers the following explanation of 'safety' in line with the principles of AEDP: "safety is not the absence of threat; it is the presence of connection" (Maté, personal

communication, February 3, 2024). These words emphasize the importance of affective attunement to establish safety throughout AEDP's experiential process. Prenn (2022) has translated AEDP's experiential process into a six-step sequence or protocol as shown in Table 1.

Table 1

The AEDP Protocol (Prenn, 2022).

	AEDP Protocol	Counsellor Approach
1.	Notice and pause, moment-to-moment tracking.	*What is coming up? I am noticing…*
2.	Stay.	*Can we stay with this?*
3.	Ask the body to help, ask permission to explore bodily sensations, and invite the client to collaborate.	*What are you experiencing physically? Can we explore this together? Let's create space for this together.*
4.	Affirm, explore, and expand.	*You are doing an incredible job. Is there more?... and what is that like for you?*
5.	Let it be.	*Say more…*
6.	Metatherapeutic processing (exploring the experience of having the experience).	*What is it like to do this with me?*

This protocol creates a course of action for counsellors to work experientially (Prenn, 2022). Each step aims to support the AEDP counsellor to facilitate the client's experience (Prenn, 2022) with the dialogue between the counsellor and client remaining invitational and collaborative.

Counsellors that have never worked alongside women who engage in sex work may ask themselves, "How much should I focus on their work as a sex worker?"; however, the answer is dependent upon the woman's reason for accessing counselling. Defaulting to focus on a woman's engagement with sex work when they have not shared it as a concern, requires the counsellor to examine (and continually re-examine) their own biases (Burnes & Dawson, 2023).

Provided the harms endured by women who engage in sex work through experiences of social and structural stigma, it is likely a level of mistrust will enter the therapeutic relationship (Burnes & Dawson, 2023). Therefore, applying essential conditions of empathy, genuineness, openness, warmth, and emotional attunement through AEDP foster the creation of a safe environment for discussion of sex work. The counsellor's role is not to dismiss this mistrust, but rather to honour it and hold space where women can begin to examine trust alongside the therapeutic relationship (Burnes & Dawson, 2023). Provided that women who engage in sex work are exposed to misuse of power at various levels of systems, it is critical that counselling services are not another place where women feel disempowered and shamed by their environment (Burnes & Dawson, 2023). Focusing on the rapport of the client-counsellor relationship can lead women in their own time to disclose topics related to their work (Burnes & Dawson, 2023).

Clinical Assessment

For women who have self-identified as a sex worker during the intake process, the following sex-worker-aware questions listed in Table 2 can be woven into the assessment phase at the beginning or gradually over sessions depending on the client's level of comfort in discussing their work.

Table 2

Assessment Tool for Women Who Engage in Sex Work (Burnes & Dawson, 2023).

1.	What type(s) of work do you engage in (e.g. full service, cybersex, pornography, etc.)?
2.	In what type(s) of setting do you work (e.g. brothel, group practice, independent fee-for-service)?
3.	How long have you been in the industry?

4.	How is it to talk about your work in the industry with me? What would make it more comfortable to talk about your work with me?
5.	Have you experienced adverse working conditions (e.g. violence from clients - sexual and/or physical, violence from police while working, unsafe working conditions)? If so, how have these conditions impacted you?
6.	What sources of social support assist you to navigate difficult situations at work?
7.	Do you have colleagues in the industry? If so, in what ways do they provide you with support?
8.	How do you take care of yourself?
9.	What part of working in the industry do you like?
10.	What parts of the industry are challenging for you and/or do you not like?

The questions listed in Table 2 provide an opportunity for the client to discuss any experiences of social and structural factors related to their work, in addition to, demonstrating the counsellor's recognition of their engagement in sexual labour as work. Although this assessment would only be used with clients who openly identify as a sex worker, and with those who have sought out a sex-worker-aware counsellor to discuss their experience, these questions can be used later for women who disclose that they engage in sex work once trust between the client and counsellor has been established.

Ethical Considerations

When a counsellor's professional code of ethics does not have a set of principles to inform what to do in a specific situation (because no code will have all the answers to the unique circumstances a counsellor will encounter), a counsellor's own morals and character will influence their decision-making based on the values they hold (Burnes & Dawson, 2023). Therefore, when working alongside women who engage in sex work, counsellors must look to

their own values in carrying out the principle of non-maleficence to 'do no harm' (British Columbia Association of Clinical Counsellors, 2023). This requires counsellors to continually reflect upon their personal ethics and positionality; specifically, to question and understand what anti-sex-work sentiments live inside them (Burnes & Dawson, 2023). Such exploration of biases can take place through clinical supervision or consultation.

Duty to Report

The British Columbia Association of Clinical Counsellor's *Code of Ethical Conduct* (2023) mandates counsellors practice the principle of 'Responsibility to Society'. This requires counsellors to understand the statutory, regulatory, and common law frameworks that govern the profession. Currently, Canada's legal status on sex work remains an area of uncertainty when it comes to a counsellor's duty to report. The perplexing legal status declares selling sex is legal but purchasing sex is illegal. This has left counsellors questioning whether they are participating in illegal activity when working alongside women who engage in sex work; meanwhile, this participation is heightened when the woman is a parent to a child. Unfortunately, the social and structural stigma surrounding sex work has influenced a counsellor's decision to contact child protection services based on the assumption that women who engage in sex work are placing their children in harm. However, according to the *Child, Family and Community Services Act* (1996), which governs child protection practice in British Columbia, a parent's participation in sex work alone does not indicate a child needs protection and/or demonstrate grounds for apprehension.

Confidentiality

For counsellors, clinical records are legal documents regardless of the setting and/or organization in which one practices. Counsellors have a professional and ethical duty to monitor

progress with clients (Canadian Counselling and Psychotherapy Association, 2021); however, it is up to the individual counsellor what they decide to include in their notes. Often, counsellor bias will influence what is documented and what is not. Documentation then becomes subjective; what is deemed necessary information for one counsellor may not be imperative for another. In working alongside women who engage in sex work, a counsellor's duty to protect the integrity of the client would recognize that one's occupation is not relevant to clinical work; therefore, documenting information that has the potential to shame the client without having clinical relevance can perpetuate stigma. Conversely, a counsellor's clinical notes can break the cycle of the oppressive paradigm (Burnes & Dawson, 2023).

Interdisciplinary Collaboration

Women who engage in sex work are subjected to higher rates of violence than any other group, with research indicating a 45-75% chance of experiencing sexualized violence while working (Deering et al., 2014). Bodkin et al. (2015) found that non-disclosure of engagement in sex work "contributes to poor health, even when sex workers have frequent contact with healthcare professionals" (p.1). In addition, women who engage in sex work are at higher risk of reproductive and sexual health morbidity (e.g. sexually transmitted infections and unsafe abortions) (Kim et al., 2015), with women at lower levels of the whorearchy receiving less care, a result of social and structural barriers (Burnes & Dawson, 2023). Therefore, the psychological *and* physical effects of sexualized violence often demand interdisciplinary collaboration among counsellors *and* healthcare providers.

For counsellors working within the healthcare system, it is likely they will be supporting a woman who is also connected to other healthcare professionals, and therefore, care will be coordinated with other care providers. It is important to note that within this type of setting, a

counsellor's clinical notes are often visible to *all* healthcare professionals working within the same health authority. This requires counsellors to have an explicit conversation with clients about what they wish to disclose (and not disclose) to other clinicians, as the client may not be 'out' regarding their engagement in sex work (Burnes & Dawson, 2023).

Counsellors working alongside women who engage in sex work may find themselves having to educate other professionals, often the most challenging part of interdisciplinary collaboration. The first step in taking on this task is to speak out and stand up against the use of stigmatizing language. As previously discussed, another important factor is connecting clinicians to the human faces of these women, as they are more than their work; they are someone's daughter, sister, mother, aunt, cousin, wife, and friend. The hope is for woman to feel comfortable in sharing their engagement in sex work to receive care that is tailored to their needs; however, this will not be possible unless they are met by compassionate sex-worker-aware clinicians. Every individual regardless of their work, has a right to access non-judgmental healthcare services.

The Case of Cindy Gladue

Cindy Gladue, a Cree mother of three daughters, loved cooking, protecting people, and stood for kindness and justice (Amato, 2023). On June 22, 2011, Ms. Gladue was found dead in a hotel room bathtub from an 11-centimeter wound to her vulva (*R. v Barton*, 2019). Surveillance video from the hotel revealed Ms. Gladue entering a hotel room with a man, Bradley Barton, on the night she died (Amato, 2023; *R. v Barton*, 2019). Barton testified to performing "rough sex" on Ms. Gladue but stated the sex was consensual; however, she had four times the legal driving limit of alcohol in her system at the time of her death (*R. v Barton*, 2019). During the hearing, Ms. Gladue was referred to as a 'prostitute' not only by the defense counsel, but also by the

judge and Crown more than *fifty* times (Amato, 2023). The defense also made it known to the court that Ms. Gladue was a "*Native* prostitute" (Amato, 2023; Barerra. 2021; Cormier, 2015).

The preserved vulva of Ms. Gladue was brought into the courtroom and placed on display for jurors to see the details of the 11-centimetre wound that caused her to bleed to death, while simultaneously being projected onto a large screen in the courtroom (Cormier, 2015). The use of Ms. Gladue's preserved body part as evidence was the first time in Canadian courtroom history where human remains were dethatched from a deceased body, preserved, and used on display in a criminal trial (Barerra, 2021). The chief medical examiner informed the court the decision was necessary to educate the jury on the wound because autopsy pictures fell short (Cormier, 2015). The chief medical examiner put on a pair of latex gloves and voiced his testimony with Ms. Gladue's preserved tissue in his hands (Cormier, 2015). Ms. Gladue's vulva remained placed on a projector for jurors to watch on a three-meter screen at the front of the courtroom (Cormier, 2015). Meanwhile, throughout the trial, it was argued that Barton was unlawfully detained by police for a long time (6.5 hours) for questioning. His lawyer referred to Canada's *Charter of Rights and Freedoms*, stating "Everyone has rights. To deny someone their rights just because someone died is unjust" (Amato, 2023).

Nine days before Ms. Gladue's body was found dead, Barton's laptop contained internet searches for information on how a woman might be injured during rough sex (Johnson, 2021). Jurors were shown Barton's internet search history on a laptop seized by police — seven searches were related to vulvas being ripped or torn by large objects. The judge cautioned the jury before the agreed statement of facts was read by stating, "The internet activity that you will hear about may give you a poor impression of his [Barton's] character or disposition. It is important that you do not find him guilty to punish him for his *past* conduct" (Johnston, 2021).

On March 18, 2015, the jury found Barton not guilty of first-degree murder. The trial sparked widespread public concern about how alleged victims of sexual assault, particularly, Indigenous women and women who engage in sex work are portrayed in the courtroom (Nelson, 2017). In 2017, the Alberta Court of Appeal overturned Barton's acquittal and ordered a new trial stating there were flaws in the way the jury was instructed to consider sexual assault offences and the laws relating to consent (Johnston, 2021). In 2021, ten years after Ms. Gladue's death, Barton was sentenced to twelve years for manslaughter.

The case of Cindy Gladue demonstrated social and structural stigma surrounding women and their sexual practices is deeply rooted in Western social culture, and in medical, police, and judicial institutions (Wilson, 2020). The ongoing stigmatization of women who engage in sex work has concealed violence against them, mitigated perpetrators' responsibility, concealed their resistance, and blamed or pathologized them for their engagement in sex work (Coates & Wade 2004). Research has demonstrated "sex workers will elicit less victim empathy and will be blamed more for their own assault than non-sex workers" (Sprankle et al., 2017, p. 244). The case of Cindy Gladue divulged social and structural stigma experienced by women who engage in sex work; specifically, the case revealed the concept of rape culture; a culture that normalizes sexualized violence and systemic practices of blaming the victim (Reynolds, 2014). In addition, defense strategies were used in Ms. Gladue's trial to devalue and frame her as 'less than' by highlighting her engagement in sex work and presenting racist and sexist stereotypes about women who are Indigenous (Matlin, 2018). The use of sexualized violence as a tool of colonial conquest and domination is well documented in Canada (Nelson, 2017).

Advocacy and Education

By reading this paper, whether you are a counsellor working alongside women who engage in sex work, or someone who has *never* met a sex worker, you have acquired a significant amount of information to advocate for this population. However, what you choose to do with this information has the potential to perpetuate social and structural stigma or position you as an ally; I hope you choose the latter. In addressing the counsellor audience, I encourage you to become curious about ways to make your practice more affirming of women who engage in sex work. As for those who do not intend to work alongside this population, your voice can still be utilized to challenge whorephobic comments made in your presence. If you remain uncertain of which position you will take, I invite you to question why you may believe those who engage in sex work are different from yourself, with an awareness of any social and/or structural conditioning that has shaped your response? In her book, *Falling Back in Love with Being Human* (2023), Canadian author and former sex worker, Kai Cheng Thom, stated "sex workers are actually a lot like therapists" (p.69). Thom attests the validity of her statement by sharing personal experiences as a woman who engaged in sex work with her intention for being clients to be "made human again; made whole" (p. 69); a result of what feeling seen *and* touched can do for someone. I am not a sex worker but as a social worker, soon to be clinical counsellor, and fellow human, my ongoing work in this world is to facilitate an environment that resembles Thom's — a place where individuals can be made human again; made whole.

Moving Forward

Research has indicated that women in the sex industry utilize mental health services at lower rates than the general population (Burnes & Dawson, 2023). So, why is the incidence of women who engage in sex work who access counselling so low? The reason is not because they

do not need support, rather, it is due to a lack of comprehensive and culturally safe care to support women who engage in sex work (Singer at al., 2021). As the decision to write this paper was influenced by missing and murdered Indigenous women, as well as my personal experience working alongside Indigenous women who engage in sex work, I see fit that this paper concludes with calls to action (directed at counsellors) in order to redress the social and structural injustices experienced by women who engage in sex work and its impact on a woman's ability to access support services. Counsellors frequently indicate they do not intend to work alongside this population; however, such a statement assumes counsellors know *everything* about the individual sitting across from. Meanwhile, a woman's disclosure of engaging in sex work may not occur until trust has been established in the therapeutic relationship, which may be several sessions after meeting the client, and therefore, creating several opportunities to cause further harm if not practicing from the perspective of a sex-worker-aware counsellor.

Calls to Action

1. Refuse to pathologize women who engage in sex work because of their work.
2. Refrain from using language that shames, diminishes, and dehumanizes women who engage in sex work; in addition to, speaking out against stigmatizing language used by other professionals and/or organizations.
3. Become aware of colonial and racialized policies and practices (e.g. 'Indian Hospitals' and birth alerts) that have displaced and marginalized Indigenous women.
4. Commit to exploring biases and keep checking them repeatedly through consultation and supervision.
5. Educate yourself on legislation that governs sex work in your area.

6. Become familiar with the material in the following reports: i) *National Inquiry into Murdered and Missing Indigenous Women and Girls*, ii) *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, and iii) *By Us for Us*: *A Needs and Risks Assessment of Sex Workers in the Lower Mainland and Southern Vancouver Island.*
7. Form professional relationships with other counsellors, community supports and/resources dedicated to providing sex-worker-aware, non-stigmatizing, and Indigenous-specific services.
8. Recognize when beliefs and values interfere with your ability to practice ethically alongside a woman who engages in sex work, and when indicated, refer them to a sex-worker-aware counsellor.
9. Only document information within a client's chart that is relevant to clinical work.
10. Use an approach to counselling that is client-centered *and* trauma-informed, in addition to using language that is invitational *and* collaborative.
11. Obtain client consent on what personal information can (and cannot be) shared when collaborating with other professionals.
12. Commit to continuous self-reflection on your work as a counsellor and remain engaged with new and best practices for the populations you are serving.

Conclusion

This paper has granted me permission to proudly identify as a *sex-worker-aware counsellor*. What has filled these pages is not solely from academic research but from personal experiences sitting with women who engage in sex work in the presence of actual blood, sweat, and tears. The hurt that has accompanied this work has not been negative, it has been necessary

to bring forth the voices of women who are no longer with us and to highlight the need for sex-worker-aware counsellors. Many years ago, I supported an Indigenous woman in accessing medical care at the hospital, as she was physically assaulted from a "bad date" while she was working. I will never forget what I was told when I contacted the hospital for an update on her condition later that evening: "*Oh, the Native woman, she's experiencing a drug-induced psychosis".* At that time, I did not have the words or courage to speak up, and instead, I hung up the phone in disbelief of what I heard. I am not a nurse, but I knew the woman's bruised and swollen eyes, accompanied with blood dripping down her face were *not* the signs of a drug-induced psychosis. This woman was well-known in the community for engaging in sex work and had visited the hospital in the past for work-related injuries. The way this woman was treated, like that of Cindy Gladue, is reason to decriminalize sex work to enhance the safety and health of women who engage in sex work, as history has demonstrated social attitudes are greatly influenced by government legislation.

In response to the heaviness of this work, I invite you to seek out and listen to a song titled, '*For the Women',* by Allison Russell, a Canadian musician who identifies as a queer black woman. For me, music has had the ability to help me heal and better understand our shared humanity. In her lyrics, Russell sings about a woman who has been a fixture in her community *"on the corner almost every night for the last six years. When she's not there I worry about her"*. In response to Russell's concern for the woman, the lyrics in the following verse belong the voice of the woman, stating "*For the way I survive, I make no apology*." The song is powerful and reinforces that women who engage in sex work have nothing to apologize for, as the problem remains not the woman herself but the larger social and structural forces that establish

sex work as problematic from a criminal, moral, and health perspective (Minichiello et al., 2018).

References

Amato, A. (2023). *Appeal court hears convicted of killing Edmonton woman wants new trial*. https://globalnews.ca/news/9573162/bradley-barton-appeal-hearing-cindy-gladueedmonton/.

Amnesty International (2016). *Policy on state obligations to respect, protect and fulfil the human rights of sex worker workers.* https://www.amnesty.org/download/Documents/POL3040622016ENGLISH.PDF.

Antebi-Gruszka, N., Spence, D., & Jendrzejewski, S. (2019). Guidelines for mental health practice with clients who engage in sex work. *Sexual and Relationship Therapy, 34*(3), 339–354. https://doi.org/10.1080/14681994.2019.1573978.

Argento, E., Goldenberg, S., Braschel, M., Machat, S., Strathdee, S.A., & Shannon, K. (2020). The impact of end-demand legislation on sex workers' access to health and sex worker-led services: A community-based prospective cohort study in canada. *PloS One, 15*(4), e0225783-e0225783. https://doi.org/10.1371/journal.pone.0225783.

Armstrong, L. (2019). Stigma, decriminalisation, and violence against street-based sex workers: Changing the narrative. *Sexualities, 22*(7-8), 1288-1308. https://doi.org/10.1177/1363460718780216.

Aroney, E., & Crofts, P. (2019). How sex worker activism influenced the decriminalisation of sex work in NSW, Australia. International Journal for Crime, *Justice and Social Democracy*, *8*(2), 50-67. https://doi: 10.5204/ijcjsd.v8i2.955.

Barerra, J. (2021). *Family seeks return of Cindy Gladue's remains from Alberta medical examiner's office.* https://www.cbc.ca/news/indigenous/gladue-medical-repatriation-1.5928803

Baumann, R. M., Hamilton-Wright, S., Dana, L. R., Brown, K., Hunt, C., Michalak, A., & Matheson, F. I. (2019). Experiences of violence and head injury among women and transgender women sex workers. *Sexuality Research & Social Policy, 16*(3), 278-288. http://dx.doi.org/10.1007/s13178-018-0334-0.

Benoit, C., Belle-Isle, L., Smith, M., Phillips, R., Shumka, L., Atchison, C., Jansson, M., Loppie, C., & Flagg, J. (2017). Sex workers as peer health advocates: Community empowerment and transformative learning through a canadian pilot program. *International Journal for Equity in Health, 16*(1), 160-160. https://doi.org/10.1186/s12939-017-0655-2.

Benoit, C., Jansson, S. M., Smith, M., & Flagg, J. (2018). Prostitution stigma and its effect on the working conditions, personal lives, and health of sex workers. *The Journal of Sex Research, 55*(4-5), 457-471. https://doi.org/10.1080/00224499.2017.1393652.

Benoit, C., Unsworth, R., Healey, P., Smith, M., & Jansson, M. (2021). Centering sex workers' voices in law and social policy. *Sexuality Research & Social Policy, 18*(4), 897-908. https://doi.org/10.1007/s13178-021-00576-9.

Berthe, P. (2018). *The stigmatization behind sex work.* https://www.socialconnectedness.org/the-stigmatization-behind-sex-work/.

Bodkin, K., Delahunty-Pike, A., & O'Shea, T. (2015). Reducing stigma in healthcare and law enforcement: a novel approach to service provision for street level sex workers. *International journal for equity in health, 14*, 35. https://doi.org/10.1186/s12939-015-0156-0.

Bracken, A. (2020). *A rare pink sunrise at the Unist'ot'en Healing centre.* [Photograph]. https://thenarwhal.ca/b-c-failed-to-consider-links-between-man-camps-violence-against-indigenous-women-wetsuweten-argue/.

British Columbia Association of Clinical Counsellors. (2023). *Code of ethical conduct.* https://bcacc.ca/wp-content/uploads/2023/07/BCACC-COEC-Effective-Nov.-1-2023.pdf.

Bruckert C., & Hannem, S. (2013). Rethinking the prostitution debates: transcending structural stigma in systemic responses to sex work. *Canadian Journal of Law and Society, 28*(1), 43-63. doi:10.1017/cls.2012.2.

Bungay, V., Varcoe, C., Slemon, A., Manning, E., Comber, S., & Perri, M. (2023) Gaps in health research related to sex work: an analysis of Canadian health research funding. *Critical Public Health*, *33*(1), 72-82, DOI: 10.1080/09581596.2021.198738.

Burnes, T., & Dawson, J. (2023). *Essential clinical care for sex workers: a sex-positive handbook for mental health practitioners.* North Atlantic Books.

Burnes, T., Long, S., & Schept, R. (2012). A resilience-based lens of sex work: Implications for Professional Psychologists. *Professional Psychology Research and Practice 43*(2), 137-144. https://doi:144. 10.1037/a0026205.

Canadian Centre on Substance Use and Addiction. (2019). *Overcoming stigma through language*. https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-andStigma-in-Substance-Use-Addiction-Guide-2019-en.pdf.

Canadian Counselling & Psychotherapy Association. (2021). *Standards of practice.* https://www.ccpa-accp.ca/wp-content/uploads/2021/10/CCPA-Standards-of-Practice-ENG-Sept-29-Web-file.pdf.

Canadian Public Health Association. (2014). *Sex work in Canada.* https://www.cpha.ca/sites/default/files/assets/policy/sex-work_e.pdf.

Coates, L., & Wade, A. (2004). Telling it like it isn't: obscuring perpetrator responsibility for violent crime. Discourse & Society, 15(5), 499-526. https://doi.org/10.1177/0957926504045031.

Comte, J. (2014). Decriminalization of sex work: feminist discourses in light of research. *Sexuality & Culture 18*, 196–217. https://doi.org/10.1007/s12119-013-9174-5.

Cormier, R. (2015). *'This was demeaning': Body part as evidence in Cindy Gladue murder trial comes under fire*. https://nationalpost.com/news/canada/this-was-demeaning-body-part-as-evidence.

Crago, A., Bruckert, C., Braschel, M., & Shannon, K. (2021). Sex workers' access to police assistance in safety emergencies and means of escape from situations of violence and confinement under an "End demand" criminalization model: A five city study in canada. *Social Sciences, 10*(1), 13. https://doi.org/10.3390/socsci10010013.

Deering, K., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., Argento, E., Shannon, K. A systematic review of the correlates of violence against sex workers. (2014). *American Journal of Public Health, 104*(5), 42-54. doi: 10.2105/AJPH.2014.301909.

Duff, P., Bingham, B., Simo, A., Jury, D., Reading, C., & Shannon, K. (2014). The 'stolen generations' of mothers and daughters: Child apprehension and enhanced HIV vulnerabilities for sex workers of aboriginal ancestry. *PloS One, 9*(6). https://doi.org/10.1371/journal.pone.0099664.

Evens, E., Lanham, M., Santi, K. (2019). Experiences of gender-based violence among female sex workers, men who have sex with men, and transgender women in Latin America and

the Caribbean: a qualitative study to inform HIV programming. *BMC Internation Health and Rights, 19*(9). https://doi.org/10.1186/s12914-019-0187-5.

Farrales, M. (2019). Repurposing beauty pageants: The colonial geographies of filipina pageants in canada. *Environment and Planning. D, Society & Space, 37*(1), 46-64. https://doi.org/10.1177/0263775818796502.

Fergus S., & Zimmerman, M.A. (2005). Adolescent resilience: a framework for understanding healthy development in the face of risk. *Annu Rev Public Health.* 2005;*26*(1), 399–419. doi: 10.1146/annurev.publhealth.26.021304.144357.

Fosha, D. (2018). Introduction to commentaries on sociocultural identity, trauma treatment, and AEDP through the lens of bilingualism in the case of "Rosa". *Pragmatic Case Studies in Psychotherapy, 14*(2), 115–130. https://doi.org/10.14713/pcsp.v14i2.2039.

Fosha D. (2009). Positive affects and the transformation of suffering into flourishing. *Annals of the New York Academy of Sciences, 1172,* 252–262. https://doi.org/10.1111/j.1749-6632.2009.04501.

Frost, D., & Meyer, I. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology, 51(6).* https://doi.org/10.1016/j.copsyc.2023.101579.

Goldenberg, S., Buglioni, N., Krüsi, A, Frost, E., Moreheart, S., Braschel, M., Shannon, K. (2023). Housing instability and evictions linked to elevated intimate partner and workplace violence among women sex workers in vancouver, canada: Findings of a prospective, community-based cohort. *American Journal of Public Health, 113*(4), 442-452. https://doi.org/10.2105/AJPH.2022.307207.

Grittner, A. L., & Walsh, C. A. (2020). The role of social stigma in the lives of female-identified sex workers: A scoping review. *Sexuality & Culture, 24*(5), 1653-1682. https://doi.org/10.1007/s12119-020-09707-7.

Ham, J., & Gilmour, F. (2017). We all have one: Exit plans as a professional strategy in sex work. *Work, Employment and Society, 31*(5), 748-763. https://doi.org/10.1177/0950017016666198.

Hoefinger, H., Musto, J., Macioti, P. G., Fehrenbacher, A. E., Mai, N., Bennachie, C., & Giametta, C. (2020). Community-based responses to negative health impacts of sexual humanitarian anti-trafficking policies and the criminalization of sex work and migration in the US. *Social Sciences,9(1). https://doi.org/10.3390/socsci9010001*.

Iwakabe, S., Edlin, J., Fosha, D., Gretton, H., Joseph, A. J., Nunnink, S. E., Nakamura, K., & Thomas, N. C. (2020). The effectiveness of accelerated experiential dynamic psychotherapy (AEDP) in private practice settings: A transdiagnostic study conducted within the context of a practice-research network. *Psychotherapy, 57*(4), 548-561. https://doi.org/10.1037/pst0000344.

Iwakabe, S., Edlin, J., Fosha, D., Thomas, N. C., Gretton, H., Joseph, A. J., & Nakamura, K. (2022). The long-term outcome of accelerated experiential dynamic psychotherapy: 6- and 12-month follow-up results. *Psychotherapy, 59*(3), 431-446. https://doi.org/10.1037/pst0000441.

Johnson, J. (2021). *Accused killer Bradley Barton searched internet for details on rough sex, court hears.* https://www.cbc.ca/news/canada/edmonton/accused-killer-bradley-barton-searched-internet-for-details-on-rough-sex-court-hears-.

Kim, S. R., Goldenberg, S. M., Duff, P., Nguyen, P., Gibson, K., & Shannon, K. (2015). Uptake of a women-only, sex-work-specific drop-in center and links with sexual and reproductive health care for sex workers. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*, *128*(3), 201–205. https://doi.org/10.1016/j.ijgo.2014.09.026.

Lesco, N.M. (2018). Beyond invisibility: a REDress collaboration to raise awareness of the crisis of missing and murdered aboriginal women. *The Journal for Undergraduate Ethnography, 8*(2), 68-85. https://doi.org/10.15273/jue.v8i2.8688.

Levy, J., & Jakobsson, P. (2014). Sweden's abolitionist discourse and law: Effects on the d dynamics of Swedish sex work and on the lives of Sweden's sex workers. *Criminology & Criminal Justice*, *14*(5), 593–607. https://doi.org/10.1177/1748895814528926

Martin, C. M., & Walia, H. (2019). Red women rising: Indigenous women survivors in vancouver's downtown eastside. https://doi:http://dx.doi.org/10.14288/1.0378104.

Martín-Romo, L., Sanmartín, F. J., & Velasco, J. (2023). Invisible and stigmatized: A systematic review of mental health and risk factors among sex workers. *Acta Psychiatrica Scandinavica*, *148*(3), 255–264. https://doi.org/10.1111/acps.13559.

Matlin, J. (2018). Cindy gladue & the crisis of murdered & missing indigenous women in canada. https://blog.nfb.ca/blog/2018/10/17/cindy-gladue-indigenous-women/

McBride, B., Shannon, K., Bingham, B., Braschel, M., Strathdee, S., & Goldenberg, S. M. (2020). Underreporting of violence to police among women sex workers in canada: amplified inequities for immigrant and in-call workers prior to and following end-demand Legislation. *Health and human rights*, *22*(2), 257–270.

McBride, H. (2021). *The wisdom of your body: finding healing, wholeness, and connection through embodied living.* Collins.

McBride, H. L., Joseph, A. J., Schmitt, P. G., & Holtz, B. M. (2021). Clinical recommendations for psychotherapists working during the coronavirus (COVID-19) pandemic through the lens of AEDP (accelerated experiential dynamic psychotherapy). *Counselling Psychology Quarterly, 34*(3-4), 411-431. https://doi.org/10.1080/09515070.2020.1771283.

McGrath, J., Lhussier, M., Crossley, S., & Forster, N. (2023). "They tarred me with the same brush": navigating stigma in the context of child removal. *International Journal of Environmental Research and Public Health, 20*(12), 6162.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697. https://doi.org/10.1037/0033-2909.129.5.674.

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 209–213. https://doi.org/10.1037/sgd0000132.

Minichiello, V., Scott, J., & Cox, C. (2018). Commentary: Reversing the agenda of sex work stigmatization and criminalization: Signs of a progressive society. *Sexualities, 21*(5-6), 730-735. https://doi.org/10.1177/1363460716684510.

Nelson, J. (2017). Storying gendered violence: Indigenous understandings of the interconnectedness of violence". *Social Justice and Community Engagement.* https://scholars.wlu.ca/brantford_sjce/24.

Pederson, A. C., Stenersen, M. R., & Bridges, S. K. (2019). Toward affirming therapy: what sex workers want and need from mental health providers. *Journal of Humanistic Psychology*, *0*(0). https://doi.org/10.1177/0022167819867767.

Pierce, A. (2015). *Sexual savages: Christian stereotypes and violence against north america's native women.* Springer. https://doi.org/10.1007/978-1-4939-2266-6_5.

Platt, L., Grenfell, P., Meiksin, R., Elmes, J., Sherman, S. G., Sanders, T., Mwangi, P., & Crago, A. L. (2018). Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies. *PLoS medicine*, *15*(12), e1002680. https://doi.org/10.1371/journal.pmed.1002680.

Prenn, N. (2022). *How to set transformance into action: the AEDP protocol.* https://www.aedpinstitute.org/wp-content/uploads/page_How-to-Set-Transformance-Into-Action.pdf.

Puri, N., Shannon, K., Nguyen, P., & Goldenberg, S. M. (2017). Burden and correlates of mental health diagnoses among sex workers in an urban setting. *BMC women's health*, *17*(1), 133. https://doi.org/10.1186/s12905-017-0491-y.

R. v. Barton, 2019 SCC 33. https://www.canlii.org/en/ca/scc/doc/2019/2019scc33/2019scc33.html.

Rains, A., Sibley, A. L., Levander, X. A., Walters, S. M., Nolte, K., Colston, D. C., Piscalko, H. M., Go, V. F., Friedmann, P. D., & Seal, D. W. (2023). "I would do anything but that": Attitudes towards sex work among rural people who use drugs. *The International Journal on Drug Policy*, *122*, 104237. https://doi.org/10.1016/j.drugpo.2023.104237.

Reynolds, V. (2014). *Resisting and transforming rape culture.* https://vikkireynoldsdotca.files.wordpress.com/2017/12/2014reynoldsresistingrapeculture anactiviststance.pdf

Sawicki, D. A., Meffert, B. N., Read, K., & Heinz, A. J. (2019). Culturally competent health care for sex workers: An examination of myths that stigmatize sex work and hinder access to care. *Sexual and Relationship Therapy, 34*(3), 355-371. https://doi.org/10.1080/14681994.2019.1574970.

Shaver F., Lewis J., Tyndale E. (2011). Rising to the challenge: addressing the concerns of people working in the sex industry. *Canadian Review of Sociology, 48*(1), 47-65. https://doi: 10.1111/j.1755-618x.2011.01249.x.

Singer, R. B., Johnson, A. K., Crooks, N., Bruce, D., Wesp, L., Karczmar, A., Mkandawire-Valhmu, L., & Sherman, S. (2021). "Feeling safe, feeling seen, feeling free": Combating stigma and creating culturally safe care for sex workers in chicago. *PloS One, 16*(6), e0253749-e0253749. https://doi.org/10.1371/journal.pone.0253749.

Sistovaris, M., Sansone, G., Fallon, B., & Miller, S. (2021). *The efficacy of birth alerts: literature review.* Fraser Mustard Institute of Human Development, University of Toronto.

Sprankle, E., Bloomquist, K., Butcher, C., Gleason, N., & Schaefer, Z. (2018). The role of sex work stigma in victim blaming and empathy of sexual assault survivors. Sexuality Research & Social Policy, 15(3), 242-248. https://doi.org/10.1007/s13178-017-0282-0.

Thom, K. C. (2023). *Falling back in love with being human: letters to lost souls.* The Dial Press.

Treloar, C., Stardust, Z., Cama, E., & Kim, J. (2021). Rethinking the relationship+ between sex work, mental health and stigma: a qualitative study of sex workers in Australia. *Social science & medicine (1982)*, 268. https://doi.org/10.1016/j.socscimed.2020.113468.

Tsai, L. C., Carlson, C. E., Aira, T., Norcini Pala, A., Riedel, M., & Witte, S. S. (2016). The impact of a microsavings intervention on reducing violence against women engaged in sex work: A randomized controlled study. *BMC International Health and Human Rights, 16*(1), 27-27. https://doi.org/10.1186/s12914-016-0101-3.

Turpel-Lafond, M. (2020). *In plain sight: addressing indigenous-specific racism and discrimination in B.C. Health Care [Summary Report]*. British Columbia Ministry of Health.

Velez, C., & Audet, C. (2019). Indoor female sex workers' experiences of counselling: A hermeneutical phenomenological exploration. *Canadian Journal of Counselling and Psychotherapy, 53*(4), 330-359.

Wanjiru, R., Nyariki, E., Babu, H., Lwingi, I., Liku, J., Jama, Z., Kung'u, M., Ngurukiri, P., Nyamweya, C., Shah, P., Okumu, M., Weiss, H., Kaul, R., Beattie, T. S., Kimani, J., & Seeley, J. (2022). Beaten but not down! exploring resilience among female sex workers (FSWs) in nairobi, kenya. *BMC Public Health, 22*(1), 965-965. https://doi.org/10.1186/s12889-022-13387-3.

Weitzer, R. (2010). The mythology of prostitution: Advocacy research and public policy. *Sexual Research & Social Policy, 7*(1), 15–29. https://doi:10.1007/s13178-010-0002-5.

Wilson, S. (2020). *Decolonizing sex work in canada: assessing the impact of government regulation on the wellbeing of Indigenous sex workers*. https://tspace.library.utoronto.ca//1807/101880/1/Wilson_Sydney_Kiessling_2020.pdf.