Peer Counsellor Training for Sex Workers: A Pilot Program in Lekwungen Territory (Victoria, BC)

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ABSTRACT

Sex workers face significant stigma when accessing mental health services, due to the history of criminalization of sex work and the resulting negative biases in the healthcare sector. Peers Victoria Resources Society is a sex worker advocacy organization who partnered with the researchers to develop and implement a pilot program on peer-counsellor skills development for sex workers incorporating trauma informed practice. The course sought to build on leadership, capacity and strengthen solidarity while acknowledging societal stigma, in hopes that this pilot could result in supplementary care to mainstream mental health services for this underserved community. Interviews were conducted with eight participants prior to and following the 10-week course. Participants reported increased competency in basic counselling skills such as reflective listening, and all noted the applicability of these skills in their personal and working lives. Suggestions were made to scaffold future course content to manage both academic and emotional learning.

Keywords: peer counsellor training, peer-based training, sex work, community counselling, stigma

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RÉSUMÉ

Les travailleuses et travailleurs du sexe font face à une stigmatisation avérée dans le cadre du recours à des services en santé mentale, et ce, en raison de l'historique de la criminalité liée au travail du sexe et des biais négatifs qui en résultent dans le milieu de la santé. Peers Victoria Resources Society est une organisation-conseil pour le travail du sexe qui œuvre en partenariat avec les chercheurs afin de développer et mettre en place un programme pilote d'élaboration d'outils destinés aux pairs aidants pour les travailleuses et travailleurs du sexe intégrant les pratiques traumatiques documentées. L'objectif était de s'appuyer sur le leadership, la capacité et la solidarité renforcée tout en tenant compte de la stigmatisation issue de la société, avec l'espoir que ce projet pilote puisse se traduire en soins supplémentaires pour les services en santé mentale courants auprès de cette communauté particulièrement négligée. Au préalable, des entrevues ont été menées auprès de 8 personnes, suivies de 10 semaines de formation. Les participants et participantes ont rapporté un accroissement de compétences en matière d'outils de soutien tels que l'écoute attentive, et ont noté la pertinence de ces outils dans leur vie personnelle et professionnelle. Des suggestions ont été émises pour échafauder le contenu de formations futures en vue de gérer l'apprentissage tant pédagogique qu'affectif.

Mots clés : formation pair aidant, entraînement des pairs, travail du sexe, soutien communautaire, stigmatisation

Along with the common challenges of navigating personal relationships, parenting, education, community activism, and creative pursuits, sex workers face the additional burdens of navigating unique barriers related to accessing mental health services, as the criminalization of their work, stigma, and fears of punitive repercussions impact their ability to share candidly with their healthcare providers (Argento et al., 2020; Benoit et al., 2017; 2018). The criminality of most aspects of sex work in Canada,[1] along with the associated stigma, has contributed to the precarity of sex-workers' health generally, and to their mental health specifically (Benoit et al., 2017; 2018; Treloar et al., 2021).

The law criminalizing sex work has a direct effect on the health of sex workers. Research has indicated that since The Protection of Communities and Exploited Persons Act Bill C-36 passed, the prioritization of law enforcement over the health of sex workers risks increasing sex workers' vulnerabilities to physical and sexualized violence and HIV and sexually transmitted infections (Argento et al., 2020; Velez & Audet, 2019). Criminalization reduces the capacity of sex workers to organize and work collaboratively, forcing sex workers into higher risk environments with reduced social and peer supports (Argento et al., 2020; Kerrigan et al., 2015; Benoit et al., 2017).

Occupational stigma is associated with increased barriers to healthcare service for sex workers (Benoit et al., 2005; Lazarus et al., 2012). Sex workers report discrimination and abuse, as well as denial of services when sharing information about their working lives with healthcare practitioners; they have reported experiencing abusive and derisive language from health providers and humiliation and blame when reporting sexualized assault (Benoit et al., 2018, 2019). These challenges intensify for sex workers who are among the more marginalized within the industry, including Indigenous people, men, trans people, outdoor sex

1. The authors acknowledge this is a colonial name for the nation state of Canada and do not wish to erase Indigenous title and relationships in its use.

workers, and people who use substances (Benoit et al., 2017). Even mental health workers who are trained into an ethic of empathy, compassion, and non-judgmental care, have been known to provide unsafe services to sex workers. In one instance, Benoit et al. (2019) cite a sex worker reporting that her therapist dismissed her educational and career plans, arguing that being a sex worker precludes her from these aspirations; the same paper notes that often counsellors wish to focus solely on the client's sex work, even if this is not the presenting issue in treatment, highlighting a myopic focus and emphasizing both counsellor bias as well as a lens that pathologizes sex work (Treloar et al., 2021). Stigma both increases mental health stressors and creates barriers to accessing mental health care for sex workers (Benoit et al., 2015; 2016; 2019; Lazarus et al., 2012; Rayson & Alba, 2019; Velez & Audet, 2019). In some cases, sex workers have described stigma itself as their largest mental health burden (Macioti et al., 2021).

Peer support services are effective in reaching stigmatized populations (Benoit et al., 2017; Mulvale et al., 2019; Portillo et al., 2017). Peer support workers in a mental health context bring with them lived experience of mental health challenge and experience navigating health systems that are not appropriately tailored to their needs or are stigmatizing and judgmental (Macioti et al., 2021). Peer support workers can therefore provide an experience of safety, authenticity, and ease of access to services for people who may not otherwise seek supports (Benoit et al., 2017; Macioti et al., 2021; Vandewalle et al., 2018).

Peer support models have been used effectively with sex-workers to provide harm-reduction care, sexually transmitted infection, and HIV prevention care and to provide non-judgmental support, all of which have been shown to address internalized stigma amongst community members (Benoit et al., 2017; Janssen et al., 2009). The present study sought to impart counselling skills to sex workers as a model of peer support, where those currently (or formerly) engaged in sex work offer support to other sex workers, with the aim of increasing capacity for community access to non-judgmental care and social supports. Within our Lekwungen Territory region (Victoria, BC), an intervention of this type had not been offered to our knowledge, and the research team wished to understand if strengthening peer support mental health services could decrease stigma and other barriers to accessing (and benefitting from) mental health supports for sex workers using peer counselling (Jansson et al., 2009; Krishnamurthy et al., 2016; Portillo et al., 2017; Vandewalle et al., 2018.

PEER COUNSELLOR TRAINING PROGRAM

Peers Victoria Resources Society (Peers) has been offering support services, educational and employment training, and harm reduction programs for current and former sex workers in Lekwungen Territory for approximately 25 years (Peers Victoria Resources Society, 2018). Peers participants and staff had long recognized the need for non-stigmatizing mental health care in the community and while Peers understood that these types of peer interventions would not replace the need for mainstream mental health services, this pilot program offered the opportunity for community members to learn concrete skills in hopes of providing peer-to-peer mental health supports. It was our intention that this program would align with the British Columbia[2] Government's 10-year plan to increase support to vulnerable populations in a manner that reduces stigma and discrimination (Ministry of Health Services & Ministry of Children and Family Development, 2010).

2. See previous footnote.

The team obtained program funding through the Island Health Community Wellness Grant Program to provide a 10-week counsellor training program for sex workers in Lekwungen Territory. The objectives of the training program were to support participants in acquiring basic skills and knowledge of counselling theories and practices, to gain self-confidence, to develop interpersonal skills transferable to work settings, to share knowledge with others and build strong support networks in the community, to strengthen solidarity, and to increase internal capacity for leadership.

The program was created to be an introduction to peer counsellor training for community members who attend programs at Peers Victoria. To facilitate further skills training for program graduates, relationships were established between Peers and an agency in Lekwungen Territory that provides no-cost year-long counsellor training. This peer support training course was created as a pilot program, with the intent to replicate the program if successful.

COUNSELLOR TRAINING CURRICULUM

The curriculum design was modelled after a university undergraduate course in foundational counselling skills taught by the lead researcher. The curriculum modifications for this Peers course included a significant reduction in course material as well as the inclusion of relevant topics to the Peers participants, including trauma-informed care and addressing stigma. This peer counsellor training program reviewed foundational counselling skills including (1) establishing healthy relationships and helping relationships, (2) verbal and non-verbal communication skills, (3) reflective listening skills and empathy skills, (4) self-regulation skills, and (5) principles of trauma-informed care for vulnerable populations.

Each class involved a lesson followed by triad practice. Lesson topics included principles of deep listening, reflective listening, introduction to the feelings wheel, how to give and receive feedback, using probes and questions in counselling, addressing guilt and shame, establishing healthy boundaries, and understanding the nervous system for regulation and grounding, among others. Triad practice involved a listener (a practice therapist) a speaker, and an observer (whose role it was to offer supportive feedback to both).

Counselling Skill Observation Sheets adapted for this training program from the Helper Competency Scale (Young, 2017) provided information on counselling skill acquisition and helped provide participants with feedback on their progress.

RESEARCH METHODOLOGY

This intervention program involved a multi-step process, including designing the curriculum, obtaining Research Ethics Board approval from the University of Victoria, which addressed limits to confidentiality during interviews, privacy during interviews and available supports should participants experience distress in the interview, facilitating the course itself, and evaluating the program. The qualitative research evaluation sought to better understand whether the program was successful in addressing some of the psychosocial factors listed in the program objectives, and whether the participants were able gain the intended counselling skills. It was also hoped that the findings of this evaluation would help to determine whether the program should run again, and if so, what modifications would be required.

In particular, the questions guiding the qualitative evaluation were (1) does the Counsellor Training Program impart the foundational counselling skills listed in the course curriculum, and are participants able to successfully utilize these skills in their lives? (2) How does the Peers Counsellor Training Program impact psychosocial factors for participants, including intrapersonal factors (identity, esteem, and personal empowerment) and interpersonal factors (peer support, community solidarity, and leadership)?

We recruited through posters at Peers and partnering organizations and sought to recruit a diverse group of sex workers in terms of gender (women, men, non-binary, and trans people), indigeneity, racialized identity, and ability. We hoped to include individuals representing various sectors of the sex industry (e.g., indoor and outdoor workers) and looked to include participants who were at least 19 years of age.

Peers has a standard protocol for enrolling potential participants in health and education programs like these. Interested participants completed a standard program application form and submitted it to the front desk or by email. The course instructor followed up with potential participants for the counsellor training program to determine suitability and accessibility needs. Screening considerations for the program related to the following: whether the individual can function well in group settings, whether the individual has mental health concerns that might interfere with participation in classroom learning, and whether the individual is available to attend the 10-week course, which included one three-hour class per week.[3]

Nine participants were selected for participation in the course. Participation in the evaluation research was not a mandatory condition of course involvement, and eight participants consented to participate in the evaluation research. The research group was composed of three First Nations women, three White settlers, and two Métis women; three women were in their 20s, two were in their 40s, two were in their 50s, and one woman was in her 60s. Half of the participants had experience as indoor workers, and half as outdoor workers, with some overlap between the two groups.

The evaluation research involved two qualitative individual interviews with each participant. One took place prior to the start of the course and the other following course completion. Interviews were approximately 45 minutes in length and were audio-recorded, and participants were asked to provide pseudonyms for the study. Pre-program interview questions asked about past experiences in counselling, interest in pursuing this training, and questions about mental wellness (self-care, coping strategies, healthy relationships, boundaries, and empowerment). Post-program interview questions followed up on these same questions regarding participants' mental wellness and additionally asked about their impressions of the counsellor training program, including skill acquisition.

Interviews were transcribed verbatim, and transcripts were reviewed by the research team for units of meaning and codes were applied (Miles & Huberman, 1994). Codes were then clustered into larger thematic categories related to our evaluation research questions. Themes were also compared with derived themes from the analyses of other members of the research team to assess for consistency across participant data and between researchers. Case analysis involved considering participant experiences both for specific and generic content, which allowed for negative case analysis (i.e., instances where an individual's experience

3. Although we recognized that alternative options for course scheduling (i.e., shorter classes or multiple meetings per week) could have increased options for accessible learning, we proceeded with this format for this pilot program.

differed from the group; Denizen & Lincoln, 2011). Lastly, before-and-after transcripts were compared for each participant to review potential changes.

Following the completion of the thematic analysis, findings were summarized in a community newsletter which was circulated to participants and to the larger Peers community.

QUALITATIVE INTERVIEW FINDINGS

Through qualitative interviewing we sought to evaluate the impacts of the program in terms of course experience, counselling skill acquisition and use, and in terms of outcomes related to intrapersonal and interpersonal psychosocial factors. Pseudonyms chosen by the participants are utilized in the narratives below.

Course Experience

Participants reported that, overall, they found the course to be valuable to their learning about mental health and wellness and they noted being satisfied with the course content and course delivery. In terms of the organization of the program, many enjoyed the classroom learning and weekly meetings, and Jaime noted, "I just feel like it added a little bit extra structure and a little bit extra courage for me." MistyRainz reported feeling "super nervous" at the outset of the course, but that over time the instructors helped to create safety and comfort in the process, and that the course even became "fun." Students also felt they acquired a basic understanding of counselling and related mental health topics, and found material related to shame and substance use to be particularly beneficial.

In terms of class dynamics, LS explained that having check-ins at the outset of class where instructors addressed the emotional needs of the group was helpful. The interactions participants experienced during the triad practice offered the opportunity to practice counselling skills as well as the chance to "work through a bit of your personal problems," according to LS. Alex also noted enjoying positive group learning experiences in class: "I found it really nice to have a space where I felt comfortable and safe enough to talk about the things that were going on in my life." LS shared that "Having community and being able to practice the skills together was helpful," and MistyRainz even noted that the class itself felt "really good for the basic peer support."

In terms of constructive feedback, some suggested that class length be shorter than three hours due to challenges with sustaining focus, and Tiger Lily felt class should be twice a week and that the course could have run longer than 10 weeks. Two students felt they would have benefitted from more content on stigma, systemic issues, suicide, grief, and depression. LS shared that she would have liked more focus on the topic of sex work and its relationship to self-worth. Triad practice was noted as being particularly challenging by a few participants, who felt self-conscious and found it anxiety-provoking to take on the therapist role. Kyla remarked:

> Maybe I put a little bit of pressure on myself, like I felt like I wasn't doing well enough. And she [the instructor] would ask me something and I would repeat it, and she was like, "That's exactly what you're supposed to do!" and I doubted myself. And I don't know why.

Triad practice was also challenging for Tiger Lily, who noted that she was fearful of causing harm to her "client" during the triad practice due to her lack of experience. Jaime noted she was unsure of how to respond to disclosures of intense experience or feeling during triad practice; she worried that the group was adversely impacted by not having the "tools of containment" necessary to deal with the "stuff coming up." Some participants felt their classmates could benefit from personal therapy, so that "projections" did not emerge in the classroom, according to Jaime, who also took issue with what she saw as bullying and "lateral violence" (in which hostility is directed towards others in a subjugated group) in class. Rosie noted issues with participant substance use and the impact on classroom interaction: "I think they should have better parameters around people not coming to the class intoxicated, because that was a bit much for me." A few participants noted that they personally would benefit from a therapy session after class each week so they could debrief.

Counselling Skills Acquisition

Each participant was able to share some examples of skill application in their interviews. All eight participants reported having an improved understanding of what "reflective listening" means and how it is useful in a supportive counsellor role. Participants reported improved confidence in utilizing these skills over the 10-week course due to the weekly triad practice, and five reported they had become a better listener. Jaime noted that she learned "how to be present" while MistyRainz shared that she was better able to "You know, sense and feel what they're feeling" when listening to others. Rosie reported that she learned about the importance of self-awareness and non-verbal communication: "I'm definitely more aware of myself and how I'm acting towards other people. And picking up on certain things and body language." LS noted the importance of not trying to solve problems for others but rather, "putting personal biases aside" and "giving them space." Tiger Lily summarized that when using these reflective listening skills in class and within her personal life, "the conversation just went better."

Participants shared concrete examples of using reflection skills in their personal lives. Alex noticed the difference when using these skills with friends:

> I've made way more of an effort myself to be more present in conversations with my friends especially. Like, if someone rants to me for a minute, instead of being like "Oh, you know," and then talking about something else or myself, it's like I try to make space for people […] And asking people how it's affecting them and, like, getting people to really open up.

Others shared experiences about using these skills with their families. Jaime explained: "I've really, you know, taken a few steps back with my older daughter in that regard and really tried to employ these techniques and skills to my listening to her…so yeah, it's helped in that regard." Kyla shared her use of reflection skills in her personal life: "I use it at home with my kids now […] I used these tools that I learned and [my child] was like, you know, it kind of shocked him a little bit!"

Importantly, Brandi shared that learning these skills was not easy. She shared how this related to past insecurities for her:

> That was more challenging for me because I messed up a couple of times on … I didn't hear. I focused on the wrong thing and didn't hear the emergency situation (from the client). […] Yeah, like, "You're not hearing me." Like, Oh my God. I felt so… Oh no! And that's just a personality thing about being judged

> all my life, right? […] Then I ... I felt like I was ... no good at it. Yeah. That's a part of me that will take … I don't know whether I'll ever get over that, just from…I remember from being three years old and being put in foster care and being made to shut up, so I don't know whether that will ever disappear.

In this example, Brandi shares a chain of events from childhood that has shaped her own learning about communication, and how this continues to impact her experience of feeling judged for making mistakes. Nevertheless, she goes on to share that in class she did learn reflecting skills, including how to "repeat back the situation, like in a different form" and that now, "I think if somebody comes to me, I would be a better listener."

Psychosocial Impacts of the Course

Identity & Esteem

Through this course, participants noted some degree of transformation in their relationship to self, including developing greater emotional awareness, increased confidence, and a better understanding of healthy boundaries. MistyRainz shared that her general awareness of relational dynamics increased as a result of course discussions: "Yeah, I notice the cycles, behaviours, like all the red flags and what to watch out for, so I'm seeing them all and I'm like how did I miss that?" Brandi identified increased confidence and self-awareness in herself: "I noticed that there's a bit more strength there. Instead of just putting up with whatever, I will make myself aware of what I'm feeling, more so now at the end of the course than I was before." Likewise, Tiger Lily noted that she would become "emotionally activated" after attending class but that this was a positive experience for her, as she "started looking at those things which I was not looking at before."

In terms of confidence, LS noted that she is now feeling: "more comfortable [in a professional setting] advocating for myself a little bit more." She went on to share that she has made changes in her workplace to advocate for a Code of Conduct, and that this has involved having more difficult conversations with her boss. She shared that she feels she is more able to "vocalize what I need in the moment…like, trying to be aware and self-regulate." Jaime noted that she felt she could "make a contribution [in class] that I didn't think previously that I would or could ever make," suggesting that attending the course helped her to feel more of an agent. Overall, seven participants shared that they felt they experienced greater self-understanding, had an increased ability to stay with their own emotional experience, and felt more validated in their feelings. Five participants noted an increase in confidence.

A discussion about boundaries formed a significant topic area in participants' first and second interviews. Several identified "developing better boundaries" as a primary goal of attending the course at the outset. Following the course, all eight participants shared they obtained a clearer sense of what having "healthy boundaries" means, and some identified that they were beginning the practice of enacting healthy boundaries in their lives. Tiger Lily acknowledged,

> So it's not my strong point but I think it's gotten a little bit better. I've noticed myself like, in certain situations, making boundaries that I wouldn't have made before. So, it is improving but it does need work.

Several described now being interested in ending unhealthy relationships, for instance. LS remarked: "Yeah, I'm starting to realize a lot more what my boundaries are, and…yeah, what exactly I need from my relationships." Likewise, MistyRainz noted that in one of her relationships she is "Just getting firm with it

and I'm like, 'Don't come back. I don't need this; I'm not tolerating it.'" Kyla acknowledged, "I actually had to go to [the course instructor] and ask for a couple more tips on how to say 'No'! […] Now I'm like, it's okay to say 'No'!" Alex was able to relate the lesson on boundaries to her work:

> Having more boundaries is definitely something that I am really happy about now, and like, feeling confident enough to put that into place. […] Like, 'No!'—it's okay to say 'No.' It's okay to like, set like limits on what you're able to give.

Jaime succinctly summarized her experience of how the course helped her in developing boundaries. She shared that the program was helping to foster, "more resilience on my part due to a greater ability to ask for what I needed […] in order to take care of myself."

Community Support

With respect to interpersonal impacts, participants discussed their group experiences, interest in personal counselling and further peer counsellor training, and addressing occupational stigma. Six participants shared that they felt very supported in the course and that the group setting offered helpful feedback, community care, professional support, and camaraderie. Tiger Lily shared that she was nervous to attend the group initially because she holds a belief that other women dislike her. She acknowledged that she continued to isolate herself throughout the course but nevertheless found she began connecting with others little by little over the weeks. By the end she noted that she benefitted from the role modelling offered in group: "Like, there is a couple of people, like, in the group, and then the facilitators in the group, that, like, have really, like, clear and strong boundaries. […] And that was really, like, good for me to see."

In terms of counselling itself, six of the participants shared they are interested in engaging in additional personal counselling following the course. Alex shared a renewed interest and trust in the counselling process, which she felt had been hindered in the past by negative experiences with mental health practitioners:

> I am more inclined to do more things like cognitive behavioural therapy and, like, more counselling. Like, I know that a lot of the things that go on with my mental health can be solved just by talking to someone, and like, calming myself down and thinking about, you know, my own fears and abilities.

Three participants reported that they are interested in obtaining additional peer counsellor training and two shared that they would like to work as a peer counsellor in the future. However, some participants acknowledged limitations around this. Jaime described enjoying learning from her peers and hearing about each other's life in class but noted that she does not have the capacity to take on additional training at present. Kyla acknowledged this would not be the right path for her:

> I'm so happy that I took this, but I don't think I would continue on. And I don't think I would be able to. Like, it was nice to dabble my foot into it, but I don't think I would be suited to do it full, like at full force.

It seemed that although several participants learned quite a bit in the program and gained in their interpersonal skills, this did not always transfer to further interest in peer counsellor training.

Finally, in terms of community leadership, MistyRainz described her interest in community engagement and in being a group facilitator and Rosie shared that she hopes to become a public speaker and to work with youth in the community. Although both women were already set on these paths prior to attending the course, each felt they gained an increased understanding of stigma and a renewed confidence in speaking

out against stigma since taking the course. Likewise, LS shared that she now has a better understanding of how occupational stigma impacts the mental health of sex workers. Jaime, Brandi, and Alex shared they had already been engaged in social justice work prior to the course.

DISCUSSION

This course was intended to offer sex workers in the Lekwungen Territory introductory training as peer counsellors. The course curriculum included skills-based learning around verbal and non-verbal communication, reflective listening, and empathy as well as practice in establishing helping relationships. The course also reviewed psychoeducation about trauma, stigma, healthy boundaries, and trauma-informed care. In addition to receiving counsellor training, participants shared that they also experienced elements consistent with group therapy—they found it therapeutic to share personally in triads and the larger group, and they experienced interpersonal conflict and resolution in class.

In their interviews, participants discussed personal growth in the course, including greater awareness and acceptance of their own emotions and noted an increase in confidence around communication skills. All participants reported having a better understanding of healthy boundaries and several began to put this newfound understanding into practice in their relationships by stating their needs and saying "No" more often, in both professional and personal contexts. Finally, it was clear that for many participants this course was their first exposure to trauma-informed and non-stigmatizing models of care, reinforcing the lack of safety experienced by these individuals when accessing mental health supports in the past (Benoit et al., 2019). The interview responses emphasized the need for stigma-free mental health care for these community members, whether from peer counsellors or professionally accredited therapists.

Interview findings indicated a few notable participant strengths. For instance, participants demonstrated strong focus and ability when completing academic tasks in each three-hour class. Despite the heavy curriculum for a 10-week course, they were able to assimilate material, develop counselling skills and apply them in their personal and working lives. This is consistent with Benoit et al.'s argument that sex workers are highly competent in developing the necessary skills to help support the well-being of themselves and their peers (2017).

Secondly, the students demonstrated a high level of maturity in coming into a counsellor role. Several acknowledged their own limitations when engaging in triad work as the "counsellor," asking for more supervision and pausing in careful reflection, some noting that they wished to deepen their own personal counselling prior to taking on a peer helper role. Reactions like these indicate that participants appreciated the responsibility involved in working as a helper and demonstrated a degree of humility that (one would hope) would be acknowledged by all trainees (including those in formal graduate training programs).

Conflicts in class were openly addressed in the group. While emotionally activating, these discussions represented a process-oriented response to interpersonal dynamics, possible projections (attributing one's feelings to another), and issues with managing one's emotions. Participants looked forward to sharing their personal experiences in class, revealing instincts to apply these new learnings in vulnerable ways. This suggested that this peer counsellor training, although brief, evolved organically into a process-oriented training model that was both trauma-informed and anti-oppressive in nature.

There are some limitations to both the course and the evaluation study. We did not have an objective measure of how effectively or how often the reflective listening skills were used in the participants' daily lives. A third interview a few months following the termination of the course would have yielded helpful information about whether participants were able to integrate these communication skills into their lives more permanently.

We cannot be sure the degree to which the course itself brought about all the personal changes participants shared; in our interviews, we did not account for extra-therapeutic factors in participants' lives and how these factors would be working in tandem with the course learnings throughout the 10 weeks. Although some participants noted an interest in further counsellor training, we do not believe that any of the participants have enrolled in such a program to date. Possible barriers include tuition cost and wait lists for community training programs. Programmatically, we recognize that more could have been done to supportively scaffold their learning into the next phase of counsellor training in these cases.

Emerging from this pilot are suggestions for future courses. The course could be divided into two parts, including a psychoeducation course followed by a skills-based course. Because the participants found the skills portion to be more challenging (and some felt intimidated by the triad practice), the skills practice could follow as a more advanced course. It is also possible that the course objectives for skill acquisition were too ambitious for a 10-week course, and this portion could therefore involve a longer run. Additionally, course objectives for personal and interpersonal psychosocial gains were relatively broad and likely require more training time to achieve such an impact. Students asked for more content on various topics, including suicide, grief, depression, and stigma, thereby reinforcing that there is simply too much relevant information to cover in sufficient depth in a 10-week course.

Importantly, future courses may wish to focus more specifically on mental health considerations for sex workers in particular; focusing on occupational stigma and identity/esteem work. Scenario-based learning rooted in practical and everyday challenges could also be helpful for participants (e.g., How should I speak to my son/daughter when s/he breaks the rules?). Finally, a few participants noted that active substance use by a few participants interfered with class learning at times; having concrete group agreements about substance use in class would be beneficial to future courses, as well as an understanding about how to manage interpersonal conflict (e.g., lateral violence) that may arise in the group.

Many community-based health and social services for marginalized people in the Lekwungen area are benefitting from increased focus on peer support throughout a variety of programs, from harm reduction in substance use programs, to mental illness support and STI prevention and care. Based on the promising findings of this intervention program, continued promotion of peer curriculum in these settings should be prioritized through funding streams.

Finally, while peer-based programs like these are beneficial, sex workers cannot be unfairly expected to provide all culturally safe mental health services to their communities. There continues to be a clear need for professional therapists to develop their own capacity to practice in non-stigmatizing ways, in a manner that does not further burden their sex worker clients. Although peer support is an essential aspect of the fabric of the community, ultimately it is structural change in mainstream mental health that will lead to the decrease of (implicitly or explicitly) biased and stigmatizing care. It is hoped that research like this that describes

participants' lived experience, mental health insights, and narratives of stigma and resilience, will contribute to the development of more culturally safe care, through awareness, knowledge, and capacity building amongst professional therapists and within counselling centres and training programs (Treloar et al., 2021).

REFERENCES

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. doi.org/10.1371/journal.pone.0225783

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), 160–16. doi:10.1186/s12939-017-0655-2

Benoit, C., Jansson, M., Millar, A., & Phillips, R. (2005). Community-academic research on hard-to-reach populations: Benefits and challenges. *Qualitative Health Research, 15*(2), 263–82.

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. doi:10.1080/00224499.2017.1393652

Benoit, C., McCarthy, B., & Jansson, M. (2015). Occupational stigma and mental health: Discrimination and depression among front-line service workers. *Canadian Public Policy, 41*(2), S61–S69. doi:10.3138/cpp.2014-077

Benoit, C., Ouellet, N., & Jansson, M. (2016). Unmet health care needs among sex workers in five census metropolitan areas of Canada. *Canadian Journal of Public Health, 107*(3), e266–e271. doi:10.17269/CJPH.107.5178

Benoit, C., Smith, M., Jansson, M., Magnus, S., Maurice, R., Flagg, J., & Reist, D. (2019). Canadian sex workers weigh the costs and benefits of disclosing their occupational status to health providers. *Sexuality Research and Social Policy*, *16*(3), 329–341. doi:10.1007/s13178-018-0339-8

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). The Sage handbook of qualitative research. Sage.

Janssen, P. A., Gibson, K., Bowen, R., Spittal, P. M., & Petersen, K. L. (2009). Peer support using a mobile access van promotes safety and harm reduction strategies among sex trade workers in Vancouver's Downtown Eastside. *Journal of Urban Health, 86*(5), 804. doi:10.1007/s11524-009-9376-1

Kerrigan, D., Kennedy, C. E., Morgan-Thomas, R., Reza-Paul, S., Mwangi, P., Win, K. T., McFall, A., Fonner, V., & Butler, J. (2015). A community empowerment approach to the HIV response among sex workers: Effectiveness, challenges, and considerations for implementation and scale-up. *The Lancet (British Edition), 385*(9963), 172–185. doi:10.1016/S0140-6736(14)60973-9

Krishnamurthy, P., Hui, S. K., Shivkumar, N., Gowda, C., & Pushpalatha, R. (2016). Assessing the impact of peer educator outreach on the likelihood and acceleration of clinic utilization among sex workers. *PloS One, 11*(7), e0159656. doi.org/10.1371/journal.pone.0159656

Lazarus, L., Deering, K. N., Nabess, R., Gibson, K., Tyndall, M. W., & Shannon, K. (2012). Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. *Culture, Health & Sexuality, 14*(2), 139–150. doi:10.1080/13691058.2011.628411

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Sage.

Ministry of Health, Services & Ministry of Children and Family Development. Healthy minds, healthy people: A ten-year plan to address mental health and substance use in British Columbia. Victoria: B.C. Ministry of Health Services & Ministry of Children and Family Development. https://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf

Macioti, P. G., Geymonat, G. G., & Mai, N. (2021). Sex work and mental health. Access to mental health services for people who sell sex in Germany, Italy, Sweden and UK. https://www.sexworkmentalhealth.org/

Mulvale, G., Wilson, F., Jones, S., Green, J., Johansen, K., Arnold, I., & Kates, N. (2019). Integrating mental health peer support in clinical settings: Lessons from Canada and Norway. *Healthcare Management Forum, 32*(2), 68–72. doi:10.1177/0840470418812495

Peers Victoria Resources Society. (2018). About us. Peers safer sex work. https://www.safersexwork.ca/about-peers/

Portillo, S., Goldberg, V., & Taxman, F. S. (2017). Mental health peer navigators: Working with criminal justice–involved populations. *The Prison Journal* (Philadelphia, Pa.), 97(3), 318–341. doi:10.1177/0032885517704001

Rayson, J., & Alba, B. (2019). Experiences of stigma and discrimination as predictors of mental health help-seeking among sex workers. *Sexual and Relationship Therapy, 34*(3), 277–289. doi:10.1080/14681994.2019.1628488

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,* 268, 113468.

Vandewalle, J., Debyser, B., Beeckman, D., Vandecasteele, T., Deproost, E., Van Hecke, A., & Verhaeghe, S. (2018). Constructing a positive identity: A qualitative study of the driving forces of peer workers in mental health-care systems. *International Journal of Mental Health Nursing, 27*(1), 378–389. doi:10.1111/inm.12332

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

Young, M. (2007). *Learning the art of helping: Building blocks and techniques*. Pearson.