

‘Playing Two People’: Exploring Trans Women’s Experiences in Sex Work

by

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A thesis submitted to the
Faculty of Graduate and Postdoctoral Studies
in partial fulfillment of the requirements for the
Master of Arts (MA) degree in Criminology,
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Abstract

When not invisibilized in society, transgender women are subject to pervasive transphobia in the social sphere and encounter devastating discrimination across the institutions. In light of discrimination in the mainstream job market, many look to the sex industry for a source of income. In fact, trans women have long ties to the sex work community and have been foundational to the sex workers rights movement, engaging in activism predating Stonewall. Yet, the experiences of trans women who sell sex remain largely overlooked in historical retellings and social science research on sex work. By creating space for the voices of those who have long gone unheard – conducting in-depth interviews with seven transgender women who sell sex – this thesis seeks to move beyond the dominant narrative of sex workers and bring greater attention to their unique experiences.

This thesis explores the experiences of trans women in sex work as it relates to their labour practices and processes, engagement with the criminal justice system, and health and access to health and social services. Challenging the ways in which norms have been produced and sustained under the guise of ‘truth’, this thesis applies the concepts intersectionality and stigma to explore how experience is conditioned by the environment of oppression – at the intersection of sexism and cisgenderism – and the social judgment and marginalization of sex workers. Alongside navigating through the hardships associated with the criminalization and stigmatization of sex work, trans women who sell sex are subject to intensified violence, discrimination and oppression on the basis of gender. Amidst the height of the trans rights movement and in light of the recent amendments to federal legislation that protects trans Canadians from discrimination, this thesis considers what is warranted to achieve social change. Reflecting on history and looking to the future, it is imperative that the trans and sex worker communities forge stronger bonds in their battle for rights.

Acknowledgments

I would like to begin by acknowledging the significant contributions that my supervisor, Chris Bruckert, made to this thesis. Her expertise and dedication helped fashion the project that I am proud of today. A special thank you is extended to *POWER* (Prostitutes of Ottawa/Gatineau Work, Educate and Resist) for inviting me to be part of their research team. The experience that I gained as an interviewer is truly invaluable.

To my family and friends, I appreciate the endless support throughout this endeavour. To Nicole, who has stood by my side throughout this journey, your love and encouragement will not be forgotten. To my mother, Susan, your overwhelming support for my education is truly the best gift I could receive.

Finally, I concede that this project would not have been possible without the seven trans women who elected to share their experiences with me and be part of this research. To them, I have the utmost gratitude.

This research was supported by the

Social Sciences and Humanities Research Council of Canada.



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada



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Introduction

The lengthy history of activism and resistance has culminated in sex workers’ voices increasingly being heard – fighting for decriminalization, legal rights and protections, and the conceptualization of sex work as a form of labour; at the same time, dominant narratives have largely overshadowed trans women’s contribution to the movement and their experiences in the industry. Despite advocacy and activism, the transgender population has been largely invisibilized in historical retellings and social science research on sex work. Amidst the recently emerging conversation on trans rights, the time has come to move beyond the dominant narrative and create space for the voices of those who remain invisibilized in marginalized spaces as they are in broader society.

Due to their historical engagement and unified efforts, trans activism cannot be separated from the broader struggles for gay liberation and sex worker rights. Yet, the efforts of transgender individuals in such initiatives are often disregarded. While the 1969 raid of the Stonewall Inn symbolizes the launch of the gay liberation movement, trans and gender non-conforming individuals were the primary targets of criminalization that night under legislation that prohibited cross-dressing (Duberman, 1994; Gan, 2007). As a result, it was African American and Latina drag queens, such as Sylvia Rivera – a Puerto Rican/Venezuelan transgender activist – who were at the forefront of the riots (Feinberg, 2007).

The mainstream narrative of Stonewall as a gay rights initiative failed to consider the significance of trans-feminine women and queer, street-based sex workers who were more susceptible to police intervention and violence than the largely white, normatively gendered patrons of Stonewall (Gan, 2007). Making significant contribution to the riots, Rivera went on to dedicate herself to trans activism, co-founding the organization *STAR* (Street Transvestite Action

Revolutionaries) with friend, Marsha P. Johnson, an African America drag queen, in 1970 (Feinberg, 2007; Stryker, 2015). Later, Rivera worked to pass a gay rights bill in New York City that included protections for gender-variant people (Gan, 2007). While the provisions were eventually excluded from the bill (Gan, 2007), Rivera was a pioneer for trans rights and it is only now that the legal rights of trans individuals have become a mainstream debate in both the United States and Canada¹.

Despite the publicity of Stonewall, trans activism actually predates gay liberation. Collective resistance against police oppression of the trans community can be traced back to 1959 where the community resisted unwarranted arrests of drag queens in an all-night coffeehouse in Los Angeles (Stryker, 2008). Again, in 1965, protests and picketing emerged at a coffeehouse in Philadelphia that prohibited gender non-conformers – marking the first recorded instance of civil disobedience in protest of transgender rights (Stryker, 2008). One year later, in August of 1966, a riot unfolded in Gene Compton’s Cafeteria – a popular all-night hang out for transsexuals, queens, and hustlers in San Francisco’s Tenderloin – where dozens of trans individuals, many of whom were sex workers, fought against the criminalization of cross-dressing (Stryker, 2008). What resulted was a win for their community: police treatment of the trans community began shifting, which not only aided in changing the laws, but police began working with trans activists and allies to develop programming and job opportunities for trans

¹ In the United States in 2009, implementation of The Matthew Shepard and James Byrd, Jr., *Hate Crimes Prevention Act* allowed for anti-transgender hate crimes to be legally recognized as such (The United States Department of Justice, 2015). Despite federal protections against hate crimes, many states have worked towards denying trans rights: between 2013 and 2016, 24 US states have considered implementing legislation – known as “bathrooms bills” – that mandates the use of public washrooms in accordance with assigned sex (National Conference of State Legislatures, 2017). However, the Canadian context seems much more promising, as of June 2017, all provinces and territories have banned discrimination on the basis of “gender identity” and “gender discrimination” (Bowal & Smith, 2017; Yukon Health and Social Services, 2017) and federal Bill C-16, *An Act to Amend the Human Rights Act and the Criminal Code* has just recently received Royal Assent.

people and sex workers (Stryker, 2008).

While much trans activism has its roots in the United States, efforts on the part of transgender and sex worker communities has also shifted the social and legal landscapes in the Canadian context. Since the late 1970s, sex workers in Canada have advocated for the decriminalization and legitimization of their work and challenged the stigma surrounding their labour (Clamen, Gillies & Salah, 2013). Trans women, too, were foundational to the sex worker’s rights movement in Canada and aided in establishing the nation’s first sex worker’s rights march, held in Vancouver (Cole & Dale, 1984; Crago & Clamen, 2013). Moreover, sex worker organizations and programs flourished under the influence of transgender women, such as Jamie Lee Hamilton, who worked with the Alliance for the Safety of Prostitutes (ASP) in the early 1980s and later opened her own sex worker drop-in centre, Grandma’s House, in 1997 (Arthur, Davis & Shannon, 2013). In the 1990s, there was a devastating lack of trans-specific resources, especially those that were representative, and had special knowledge, of the particular class, culture and sex work backgrounds of the individuals they aimed to serve (Namaste, 2005). As a result, transgender activists and sex workers, such as Mirha Soleil-Ross and Sandy Leo Laframboise, worked to ensure the needs of the trans community were met; in unison with social services and not-for-profit organizations, they helped develop specialized services to support trans individuals who worked in the sex industry and who experienced economic marginalization (Laframboise, 2014; Namaste, 2005).

Banding together as a collective, sex worker activism continues to advocate for change. In 2013, one current and two former sex workers challenged the former prostitution legislation before the Supreme Court in the case of Canada (Attorney General) v. *Bedford*. As a result of a long struggle aimed at obtaining legal protections for sex workers, three sections of the *Criminal*

Code – s. 210, keeping a common bawdy-house as it relates to prostitution, s. 212(1)(j), living off the avails of prostitution, and s. 213(1)(c), communication for the purposes of prostitution – were declared unconstitutional under section 7 of the *Charter* in relation to safety and security of the person. Given a year to respond to these concerns or the laws would be of no force and effect, the Harper Government introduced Bill C-36, *The Protection of Communities and Exploited Persons Act (PCEPA)*, on December 6, 2014. Now law, this frames sex workers as victims of sexual exploitation, making clients and third-parties the primary targets of criminalization and effectively intensifying the regulation of sex work as a whole.

The legislation has been met with backlash, as scholars and advocacy groups alike argued that it is unconstitutional, identifying the undue harms to sex workers that will likely ensue (Canadian Criminal Justice Association, 2014; Pacey, 2014). Indeed, alongside the very real concerns that *PCEPA* will replicate the same harms to sex workers as the previous laws, sex workers continue to demonstrate their disapproval of the new laws (Artuso, Dec 17, 2014; Gillis, Sept 9, 2014) and challenge the paternalistic conceptions of sex work which informs them (Obsession, Jul 20, 2014).

While significant attention has been afforded to sex work in recent years in light of the changes to the prostitution laws, the unique experiences of transgender women remain largely overlooked and unexamined. In light of their historical exclusion from social science research, there is a need to make visible the presence and experiences of trans women who sell sex. Alongside the harms that are generated by the criminalization and stigmatization of sex work, this research considers how embodying multiple oppressed identities – of transgender and woman – conditions experience. By undergoing exploratory research, conducting in-depth, qualitative interviews, this thesis explores transgender women’s experiences in sex work as it

relates to their: 1) labour practices and processes; 2) engagement with the criminal justice system; and 3) physical, sexual and emotional wellbeing, including access to health resources.

Thesis Outline

In order to comprehend the social and institutional experiences of transgender women who sell sex, this thesis begins by providing an understanding of the effects of living within a cisnormative society. Chapter 1, *Cisnormativity: Erasing the Trans Population*, contextualizes the invisibilization of transgender people in broader society and highlights some of the real effects of oppression and discrimination. After setting the stage, Chapter 2 presents the literature review relative to trans women sex workers. Given the limited academic investigation that has focused exclusively on trans women who sell sex, Chapter 2 is divided into three sections: first, research on the transgender population is explored in relation to health and access to health and social services, labour, and engagement with the justice system; second, the effects of criminalization and stigmatization of sex work in the Canadian context is discussed; and, third, the research specific to trans women who sell sex is presented, underscoring their unique experiences related to labour, engagement with the justice system, and health and access to resources.

Chapter 3 introduces this thesis’ conceptual framework. Here, I provide a brief discussion of norms, power/knowledge, and the way in which gender-based oppression is an effect of the modern gender structure. Using this to form a base understanding of the socially constructed and arbitrary nature of norms, I then introduce the concepts of intersectionality, to consider the interlocking nature of oppression, and stigma, to comprehend the exclusion and marginalization of sex workers; these concepts are used to inform the analysis of the results. Chapter 4 follows by outlining the methodology of this thesis. Here, I explain the methods used for participant

recruitment, data collection and data analysis. Afterward, I introduce participants in terms of demographics and consider ethical implications and limitations of the research.

In Chapter 5, *Trans Specific: Experiences of Trans Women who Sell Sex*, the findings stemming from the interviews with trans women in sex work are presented, situated within the extant literature, and analysed according to my conceptual framework. Here, I explore how sex work stigma informed participants’ interactions with clients, health service providers and police; reveal the significance in client interactions; highlight institutional oppressions, and discuss means used to navigate through transphobia and ultimately work and express gender more freely.

This thesis concludes in Chapter 6. Reflecting upon the key findings presented in Chapter 5, I contextualize these experiences within the social, cultural and legislative context. Looking to the future, I remain critical of changes in the law and conclude by urging the transgender and sex worker communities to forge stronger bonds in their battle for rights.

Chapter 1: Cisnormativity: Erasing the Trans Population

Embedded in the structures of Western society is a hegemonic gender assumption, one so pervasive and naturalized so as to result in the invisibilization of those who deviate from gender norms. This *cisgender*² assumption – predicated on the commonly held belief that the gender assigned to individuals at birth is stable – erases the existence of those who alter their gender: namely the transgender and gender-variant populations (Serano, 2007). As this widely held misconception is deeply rooted within, and continues to be perpetuated by, Western society, it can be referred to as *cisnormative*. In its most simple form, cisnormativity is the pervasive assumption that those assigned male at birth grow up to be men and those assigned female at birth will ultimately become women (Bauer et al., 2009). Accordingly, the belief in two distinct and rigid sex categories – male and female – is reinforced and the cisgender population is therefore conceptualized as natural and authentic (and, by definition, trans people as neither natural and authentic) (Baril & Trevenen, 2014; Serano, 2007). Reinforced by biological determinism³, cisnormativity has not only led to the erasure⁴ and oppression of trans people within institutions, known as cisgenderism⁵, but transphobia and discrimination in the social sphere.

As a result of institutional cisgenderism, trans bodies have historically been subject to strict regulation. Once under the criminological scope, in which the removal of healthy organs

² Serano (2007) referred to this as the ‘cissexual assumption’, yet was adapted to ‘cisgender assumption’ here to emphasize the significance of gender as opposed to solely sex.

³ Biological determinism is the essentialist belief that sex is a biological trait in which gender is the derivative (Nicholson, 1999).

⁴ The use of the term ‘erasure’ is traced to Namaste (2000) who used it to refer to the invisibilization of the trans population institutionally and socially by the cultural context.

⁵ Cisgenderism is the system of oppression that works to deny, belittle or pathologize transgender and gender-variant identities (Lennon & Mistler, 2014).

and tissue from one’s body was outlawed in the *Criminal Code* until the 1970’s (Namaste, 2000), the regulation of trans bodies now remains the responsibility of the psychiatric system.

Conceptualized as a mental illness in the *Diagnosis and Statistical Manual of Mental Disorders* (DSM), trans identities were originally classified as a ‘Sexual Deviation’ – transvestitism or homosexuality – in the DSM-I (1952) and DSM-II (1968) (Meyer-Bahlburg, 2010). In the DSM-III in 1980, the distinction between gender and sexuality was made by introducing the term “Gender Identity Disorder” (Meyer-Bahlburg, 2010) and most currently, the term “Gender Dysphoria” is used, coming into effect in the DSM-V in 2013 (Meyer-Bahlburg, 2010). Such a diagnosis proves significant for trans people in order to negotiate their identities (Serano, 2008); for example, the World Professional Association for Transgender Health recommends that access to medical transitioning⁶ should necessitate a psychological evaluation (Coleman et al., 2012) and, ultimately, a diagnosis of Gender Dysphoria is required prior to undergoing gender affirming surgery⁷ (Graham, 2013). Moreover, institutional policies often mandate that transgender individuals live as their gender identity for a minimum of one year prior to medically transitioning (Darke & Cope, 2002). Not only must trans individuals comply with institutional policy, but additional obstacles to medical transitioning exist: despite access to universal health care in Canada, the costs associated with gender affirming surgeries are not uniformly covered by provincial/territorial governments and there are often long waitlists for such procedures. In Ontario, for example, although gender affirming surgeries are covered by the Ontario Health Insurance Plan (OHIP) (Ontario Ministry of Health and Long-term Care, 2016), the overwhelming demand from the community, combined with a limited number of surgeons that

⁶ Medical transitioning implies transitioning through the use of hormonal or surgical alterations (Bauer, 2012).

⁷ Gender affirming surgeries refer to any surgical procedure that helps align one’s physical body with their gender identity.

perform these procedures, results in wait times of up to several years (Lenti, 2016).

While trans bodies continue to be institutionally regulated, cisgenderist policies also disadvantage trans people in everyday life. Indeed, institutional policy and procedure typically mandates the use of legal names as opposed to preferred ones, and relies on assigned sex designations rather than gender identity, thereby invisibilizing trans identities. Moreover, sex designations on official, government-issued documents typically fail to account for any gender other than male or female, complicating the lives of those who identify outside the binary. However, gender neutral designations on documentation is forthcoming; Ontario’s Ministry of Transport (2017) recently introduced an ‘X’ option on drivers licences alongside the traditional ‘M’ and ‘F’ sex designations, setting an example for other institutions to follow suit.

While navigating through oppressive institutions, trans people are framed as “isolated cases” rather than a legitimate identity group (Bauer et al., 2009, p. 354). Referred to as one of the most marginalized groups in contemporary Western society (Bauer et al., 2009), it is only now that trans Canadians have achieved basic protections. After previous failed attempts⁸ to safeguard rights, Bill C-16⁹, amending the *Human Rights Act* and *Criminal Code* by adding “gender identity” and “gender expression” as characteristics protected from discrimination, received royal assent on June 19th, 2017 and immediately came into force and effect. Such amendments to legislation are imperative to protect trans identities from discrimination in the social sphere and within institutions.

⁸ In 2013, two bills were introduced, the Liberal’s Bill C-276 and the NDP’s Bill C-279, both seeking to amend the *Human Rights Act* and the *Criminal Code* to add gender identity and gender expression as protected characteristics from discrimination. Yet, the bills ended in summer of 2015 with the election fall. Attempts to pass similar legislation can be traced back to 2005, with NDP MP Bill Siksay’s introduction of Bill C-389, which was reintroduced in 2006, and again in 2009, eventually dying in senate by the election call.

⁹ Bill C-16, *An Act to Amend the Human Rights Act and the Criminal Code*, 1st Sess, 42nd Parl, 2016.

Regardless of formal protections, trans people have not achieved substantive equality; rather, trans individuals not only continue to be institutionally disadvantaged, but are subject to frequent discrimination in the social sphere. This particular form of discrimination, referred to as *transphobia*, has been described by Serano (2007) as, “an irrational fear of, aversion to, or discrimination against people whose gendered identities, appearances, or behaviors deviate from societal norms” (p. 12). Transphobia has also been described more broadly as any negative attitude towards trans individuals on the basis of their gender identity or expression (Bettcher, 2007). Research reveals the extreme social persecution (Mercellin, Bauer & Scheim, 2013) and familial rejection and isolation that trans people endure as a result of transphobia (Grant et al., 2011), especially in the early stages of transition (Sevelius et al., 2014). At times, transphobia manifests as a form of violence: empirical evidence indicates that just over half of trans individuals have experienced some form of transphobic victimization and trans people often avoid public spaces because of a fear of being ‘outed’, harassed or victimized (Scheim, 2015; Scheim, Bauer & Pyne, 2014). In a survey of 433 trans Ontarians, 1-in-5 report being physically or sexually victimized solely on the basis of their trans identity (Bauer & Scheim, 2015).

In light of transphobia, it has been suggested that transgender people who ‘pass’¹⁰ as cisgender are often afforded better treatment in society (Serano, 2007) and as such, there may be pressure to ‘pass’ in order to avoid victimization (Namaste, 2000; Xavier et al., 2013). For some trans people, ‘passing’ is a desired goal achieved through socially¹¹ or medically transitioning in order to live as their authentic selves. However, as we saw above, trans bodies continue to be

¹⁰ ‘Passing’ is a term used to refer to presenting as cisgender, or making one’s transgender identity less visible. The term can be traced to Goffman (1963/1965) who used it to refer to hiding one’s stigmatized characteristic.

¹¹ Bauer (2012) defines social transitioning as “the process of changing the gender in which one lives their day-to-day life to better reflect one’s internal gender identity” (p. 1).

subject to governmental regulation, and the social implications of transitioning and being ‘out’ as trans can limit choices. Indeed, a considerable number of transgender people in Ontario, especially female-identified trans persons, are not living as their felt gender (Bauer, 2012; Scheim & Bauer, 2015) – a finding which reflects the heightened discrimination that trans-feminine persons experience.

One wonders what implications arise as a result of people having to navigate their lives in a society which erases, oppresses, and discriminates against their identity. With recognition for the little research specific to transgender women’s experiences in the sex industry, the next chapter reviews the literature and sets the stage for the topic at hand by outlining what the research tells us about the transgender population’s overall health and access to health and social services, engagement with the criminal justice system, and income generating activities.

Chapter 2: Literature Review

Research has yet to fully explore trans women’s engagement in the sex industry and their unique social and institutional experiences. What warrants investigation are the ways in which trans women who sell sex experience the social world and navigate institutions in light of cisnormativity, cisgenderism, and transphobia. In order to investigate these issues, this chapter begins by relaying the extant research on the transgender population, beginning with a section on health and access to health and social services, shifting to engagement with the criminal justice system, and ending with a discussion of labour practices. Here, because sex work is identified as a disproportionate career choice among trans women, the next section shifts the discussion to an overview of the challenges that sex workers face, generated by the stigmatization and criminalization of the sex industry. Using this information to set the stage for the topic at hand, the literature specific to trans women’s engagement in the sex industry is presented. Here, the unique experiences of trans women who sell sex are explored as it relates to their labour practices, engagement with the criminal justice system, and health and access to health and social services. This chapter concludes by identifying the various gaps in the literature that warrant further scholarly investigation and signals what will be addressed in this thesis.

1. The Transgender Population

A) Health

In this section, the health of the transgender population is examined, relating to their physical, sexual, and emotional wellbeing. After a consideration of the transgender community’s health needs, both general and trans-specific, this section concludes with a discussion of the accessibility of, and experiences accessing, medical and social services.

i) Physical Wellbeing

Research on the physical wellbeing of the trans population centres upon medical transitioning in the form of hormone therapy and gender affirming surgeries. Research speaks to a need for trans-related medical care, as high rates of hormone use is presented in the literature (Grant et al., 2011) and it is estimated that nearly half of trans-feminine individuals are currently using hormones (Scheim & Bauer, 2015). In fact, the need for hormones has been considered the primary reason for trans people to access medical services (Sevelius et al., 2014). In light of institutional oppressions noted above, trans Ontarians sometimes obtain hormones through non-medical channels, such as through friends, the street, or on the internet (Khobzi Rotondi et al., 2013). However, unregulated medical transitioning is potentially dangerous; hormone levels must be monitored in order to ensure healthy organ functioning. Research also highlights the need for gender affirming surgeries. Ontario-based research, sampling a population of 433 trans individuals, found that approximately 3-in-10 trans-feminine individuals have received at least one surgery (Scheim & Bauer, 2015) and, in the face of institutional policies that act as barriers to obtaining these procedures, one-third of all trans people still require a gender affirming surgery (Bauer, 2010).

In relation to general health concerns, substance abuse is identified as a significant issue among the trans population. Research has shown high rates of drug and alcohol consumption (Xavier et al., 2005) and reasons for these elevated rates include substance use as a coping mechanism to deal with issues surrounding gender identity (Grant et al., 2011; Sevelius et al., 2014) as well as depression and low self-esteem (Xavier et al., 2013). In light of pervasive transphobia and the discrimination that trans people experience, these findings are not surprising and will be further considered in our discussion of the trans population's emotional wellbeing.

ii) Sexual Wellbeing

Research on the sexual health of the trans population centres upon the overrepresentation of HIV in the community. Within this conversation, the sexual practices that foster sexual risk are discussed. For example, reporting on their study of 2,136 trans women in the US, Reback & Fletcher (2014) found that 13.6% self-reported a positive HIV status. Even higher rates are documented elsewhere (Clements-Nolle et al., 2001; Wilson et al., 2009). While this overrepresentation is clear in US-based research, Canadian studies describe a relatively low rate of HIV amongst their samples of trans Ontarians; under 1% (Scruton, 2014) and 3% (Bauer et al., 2012). In order to account for this discrepancy, we must consider the limitations of relying on self-reported HIV statuses – studies whose methods include formal testing for HIV tend to reveal a higher prevalence of the virus amongst their samples compared to those that rely on self-reports (Herbst et al., 2008) – as well as the implications of getting tested. Indeed, many individuals are unaware of their HIV status and the significant stigma associated with HIV can act as a deterrent to getting tested (Canadian HIV/AIDS Legal Network, 2009).

Given the focus on HIV in the research, discussions also centre upon the sexual practices that increase risk of acquisition. While, generally, research indicates that trans women practice safe sex through the use of condoms (Kenagy & Hsieh, 2005; Sevelius et al., 2009), there may be reasons to avoid condom use, such as the exacerbation of erectile dysfunction (Bockting et al., 1998). Further, the use of drugs or alcohol during sexual encounters also increases sexual risk (Bockting et al., 1998) including inconsistent condom use (Sevelius et al., 2009).

iii) Emotional Wellbeing

In the literature focusing on the emotional wellbeing of the transgender population, poor mental health (Scruton, 2014), often in the form of major depression (Khobzi Rotondi et al.,

2011; Nuttbrock et al., 2014), is identified as a serious issue. Moreover, the risk of suicide is significant: a Trans PULSE survey revealed that, out of a sample of 380 trans Ontarians, 1-in-3 had considered suicide, and 1-in-5 had attempted suicide, within the last year alone (Bauer et al., 2015a). The rates of lifetime suicide attempts have been documented in other research: from 40% (Grant et al., 2011; James et al., 2016) to over 50% (Clements-Nolle et al., 2006). Often the reasons that are provided for suicidal ideation (Xavier et al., 2005) and attempts (Kenagy & Bostwick, 2005) relate to transgender identity.

Evidence suggests that social support and reduced exposure to transphobia can alleviate the risk of suicide (Bauer et al., 2015a). Indeed, mental illness and discontentment with one’s trans identity can be, in part, explained by looking at social factors related to being a gender minority. It has been found that those who have experienced rejection from their families due to gender discrimination are more likely to attempt suicide than those who have supportive families (Grant et al., 2011). Further, research suggests that both depression and anxiety are reduced when greater levels of social support are present (Budge et al., 2013), establishing a positive correlation between social support and emotional wellbeing. Further, experiencing transphobic verbal and physical violence tends to exacerbate mental health issues (Clements-Nolle et al., 2006; Grant et al., 2011; Nuttbrock et al., 2014). In light of discrimination, it is not surprising that research suggests that ‘passing’ as cisgender can help improve mental health, such as fostering positive self-esteem (Xavier et al., 2013) and gender affirmation (Bockting et al., 1998). Not only does ‘passing’ have the potential to avoid social judgment and victimization, but can increase contentment with one’s physical body and appearance.

iv) Access to Health and Social Services

There is some debate within the research as to what is the most commonly accessed

service amongst the trans population: some indicate that physical health services are the most frequently used resource (Nemoto et al., 2005), while others found that it was mental health services (Kenagy & Bostwick, 2005) – particularly mental-health services that pertain to gender identity (Shipherd et al., 2010), signalling the particular importance of trans-related care. While rates of access are uncertain, it becomes apparent that various obstacles exist to receiving health and social services. To begin, the transgender population tends to be economically disadvantaged (Khobzi Rotondi et al., 2013; Scruton, 2014) and trans people are at a disproportionate risk of becoming homeless (Mokonogho et al., 2010; Reck, 2009; Thornhill & Klein, 2010) as a result of housing discrimination and transphobia (Begun, & Kattari, 2016; Herbst et al., 2008; James et al., 2016). Socioeconomic marginalization has the potential to limit access to medical transitioning, such as the ability to undergo hormone replacement therapy (Xavier et al., 2013), especially if the individual does not have an insurance plan to help afford prescriptions.

A second barrier to accessing care is the prevalence of trans discrimination on the part of service providers: harmful experiences of transphobia have been documented in a wide range of health services, including doctor’s offices and mental health institutions (Grant et al., 2011; Herbst et al., 2008; James et al., 2016; Lyons et al., 2015; Xavier et al., 2013). Given such maltreatment, it should not be surprising that research documents a tendency for trans people to avoid medical centres (James et al., 2016; Scruton, 2014), including those offering HIV testing (Sevelius et al., 2014) in fear of discrimination. Even in the most urgent times, there may be a reluctance to obtain care from emergency departments (Bauer et al, 2014).

Not only may trans people avoid health and social service providers, but they may attempt to hide, or manage, their trans identity in order to circumvent discrimination. Research reveals that some trans people are uncomfortable discussing trans-related health issues with their

doctor (Bauer et al., 2015b) and trans women tend to not disclose their trans identity to unfamiliar service providers (Xavier et al., 2005), impeding their ability to acquire trans-related care. Additionally, Namaste (2000) found that trans people who reside outside of large cities often travel considerable distances to access services out of concern for their confidentiality.

Obtaining care is further complicated by overt denial on behalf of service providers. Research has determined that approximately 25% of trans people have been denied medical service because of their gender identity (Grant et al., 2011; Kenagy & Bostwick, 2005) and some trans Ontarians had even been refused examinations when accessing emergency health care (Bauer et al., 2014). Just as some individuals are overtly rejected by medical professionals, their requests for prescriptions for hormones are likewise denied (Sevelius et al., 2014). There is also evidence of those seeking counselling for issues surrounding gender identity being denied (Kenagy & Bostwick, 2005).

While transphobia among service providers is inexcusable, the refusal that trans people experience may be explained, at least in part, by service providers’ lack of knowledge about trans health (Herbst et al., 2008). Institutional cisgenderism results in a lack of gender-inclusive training and education among service providers, as a consequence of which they may be ill-equipped to treat trans individuals. Research overwhelmingly identifies the need for trans-appropriate services provided by educated staff (Bauer et al., 2014; Bockting et al., 1998; Xavier et al., 2005) as a lack of training can have serious implications, including incorrect dosages of hormones (Sevelius et al., 2014) and a failure to conduct the appropriate blood tests for those who are medically transitioning (Namaste, 2000). Additionally problematic is the use of harmful and outdated perspectives such as those promoted by the ‘psy’ disciplines that position trans individuals as mentally ill, or the focus on an individual’s trans identity as opposed to the health

concern to which they sought treatment (Xavier et al., 2013). As a result of this overwhelming lack of knowledge of trans health, trans individuals often feel as though they are forced to educate their service providers (Grant et al., 2011; James et al., 2016; Bauer et al., 2014).

Finally, as a consequence of the binary notion of sex/gender, the use of gender-divisive programs within social service institutions generates significant challenges for the trans population. Indeed, women’s-only programs and social services have been subject to criticism because of their failure to be trans-inclusive (Begun & Kattari, 2016; James et al., 2016; Lewis et al., 2005; Lyons et al., 2016; Shaver et al., 2011). In fact, research reveals that trans people often have to live as the wrong gender to access homeless shelters (Begun & Kattari, 2016); and women’s-only services, such as housing and drop-in centers, often only accept trans women if they express conventional forms of femininity (Lyons et al., 2016) or if they are undergoing or completed transition (Namaste, 2000). In the event that trans women are permitted access to these services, the social judgment and transphobia from other members of the program may interfere with their treatment and even dissuaded them from attending (Lyons et al., 2016; Sevelius et al., 2014).

What has been discussed thus far relates to the health and wellbeing, both general and trans-related, of the transgender population. Similar to the ways in which transphobia and cisgenderism generate hardships when accessing medical and social services, the following section demonstrates how transphobia and oppression shape trans people’s experiences within the criminal justice system.

B) Engagement with the Criminal Justice System

Because there is little research on trans people’s engagement with the Canadian criminal justice system, the scant evidence that does exist will be supplemented with literature from the

United States; collectively this research sheds light on the transphobic attitudes held by criminal justice officials as well as cisgenderist policies and procedures upheld by institutions. As will be shown, unacceptable treatment persists regardless of whether the individual engaged with the system as a suspected offender or as a victim.

The largest US national study conducted on the trans population, surveying 27,715 respondents, found that 40% had interacted with police, and 2% had been arrested, within the previous year (James et al., 2016). However, studies focusing exclusively on trans women document much greater rates of arrest: research sampling 220 low-income Latina trans women in the US documents a lifetime arrest rate of 71% (Woods et al., 2013) and other research found that, out of a sample of 153 trans women, a quarter have experienced arrest within the last year alone (Sevelius et al., 2009). High arrest rates among trans women have been contextualized in relation to economic marginalization, sex work, drug use and stigma (Thornhill & Klein, 2010). While experiences of criminalization may be, in part, attributable to the socioeconomic marginalization of the community, discrimination also plays a role (Grant et al, 2011): law enforcement often hold discriminatory attitudes, including the tendency to profile transgender women as sex workers, based purely on stereotypes (James et al., 2016; Nadal et al., 2012a), which results in unwarranted stops (Woods et al., 2013) and charges under loitering or disorderly conduct laws (Amnesty International, 2005). As a result, trans people are sometimes drawn into the system for administrative offences.

Research also verifies that trans people are at heightened risk of violence when interacting with law enforcement (The National Coalition of Anti-Violence Programs, 2014) – most commonly verbal victimization, such as intentional and malicious misgendering and the use of transphobic language (Graham, 2014; James et al., 2016; Woods et al., 2013). When directed

at trans *women*, however, transphobic abuse is often of a sexual nature (Amnesty International, 2005), which speaks to the real effects of trans-misogynistic attitudes that over-sexualize trans-feminine individuals (Serano, 2007). Finally, alongside verbal violence, physical and sexual violence at the hands of police has been documented (Grant et al., 2011; James et al., 2016; Stotzer, 2014; Woods et al., 2013).

Given their maltreatment by law enforcement, it should not be surprising that trans people are often reluctant to rely on police when they are victims of crime (James et al., 2016). In a study sampling 350 trans people in Virginia, as few as 1-in-10 acts of violence were reported to law enforcement (Testa et al., 2012). Research highlights transgender people’s fear of discrimination (Woods et al., 2013) and secondary victimization (Xavier et al., 2004) at the hands of police. Moreover, trans people lack confidence in police responses because they commonly fail to take their victimization seriously (Graham, 2014) and those who do choose to report victimization are primarily dissatisfied with the outcome due to poor treatment (Woods et al., 2013).

While most of the literature has focused on police interactions, there exists a small body of research exploring other areas of the system, such as the correctional system. As a primer to this discussion, it is important to note that Correctional Service Canada (CSC) (2015) has historically mandated the segregation of inmates on the basis of sex; as a result, pre-operative transgender women are housed with male offenders. However, following The Correctional Investigator Canada’s (2016) recommendations in their latest annual report, the Trudeau government has recently promised to consider housing federal inmates in accordance with their gender identity (Harris, 2017). Yet, because the placement of trans inmates is decided on an individual basis (Harris, 2017), there is no guarantee that trans people will be housed correctly

moving forward.

The practice of housing inmates based on sex is not only problematic because it denies trans identities, but it contributes to trans women’s vulnerability to violence and harassment by the male prison population (Amnesty International, 2005). In fact, of the 433 trans Ontarians who were surveyed for the Trans PULSE project, 23 experienced incarceration; of which, two-thirds had been verbally harassed, and one-third had been physically victimized, within a correctional facility because they were transgender (Scheim et al., 2013). But further, the risk of violence can be exacerbated by correctional guards and insensitive policy and procedure: while incarcerated, transgender women have been subject to humiliating incidents, including unnecessary strip-searches, often in front of male inmates (Nadal et al., 2012a; Sylvia Rivera Law Project, 2007).

Alongside the potential violence from inmates, correctional staff can also contribute to victimization. US research reveals the intentional microaggressions¹² (Nadal et al., 2012a) and overt harassment and transphobic verbal abuse trans inmate experience at the hands of correctional officers (Amnesty International, 2005; Grant et al., 2011); and trans women are particularly vulnerable to physical and sexual violence (Grant et al., 2011). As similar experiences of abusive treatment occur at the hands of both police and correctional officers, the systemic nature of transphobia within the system becomes apparent. While the experiences of trans women in the justice system are shaped by cisgenderism and transphobia, a similar situation exists in the context of trans people’s employment opportunities, as discussed in the following section.

¹² Microaggressions refer to routine and often brief experiences of hostility, disrespect or insults directed toward members of a minority group (Nadal, Skolnik & Wong, 2012a).

C) Labour

Academic exploration has brought attention to the trans population’s relatively low income levels and high unemployment rates: results from the Trans PULSE Project indicate that half of trans Ontarians earn less than \$15,000 annually (Khobzi Rotondi et al., 2013) and 1-in-5 report being unemployed or are on disability (Bauer et al., 2011). Other Canadian research documents a mere 38% full-time employment rate (Scruton, 2014). These findings, while reflecting the severe socioeconomic marginalization of the trans population, can be explained in part by exploring the difficulties of finding and maintaining employment as a trans person.

Research frequently attributes transgender identity as a reason for employment discrimination (Badgett et al., 2007; Bauer & Scheim, 2015; Bockting et al., 1998; Irving, 2016) and some suggest that those who are transitioning or visibly defy gender norms have greater difficulty finding employment (Graham, 2014; Sausa et al., 2007). Not only are there challenges associated with obtaining work, but evidence suggests trans people lose jobs due to transphobia (Bauer & Scheim, 2015; James et al., 2016). As a result, many hide their gender identity or postpone their transition in order to circumvent such discrimination (Grant et al., 2011; James et al., 2016). Yet, because it has been found that trans people who are either employed longer or who work in white-collar positions are more likely to maintain their jobs upon transitioning (Xavier et al., 2013), discrimination may be contextual and dependent upon class. Finally, while transphobic discrimination in the mainstream job market is apparent, other factors, including physical and mental health concerns, can of course contribute to the challenges of obtaining and maintaining stable employment.

In light of widespread discrimination in the mainstream labour market, there is an obvious need for trans individuals to turn elsewhere for income. As a result, trans women

disproportionately enter the sex industry for its employment opportunities (Xavier et al., 2013). In their interviews with 153 transgender women, Sevelius et al. (2009) note that 1-in-3 participants were currently engaged in sex work and similar rates have been documented elsewhere (Nuttbrock et al., 2015; Wilson et al. 2009). With this in mind, the discussion shifts to the challenges of working in the sex industry as a result of criminalization and stigmatization of sex work.

2. The Criminalization and Stigmatization of Sex Work in Canada

Thus far what has been explored is research on the experiences of transgender people as it relates to health and access to health and social services, engagement with the criminal justice system, and labour. Since it has been established that trans women often find employment in the sex industry, this section relies on Canadian sex work research in order to present the challenges and harms that sex workers experience, arising from the criminalization and stigmatization of their labour. The research reviewed here suggests that the laws prohibiting the sale of sexual services seriously impact sex workers’ safety and wellbeing and that the stigma surrounding the industry fuels negative attitudes towards sex workers on which the discrimination and violence that they experience pivots.

While sex work research speaks to the violence associated with the job (Benoit & Millar, 2001; Comack & Seshia, 2010; Krüsi et al., 2014; Lewis et al., 2005; Seshia, 2010), sex work is not inherently more unsafe than other service occupations. Rather, the risk of violence should be viewed as a manifestation of both stigmatization and criminalization. Sex work research describes the overwhelming stigma associated with selling sex and how this fundamentally shapes interpersonal relations (Bruckert & Hannem, 2013; Jeffrey & Macdonald, 2006; Lewis et al., 2005; Lewis, Shaver & Maticka-Tyndale, 2013; Seshia, 2010). Stigmatic assumptions that

sex workers are ‘morally corrupt’, ‘sexually loose’, or ‘victims of sexual exploitation’ (Bruckert & Chabot, 2010) are in fact intensified by the way in which the sex industry is criminally regulated (Benoit & Millar, 2001). Stigmatization justifies discrimination and the denial of rights and protections for sex workers (Benoit & Millar, 2001; Bruckert & Chabot, 2010; Seshia, 2010); this becomes apparent when looking to the harmful effects generated by criminalization of sex work.

Criminalization disproportionately affects street-based sex workers who are at greater likelihood of engaging with police by virtue of the public nature of their work (Bruckert & Chabot, 2010). Historically, sex workers have been subject to criminalization not only for prostitution-related offences but for minor offences that are rarely imposed on the general public, such as loitering or trespassing (Bruckert & Chabot, 2010; Bruckert and Hannem, 2013; Krüsi et al., 2014). Research also speaks to the issue of social profiling by police – based on factors such as appearance, behaviours and dress – that are used in attempts to identify and monitor sex workers (Bruckert & Chabot, 2010; Bruckert & Hannem, 2013). The risk of arrest is aggravated by undercover police who pose as potential clients, forcing sex workers to use intuition or gut instinct to determine whether or not the client is an officer (Bruckert & Chabot, 2010; Bruckert & Parent, 2014; Bungay et al., 2011). While the new prostitution laws are intended to target clients as opposed to sex workers, the criminalization of clients effectively interferes with sex worker’s labour practices and sex workers operating in public places remain at risk of being charged under ss. 213(1)(a) and (b) and 213(1.1) of the *Code* (Belak & Bennett, 2016).

Given that various aspects of sex work are criminalized, it should be of no surprise that the harassment of sex workers by police has been identified as a major issue in the literature (Deering et al., 2014; Jeffrey & MacDonald, 2006). In a study of 509 Vancouver-based sex

workers, 1-in-3 reported police harassment in the last 6 months alone (Sociás et al., 2016). Even when police attempt to make positive efforts, by stopping street-based workers to ask about their safety, sex workers feel that this is either a nuisance or a form of harassment (Krüsi et al., 2014). In this context, heightened surveillance and police intervention can be viewed as an attempt to prevent and stop the sale of sexual services.

Despite the fact that laws aim to eradicate the sale of sexual services, research reveals that criminalization does not dissuade street-based sex workers from selling sex; rather, sex workers simply avoid coming into contact with police (Bungay et al., 2011) which means that they are often forced to relocate to more isolated, and effectively more risky, areas (Krüsi et al., 2014; Seshia, 2010). Sex work research has spoken to street-based workers’ particular vulnerability to violence (Benoit & Millar, 2001; Lewis et al., 2005) and this risk is heightened because criminalization affects workers’ ability to screen clients and negotiate the terms of the agreement before entering the vehicle (Krüsi et al., 2014).

While criminalization generates much of the challenges and risks that sex workers confront in their working lives, police themselves are also a potential source of violence. There is overwhelming evidence outlining police disrespect and verbal assault of street-based workers (Bruckert & Chabot, 2010; Bruckert & Hannem, 2013). Moreover, theft (Bruckert & Chabot, 2010), physical and sexual assaults (Bruckert & Chabot, 2010; Lewis et al., 2005) and coercion at the hands of police have been reported (Bruckert and Hannem, 2013; Lewis et al., 2005). The prevalence of violence speaks to a systemic issue within policing – that police uphold stigmatizing attitudes that devalue and dehumanize sex workers (Bruckert & Hannem, 2013; Seshia, 2010).

In light of working in a criminalized and stigmatized industry where police abuse is

commonplace, it should not be surprising that sex workers are reluctant to call upon law enforcement for assistance out of a fear of criminalization (Bruckert & Parent, 2014; Jeffrey & MacDonald, 2006; O’Doherty, 2011; Seshia, 2010), re-victimization (Bruckert & Chabot, 2010) and being publicly ‘outed’ as a sex worker in the media (Bungay et al., 2011; O’Doherty, 2011). Krüsi et al. (2014) explain that sex workers often refuse to report crimes because it would necessitate divulging information about the location in which they sell sex and they fear that law enforcement will target clients in this area. Additionally, evidence suggests that sex workers’ failure to report victimization stems from a fear that police will not take their complaints seriously (Bruckert & Chabot, 2010; Krüsi et al., 2014; Shaver, Lewis & Maticka-Tyndale, 2011). Such concerns are not without justification: police’s blatant failure to respond to sex workers’ reports of victimization has been long recognized (Bruckert and Hannem, 2013; Lewis et al., 2005; Seshia, 2010). Rather than responding, evidence suggests that police hold victim-blaming attitudes when violence against sex workers occur, such as portraying violence as a normal and expected part of the job (Krüsi et al., 2016; Seshia, 2010; Shaver, Lewis & Maticka-Tyndale, 2011).

Finally, the criminalization of sex workers has the potential to act as a barrier to accessing important services. For instance, interviews with sex workers in an Ontario-based study reveal that some were reluctant to attend social services – especially those administering condoms or needles – because police would survey the premises in order to question or harass those who went inside (Shaver et al., 2011). Furthermore, evidence suggests that probation conditions, such as the imposition of red zones (restricted areas) of the city, limit criminalized sex workers’ access to a variety of social services located within these areas (Bruckert and

Hannem, 2013). Thus, the continued criminalization of sex work affects more than the working lives of sex workers; criminalization affects sex workers’ overall wellbeing.

3. Trans Women’s Experiences in Sex Work

Now that we have set the stage by exploring the experiences of trans people and outlined the various challenges associated with working in the sex industry, in the context of criminalization and stigmatization, we can move into the topic at hand: transgender women’s experiences selling sex. In this section, research specific to trans women in sex work is presented, beginning with a discussion of labour, shifting to the engagement with the criminal justice system, and concludes by considering health and access to health and social services. In light of the limited academic attention paid to the topic, the works of Lyons et al. (2017) and Fletcher (2013) are central to the discussion because they are the first to exclusively explore the experiences of transgender sex workers in the Canadian context. These findings are supported by other Canadian and US research which includes trans sex workers as part of their broader project.

A) Labour

Evidence indicates that there is a particular demand for trans bodies in the sex industry and, given the fewer number of trans women in relation to cisgender women, a competitive market can financially benefit trans women (Fletcher, 2013). While some trans women may be advantaged because they constitute a niche market, others have found that there is an immense pressure to express conventional femininity, which effectively heightens their desirability in terms of being hired by clients (Weinberg & Williams, 2010). Just as it has been found that cisgender women in the industry are subject to “lookism,” in which conventional beauty standards are found most desirable (Bruckert & Parent, 2014, p. 103), the expectation to embody

traditional, cisgender forms of femininity doubly disadvantages (some) trans women.

Despite the desire for trans-feminine bodies, Fletcher (2013) indicates that clients sometimes exhibit transphobic responses. Research points to frequent safety concerns that arise during transactions, including physical and sexual assault, commonly attributed to transgender identity (Lyons et al., 2017; Nemoto et al., 2011; Shaver, Lewis & Maticka-Tyndale, 2011) or being unexpectedly discovered as ‘male-bodied’ (Reisner et al., 2009). In fact, evidence suggests that the risk of harassment (Shaver, Lewis & Maticka-Tyndale, 2011) and physical violence (Cohan et al., 2006) is heightened for transgender sex workers, compared to cisgender men and women sex workers. Although trans women may be at risk of violence regardless of their choice to divulge their trans identity, Lyons et al. (2017) explain that some choose to tell clients that they are trans during the negotiation in order to prevent transphobic violence that may occur during the interaction; in other words because of cisnormative assumptions that gender aligns with sex, trans women face pressure to disclose their trans identity in order to circumvent discrimination and violence.

B) Engagement with the Criminal Justice System

Since there has been very limited scholarly investigation in regard to transgender sex worker’s interactions with the criminal justice system in Canada, this section solely relies on Lyons et al.’s (2017) findings, stemming from their interviews with 33 trans sex workers in Vancouver. In terms of access to protection, participants felt that police will not adequately assist them due to discrimination on the bases of gender, sex work, and substance use (Lyons et al. 2017). But further, after experiencing police inaction to their reports of victimization, some adopted the belief that violence perpetrated against sex workers is normalized or deserved (Lyons et al., 2017) or that they were to blame for their own victimization. Finally, one

participant in Lyons et al.’s (2017) research was reluctant to access health services following client-perpetrated violence because she feared being arrested for sex work. On top of the challenges that plague sex workers generally, research suggests that transphobia and cisgenderism interact to produce unique experiences.

C) Health

Building upon the general and trans-related health concerns among the trans population and the numerous barriers to obtaining care detailed above, the conversation now turns to the health concerns – physical, sexual and emotional – specific to trans women who work in the sex industry. Given the extreme social stigma associated with being a sex worker, trans women will presumably have distinct experiences arising from sex worker identity.

i) Physical Wellbeing

Research exploring the physical wellbeing of transgender sex workers has found a significant association between trans women’s substance use and their work in the sex industry (Xavier et al., 2005). Just as general sex work research has determined a wide range of relationships between sex workers and drug use – from abstaining from drugs, using substances in order to make the job easier, to using sex work as a means to afford a drug habit (Bruckert & Chabot, 2010) – various explanations are also provided for trans sex workers’ substance use. Consistent with general sex work research, some claim that trans women use sex work as a means to meet a need for drugs or alcohol (Reisner et al., 2009). Alternatively, others suggest that clients’ drug use may fuel sex workers’ consumption (Sausa et al., 2007). In other words, some clients may prefer sex workers to ‘party’ during the interaction. Finally, some have positioned drug use as a coping mechanism for various mental health concerns (Nadal et al., 2012b; Sausa et al., 2007). While the relationship between sex work and substance use is

certainly complex, evidence of elevated use of stimulant and injectable drugs speaks to potential physical health risks (Cohan et al., 2006; Reisner et al., 2009).

ii) Sexual Wellbeing

As we have seen, the transgender population is at heightened risk of HIV generally; however, engagement in the sex industry elicits particular concerns. Evidence suggests that the risk of HIV is intensified for transgender women in the sex industry compared to workers of other genders (Cohan et al., 2006). Explanations for this overrepresentation relate to a lack of vigilance in ensuring sexual health when screening clients, often out of fear of losing the client or not receiving payment for services (Reisner et al., 2009) or in fear that the client will assume they have an infection (Bockting et al., 1998). A second explanation for not discussing sexual health with clients amounts to a wariness to disclose their transgender identities (Bockting et al., 1998) which presumably reflects a concern for transphobic responses or a general reluctance to discuss gendered body parts.

iii) Emotional Wellbeing

Echoing trans research more generally, trans women in the sex industry are often at risk for both depression (Reisner et al., 2009) and suicide (Grant et al., 2011). While mental illness does not arise as a result of working in the sex industry, the negative effects of stigma and criminalization can certainly take a toll on one's emotional wellbeing, which may be intensified among trans individuals who also endure discrimination on the basis of gender. There is evidence to suggest that the need for social support can be fulfilled through the trans sex worker community, thereby having the potential to enhance emotional health. For instance, in light of transphobic rejection and a need for emotional support, research conveys reliance on other members of the transgender community in order to build a social network (Sausa et al., 2007),

including gaining insight into the sex work industry (Sevelius et al., 2014), often by older trans women (Graham, 2014; Reisner et al., 2009). Indeed, Fletcher (2013) explains that the sex industry can provide a sense of community to those, like trans women, who do not necessarily feel as though they fit into mainstream society. In light of the exacerbation of mental health concerns by transphobic rejection and stigma, the sense of community and solidarity that exists amongst trans sex workers has the potential to improve emotional wellbeing.

Finally, sex work may gain an additional emotional benefit by fostering gender validation and feelings of attractiveness (Nadal et al., 2012b), therefore heightening self-esteem. Since others found that engagement in receptive anal intercourse is a gender affirming act (Reisner et al., 2009; Weinberg et al., 1999), it is possible that particular sexual acts themselves are gender affirming and that sex work is one means through which to consistently achieve this feeling. In this way, sex work may not only provide a financial advantage to trans women, but may also be emotionally beneficial.

iv) Access to Health and Social Services

Given the various health concerns facing trans women sex workers, both general and trans-related, sufficient access to adequate health and social services is of utmost importance. As previously discussed, trans women face obstacles to obtaining health and social services due to transphobia and the criminalization of sex work can further complicate access. In the case of trans women who sell sex, Shaver, Lewis & Maticka-Tyndale (2011) note that health providers sometimes denied them injectable hormones because they assumed they would use the needles to inject illicit substances – presumably reflecting sex work stigma and stereotypes. Additionally, some participants in their study who were being treated for HIV were forced to discontinue hormone replacement therapy by their doctors, who did not want to manage the effects of both

medication and hormones (Shaver, Lewis & Maticka-Tyndale, 2011). In these ways, health service providers may directly inhibit trans sex worker’s ability to medically transition.

4. Merging the Gaps

Through an exploration of the literature, the pervasiveness and implications of transphobia and cisgenderism that significantly impact the lives of trans women in the sex industry are made visible. As much of the literature is lacking detail and specificity to the experiences of *trans women* in sex work, who remain largely invisibilized in broader trans and sex work research, there is a need for exploratory research to further highlight their unique experiences. Indeed, there remain several gaps in the literature that warrant further consideration.

While research has touched upon trans women’s engagement in sex work, there is a need to more thoroughly investigate their interactions with clients, in light of the ways in which transgender identities remain unintelligible and discriminated against in broader society. Overrepresented in the criminal justice system, one wonders how trans women sex workers navigate through the system as a whole, including how transphobia conditions their interactions with criminal justice officials and how institutional cisgenderism determines their experiences in the correctional system. In regards to health, there is a need to better understand the health concerns specific to transgender sex workers and assess their ability to access health and social services while embodying the marginalized identities of both trans woman and sex worker. Indeed, there exists an overwhelming need for research specific to the experiences of transgender women who sell sex as it relates to the areas of labour, engagement with the criminal justice system, and health and access to health and social services.

Chapter 3: Conceptual Framework

In order to consider the experiences of trans women in the sex industry, this thesis draws upon two theoretical traditions, Crenshaw’s intersectionality and Goffman’s stigma, to form a conceptual framework that will guide the analysis of the data. Because of the emphasis on *experience* in my research, it is important to foreground how privilege and oppression¹³ operates in interpersonal and institutional interactions and consider how this is further conditioned by sex work stigma. To provide a context for the discussion of the effects of power, as well as to understand the way in which gender is viewed in this project, this chapter begins by discussing the development of norms, power/knowledge and the gender structure and how this fosters an environment in which gender-based oppression can flourish. I begin this chapter by drawing on Foucault (1977/1995; 1987/1990) to discuss the formulation and regulation of norms and Butler (1990) to provide an overview of the social construction of gender.

Norms, Power and the Gender Structure

Foucault (1977/1995; 1987/1990) shed light on the development of societal norms arising from the evolution of scientific inquiry. As part of a larger project relating to the formation of the modern state, scientific studies established a means to count and create knowledge about the population, which has resulted in individuals being identified, classified and categorized based on certain characteristics (1977/1995; 1987/1990). As a result, scientific discourse¹⁴ has simultaneously determined what is categorized as (and ultimately perceived as) ‘normal’ and,

¹³ Whereas privilege is understood as advantage, oppression is disadvantage (Goodman, 2015). As Goodman (2015) explains, certain groups in society will be “seen as superior, have greater social power, and receive unearned benefits, while other groups are disadvantaged – seen as inferior, have less social power, and face discrimination and violence” (p. 2).

¹⁴ Foucault (1977/1995) conceptualizes discourse as an institutionalized way of speaking about reality; however, the way we speak about things, in fact, produces the reality around us. Thus, discourse helps shape what is culturally intelligible.

relationally, ‘abnormal’ (Foucault, 1977/1995). By determining commonalities among people, a standard or ‘norm’ was established. Understandings of what constitutes normal and abnormal are dependent on one another. In other words, norms can only exist in relation to the abnormal, and vice versa. Since norms are powerful and foster homogeneity among the population, differences between individuals become more apparent and thus are perceived as socially significant (Foucault, 1977/1995).

Foucault (1977/1995; 1978/1990) further demonstrates how the human sciences have come to be positioned as a source of truth and authority. While Foucault does not assert that an absolute truth exists, he explores how populations (itself a result of the scientific project) have come to understand certain information as true. Certain knowledge has ultimately become understood as truths because of the inextricable relationship between knowledge of human beings and power relations: existing in a circular relationship, power relies on (certain) knowledges and knowledge relies on power (Foucault, 1977/1995; 1978/1990). It is through this power/knowledge relationship that discourses of what constitutes normal/abnormal are produced and sustained. Those who are deemed authorized knowers, such as those working within the human sciences, are afforded the legitimacy to determine who is ‘normal’ and who is ‘abnormal’, ultimately structuring ‘abnormal’ as inferior. While scientific studies of the population sought to ‘discover’ differences among people, they actually just produced these differences and the binary conceptualization of normal/abnormal now acts as a mechanism of social control (Foucault, 1977/1995).

Foucault (2000) conceptualizes power as a relationship – one that is constantly in flux and permeating though all social interactions. Yet, because freedom always exists in a relationship of power, individuals are not under complete control, but can exercise resistance

(Foucault, 2000). In fact, resistance often makes power visible. While established norms are powerful, some will undoubtedly deviate and it is through this deviation that a societal shift can occur. As Risman (2004) explains: “Social structures not only act on people; people act on social structures” (p. 432).

a) The Gender Structure and Gender-Based Oppression

Foucault informs our understanding of how binary categories have been (arbitrarily) formed and sustained in modern society, yet the gender-blind nature of his analyses proved problematic for feminist research (Bartky, 1988). Some feminist scholars have chosen to apply Foucault’s principles to an analysis of gender in order to understand the way in which gender has been socially produced and sustained; and how the social and political significance attached to gender produces distinct experiences among people (Bartky, 1988; Butler, 1990). Through applying Foucault’s understanding of the development of norms to the way in which gender is performed by dominant Western society, we see how rigid categorization has resulted in gender-division, and subsequently, gender-based oppression.

Disrupting essentialist conceptions of gender as a manifestation of sex, Butler (1990) asserts that both sex and gender are social constructs. Sex is not a product of nature, but rather, an historical consequence of discourse, materialized through the repetition of norms (Butler, 1990). That is, through the ongoing categorization of individuals based on biological traits – such as genitalia, gonads and chromosomes – the notion of sex has become naturalized over time. Meanwhile, sex is, in fact, constructed through the historical and cultural influence of gender (Butler, 1990). That is, gender precedes sex; the determination of assigned sex is a direct manifestation of cultural perceptions of gender.

Butler (1990) conceptualizes gender as performative¹⁵ – it is the expression of gender that constitutes identity. Simply stated, gender is *doing* as opposed to *being* (Butler, 1990). In this sense, gender is constituted through ongoing expression. She goes on to explain that “the body is figured as a mere *instrument* or *medium* for which a set of cultural meanings are only externally related” (emphasis in original) (Butler, 1990, p. 12). Indeed, the body is the means in which gender is expressed. However, gender is more than a performance which one can freely choose to deploy because it has much to do with an inner sense of self (Butler, 1993). Neither entirely an external expression nor inner truth, gender is “the play between psyche and appearance” (Butler, 1993, p. 232).

As a sociohistorical and cultural manifestation, gender is constructed and regulated through discourse, which conditions what is viewed as culturally intelligible (Butler, 1990). The social regulation of gender aids in the production and sustainment of normative genders (Butler, 1990; Foucault, 1977/1995). Indeed, there is a strict expectation for individuals to perform cultural norms associated with their gender, lest they be perceived as abnormal. Normative genders are that of man and woman, but only to the extent that those assigned male at birth identify with the male gender and those assigned the female at birth identify with the female gender (Butler, 1990). Recalling our discussion of the context of trans individuals in society in Chapter 2, this has now come to be known as cisnormativity (Bauer et al., 2009). In light of the invisibilization and oppression of trans identities, Butler (1990) argues that no genders are authentic: “Genders can be neither true nor false, neither real nor apparent, neither original nor

¹⁵ Performativity implies that identities are constructed and maintained through actions, behaviours and expressions (Butler, 1990).

derived” (p. 180). While no gender is more valid than any other, gender has become socially regulated in attempts to sustain the gender binary. As such society has come to associate cis men and cis women as more authentic than their trans counterparts.

Not only does assigning gender condition the way in which individuals will conceptualize their own gender(s), but creating such distinctions between men and women produces (or constrains) opportunities in their social and institutional lives (Risman, 2004) based on the value and significance that society has attributed to particular genders (Crenshaw, 1991). Foundational to Western society is an “institutionalized system of male-dominance” known as patriarchy (Lerner, 1986). While no groups can be entirely powerful or powerless, patriarchy is a social system in which male-identified people tend to have more opportunities and can exercise more power in society than their female-identified counterparts (Lerner, 1986; Walby, 1990). Following the patriarchal foundation of Western society, male superiority in the social, institutional and political realms are reinforced through the system of oppression known as sexism (Catalano & Griffin, 2016; hooks, 2004). The sexist belief in innate differences between genders, in such a hierarchal fashion that privileges male-identified people, fuels discriminatory treatment (Catalano & Griffin, 2016). Of course, one need not have a ‘female-body’ in order to experience sexism; rather, it is the expression of femininity that is subject to sexism (Serano, 2007). Serano (2007) explains that “people who are feminine, whether they be female, male, and/or transgender, are almost universally demeaned compared with their masculine counterparts” (p. 5). Thus, female-identified people, and those who express cultural forms of femininity, will be oppressed in various manners in varying intensities within our patriarchal society.

Given the normative framing of gender duality, transgender individuals are deemed

outside the ‘norm’ and are disadvantaged as a result – this is termed cisgenderism. A more extensive understanding of the term cisgenderism outlined in Chapter 2 is “the cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth as well as resulting behavior, expression, and community” (Lennon & Mistler, 2014, p. 63). Cisgenderism has also been used to refer to the belief that all women should identify with, and enact, femininity and all men, masculinity (Serano, 2007). As a result, those who transgress gender norms – including, but not limited to, the trans population – are denied the same privileges, or advantages, afforded to their gender-normative counterparts (Serano, 2007). In short, the social construct of gender generates disadvantages for women-identified people in the form of sexism and transgender individuals because of cisgenderism. The next section provides further detail as to how advantage (privilege) and disadvantage (oppression) play out in both social relations and institutional experience.

1. Intersectionality

Intersectionality provides a point of entry to think about the experiences of members of a particular identity group and to analyze identity-based privileges and oppressions, both interactionally and institutionally¹⁶ (McCall, 2005). Coined by Crenshaw (1989), intersectionality was originally used to understand the experiences of Black women in the United States. Here, Crenshaw (1989) denounced singular analyses of oppression – the oppression of women or the oppression of racialized minorities – as well as uncritical applications that simply added an analysis of race to gender. Instead, Crenshaw (1989) asserted, the experiences of being

¹⁶ Whereas interactional oppression manifests in interpersonal relations which are shaped by the power associated with their identity (Collins, 2014), institutional oppressions arise from legislation and institutional policies and procedures – governmental, medical, educational and so forth – that disadvantage some groups by limiting their opportunities or resources (Goodman, 2015).

a woman need to be examined *in relation* to race. That is, an intersectional analysis focuses on the point in which identity categories intersect to generate unique experiences.

Intersectionality now constitutes an analysis of multiple, interlocking identities. While individuals’ experiences may resonate with other members of a specific group, their experiences will differ based on their membership of other categories (McCall, 2005). Indeed, one may be privileged on the basis of one and simultaneously oppressed on another. Yet, privilege and oppression is neither determined nor fixed; it is a product of sociohistorical and cultural relations. Since identity categories are a product of discourse (Butler, 1990; Foucault, 1987/1990), their meaning is relative in nature (McCall, 2005). As such, the social and political significance associated with identity categories are dependent on context – time and place and the associated cultural and political factors (Collins, 2014). It follows then that privilege and oppression can only be understood within the broader structures of society (Goodman, 2015). Indeed, there must be consideration for the way in which dominant groups have come to be advantaged and oppressed groups have come to be disadvantaged through the manner in which society is structured.

Finally, oppression does not mean that all individuals of a shared identity will have the same generalizable experiences; rather, experiences arising from membership in a particular category will vary in form and intensity (Crenshaw, 1991) and are highly influenced by the extent to which identity is perceivable (Goffman, 1963/1965). For instance, it may be the case that a transgender individual is mistaken as cisgender and thus granted the same privileges as a cisgender person. However, this privilege is merely conditional as it can be revoked at any time if one’s trans identity becomes apparent or is disclosed (Schlossberg, 2001; Serano, 2007). As such, regardless of transition-status and whether or not one is read as transgender, transgender

people are perpetually at the risk of disadvantage.

The rigid and arbitrary nature of gender categories and the resulting oppression of those who deviate from gender norms push us to think about stereotypes and the ways in which individuals are marked as abnormal for defying cultural norms. The development of norms disadvantages more than gender transgressors: because of the social significance attached to norms, those deemed abnormal in any form will risk discrimination.

2. Stigma

As we have seen in the discussion of norms, the categorization of individuals is the bedrock of how we understand the modern world. Because this strict categorization is custom, individuals are habitually assessed according to cultural norms (Goffman, 1963/1965). Whereas most individuals will (by definition) fall within the norm – what Goffman terms “*normals*” – those who defy norms by possessing some unanticipated attribute are viewed as abnormal (emphasis in original) (Goffman, 1963/1965, p. 5). While abnormality may or may not be viewed as undesirable, those who are stigmatized on the basis of their ‘difference’ are deemed inferior. However, ‘stigmatized’ and ‘normals’ are not mutually exclusive categories; rather, stigmatized individuals often retain membership in a ‘normal’ category on other bases (Goffman, 1963/1965). Yet, when stigma is severe, it can become one’s master status – the category which overpowers all others and to which the stigmatized individual ultimately becomes known (Hughes, 1945). Often times, stereotyping – reducing individuals to “a few, simple, essential characteristics” (Hall, 1997, p. 257) – is a principal feature of stigmatization.

Bruckert & Chabot (2010) understand stigma as the process of “discrediting and ‘marking’ people as ‘other’ – as being, in some very significant way, ‘not like us’” (p. 79). In the most severe cases, the stigmatized person is perceived as less than human – a “tainted,

discounted” individual (Goffman, 1963/1965, p. 3). For instance, sex workers continue to be subjected to extreme social stigma as a result of their work (Benoit, McCarthy, & Jansson, 2015; Jeffrey & MacDonald, 2006; Lewis, Shaver & Maticka-Tyndale, 2013), including “stereotypes that sex workers are ‘dirty’, ‘immoral’, ‘hyper-sexualized’ and ‘home-wreckers’, ‘coerced’, ‘victims’ and ‘not workers’” (Bruckert & Chabot, 2010, p. 80).

Normals and stigmatized individuals are merely *perspectives* produced in the social setting, but since normals reflect the attitudes of broader society (Goffman, 1963/1965, p. 138), they are reinforced through power relations. As Link & Phelan (2001) explain, “dominant cultural beliefs link labeled persons to undesirable characteristics – to negative stereotypes” (p. 367). Tied to dominant perspectives and societal norms, stigma is highly influenced by power relations – “it takes power to stigmatize” (Link & Phelan, 2001, p. 376). Thus, while stigmatization occurs through interactions between individuals, individuals’ beliefs about stigmatized attributes are informed by dominant discourse regarding what is considered normal and abnormal (Foucault, 1977/1995).

Goffman (1963/1965) catalogued three types of stigma: 1) “abominations of the body” in which one is perceived as having an apparent physical deformity; 2) “blemishes of individual character” which are viewed as defective, such as unemployment, mental health diagnoses, alcoholism or drug abuse; and 3) “tribal stigma of race, nation, and religion” (p. 4). Of course, a stigmatized attribute, like other socially constructed categories, is dependent on context and thus meaning can change depending on time and place and the associated political and cultural factors (Collins 2014; Link & Phelan, 2001).

The perceived differences between ‘normals’ and the stigmatized often results in unequal treatment between the two groups (Goffman, 1963/1965); stigmatization reinforces social

hierarchies and often legitimizes discrimination and the denial of rights and protections for those who are stigmatized (Bruckert & Chabot, 2010). Indeed, discrimination is often an effect of stigma. Whereas oppression is solely negative and rooted in structural power (Goodman, 2015), discrimination is the unequal treatment of individuals based on their differentiation (Thompson, 2016).

While Goffman (1963/1965) explains that it is possible for stigmatized individuals to not feel or bear shame of her stigma, he suggests that, “[t]he stigmatized individual tends to hold the same beliefs about identity that we do,” given the power attached to stigma (p. 7). Because the stigmatized individual is likely to be aware of her stigma, she may feel that it is the cause of negative social interactions – what Pinel (2004) calls “stigma consciousness.” That is, stigmatized individuals often believe that, when a negative social interaction occurs, it is because of their stigmatized characteristic. There is an additional consideration when a stigmatized attribute is perceivable to others: the issue of how obtrusive the stigma is – the extent to which the stigma interferes with the social interaction (Goffman, 1963/1965). Moreover, because stigma is not always readily perceivable, Goffman (1963/1965) distinguishes between two types of stigmatized individuals – the discredited and the discreditable. While the stigmatized status of the discredited is readily perceivable by others, in the case of the discreditable, others may initially be unaware of her stigma (Goffman, 1963/1965). As such, the discreditable may attempt to avoid negative social implications by managing her stigma. Goffman (1963/1965) uses the term ‘passing’ to refer to stigma management – the attempt to hide a stigmatized attribute. However, ‘passing’ as a normal comes with its challenges. For instance, a stigmatized individual may try to hide or eradicate signs of stigma or perhaps employ different social networks – nondisclosure to the majority of whom she encounters while disclosing her stigmatized identity

only to a select few (Goffman, 1963/1965). Discreditable individuals bear the burden of controlling what information is disclosed to whom and in what settings in order to successfully hide their stigmatized attribute (Goffman, 1963/1965).

When the discrediting information is part of her current life, the stigmatized individual must “guard against getting directly caught in the act” (Goffman, 1963/1965, p. 77). Similar to how conditional privilege operates (Schlossberg, 2001; Serano, 2007), discreditable individuals ‘passing’ as normals are often granted the same treatment as normals, albeit conditionally. When their stigmatized attribute later becomes apparent, the individual is doubly discredited because of this perceived deception (Goffman, 1963/1965). In the event that one decides to disclose their stigma, or when it is immediately perceivable, they often attempt to reduce attention in the social interaction in order to prevent the stigma from manifesting – referred to as “covering” (Goffman, 1963/1965, p 102). Thus, the individual is either managing information of her stigma or tension as a result of her stigma (Goffman, 1964/1965).

While it is clear that stigmatized individuals are faced with challenges resulting from managing stigma in their interactions with normals, they may find others to be more understanding of their unique position. Although ‘normals’ constitute the perspectives of dominant society, there is always potential for some to resist negative conceptions of the stigmatized. As such, Goffman (1963/1965) accounts for those who adopt the standpoint of the stigmatized. These individuals – the “wise” – are “persons who are normal but whose special situation has made them intimately privy to the secret life of the stigmatized individual and sympathetic with it,” such as those who work in an occupation that serves the needs of the stigmatized population (Goffman, 1963/1965, p. 29). Because of this shared perspective, the ‘wise’ can foster a comfortable and accepting environment for the stigmatized (Clare, 1991).

Thus, while the stigmatized individual may not be accepted by dominant society, there are certain spaces and communities that are more welcoming.

3. Application to the Research

In this chapter, we have seen how the formation of norms has produced and maintained boundaries between those marked ‘normal’ and ‘abnormal’, fostering an environment for discrimination and oppression to flourish. With this understanding, we can now apply the concepts of intersectionality and stigma to the research in order to shed light on the experiences of trans women who sell sex.

My research upholds the Butlerian stance on gender. In this thesis, performativity accounts for individuals’ expressions of gender, with respect for the pressures to assume a normative gender presentation or to ‘pass’ as cisgender. But further, performativity is also used as a form of resistance to the hegemonic conceptualization of transgender identities as less authentic or less natural than normative, binary gender identities. While Butler’s performativity informs our view of gender, it tells us very little about the realities of living as a transgender woman in a cisnormative society. Thus, the concept of intersectionality is applied to the analysis to understand the real effects of the interplay between cisgenderism and sexism. That is, while trans people will share experiences of cisgenderism, trans women will face particular disadvantage as a result of sexism.

Finally, while intersectionality helps us understand how interactional and institutional experiences are informed by structural power, what still needs to be accounted for are the social implications that arise as a result of working in the sex industry. Thus, Goffman’s concept of stigma provides a point of entry to consider how narratives and stereotypes about sex workers shape interpersonal relations. While keeping in mind the influence of dominant cultural norms on

shaping one’s experiences, the concepts of intersectionality and stigma will be drawn upon to inform my analysis of trans women’s experiences in sex work.

Chapter 4: Methodology

While the previous chapter set the stage for how we will make sense of the findings, this chapter describes the approach to data collection and analysis. After delineating my research goals, this chapter describes the research methodology, drawing upon feminist epistemology to provide an understanding of how knowledge is viewed and articulating why in-depth, qualitative interviews were deemed as the most appropriate method of data collection for my research. Afterward, I present the methods used to recruit participants, describe the interviewing process, and explain how the data was analyzed. This chapter also outlines participants’ demographics, highlights ethical safeguards, and concludes by speaking to the limitations of my research. Recognizing that the researcher will inevitably have an effect on the research, I endeavour to be mindful of my position throughout the research process.

1. Research Goals

This thesis seeks to explore transgender women’s experiences in sex work as it relates to their: 1) labour practices and processes; 2) engagement with the criminal justice system; and 3) physical, sexual and emotional wellbeing, including access to health resources. The primary goal of this exploratory research is to contribute to the small body of empirical knowledge that exists on the experiences of transgender women in the sex work industry. Secondly, my research aims to outline some unique labour practices, interpersonal relations, and health and social needs of trans women sex workers, as well as to bring attention to how these women navigate through institutions, namely the mainstream job market, criminal justice system, and medical and social services.

2. Feminist Epistemology

Feminist research combines feminist politics, theory and epistemology to produce knowledge about the experiences of women-identified people (Ramazanoglū, & Holand, 2002). Following in this tradition, my research is inherently political in its commitment to social justice, and more specifically, the belief in gender equality and the rights for those who work in the sex industry. Adhering to principles of sex work activism, this project is committed to destigmatizing sex work and viewing it as a legitimate form of labour (Clamen, Gillies, & Salah, 2013). With respect to these values, my research uses feminist theory and feminist ways of knowing to achieve my research goals.

As seen in Chapter 3, this research’s conceptual framework employs feminist theory to understand how gender is a social and cultural phenomenon and to analyze power relations stemming from structural inequalities. As part of this feminist lens, this research also adopts feminist ways of knowing. Feminist epistemology is rooted in the experience of female-identified persons (Comack, 1999; Ramazanoglū and Holland, 2002). Starting from a point of departure that knowledge is situated¹⁷, knowledge about trans women in sex work is best produced through carefully attending to the voices of community members (Intemann, 2010). On the basis of their lived experiences, trans women who are sex workers are viewed as epistemically advantaged¹⁸ and are best positioned to define their reality (Strega, 2005). Of course, because experiences will inevitably differ based on individuals’ unique social locations (Comack, 1999; Intemann, 2010), they must be contextualized to create space for difference

¹⁷ Situated knowledge refers to the belief that individuals’ experiences will be shaped on the basis of their position in society and knowledge is derived from this particular standpoint (Intemann, 2010).

¹⁸ An epistemic advantage is a special knowledge to define their situation due to their membership of a marginalized group (Intemann, 2010).

(Crenshaw, 1989).

Because of this need to think critically about how identity fosters differential experiences, an interpretative approach to data production – qualitative research – was called for (Ten Have, 2004). Moreover, in-depth qualitative interviews were used as a method of data collection because they best capture participants’ experience (DeVault & Gross, 2012) and allow for knowledge to be co-produced through the interaction between the researcher and participant (Ramazanoglū and Holland, 2002; Rapley, 2010). By providing rich description, in-depth, unstructured interviews create space for the voices of participants and offer up a more textured understanding of their experiences.

At the same time, it is vital to recognize that, although knowledge is derived through interaction, it is ultimately the researcher that makes sense of these experiences through interpretation and analysis (Varga-Dobai, 2012). In order to recognize one’s influence on the research, it is, therefore, imperative that the researcher critically reflect on his biases, privilege, and how he has come to know what he knows (Grbich, 2004). This helps ensure that the researcher remains mindful of his perspective and can best comprehend the experiences of others when analyzing the data (Strega, 2005). Throughout the research process, I thought critically about how my presence in the research and how my own experiences and social location can impact how I interpret the experiences of others. Recognizing my potential to influence the knowledge production process, I tried to foster a comfortable interview environment so that participants were open to sharing their experiences with me and I relied on unstructured interviews because their open-format encourages participants to guide the conversation to topics most significant to them (Rapley, 2010). I worked to create a respectful and authentic representation of participants’ experiences.

3. Methods of Recruiting Participants

My research was conducted in affiliation with the community-based research project, *After Bedford: The impact to the Protection of Communities and Exploited Persons Act on Ottawa Area Sex Workers*, by a local sex worker rights group, *POWER* (Prostitutes of Ottawa/Gatineau Work Educate and Resist). Whereas *POWER*’s research sought to investigate the effects of recent changes to the federal prostitution legislation on Ottawa-area sex workers, my research aimed to focus on transgender women’s unique experiences in the sex industry. For this thesis, I relied on data derived from *POWER*’s interviews with trans women as well as my own interviews.

Since both *POWER*’s research and my own were being conducted during the same timeframe, the projects worked collaboratively to recruit participants. *POWER* advertised their research through the use of a poster (see Appendix A), distributed by myself and the *POWER* team in areas that are known to be frequented by sex workers (e.g., social service agencies, health clinics), on social media platforms (e.g., *POWER*’s Facebook page) and on other online platforms often used by sex workers (e.g., Backpage). Participants then contacted the research coordinator of *POWER* directly through email or by phone to book an interview.

POWER’s research sought to recruit any individual, of any gender, over the age of 18 years old that has sold or exchanged sexual or erotic services in the Ottawa-area since December 2014. Participants in *POWER*’s research were provided a \$50 honorarium to compensate for any potential costs incurred from participating (e.g., childcare, travel). Anyone contacting the *POWER* research coordinator who, upon screening, identified as a transgender woman or transgender on the female spectrum was invited to participate in my additional interview. At this time, participants were informed that I identify as a transgender male and, if they preferred, they

could be interviewed by another interviewer. Participants were then provided with my email and contacted me to schedule an interview; those who participated were advised of the ethical safeguards while obtaining consent (see Appendix C), were provided with a \$25 honorarium, and were interviewed according to my interview guide (see Appendix E).

As time progressed and there was little interest from transgender women (by this time, it was October, 2016 and I had only completed one interview), I began recruiting independently. After creating a new poster for my research (see Appendix B) – one that specified that this was research exclusively exploring transgender women’s experiences in the sex industry – I used the same above-noted recruitment strategies to distribute my poster. At this point, I also widened the scope of my research to include former sex workers – anyone who had ever sold or exchange sexual or erotic services – as opposed to only those who have worked since the new *Protection of Communities and Exploited Persons Act* came into effect in December 2014.

To accommodate this change, the interview guide was adjusted. In the event that the participant was a former sex worker and was therefore ineligible to participate in *POWER*’s research, I used an extended interview guide (see Appendix F), combining some questions from the *POWER* interview with my original guide. For those who participated in the extended interview, participants were provided a \$50 honorarium (this change was documented on the revised oral consent form, see Appendix D). By increasing the honorarium to match that which was provided by *POWER*, I tried to ensure that all participants were fairly compensated for their expenses.

Unexpectedly, the term ‘transgender women’ used on the poster sparked some confusion. Through the screening process it became evident that some individuals were assigned female at birth but occasionally dressed as men. I soon came to appreciate that not everyone is familiar

with the language I used on the recruitment poster and realized I should have better specified that my research was aimed at those assigned male at birth. In retrospect, this misunderstanding is likely a result of my class privilege and cultural capital: my access to education has allowed me to learn the latest terminology regarding trans identity, with which not everyone will be familiar; my assumption that I did not need to define ‘transgender women’ is an example of how I was unaware of my privilege.

Posters were distributed in Ottawa, Ontario from late July to December, 2016. For reasons unknown to me, interest in my research came primarily during the month on October, in which all interviews took place.

4. Data Collection

Qualitative data was gathered through the use of one-on-one, in-depth interviews. Participants were asked a series of open-ended questions about working in the sex industry and as well as previous work experience, social interactions, engagement with the criminal justice system, access to health and social services; participants were also asked to reflect upon how their transgender identity might shape their experiences. Additionally, questions surrounding transgender identity and transition-status were collected for the purpose of data analysis. For those who did not participate in *POWER*’s research (which asked about participants’ gender identity, sexual orientation, race/ethnicity, and class background), demographic questions were also collected in the extended interview guide.

Participants chose the location to complete the interview and I provided some suggestions when needed. Two participants elected to meet in a public park, two in a private room in a social service organization, one in the back of a coffee shop, and one in an office at the University of

Ottawa¹⁹. When participants wanted to be interviewed in a public setting, I ensured that they were aware of the sensitive nature of some of the questions and gently suggested it might be preferable to meet somewhere more private. I was surprised by the fact that many individuals wanted to participate in the interviews as soon as possible as opposed to scheduling an interview at a later time. However, I quickly became cognizant that individuals' urgency to participate in an interview was a reflection of the economically marginalized position that many were in. Thus, I tried to accommodate participants and often rushed to meet participants at the time and place that suited them.

Interviews began with me introducing myself, explaining the scope of the project, and outlining ethical safeguards. At this time, I gave participants the honorarium (which they were entitled to keep regardless if they withdrew from the research), they picked a pseudonym to use in the research, and I signed the (oral) consent form (see ethics below). Conducting interviews was a learning experience. Despite my best efforts, interviews often felt very rushed, lasting an average of only 38 minutes. Reflecting upon the interviews with the benefit of hindsight, I recognize some participants may have been reluctant to fully open up about their experiences to a stranger. Although I attempted to build trust and rapport by sharing some personal details about myself (DeVault & Gross, 2012), such as openly identifying as transgender and explaining my personal commitment to the research, I understand that my male identity and lack of experience working in the sex industry had the potential to impact participants' comfort levels in discussing sensitive topics, such as those relating to sex and violence. I am now much more cognizant regarding how difficult it is to build rapport with participants in a short amount of time.

¹⁹ Since one interview was conducted by another researcher, I am unsure of the location.

5. Data Analysis

Upon completion of the interviews, digital-recordings were transcribed verbatim. At this point, transcripts were anonymized – any information that might have identified a participant was altered or removed. After I verified the transcripts for accuracy, in accordance with the ethics protocol of the project, I permanently deleted the audio recording files and subsequently worked only with the anonymized transcripts.

Data was coded thematically using the qualitative coding software program, NVivo. Thematic analysis is a systematic approach to data analysis which includes segmenting and categorizing data into themes or patterns within the data, coding the data accordingly, and analyzing the data based on these emergent themes (Ayres, 2008; Lapadat, 2010). Thematic analysis highlights significant concepts in the data, and ideally, considers shared experiences among participants while contextualizing their differences (Ayres, 2008). I began by identifying primary themes that I anticipated to find, drawing on the literature review and interview guide (Ayres, 2008). Using these primary codes as reference, I then established secondary codes and the data was coded a total of three times in order to ensure accuracy (Ezzy, 2002).

Finally, with recognition for my inevitable influence on the research (Guba and Lincoln, 1994), I was mindful of my privilege and bias. I reflected upon how my position as a white, middle-class transgender man who has not worked in the sex industry may influence the way I made sense of the data. Going into this research, I had a perception of my potential participants: I wrongly assumed that all participants would have socially transitioned and express their gender identities on a full-time basis. By having this 'ideal' participant in mind, I was ignorant of the

diversity of expressions and identities under the trans umbrella²⁰. I recognize that this was a result of my own bias and am now better aware of the complexity of trans identities and have given greater consideration to how transitioning is influenced by an individual’s personal desire, social location, and the resources that are, or are not, at their disposal.

6. Participant Demographics

In total, there were seven participants: two individuals participated in both *POWER*’s and my own interview; four individuals participated in the extended interview, and; one participant participated in *POWER*’s interview only (and was interviewed by a different researcher). Participants ranged from 23 to 54 years old. In terms of gender identity, four identified as transgender, two as women/female, and one participant identified as two-spirit. In terms of race/ethnicity, one participant identified as Caucasian, two as members of racialized minorities, two as mixed race, and two as Aboriginal. When asked about sexual orientation, four participants stated that they were straight/interested in men, one identified as gay, one as bisexual and one as pansexual. Finally, three participants identified as working/lower-class, two as middle-class, and one as upper-middle class but currently living below the poverty line²¹.

Five out of the seven participants were currently working (part-time) in the sex industry. The two former workers, Roadie and Cleopatra, had previously worked full-time. Length of time working in the industry varied between two and a half months to 31 years, but on average participants had worked 19 years. All participants worked independently (without a third party). Some participants worked exclusively in one sector of the sex industry; Belle de Jour and

²⁰ The trans umbrella refers to a diverse population who does not identify with or express the traits, behaviors or norms culturally associated with the gender they were assigned at birth. This not only includes the transgender population, but two-spirit, gender nonconforming, non-binary, gender queer and all other non-cis identities.

²¹ One participant was not asked about class identity.

Cleopatra, worked solely as escorts and advertised online to attract clients, while Roadie worked exclusively at street-level. Other participants shifted between sectors of the industry; Tammy worked both as an escort and street-based, advertising online to attract clients, and of the three participants who worked out of bars/clubs, two also worked street-based and one also worked as an escort.

In terms of transition-status, four²² participants had socially transitioned – two had transitioned approximately 20 years ago and one had transitioned approximately three years ago. Three participants had not yet transitioned and were living their lives primarily as men, but presented as women while working in the sex industry.

7. Ethics

Ethical permission was granted by the Research Ethics Board of the University of Ottawa (see Appendix G). As per ethical guidelines, hard copies of the anonymized transcripts and oral consent forms were stored in a locked cabinet in a safe in the research supervisor’s University of Ottawa office to be held for a period of 5 years, in accordance with ethical guidelines. Prior to conducting interviews I was provided with interview training on techniques and research ethics during a one-day workshop held by Chris Bruckert. I was also required to sign a confidentiality form for my involvement in *POWER*’s research.

Prior to the start of the interview, oral consent was obtained from participants (see Appendix C, D). The use of oral consent helps maintain participants’ confidentiality by ensuring no legal names or signatures were retained. Participants are identified only by a pseudonym of

²² Although the transition status of one participant was not gathered, it was evident from the interview that she had socially transitioned but the length of transition is unknown and it is uncertain whether or not she medically transitioned.

their choice and I am the only signatory on the consent form. I reviewed the forms with participants and they consented by stating, "I consent to participate in the research," once the audio-recording began. I kept the signed copy of the consent form and provided participants with a blank copy for their files. With concern for maintaining participants' confidentiality, all identifiable information (e.g., email addresses, phone numbers) used to schedule interviews was deleted immediately after the interview was completed.

While obtaining consent, I ensured that participants were aware that their participation in the research was completely voluntary, that they did not have to answer any question, and that they could stop the interview at any time. I also made clear that the honorarium was theirs to keep regardless of whether they completed the interview. I also took seriously the issue of maintaining participants' confidentiality: I ensured participants that audio-recordings were deleted upon transcription, would be anonymized, and the anonymized transcripts would be kept on my personal, password-protected computer and that their interviews would be labelled only with their pseudonyms.

8. Limitations

All research comes with its limitations; in this case, the lack of race- and class-based analysis may signal a flaw in the design of my interview guide: I did not ask questions specifically relating to race or class, nor did I prompt for how white privilege and economic privilege can condition experiences. In future research, I would design a survey instrument that strived to be more intersectional – examining how embodying different race and class identities produces particular experiences – and ideally, my research sample would be more robust to better reflect these differences. While it was my intent to conduct an intersectional analysis that

includes race and class, my broad findings simply did not allow for a true analysis at these points of intersection.

Chapter 5: Trans Specific: Trans Women Who Sell Sex

In this chapter, findings from the in-depth interviews with trans women who sell sex are presented and analyzed. Before we can proceed in this discussion, it is important to situate my research within the longstanding sex work debate. As the literature review established, sex workers face challenges that pivot on the criminalization and stigmatization of their work: we have seen how these factors have negatively conditioned sex workers’ labour practices (Krüsi et al., 2014; Seshia, 2010), access to health and social services (Bruckert & Hannem, 2013; Shaver et al., 2011) and ability to turn to the criminal justice system for protection or redress (Bruckert & Parent, 2014; Jeffrey & MacDonald, 2006; O’Doherty, 2011; Seshia, 2010). However, differing interpretations of the harms that sex workers experience contribute to polarized debate as to whether or not sex work should be subject to legal prohibitions. Anti-criminalization advocates highlight sex workers’ agency; insisting that sex work is work that requires skill and customer service (Bruckert & Chabot, 2010; Bruckert & Parent, 2014) and should be granted legal and labour rights to alleviate the challenges and harms that sex workers experience (Bruckert & Chabot, 2010; Clamen, Gillies & Salah, 2013). Anti-sex work scholars, on the other hand, ultimately seek to eradicate the sex trade through (at least partial) criminalization in paternalistic attempts to ‘save’ sex workers from perceived sexual exploitation (Baptie et al., 2014; Nixon et al., 2002; Steacy, 2014; Tutty & Nixon, 2003). Recalling the political nature and values underpinning my research, in which I express my commitment to sex work activism and rights, this thesis positions itself alongside anti-criminalization scholars and advocates.

While the challenges that sex workers face exist across genders, the aim of this chapter is to investigate the unique experience of trans women who sell sex. Informed by my conceptual framework, I explore how stigma and stigmatic assumptions negatively shape participants’ social

interactions with clients, health service providers, and police. Applying an intersectional lens throughout makes visible how both social and institutional experiences – from interactions with clients to access to important health and social services – are fundamentally shaped by embodying the marginalized identity of transgender woman. While findings were broad, given the exploratory nature of my research, I chose to focus my attention on the following: 1) sex worker stigma; 2) significance in client interactions; 3) institutional cisgenderism: effecting access and experience; and 4) navigating through transphobia.

1. Sex Worker Stigma

A) Stigma Consciousness and Management

As the literature review made clear, stigma is at the root of much of the harms that sex workers encounter. As such, it is perhaps not surprising that three out of the seven participants identified stigma as a detriment of the job. Cleopatra (transitioned, escort) wishes that people would “[s]top painting it as such a – how can I put it – a sin.” Roadie (not-transitioned, street-level) explained that, “when they see people on the street, sex workers, they stick to stigma. ‘Oh, they’re just a drug addict’.” Consistent with research that suggests sex work stigma is reinforced by legal prohibitions (Benoit & Millar, 2001), Belle de Jour (transitioned, escort), too, attributed the stigma to the laws that regulate sex work:

A new law, with this amount of restrictions, it just continued to create more stigmatization for sex workers and those who purchase sex. [. . .] It just continues to give this stupid stigma that sex work and everybody are part of this underbelly of society and it’s not like that. It’s not like that at all.

Because stigma negatively interferes with social interactions, as we saw above, stigmatized individuals may attempt to manage, or hide, signs of their stigma, sometimes through employing different social networks (Goffman, 1963/1965). Indeed, participants were only ‘out’ as sex

workers to a select few. Some expressed not wanting to tell their families because they would not approve and only two willingly disclosed their sex worker identity to their doctor – Tammy (transitioned, escort/street-level) was ‘out’ to everyone and Belle de Jour (transitioned, escort) thought it was “*a little necessary in terms of like getting the right testing.*” Yet, the fact that four out of the seven participants²³ attempted to hide their sex worker identity from their doctor is consistent with research asserting that fear of judgment can undermine sex worker’s access to health services (Bruckert & Chabot, 2010; Koken, 2012; Lazarus et al., 2002). At the same time, although participants were conscious of sex worker stigma and protected themselves from discrimination by carefully selecting with whom they shared their identity, they also resisted the stigma associated with their work. For instance, Cleopatra (transitioned, escort) normalized work in the industry, claiming that “*sex is sex. Plain and simple.*” While Belle de Jour (transitioned, escort) admitted that “*the main thing preventing [her] from getting into the industry was the stigma,*” she found that, “[t]he more I do this, the more I love it.”

B) Stigmatic Stereotypes held by Clients and Health Service Providers

Sex work has the potential to become an individual’s master status (Hughes, 1945) – the identity to which she becomes known. Moreover, because simplistic stereotypes often inform our understanding of stigmatized individuals (Hall, 1997), two dominant characterizations of sex workers – that they are ‘dirty’/‘diseased’ or non-autonomous ‘victims’ – emerged in the findings. Participants relayed clients’ fears that they would get an STI or HIV, thereby inadvertently characterizing sex workers as “vectors of disease” (Canadian HIV/AIDS Legal Network, 2007, p. 7). In reality, sex workers, generally, are vigilant in practicing safe sex (Bungay et al., 2011;

²³ One participant was not asked whether she disclosed her sex worker identity to health service providers.

Handlovsky, Bungay & Kolar, 2012; Phillips & Benoit, 2005) and getting tested for STIs/HIV (Kolar, Atchison & Bungay, 2014). Here, research participants were no different. In fact, Cleopatra, a transitioned in-call worker, even kept a certificate verifying her negative HIV status so that she could show clients in order to relieve their concerns:

Even though I was using the condom I would still get tested and I would get a certificate and [keep it with me]. So when my client came in, [I'd show them] and you could see it on their faces every time they saw it, 'Ah thank god'. You know what I mean? Because they're terrified! Especially because me being insistent upon the condom, they're thinking, "Oh no, what's she got?"

Stigmatized individuals often resist stereotypical assumptions (Thoits, 2011) and it appears that participants' avid sexual protection and frequent testing was not only a means of ensuring their sexual health, but acted as a way to combat the 'dirty'/'diseased' characterization. While this misconception is harmful to all sex workers, it is possible that this stereotype is further exacerbated when the individual is trans, given the concern for HIV among the trans community (Reback & Fletcher, 2014; Wilson et al., 2009). *"People do judge transsexuals and gay people because they think they all have AIDs and stuff"* (Tammy, transitioned, escort/street-level).

Roadie (not-transitioned, street-level) reasons:

I was born in the 80s. It was pounded into me that people who are gay have a disease and like leprosy, stay away from them because they're bad people. You know, the stigma. They're the ones who started HIV and all that.

Indeed, stigma does not affect all sex workers uniformly; rather, it may be intensified among the communities already stereotyped as being prone to HIV. Behind the stereotype of trans sex workers is the characterization of trans women as "sexually available and disposable whores" (Bettcher, 2006, p. 179). Similar to how gay male sex workers have to combat intensified stigma on the basis of their intersecting identities (Koken et al., 2004), the 'whorephobia' of sex workers (Bruckert & Chabot, 2010) is perhaps aggravated among trans women.

Because sex work stigma is so insidious, stigma extends into their non-working lives; sex workers may find they are treated unfairly by service providers, who may fault and shame them if they test positive for infections (Canadian HIV/AIDS Legal Network, 2007). While participants frequently got tested for STIs/HIV, four intentionally tried to hide their sex worker identity from doctors, as noted above. However, two of these participants said that health providers sometimes assumed that they were sex workers because of the frequency in which they were getting tested. “[*My doctor*] knew because I was going in and what I would do is every 6 months I was getting tested.” (Cleopatra, transitioned, escort). “*They know I’m not a needle user. ‘Why are you being tested so often?’*” (Margaret, not-transitioned, street-level/bars). This “whore stigma” (Bruckert & Chabot, 2010; Koken, 2012; Lazarus et al., 2012) is predicated on the stereotypical (mis)assumption that sex workers engage in frequent and unsafe sexual activities and thus are ‘unclean’. Mirroring clients’ stigmatic assumptions that sex workers have HIV, it would appear that health service providers also rely on the ‘dirty’/ ‘diseased’ characterization and ultimately profiled participants as sex workers. As a result, Belle de Jour (transitioned, escort) describes feeling “*a little bit limited in terms of certain accesses. Like getting tested, it’s an uncomfortable topic going to someone who might judge you for literally being the stereotype of a trans sex worker.*”

While the primary stigmatic portrayal was that sex workers are ‘unclean’, evidence of the victim discourse also emerged, albeit to a lesser extent.

Good side of it is, is that I believe it or not, I met good people and that they went out of their way, they didn’t want nothing in exchange, they just say, “Here’s the money, get off the street, you don’t deserve being in this line of field.” (Roadie, not-transitioned, street-level)

Although Roadie regarded this as an act of generosity, the subtext is that ‘good people’ assume sex work is an act of desperation – that she has no other choice but to sell sex. This resembles discourse framing sex work as an exploitive activity, engaged in only by those who are severely economically restrained (Farley, 2000; Tutty & Nixon, 2003). However, to view a sex worker as a victim is to deny her agency and to uphold the harmful assumption that sex work is not legitimate work (Bruckert & Chabot, 2010). Many participants actively resisted this characterization. Belle de Jour (transitioned, escort) advocates for her work: “*we want to get rid of that stigma that’s surrounding it. That it’s debilitating. ‘Cause we have every bit of control.*”

C) Contextualizing Police Violence and Lack of Protection within Stigma

While as of December 2014 clients (and third parties) are identified as the primary target of criminalization under the new federal laws, yet, as we have noted, sex workers remain criminalized in public places. The research participants had much exposure to criminalization in their average of 19 years of working and it continues to interfere with their working lives. It has been well established that street-based sex workers, or those who solicit clients in public spaces, are at heightened risk of police engagement and, historically, have been frequently charged under the communication laws (Bruckert & Chabot, 2010). Hubbard (2004) makes sense of the displacement of street-level sex workers through criminalization within the context of gentrification. Relocating sex workers from the public’s eye is the state’s attempt to ‘improve’ communities to better meet traditional morals and values (Hubbard, 2004). As such, sex workers are positioned as “dangerous threats that need to be eliminated from the sight of the affluent” (Hubbard, 2004, p. 1698).

With respect for the historical, and unrelenting, attempt to remove sex workers from the public view, police were a dominant theme in the interviews and were identified by participants

as one of the biggest disadvantages of the job. *“I don’t like the police. That’s mostly what I don’t like about [sex work]”* (Tammy, transitioned, escort/street-level). Participants who worked on the streets or out of bars described frequently interacting with police; four out of the five had been charged with at least one offence. These participants discussed being charged with general offences, such as for drug possession, but Tammy and Kara also specifically spoke of charges related to sex work. Consistent with the differences in the policing of sex workers dependent on sector – in which street-level workers account for 94% of prostitution-related offences, under s. 213 (Bruckert & Chabot, 2010) – the two indoor workers did not disclose any offences.

Research describes street-level sex workers’ experiences with police as overwhelmingly negative – involving verbal victimization, such as harassment and name-calling, as well as physical and sexual violence (Bruckert & Chabot, 2010; Bruckert and Hannem, 2013; Jeffrey & MacDonald, 2006; Lewis et al., 2005). The experiences of participants in this research were no different. Four out of the seven participants, all working in public places, spoke of *“[p]olice harassment all the time, name-calling, stuff like that, and it’s embarrassing sometimes”* (Wanda, not-transitioned, escort/bars). Alongside verbal victimization, there were more severe forms of violence, including theft and physical violence at the hands of police:

Police take my money from me, slap me around and stuff and it’s just so degrading. ‘Cause if you slap them back you’re going to jail. I know, ‘cause I have slapped them back. Knocked them on the ground and next thing, I’m downtown, handcuffs and they had my feet tied and then it would be six or seven of them kicking me and stuff. (Wanda)

For trans sex workers, the issue of police violence is complicated by transphobia. Keeping with other findings which document transphobic verbal abuse perpetrated by police (Amnesty International, 2005; Graham, 2014; Woods et al., 2013), Wanda (not-transitioned, escort/bars) explained that, *“they’re laughing at you”* because you are trans. Consistent with

Bruckert & Chabot’s (2010) finding that trans sex workers may be ‘outed’ as trans by police, Tammy (transitioned, street-level/escort) was purposely and maliciously ‘outed’ to a friend while walking down the street. Tammy goes on to describe another incident in which officers refused to search her:

They’re mostly like, “Ew, I’m not going to touch it.” Meanwhile you have like fuckin’ an ounce of weed on you or something or 2 grams. Okay don’t touch me, as soon as I get out I’m going to fuckin’ pull this weed out and smoke it. Do you know what I mean? They’re like discriminatory, but you never know what I have on me. “Ew, I’m not going to touch it.”

While in this case bias benefitted Tammy, who potentially avoided charges of drug possession, her experience demonstrates how cisgenderism works to dehumanize trans people. Stemming from the “othering” of trans identities, it is not uncommon for trans people to be “perceived as less than human” and thus treated as such (Gressgård, 2010, p. 550).

While all participants spoke about the issue of safety at work, recounting violence from police, clients, and the public, those who worked in public places knew that they could not rely on police for assistance when needed. Violence against sex workers is normalized and justified through stigma, perpetuating the misconception that the violence is deserved (Bruckert & Chabot, 2010; Razack, 2002; Seshia, 2010). Sex workers have been historically under-protected by police, who may believe she is “just a whore” (Lewis & Shaver, 2006, p. 26) and is ‘assuming the risks’ associated with her work and thus fail to respond to her victimization (Bruckert and Hannem, 2013; Gotell, 2008; Lewis et al., 2005; Lowman, 2000; Razack, 2002; Seshia, 2010).

Rather than reacting to victimization, research tells us that police commonly re-victimize sex workers, which acts as a deterrent for calling upon law enforcement for redress (Bruckert & Chabot, 2010). Wanda (not-transitioned, escort/bars), who had a history of experiencing police abuse, remarks: “*I definitely won’t be going to the cops. That’s for sure.*” Perhaps contributing to

the reluctance to report victimization to law enforcement is the prevalence of transphobic violence that trans women sex workers experience (Grant et al., 2011; Stotzer, 2014; The National Coalition of Anti-Violence Programs, 2014; Woods et al., 2013). Indeed, participants learned from both first-hand experiences and from others that, as a trans person, they have legitimate reason to fear and avoid police:

It's just, they like to crack down on us for some reason. I've never personally went through it, like I said before, thank God I've never had issues with that, but I have known and talked to a few people – transgenders – that wow man, once they go to jails, cops put a whoppin' on them. Like hate crimes. Almost like homophobia. And that's why a lot of the transgender people don't want to – one of them dies, nobody wants to get involved with the police because of their reputation. (Roadie, not-transitioned, street-level)

Alongside stigma and transphobia, the context of criminalization is a factor in sex workers' ability to turn to the police when victimized. Tammy (transitioned, street-level/escort) described an experience in which she had been charged with a criminal offence following her report of victimization from a client, echoing a body of research which indicates that a fear of criminalization deters sex workers from calling for police assistance (Bruckert & Parent, 2014; Lewis et al., 2005; O'Doherty, 2011; Seshia, 2010). *“Because one [client] punched me in the face and I punched him back [. . .] I have criminal record and he didn't so obviously they're going to believe his whole story.”*

While street-based sex workers have problematic relationships with police that interfere with their ability to seek redress, indoor workers are better positioned to do so. Belle de Jour (transitioned, escort) never interacted with police but said that if she ever had a bad date she would have a friend call the police on her behalf. Similarly, Cleopatra's (transitioned, escort) only experience of having to call upon police for assistance was positive:

I had one client who showed up here who, as soon as I opened the door, I knew there was something wrong. I knew it. And I said, “No. You’re not coming in.” That was being the difference with being an escort you can actually refuse them and then close the door. And that’s what I did. But he sat there pounding on my door saying that he was going to kill me. So I called 9-1-1, they sent the police and he got arrested.

Perhaps because both indoor workers in this study had never been charged with an offence and had never been exposed to police violence, they felt that they could more easily seek redress than those working in public places. Building on Krüsi, et al.’s (2012) finding that escorts perceive police as more accepting of them because they work indoors as opposed to on the streets, it is quite possible that police afford more respect to escorts than street-based workers, who bear a greater burden of stigma.

As we have seen, police appear to hold stigmatic assumptions about sex workers that contribute to the violence that they experience in their working lives and directly interfere with their ability to access legal rights and protections. While stigma fuels the violence that sex workers experience, the experiences of trans women who sell sex are further shaped by cisnormativity and the unjust treatment of trans people.

2. Significance in Client Interactions

A) Identity Disclosure

Cisnormativity renders transgender identities so invisibilized such that trans women can be easily mistaken for cis women (Bauer et al., 2009; Serano, 2007). This misassumption then pressures trans individuals to disclose their identities, particularly to those who may inevitably find out, such as clients. In fact, nearly all participants (5 out of 7) reported consistently disclosing their transgender identities to clients. While the pressure to disclose can be attributed to cisnormativity, it also reflects transphobia. Lyons et al.’s (2017) determined that trans sex

workers often tell clients they are trans in attempts to circumvent violence that may arise as a result of unexpectedly being discovered as ‘male-bodied’. Findings here are no different.

Tell them who I am. That’s it. Right off the top. And if they don’t like it, well then I don’t get in. You know, they can just drive off [. . .] ‘Cause you never know. ‘Cause I had friends got killed ‘cause of that. (Kara, transitioned, bars/street-level)

By coming out with this information initially, there is an attempt to prevent violence before it occurs. In this way, the onus is placed on the trans person to manage her own safety. While some of those who attracted clients in public places shared their identity with clients in person, risking immediate violent reactions, indoor workers could more easily prevent these encounters by identifying themselves as trans in their online advertisements; for Belle de Jour (transitioned, escort) this meant there were “*no surprises*” during the interaction.

Finally, while most participants willingly told clients they were trans, two street-based participants chose to not share with their clients that they were transgender; rather, Roadie and Tammy most often tried to ‘pass’ as cis women. Using ‘passing’ as a means to avoid negative social interactions on the basis of their trans identity (Goffman, 1963/1965), Roadie worked the streets in an area known for cisgender women to be working and “*kind of blended in.*” While there is a social pressure to disclose trans identity to potential sexual partners, rooted in cisnormativity and transphobia, not all concede to this pressure; rather, some “[t]rans people oppose this systematically abusive system by refusing the mandate to disclose their genital status” (Bettcher, 2015, p. 10). As such, experiences will differ as a result of being perceived as either trans or cis. With disclosure practices and perceived identity in mind, we now move on to discuss the significance in clients’ reactions to trans identity and their perceptions of participants.

B) Clients’ Reactions and Perceptions of Trans Women

i) Objectification of Trans Women

As Fletcher (2013) has suggested, a highly competitive market benefits some trans women. “*There’s a high demand for transgender in Ottawa*” (Tammy, transitioned, escort/street-level). “*There’s the benefit in that it’s a very niche market, so you have very little competition and you can charge more*” (Belle de Jour, transitioned, escort). Cleopatra (transitioned, escort) explains that trans women are, “*considered the forbidden fruit. So business was actually booming.*” Yet, the particular demand for trans-feminine bodies as objects of sexual desire should not necessarily be perceived as tolerance and open-mindedness to other genders, but perhaps a reflection of sexual conquest. Resembling the way in which the over-sexualisation and exoticism of racialized women can be viewed as an effect of the interplay between racism and sexism (hooks, 2002; Nagel, 2003), the sexual exploration of trans bodies can be explained by looking at the intersection of cisgenderism and sexism. The perception of trans bodies as “taboo and exotic” (Fletcher, 2013, p. 70) and the hyper-sexualisation of trans-feminine individuals (Serano, 2007) reduces trans women to objects. “*The more you’re fetishized, the more you’re treated like an object. The less you’re treated like a human*” (Belle de Jour, transitioned, escort).

Perhaps part of this curiosity in trans women’s bodies is an interest in a “mix of sexual characteristics” (Weinberg, Shaver & Williams, 1999, p. 519). Participants described clients’ desire for men who appear as women. “*It’s just the thought of a dude who looks like a woman*” (Roadie). Just as Fletcher (2013) found that clients often attempt to preserve their heterosexual identity by hiring trans women, participants explained that ‘straight’ clients may be more comfortable exploring their sexuality with a female-identified person who has ‘male’ genitalia. “*There’s a lot of men out there that never experienced it and want to experience it. [. . .] They*

want to be with a man” (Wanda, not-transitioned, escort/bars). Margaret (not-transitioned, street-level/bars) explains, “[w]ell, say *I’m getting into a car. Well somebody just thinks the guy is straight. And he may want to present himself that way.*” The secret desire for ‘male-bodies’ can be viewed as a manifestation of heterosexism²⁴. By hiring a worker who presents as a woman yet retains ‘male’ sex organs, the client can publicly retain the privilege of being heterosexual and can explore his sexuality in private so that he is not ‘found out’; implicit in this is, of course, the belief that other sexualities are deviant or inferior.

Within clients’ desire for ‘men who dress as women’ there is an unrealistic expectation for trans women sex workers to perform sexually as cis men. Belle de Jour (transitioned, escort) explains:

The way I’ve been looking at it and I’ve been looking at a lot of ads and the way it seems like, if you want to be top of the line, if you want to be ideal, you have to make some choices where you can’t be on hormones. Which means if you’re like me and you need hormones in order to be ‘passable’. That means you need a tonne of plastic surgery. Or you need a tonne of plastic surgery so you still look feminine, so that you’re off hormones, so that your dick performs and you can provide the kind of service that clients want, for them being the submissive one and you’re the one fucking them.

The tension that emerges from wanting to both medically transition and to appeal to clients’ desires is supported by research that suggests clients of trans women often want to be penetrated (Hwahng & Nuttbrock, 2007), yet trans women commonly experience erectile dysfunction when taking estrogen (Bockting et al., 1998). Trans women sex workers may feel pressure to ‘pass’ or perform cultural norms of cisgender femininity in order to be conceptualized as a woman (Bartky, 1988; Bettcher, 2014), yet are disadvantaged when they transition using hormones

²⁴ Heterosexism is the system of oppression that privileges (cis) heterosexual identities and disadvantages all other sexual orientations (Catalano & Griffin, 2016).

because they cannot always maintain cis male standards of sexual performance. Therefore, clients are upholding rigid and contradictory expectations – the expectations to perform cis femininity and cis male sexuality.

Clients often look to the sex industry to fulfill a fantasy. Here, we have seen how clients may hire trans women because they want to have sex with a man – or because they “*wanted to be bottoms*” (Cleopatra, transitioned, escort). While clients may pressure sex workers to engage in particular sexual acts (Bruckert & Chabot, 2010), sex workers ultimately control what services they are prepared to provide. Indeed, participants were autonomous, independent service providers who could delineate which services they would and would not perform. The trouble that emerged, however, was that clients’ desire for trans women was not a normalized sexual desire, but an exceptional response stemming from the view of trans bodies as mysterious or fascinating (Serano, 2013). Serano (2007) calls the fixation on trans bodies an “objectifying mechanism” that fosters fetishization (p. 186). As a result, Belle de Jour (transitioned, escort) recounts that clients “*act like they are experiencing a new type of person. They don’t know how to talk to me.*” Participants were not treated as their cis counterparts, but “*less than female*” (Belle de Jour) or even “less than human” (Gressgård, 2010, p. 550). While sexual fantasies can be explored through the sex industry, the hyper-curiosity about trans women’s sexed bodies obscures the complexity of trans women by reducing them to little more than genitalia (Serano, 2013). Perhaps if trans women were viewed as a legitimate identity group there would be less sensationalism associated with their sexed bodies.

ii) Gender (In)Validation

As we saw in the literature review, sex work has the potential to foster gender affirmation among trans people (Nadal et al., 2012b); participants confirmed the validation they experienced

as a result of compliments from clients and being treated ‘like a woman’: *“Well, I mean, you get a lot of compliments. I’ve never felt more like a woman than I have. I actually feel beautiful, you know?”* (Belle de Jour, transitioned, escort). While being treated as their gender was undoubtedly a positive experience, this differential treatment between male- and female-identified individuals exposes the sexism embedded in Western society, in that women-identified people are assessed to a much greater extent in relation to their physical appearance than those who are male-identified (Bartky, 1988; Catalano & Griffin, 2016; Kim et al., 2007). For instance, Tammy (transitioned, street-level/escort) explained that she gets *“honked at more”* from cars passing by. *“I guess it’s also that when you transition, when you’re a trans woman, you have to start opening yourself to the world of misogyny”* (Belle de Jour, transitioned, escort).

While presenting as a woman at work can be a source of gender affirmation, this affirmation is superficial – related to the surface expression of gender. That is, although the expression constitutes gender (Butler, 1990), clients’ inevitable fixation on the *sexed body* – ultimately marking which bodies are classified as ‘male’ and ‘female’ (Bettcher, 2007) – erased and delegitimized participants’ identities. Following clients’ desire for trans women sex workers who denote femininity, yet retain male-assigned genitalia, there is potential for participants to simultaneously experience both validation and invalidation from clients. Belle de Jour (transitioned, escort) addressed this tension and described how sex work has made her feel *“disconnected from [her] own identity”*:

In a lot of ways, I get the exact treatment that cis women get. I get the affirmation, I get the "you're so beautiful," but then there's also the whole 'less than female' thing that I get a lot, but I also need to play up. I always notice - here's one of the unfortunate things is that I am a sub all the way and that being a top is a little difficult for me though I'm definitely able to do it for pay. It's just surprising and I'm trying to compare this to a cis identity. I get a lot of bottoms – a lot of guys who want to bottom and want me to top – which is interesting in a way because it

affects my identity in a lot of ways. The way I see is that it's almost like my clients want a man with the body of a woman, with still the asset.

In short, while the *expression* of gender may be validated, the *identity* is not²⁵. The way in which clients conceptualized trans women as men “[d]ressed in a dress” (Wanda), or as Bettcher (2014) puts it “really a man disguised as a woman” (p. 392), signifies cisnormative beliefs that those assigned male at birth must be men (Bauer et al., 2009; Serano, 2007). While clients’ intention may have been to explore their sexuality with a man, as we have seen above, the implication is one of cisgenderism: trans women are denied their status as real women and, as such, remain largely culturally unintelligible (Butler, 1990).

iii) Transphobic Violence

Although some participants spoke to the “*fantasy*” that is trans women (Tammy, transitioned, escort/street-level), it was more common for them to describe the violence that ensued as a result of clients’ transphobia. Thus, there were divergent responses from clients. “*Well it that goes both ways. You’ll get some that go, ‘Oh, get the fuck out of my car!’ And there’s others that’ll say, ‘Well that’s kind of what I was looking for’*” (Margaret, not-transitioned, street-level/bars). Roadie, a two-spirit individual who tried to ‘pass’ as a cis woman while working, remarks that, “*if they had realized I was a guy dressed up doing what I was doing it would have been a heck of a lot worse.*” Here, Roadie is identifying a process described in the body of literature that documents clients’ transphobic reactions when an individual is read as cisgender but their trans identity later becomes known (Lyons et al., 2017; Reisner et al., 2009;

²⁵ This is similar to the way in which Bettcher (2006) speaks of the appearance/reality contrast that works to invalidate trans identities: “gender presentation is taken as a kind of appearance and sexed body is taken as a deep reality” (p. 181). More cultural significance is placed on the sexed body to mark individuals, as opposed to gender presentation.

Shaver, Lewis & Maticka-Tyndale, 2011). Moreover, Roadie’s comment further suggests that ‘passing’ as cis affords trans people better treatment in society because their stigmatized attribute is not readily apparent (Goffman, 1963/1965; Serano, 2007). However, because a stigmatized individual who attempts to ‘pass’ as a normal is doubly discredited when her stigmatized attribute is later found out (Goffman, 1963/1965), there is heightened potential for violence. When a trans woman expresses femininity, yet retains body parts culturally associated with masculinity, she may be perceived as falsely representing herself as a woman and thus conceptualized as a fraud or deceiver (Bettcher, 2007). Tammy (transitioned, escort/street-level) described her experiences of verbal violence when a client found out she was trans:

The guy wanted his money back after he touched me – a Somalian guy. After he touched me he said, “Tell me what you are!” Well you know what I was because you touched me there, you know?

Others spoke of transphobic physical and sexual assault from clients:

I have an injury because I got beat up really bad and they said I would never recover. [. . .] They thought I was dead when they found me. I was, again, picking up a date. Somebody picking me up, not realizing I was a man and they took a baseball bat and beat me senseless with it. Split my head open. Yeah, I was really messed up. (Wanda, not-transitioned, escort/bars)

A violent response to transgender identity reinforces the widespread cisgenderist expectation for female-identified persons to denote conventional conceptions of (cisgender) femininity, including having the genitalia that has been culturally associated with women. Cultural assumptions that one’s gender expression signifies what genitals they have has been referred to as a form of ‘abuse’ (Bettcher, 2015, p. 10) as it oppresses, and denies the existence of, trans identities.

As outlined above, participants most often disclosed their trans identity to clients in an attempt to minimize the risk of violence. For those who solicit clients online, the act of showing

one’s face in advertisements was likewise used as a means of preventing transphobic violence and refusal from clients.

The reason why I want to show my face in the photos is so that they know what they’re expecting, right? Like, it’s the same reason why I say that I’m a trans person or a trans woman in my ad – I say that I have a dick in my ad – so that there are no surprises. Because surprises are the way I see vulnerability or the situations that make me vulnerable. (Belle de Jour, transitioned, escort)

However, this act reflects the realities of trans women’s oppression: when clients refuse sex workers because they express features culturally associated with masculinity, such as a strong jawline, they are enacting the trope that all women-identified people must express idealized forms of cisgender femininity. Like how cis women in the sex industry are subject to “lookism” (Bruckert & Parent, 2014), so are trans women. Yet, trans women may be uniquely disadvantaged in that they are held to idealized standards of cisgender femininity as it relates not only to the expression of gender, but the structure of the body. While feminine expressions, cis or trans, are exceptionally diverse, cultural expectations for slender yet curvaceous frames (Bartky, 1988; Bordo, 2004; Overstreet, Quinn & Agocha, 2010;), for instance, work to disadvantage trans women.

Of course, because of the cultural tendency to classify individuals based on genitalia as opposed to gender and the common conflation of transgender and gay individuals (Bettcher, 2007, 2006; Catalano & Griffin, 2016), some clients may have erroneously conceptualized trans women as cis men. As a result, it is important to recognize that incidences of transphobic assaults may be fuelled by homophobia (Namaste, 2000). Belle de Jour (transitioned, escort) explains:

Well I mean, you get a lot of guys who are insecure about their own sexuality. I get a lot of strange experiences where they’re homophobic as fuck and therefore translates into transphobia [. . .] Just even the wrong word or some trait that they didn’t see in your ad before could put you into a bit of violence. For example, you

can go in accidentally without the right kind of makeup, they can see a jawline that they didn't see in your photos and you could be at risk just like that.

While experiences are complex, transphobia, either overtly or covertly, resonates within participants' experiences of violence.

Transphobia is undoubtedly a factor in client-perpetrated violence; however, experiences of violence must be considered in the context of an individual's multiple, interlocking identities (Crenshaw, 1989). Because identity is fractured (Comack & Brickey, 2007) violence at the hands of clients cannot be easily explained. It is important to recognize that violence against trans women cannot be separated from the longstanding issue of violence against sex workers (Namaste, 2000, 2009). Reflecting on our discussion of stigma, it is important to situate participants' experiences of violence within literature that indicates that clients and people posing as clients can also be a source of violence against sex workers generally (Bruckert & Chabot, 2010; Comack & Seshia, 2010; Lowman, 2000; Seshia, 2010).

Consistent with Bruckert & Chabot's (2010) finding that clients sometimes pressure sex workers to engage in unsafe sexual practices or services which they are not offering, participants pointed out that clients sometimes tried to renegotiate terms of the agreement, including lowering the payment, extending time without compensation or requesting unprotected sex. *"I've had guys that try and take back the money after we've had sex and I'd be like "Pfft! No I don't think so." I've had a lot of that"* (Wanda, not-transitioned, escort/bars). Recognizing that the level of a sex worker's risk is conditioned by the sector in which she works, such that street-based workers are at a greater risk of violence (Lewis & Shaver, 2006), both indoor workers, Cleopatra and Belle de Jour, did not speak of physical or sexual violence from clients, whereas four out of the five participants working in public places did. Speaking to the social devaluation of sex workers that

can be attributed to stigma (Bruckert & Chabot, 2010), Kara remarks that clients “[d]ate us and then kill us. It’s a rush to them.” In the case of trans women who sell sex, experiences of violence are further exacerbated by transphobia.

3. Institutional Cisgenderism: Effecting Access and Experiences

As outlined in our earlier discussion of cisnormativity in Chapter 2, a common factor of institutional cisgenderism is the use of legal names rather than preferred names, and sex designations, as opposed to gender identity, which invisibilize the trans population and generates hardships for trans individuals when accessing these spaces. “[T]he applications are still shit, right? Cause they have mister, misses, you have to go by your legal designation” (Belle de Jour, transitioned, escort). While administrative complications are common across institutions, precisely how cisgenderism informs experiences and institutional access varies. Here, I tease out participants’ experiences as it pertains to institutional cisgenderism in the mainstream job market, criminal justice system, and health institutions and social services.

Prior to the discussion, it is important to recognize the significance of transition status on institutional access and experiences: because three of the seven participants did not socially transition, but lived their lives outside of sex work primarily as men, their trans identities did not necessarily condition the nature of social relations with staff or their ability to access services. Therefore, institutional access and experience will be contextualized within perceived identity.

A) Mainstream Job Market

Participants had little mainstream job experience and Belle de Jour (transitioned, escort) was the only participant out of the seven who was also currently working in the mainstream job market (8 hours a week). As we saw in the literature review, trans women have limited employment options and experience high rates of un- and under-employment as a result of

discrimination (Badgett et al., 2007; Bauer et al., 2011; Bauer & Scheim, 2015; Bockting et al., 1998; Irving, 2016; Scruton, 2014). Resonating with this body of literature, Cleopatra (transitioned, escort) describes her experience trying to find work:

It was the hardest thing in the world! Soon as they asked for your ID, they would see the ‘Male’ and say, “Oh I’m very sorry but the position you’re looking for is full.” So I finally got so frustrated and I’m going, “I’m not going to sit on welfare for the rest of my bloody life.” So I decided to go into the business.

Cleopatra’s quote alerts us to the possibility that transitioned participants would have their trans identities revealed to potential employers through documents that reflected their previous name or gender as well as gender expressions that did not ‘pass’ as cisgender or meet cultural norms. Important to keep in mind, however, is that ‘passing’ may be contingent on economic privilege (Bartky, 1988; Bettcher, 2007) – obtaining new identity documents, hormones, wigs, clothing and so forth – are costly endeavours; and not all participants may have had the means to do so.

Some researchers have found that those who are transitioning or visibly defy gender norms are at greater risk of employment discrimination (Graham, 2014; Sausa et al., 2007) and findings reflect this issue. Two of the four transitioned participants spoke to employment discrimination and unfair treatment at work and the other two, Kara (transitioned, bars/street-level) and Tammy (transitioned, street-level/escort), had never been employed in the mainstream job market. Whereas those who lived their lives primarily as men could successfully hide their trans identities, those who had transitioned perhaps visibly defied gender norms through appearance or legal documentation that ‘outs’ them as trans, marking them as targets of discrimination.

Oftentimes it is in light of such discrimination that trans women look to the sex trade for a source of income (Nadal et al., 2012b; Sausa, Keatley & Operario, 2007). Indeed, three

participants spoke of entering the sex industry during a time of financial hardship – one of whom, Roadie (not-transitioned, street-level), was living on the street at the time – and all participants cited money, or “*high pay*,” as a reason why they liked their job (Kara, transitioned, bars/street-level). While trans women can financially benefit from the sex industry, the legal prohibitions surrounding their work fosters police engagement and they are at risk of being drawn into the criminal justice system. The next section explores the treatment of trans women sex workers in the criminal justice system with respect to systemic cisgenderism.

B) Criminal Justice System

The most blatant form of cisgenderism in the correctional system is the way in which trans people have historically been, and continue to be, denied their identities and are housed based on sex. However, the insidious nature of cisgenderism further shapes the treatment of transgender inmates within the institution. Evidence indicates that within male institutions, trans-feminine persons are at heightened risk of harassment and physical and sexual assault from other inmates (Reisner, Bailey & Sevelius, 2014; Sylvia Rivera Law Project, 2007) and, as a result, solitary confinement is often used as a method to protect trans people from violence (Arkles, 2009; Robinson, 2011; Sylvia Rivera Law Project, 2007). Kara was the only participant who spoke of experiencing incarceration after transitioning; her experience reflects these issues:

I was in for five months and because of my male gender, I had to be put with the males. And I said “no.” I said to put me with females. They didn’t want to. So I ended up in segregation.

Despite the fact that solitary confinement is positioned as a ‘protective’ measure, its use exemplifies the correctional system’s inability to accommodate trans inmates – conceptualizing trans individuals not as a legitimate identity, but framed as an isolated case (Bauer et al., 2009). Moreover, Tarzwell (2006) suggests that placing trans individuals in solitary confinement acts as

a de facto disciplinary mechanism – reprimanding the individual for gender nonconformity.

Rather than ensuring that the inmate is protected among the general population, she is punished with isolation because she deviates from hegemonic gender norms within a traditionally gendered institution. In this manner, sex-segregation and the policing of gender within the institution supports the cisgenderist belief that male-assigned people should denote cultural expressions of masculinity (Serano, 2007).

Kara (transitioned, bars/street-level) described the harassment and violence she experienced at the hands of correctional staff while she was incarcerated: *“Oh, they’d spit on me, or you know. They’re really bad. Some of them are really, really bad. They’re bad with normal people – imagine us.”* In Kara’s comments we see echoes of research that identifies male correctional guards as the primary source of violence against incarcerated trans people (Girshick, 2011); and segregation only heightens the risk of violence at the hands of correctional staff.

Although new federal correctional policy had opened up the possibility for trans inmates to be placed in accordance with their gender (Harris, 2017), there are concerns that the new policy will do very little for transgender inmates, who remain vulnerable to transphobic violence regardless if they are placed within a gender-appropriate institution. Because placement decisions are made on an individual basis, weighing safety concerns (Harris, 2017), trans people are not guaranteed appropriate placement; rather, it appears that the only way to ensure that trans women will be housed in a women’s facility is if they undergo genital reconstruction surgery. However, to reiterate, not all trans women desire surgeries, nor will they have ready access to medical transitioning.

C) Health Services

Participants stated that they could access health care when needed and generally described positive interactions with service providers; however, obtaining trans-related health care proved to be more difficult. Among the four participants²⁶ who had socially transitioned, two were currently on hormones and one, Tammy, had been previously and wished to start again. Three of the transitioned participants expressed that they still needed a gender-related surgery. Of the three participants that had not yet transitioned, all had debated doing so and one had actively sought out hormones but had been denied.

As we saw in the literature review, various interrelated barriers limit trans sex workers’ access to health services. Here, I situate the need for trans-related health care within participants’ concerns with being ‘out’ as trans to their doctors, service provider’s denial, and doctor’s lack of trans education.

i) Concerns with Being ‘Out’

Just as the choice to disclose one’s sex worker identity to service providers is impacted by perceived stigma (Bruckert & Chabot, 2010; Koken, 2012; Lazarus et al., 2002), practices of disclosing trans identity to health service providers – pertinent to receiving trans-related health care – was likewise complex. While Tammy was the only participant to state that she was ‘out’ everywhere (and her unchanged legal name would inevitably ‘out’ her), two participants disclosed at their discretion, and three kept their identities secret for the most part. Attempting to ‘pass’ as a ‘normal’ cisgender man (Goffman 1963/1965), Margaret (not-transitioned, street-level/bars) notes, “*I’m a different person when I’m there.*”

²⁶ It is unknown whether one of the socially transitioned participants had medically transitioned.

Other research documents trans people’s reluctance to tell health service providers that they are trans out of a fear of judgment or hostility (Xavier et al., 2013; Xavier et al., 2005), yet participants often spoke in relation to concerns regarding confidentiality – they did not want to be ‘outed’ as trans and were fearful their healthcare providers would not respect their privacy. Wanda, who once recognized a health service provider as a client, indicated that she had to “*play two people*” in order to manage her identity, consistent with other research which refers to trans sex workers living a “double life of secrecy” (Hwahng & Nuttbrock, 2007, p. 51). Namaste (2000) has asserted that trans people who live in rural settings are sometimes forced to travel to obtain health care in order to maintain confidentiality. Even though Wanda lives in Ottawa, she too traveled significant distances in order to obtain trans-related care because she is not ‘out’:

It’s that fact of confidentiality that really I have a hard time swallowing that. Like sometimes I’ll get on a train and travel to Montreal and talk to them down there. I don’t know anybody there so it’s easier for me to come out to who I am and to talk to somebody and then get back on a train and come back here.

Certainly rooted in the discrimination that trans people experience, it appears that the fear of identity exposure can affect trans people regardless of whether they live in rural or urban settings. Overall, the fear of transphobic reactions as a result of being ‘out’ as trans can act as a barrier to obtaining trans-related health care. However, as we will see in the next section, disclosing transgender identity is not enough to obtain trans-related care; rather, the decision is dependent on the service provider and institutional policy.

ii) Denial

Although Tammy was once receiving hormones from her doctor, she ultimately “*stopped because [she] was addicted to cocaine*” (Tammy, transitioned, escort/street-level), which her physician told her would create health complications. Just like doctors do not want to manage

effects of both HIV medications and HRT (Shaver, Lewis & Maticka-Tyndale, 2011), Tammy’s doctor simply may not have wanted to supervise her medical transition while she was using drugs. The fact that Tammy postponed her medical transition in favour of cocaine is a powerful indicator of its significance at that time²⁷; today, Tammy wishes to start hormones again. Research tells us that when trans health care is inaccessible or denied, trans people may risk obtaining hormones illegitimately (Khobzi Rotondi et al., 2013) and Tammy (transitioned, escort/street-level) did just that: she attained hormones from a friend for a brief period of time in which she was not accessing health services. Thus, we can see how inaccessible trans health care can increase the chances of obtaining hormones illegitimately, fostering risk (in this case) associated with an unsupervised medical transition.

The three participants who had not medically transitioned had all contemplated doing so. In fact, Roadie (not-transitioned, street-level) had socially transitioned and had been living as a woman at the time, yet was denied hormones:

I was trying to get some hormone pills. What they want me to do – I’ve already dressed like it – they want me to be a woman. Dress up as a woman for a year, do everything as a woman. I say, “Why? Well I’ve done that?” They say, “Well, we got no proof so you have to do it our way just to verify everything.” And I don’t understand that. I guess they have to see it themselves. So all that just went down the drain so I have to start all over again if I want to proceed.

While this one year period is customary prior to medically transitioning (Darke & Cope, 2002), it undoubtedly generates hardship for those who wish to begin their medical transition and who have not been consistently supervised by a doctor. Such paternalistic policies deny trans

²⁷ It is important to note that, although drugs were prominent in the lives of many participants, none related their substance use or addictions to issues surrounding their trans identity, challenging research which positions substance use as a means to cope with transgender-related issues (Grant et al., 2011; Sevelius et al., 2014).

individuals’ autonomy and rights over their bodies and can delay transition. Despite her initial denial, Roadie has plans to obtain hormones and to undergo gender affirming surgery.

iii) Unknowledgeable Service Providers

Of the three participants who spoke of regularly accessing trans-related health care, two felt that service providers were not knowledgeable about trans health. Mirroring research which identifies uneducated service providers as a barrier to receiving trans-related care (Bockting et al., 1998; Bauer et al., 2014; Xavier et al., 2005), one participant’s questions about medical transitioning were left unanswered. *“I’m lucky enough to have someone who specializes in it, but even then there’s still a bunch of unknowns and a bunch of questions about how transition affects genitals. That’s still relatively unknown”* (Belle de Jour, transitioned, escort).

Just as we have seen that health service providers often discriminate against sex workers and rely on stigmatic assumptions of sex work (Bruckert & Chabot, 2010; Canadian HIV/AIDS Legal Network, 2007; Koken, 2012; Lazarus et al., 2002), service providers may uphold stereotypes and misconceptions about trans people, influencing their interactions with ‘out’ patients.

My psychiatrist is iffy. He tries to relate me being trans to literally every facet of my life. I came out when I was 20, so well yeah, I can understand that while I still knew I was trans from very young age, not everything in my trouble in school had to do with the fact that I wanted – at the time I interpreted it as I wanted to be a girl. (Belle de Jour, transitioned, escort)

Belle de Jour’s experience with her psychiatrist parallels findings that indicate service providers sometimes focus on transgender identity as opposed to the specific health concern for which they sought treatment (Xavier et al., 2013). This focus on trans identity speaks to a lack of trans education: the service provider is upholding cisgenderist attitudes that pathologize transgender identity – conceptualizing their gender as a problem or mental illness. Recognizing a lack of

autonomy to self-determine gender and the inherent stigmatization attached to mental health diagnoses, such as Gender Dysphoria, Butler (2004) asserts that the diagnosis of trans populations is often “an instrument of pathologization” (p. 76). The stigma behind the mentally ill label perpetuates the conceptualization that she is abnormal (Corrigan, 2007). Thus, diagnosing gender can fuel stereotypical misassumptions, including that trans people are mentally ill and this perceived abnormality of trans identities has the potential to adversely affect social interactions.

A lack of standard education and training on trans health is a manifestation of institutional cisgenderism which overlooks the needs of the trans community and has real detriments for trans individuals when attempting to access care. In order for trans individuals to feel safe and comfortable being ‘out’ to their service providers and receive the trans-related care that they require, the institution must foster an environment supportive and knowledgeable of trans identities and the needs of the trans population.

D) Social Services

Participants indicated that they had adequate access to social services and generally described good treatment from staff and service providers. Five out of the seven participants were on some form of social assistance, such as Ontario Works or ODSP. Three participants also spoke of accessing food banks, two reported utilizing counselling services, and one participant, Roadie (not-transitioned, street-level), said she had used shelters.

While participants indicated that social services were easily accessible if needed, barriers evidently existed related to being trans. As we know, access to services is often complicated for those whose legal documents do not match their gender expression (Xavier et al., 2013) and

Tammy (transitioned, escort/street-level), who has yet to legally change her name to match her gender identity, elaborates on these realities:

I lived in a city in Southern Ontario and the people in the next town wanted to get checks to my new city. And my voice was so feminine, I was giving them my real name and she said, “you’re not this person! I want to talk to them!” I just said, “look! I just gave you all my information. Ask me anything.” It takes a long time to get down there. So she goes, “You’re going to have to come down here.” I went there, they had security serve me. I was so mad! But now they put my preferred name. They put my two names.

Tammy’s experience of being distrusted by staff and met with security because her gender expression did not align with her legal name is yet another example of the cisgenderist denial of trans identities and the transphobic characterization of trans people as fraudulent or deceptive (Bettcher, 2007). Because of cisnormativity, a trans person can be more readily viewed as a swindler or pretender as opposed to a person of another gender.

While legal documentation causes issues, so does gender presentation. In addition to experiencing transphobia within social services and programs, including detoxification and substance abuse treatment centres (Begun & Kattari, 2016; Lyons et al., 2016; Sevelius et al., 2014), trans people are at heightened risk of transphobia in traditionally gendered spaces, where the policing of gender is quite routine (Faktor, 2011). Gender expression has particular social significance in traditionally gendered programs and services, including emergency shelters and drop-in programs geared towards women. Two of the transitioned participants spoke of accessing women’s-only social services. Tammy (transitioned, escort/street-level) regularly attended a women’s-only drop in centre, which she described as being trans-friendly and a good source of social support. However, Belle de Jour (transitioned, escort) feared others’ discovering her transgender identity in such spaces:

I still feel the stigma and judgment from accessing like services, women’s specific services, women’s washrooms, and I’m still scared to use women’s locker rooms because I don’t have the genitals that they’re expecting. I get to benefit from the fact that I’m cis-‘passing’ and I can hide all these things but I know that there’s still the stigma and I know that society still doesn’t want me accessing these things.

The fear of judgment in women’s-only spaces is not without justification, as other research found that women’s shelters often reject trans women, and when trans women are accepted, they are subject to transphobia from staff and cis women (Lewis et al. 2005; Lyons et al., 2016; Shaver et al., 2011). The only non-transitioned participant to attempt to use a women’s-only program was Wanda (not-transitioned, escort/bars), who, despite presenting as her gender identity at the time, recalled being forced to leave and threatened with arrest:

I’ve tried [attending a women’s-only program] but they didn’t let me because I was trans. And I went there as my other self and they were like, “Get out of here before I call the cops!” basically. I was pretty disappointed. They’re not understanding at all.

As a whole, participants’ access to women’s-only social services reflects the cisgenderist belief that trans women should express traditional forms of cisgender femininity, or be ‘passable’, in order to be accepted among the cis women population (Lyons et al., 2016; Namaste, 2000). Here, perhaps because transitioned participants more visibly conformed to cisgender expectations of femininity, they were more readily welcomed in such spaces. However, because Wanda had not socially transitioned, but had dressed as a woman on that occasion, she may have deviated from gender expectations. Regardless of her expression, Wanda’s denial is a blatant form of cisgenderism that works to exclude non-conventional gender expressions. Indeed, participants’ experiences shed light on how gendered programs and services are constructed on the notion of cis identities and expressions.

As a result of cisgenderism and transphobia, even a transitioned woman like Belle de

Jour (transitioned, escort) can fear being ‘found out’ by others in women’s-only programs, risking humiliation, harassment, rejection and violence. That is, although she successfully ‘passed’ as cisgender (Goffman, 1963/1965), her conditional cisgender privilege, allowing her to freely access cisgender women’s spaces, could be revoked at any time (Serano, 2007). The consequence is that trans people have to prove that they are “trans enough” to fit in with the cis population (Catalano, 2015; Davidson, 2007). Indeed, trans people are pressured to perform the stereotypical script associated with the trans experience – to conform to the binary, performing rigid norms of femininity or masculinity (Davidson, 2007). Speaking to the diversity of trans experiences, Belle de Jour (transitioned, escort) explains: *“Every cis person, I find, in their own mind has a way they see the trans experience [. . .] and I’m sitting here like, ‘that wasn’t my experience at all.’”* We have seen how participants faced pressures to perform cultural conceptions of femininity in order to be free of transphobia and to prove themselves ‘deserving’ of inclusion into women’s-only spaces.

4. Navigating through Transphobia

Although gender is a social and cultural construction (Butler, 1990), we have seen how the act of defying gender norms has very real implications in terms of social life and institutional access. This section aims at demonstrating participants’ resilience in the face of adversity, highlighting some of the personal implications of being trans and the ways in which participants found outlets to express themselves and ultimately accepted and embraced their identity.

A) Personal Implications of Being Trans

Being trans in a cisnormative society comes with its challenges. As discussed in the literature review, transphobia fosters low levels of social support (Mercellin, Bauer & Scheim, 2013) and often times, family is a source of conflict and rejection (Grant et al., 2011; Sevelius et

al., 2014). While four participants indicated that they had supportive networks in place, two felt otherwise, and three out of the seven participants reported having unaccepting families. *“I lost a few family members because of it”* (Roadie). Wanda (not-transitioned, escort/bars) actively tried to ensure that her family did not find out that she was a trans sex worker:

None of my family knows what I do and so I really have to be careful in which community I hang out in and stuff because my family are very discriminatory. Very. They do not like gay people, transsexual people or anything. I remember one time I went home and I forgot to take my mascara off. Oh shit! I come up with a story so quick and then I felt that I was deceiving myself and deceiving everybody else. It was like, I wanted to come out and tell them but I knew what would happen – they wouldn’t want me around them anymore, basically.

Considering that sex workers, generally, have difficulties obtaining a supportive social network because of the stigma associated with their work (Bruckert & Parent, 2014), the effects of sex worker stigma and transphobia combine to uniquely disadvantage trans women who sell sex.

Perhaps fostered by intolerant home environments that reinforce cisgenderist beliefs, four participants stated that it was a long struggle trying to understand and come to terms with their transgender identity and some expressed feeling abnormal because of it. *“Sometimes I feel normal, other times I don’t. I know when I was born I didn’t feel normal. I didn’t feel I was a boy”* (Wanda). However, this perception should be interpreted as a culminated effect of cisnormativity, cisgenderism and transphobia. Perceptions of abnormality are undoubtedly a manifestation of the strict social regulation of gender which sustains the gender binary and positions other genders as abnormal (Butler, 2004; Foucault, 1977/1995). Considering that 96% of trans Ontarians, out of a sample of 433, have been subject to the discourse that trans people are abnormal (Bauer & Scheim, 2015), it is not surprising that some internalize such beliefs. While the vast majority of the population identifies as cisgender, and there is a hegemonic expectation for all individuals to be cisgender, trans people may feel invisibilized at best

(Bettcher, 2006) and “othered” at worst (Gressgård, 2010).

Considering the relationship between social support and mental health (Budge et al., 2013a) and the fact that social intolerance can exacerbate mental health issues among the trans community (Budge et al., 2013; Grant et al., 2011), it follows that transphobia had a negative impact on participants’ emotional wellbeing. Since transition, Belle de Jour (transitioned, escort) explains, “[c]ertain mental health issues started to become more apparent” in the form of “anxiety and depression.” Likewise, Kara (transitioned, bars/street-level) said that she gets “depressed sometimes. I get in depressions. I don’t know what it is – maybe it’s just the hormones, I don’t know.” Findings mirror trans research which speaks to the mental health concerns, such as depression and risk of suicide, prevalent among the trans community (Bauer et al., 2015a; Khobzi Rotondi et al., 2011; Nuttbrock et al., 2014). Roadie (not-transitioned, street-level) elaborates on the personal hardships that arise from transphobia:

Back then when [people rejected me because I was two-spirit], I cut myself. Now I realized that’s not the right away to do it. I just tell them to “go fuck yourself.” If you don’t like me, that’s not my business. I learned now that what other people think of me is none of my business. It’s what I think about me that means the most. So I’ve learned to cope with that and to realize that it’s just a person being an asshole and there’s nothing I can do to change them.

Considering that research positions self-harm as a means of managing gender dysphoria (Goldberg, 2003), self-harm can also be viewed as a coping mechanism for transphobia. Although Roadie had handled discrimination in the past by self-harming, she eventually recognized the unjustness of the treatment she was experiencing and was able to resist negative conceptions of her two-spirit identity. Despite all of the hardships that are associated with transition, participants insisted that it was ultimately the right choice:

Medically transitioning isn’t easy on anybody, but it could be that you know going through my way while dealing with transition and the added stressors of almost

becoming an entirely new person, because I've grown so much since I started to transition. [. . .] When you go into transition, you're told it's rough, but you still have to do everything and eventually I had to make the choice. Being trans, my identity and transitioning, this has been more important to me than anything else.
(Belle de Jour, transitioned, escort)

Transitioning can certainly be a difficult time in a transgender person's life; not only are there changes to an individual's identity and the physical body, but there are considerable implications as a result of challenging cisnormativity. Yet, as we will see, participants exercised resistance: some looked to LGBTQ*²⁸ spaces and community for support and, for some, sex work was a means to freely express gender.

B) Trans Identity Expression and Acceptance

Recalling that the trans experience is extremely diverse, participants were at various stages of their transition, sought different outcomes, and some were unsure whether they would ever transition. With this in mind, participants found outlets to express and embrace their trans identities in ways that were right for them.

Similar to the way in which stigmatized individuals employ different social networks in order to manage stigma (Goffman, 1963/1965), participants often kept different circles in which they were ‘out’ as trans in order to avoid judgment and discrimination. Belle de Jour (transitioned, escort) described her careful transition:

I started on hormones still only dressed and presented to [certain groups] and with a select few who knew me and then as I continued going on hormones, the more people I told started to increase. So that I could avoid completely some of the harassment that a lot of the girls who aren't perceived as cis- 'passing' get. Cause those were some of my biggest fears. So I literally took until 8 months on hormones to finally come out to everybody and present 'full-time'.

²⁸ LGBTQ* is an acronym for lesbian, gay, bisexual, transgender and queer individuals, which is also inclusive of intersex, asexual and all other sexual and gender minorities.

Consistent with research indicating that trans youth are often forced to leave home at a young age (Reck, 2009), Margaret (not-transitioned, street-level/bars) thought this was the only way she could live her truth:

I just always felt more comfortable as a woman and where I came from is a small town and it's not accepted at all. There's not a gay bar in my home town. There's nothing like that so it's not accepted. So I had to leave and go on my own.

In light of invalidation and transphobia, participants' spoke to the significance of the trans community (or LGBTQ* community generally) as it provided them the opportunity to be themselves. It is not uncommon for stigmatized individuals to associate with other members of their stigmatized group, thereby avoiding judgment and discrimination (Goffman, 1963/1965) and participants described relying on other trans people or “*our kind*” (Kara, transitioned, bars/street-level); for this reason, Wanda (not-transitioned, escort/bars) felt a sense of comfort in trans-friendly spaces:

I like when I dress up because I look pretty good when I dress up. There's a couple of clubs that I go to that are pretty cool and trans-friendly. Yeah, I feel at home over there. Everybody's just who they want to be and it's no judgment.

Given the pervasiveness of transphobia and violence directed towards the trans population, trans people can look to LGBTQ* spaces and the community, which are thought to be free of judgment and oppression on the basis of sexual orientation and gender identity (Fox & Ore, 2010).

The trans community also has the potential to assist in understanding and accepting transgender identity. That is, because cis identities are the norm, trans people may have to encounter another individual like themselves in order to understand and name their own identity (Gagne, Tewksbury & McGaughey, 1997). For instance, Roadie (not-transitioned, street-level)

insisted that it was through the help of other trans people that she discovered her two-spirit identity and desire to pursue medical transition:

I’ve learned a lot from being around transgenders, transsexuals, all them. They just taught me just to be who I am. They basically sat down and talked to me and said, “look at what we went through and look at what we achieved.”

By finding others with whom they can relate, participants, in turn, were able to understand and express gender more freely.

Alongside the insight and the acceptance of non-normative genders that LGBTQ* communities and spaces can provide, findings indicate that sex work was also a means of expressing gender for the three participants who had not transitioned. Living their lives outside of sex work primarily as men and hiding their gender identities from the majority of people, sex work was an opportunity to “*dress up*” as a woman (Wanda, not-transitioned, escort/bars).

Participants described how doing gender while getting ready for work – by wearing women’s clothing, putting on makeup and wigs – made them feel good. In Margaret’s (not-transitioned, street-level/bars) opinion, “*It just feels more comfortable when you feel like you’re a lady. You feel like you’re a woman. It feels right.*” Likewise, Wanda (not-transitioned, escort/bars) explains, “*I’ve realized a lot of people think I’m fake because I’m dressing up and pretending that I’m somebody that I’m not, but actually I feel a lot better with myself when I’m dressed up. I feel normal that way.*” Because the sex industry is confidential by nature, it follows that participants could more freely express their genders with less concern for being ‘outed’.

Seeing as how both LGBTQ* spaces and sex work can provide a safer environment for trans women to express gender, findings suggest that LGBTQ* spaces can also provide a safer place to do sex work. Two of the three non-transitioned participants, and one transitioned participant, worked out of gay bars and clubs. Although no participants spoke of being

introduced to sex work by other trans women, as other research has found (Sausa, Keatley, & Operario, 2007; Reisner et al., 2009), Wanda (not-transitioned, escort/bars) explained that she tries to “*work around other gay members of the community because they know*” she is trans. Because LGBTQ* people are typically more attune to sexual and gender minorities, they are “wise” to the fact that participants were trans (Goffman, 1963/1965). Therefore, participants may have felt more comfortable working within the LGBTQ* community because there is less fear of transphobia or confusion about one’s gender – that is, being ‘read’ incorrectly. But further, keeping in mind that sex work is sometimes normalized and accepted in gay communities (Koken et al., 2004), gay bars and clubs may have been a more tolerant environment, not just for gender variance, but to sell sex.

We have seen how, in the face of adversity – experiencing transphobia from police, clients and family – participants ultimately embraced their identities and found outlets to express themselves in ways that were right for them. Although the modern gender structure only conceptualizes cis men and cis women as intelligible genders (Butler, 2000), and ultimately disadvantages transgender women by fostering a milieu in which cisgenderism and transphobia flourish, there will always be those who deviate from gender norms. Recalling that power and resistance exist in tension (Foucault, 2000), there are means to resist – to challenge or rebel against – the power that ensues from the gender structure. Being a trans person in a cisnormative society in and of itself is an act of resistance (Bettcher, 2015, 2014, 2006). By their very existence, participants are challenging the hegemonic assumption that those assigned male at birth will inevitably identify as men (Bauer et al., 2009) and, in the face of discrimination, participants simply acknowledged that they are living as their true selves. “*I feel more comfortable with myself and for myself. You know? Because that’s what I always wanted to be. I*

feel more comfortable within myself. I don't know what people think. I don't care anymore”

(Kara, transitioned, bars/street-level). Participants ultimately navigated through transphobia, with some finding support and solidarity within the LGBTQ* community and some using sex work as a means to express gender.

5. Summarizing the Findings

As we have seen in this chapter, the experiences of trans women in sex work are culminated effects of the invisibilization of non-normative genders, the unique oppression that they experience at intersection of cisgenderism and sexism, and criminalization and the overwhelming stigma associated with those who sell sex. Although trans women in the sex industry are more likely to experience disadvantage in all aspects of social and institutional life, participants were ultimately resilient in the face of adversity and came to embrace their identities.

Recognizing that the harms that trans women in sex work experience are a manifestation of the social, cultural and legal context in which we live, it is only by shifting the environment in which these experiences are produced that social justice can be achieved. Moving into the final chapter of this thesis, we look to the future and consider the ways in which law and the societal perception of sex/gender can be challenged in order to alleviate much of the harms that plague trans women sex workers.

Chapter 6: Conclusion

By their very existence, trans women challenge one of the most deeply engrained societal beliefs – one that stems from a determinist and binary understanding of sex and gender. Foundational to this thesis was an exploration of how modern gender structures invisibilize trans identities and foster an environment conducive to trans women’s oppression and discrimination. As such, the findings reiterated much of the social and institutional oppressions that the transgender community encounters – familial and social rejection, and discrimination while engaging with institutions – yet also drew upon the social disadvantage that sex workers face as a result of bearing the mark of stigma and the challenges arising from the harsh regime of criminalization. Focusing on the ways in which these marginalized identities intersect, this thesis has helped bridge the gap between sex work research and Trans studies. By hearing the voices of members of the community, conducting in-depth interviews with seven trans women who sell sex, this thesis has helped make visible the presence of trans women in the sex industry and conveyed some of the specificity of their unique experiences. Disrupting normative accounts of sex workers created space in sex work research for those who have been historically overlooked and who encounter devastating marginalization and oppression in society at large.

Examining details of participants’ working lives, we explored the complexities of clients’ reactions to the fact that they were transgender women. Reflecting on clients’ divergent responses – either exceptional sexual curiosity in their feminine appearances and ‘male’ genitalia, or blatant transphobia – we can only speculate whether trans identities are also erased and invalidated in broader society. Clients’ perception of participants as men “[d]ressed in a dress” (Wanda) had striking similarities to the way in which institutions – in this case, mainstream employment, the criminal justice system, and health and social services –

systemically upheld the gender binary, de facto denying and disadvantaging trans identities.

Having little mainstream job experience and encountering discrimination in their search for employment, participants found an independent source of income in the sex industry. However, those working in public places ultimately experienced the harms of criminalization and stigmatization; moreover, Kara's account of experiencing incarceration after transition depicted an appalling disregard for trans lives. Recognizing that criminological research on the trans population in Canada is virtually nonexistent, this thesis speaks powerfully to the need for research into how transphobia shapes interactions with police and correctional officers and how institutional policies and procedures, such as the use of sex-segregation and solitary confinement, remains a relevant and harmful issue for trans inmates.

Additionally, institutional cisgenderism impacted participants' experiences in relation to health and social service. While sex worker stigma already conditions interpersonal relations with doctors, health care providers' lack of knowledge of the trans community and trans issues generated considerable barriers to obtaining trans-related care. In the context of social services, trans individuals were sometimes subjects of suspicion and were ultimately excluded if they varied from culturally acceptable visions of gender.

While a large focus of this thesis was the harms and injustices that participants experienced, there is recognition for the benefits that can be derived from working in the sex industry as a trans person. In addition to its employment opportunities and financial gain, sex work can provide an avenue for trans women to express gender, especially for those who have not transitioned. Existing as a notoriously confidential job choice, it follows that trans women can more freely express gender with less concern for being 'outed' as trans. But further, because of their historical commitment to fight sexual- and gender-based oppression, LGBTQ*

community and spaces may also foster a safer environment for trans people to work.

Endeavoring to think critically about the experiences specific to trans women who sell sex, this thesis explored the intersections of sexism and cisgenderism and sex work stigma. Although race and class were not central to this analysis, it is important to note that participants’ experiences were undoubtedly shaped by these additional layers of identity, such that economic marginalization and racialization condition the nature and extent of disadvantage. This highlights the importance of research that digs deeply into these points of intersection to better account for difference and to unravel the complexities of experience.

Experience is informed by context and the invisibilization, oppression and discrimination that transgender women who sell sex experience are direct manifestations of the structures of Western society. Yet, promise lies ahead, as the context which produces these injustices is, in fact, shifting. After decades of activism and protest in the name of trans rights, exercising resiliency in the times when their cause was cast aside, the transgender community has demonstrated an exceptional amount of dedication in their struggle for liberation. After many months of protest (Robertson, 2017), the trans community can now celebrate its successes in light of the recent amendments to the *Human Rights Act* and *Criminal Code* which prohibits discrimination on the basis of “gender identity” and “gender expression.” Although these changes to the law have been publicly criticized as a left-wing project whose sole purpose is to criminalize misgendering (Murphy, 2016), they have much greater significance than the use of names and pronouns. Protections for gender diversity will help protect against the very real discrimination that trans people experience, such that exists in the mainstream job market or the denial of health care, as well as recognize transphobia-motivated crimes as hate crimes. Moreover, these protections will help to ensure that trans individuals have the right to access

gender-appropriate services and facilities, including washrooms and gendered programs and services. Hopefully these amendments to the law will light a fire under the feet of institutions to develop gender-inclusive policies, procedures and facilities.

With recently implemented federal protections, the transgender community can only hope that the overt discrimination that they experience in institutions will subside. Of course, we must remain critical of what this legislation can and cannot achieve. Social justice strives for more than the mere accommodation of marginalized populations. Rather, it looks to foster inclusion, requiring systemic change. In order to make meaningful change and to promote an environment that is inclusive of all genders, institutional policy and procedure must be attune to the unique social issues and needs of the transgender population. While “gender identity” and “gender expression” are protected from discrimination, thus making it illegal for trans individuals to be denied health care, for example, it is not until staff are properly trained and educated on the needs of the trans community that trans individuals will be accounted for and can begin to receive fair and equitable treatment.

In this way, the new protections for trans Canadians are a mere stepping stone in a broader fight for trans rights. Law is one means of achieving social change; but it is not the only means, nor is it necessarily the most effective. What is needed, short of eradicating the gender structure in its entirety, is a more totalizing shift in the way that Western society conceptualizes sex and gender. Underlying this process is a challenge to the deeply held ‘norms’ and ‘truths’ related to sex and gender. Only by abandoning this narrow classification system, thus overthrowing the naturalization of cis identities, would trans identities become visible and legitimated as opposed to subjects of suspicion and detest. Foundational to this endeavor is a call to ‘undiagnose’ gender (Butler, 2004) and remove Gender Identity Disorder from the DSM-V.

Departing from the medicalization of trans identities, gender must be understood as a social, cultural, political and historical product (Butler, 1990).

Amidst the discussion and debate generated by the implementation of federal protections for “gender identity” and “gender expression,” it is imperative that the trans community remain strong in its activism until all members of the community are granted the rights to which they are entitled. While this anti-discrimination legislation will presumably benefit the trans population as a whole, it will likely do very little for those who continue to be criminalized for their work in the sex industry and who experience the social exclusion and judgment associated with being a sex worker. Indeed, transgender sex workers will be unable to reap the benefits of these protections – such as reporting hate crimes or employment discrimination from escort agencies – less risking discriminatory and violent responses that, as we have seen, are all too common among sex workers. Thus while changes to the law is beneficial for those trans people who have the resources to fight the discrimination that they encounter, such legislation overlooks those who are marginalized and devalued by the way in which sex work is conceptualized as an inviable and unrespectable job choice.

Recalling the historical engagement and unified efforts of the transgender and sex worker communities with which this thesis started, it is imperative that these communities forge stronger bonds to work towards the mutual cause of sex worker rights. Following a long tradition of sex work researchers and, more importantly, the sex worker community (Canadian Alliance for Sex Work Law Reform, 2017, 2014; Maggie’s Toronto Sex Workers Action Project, 2014; POWER, 2015; Stella, l’amie de Maimie, 2013), this thesis provides further support for the decriminalization of sex work in order to alleviate much of the harms that sex workers experience in their working lives and to further advance social justice for the trans and sex work

communities. Inextricable to this process is a shift towards destigmatizing the sale of sexual services in order to improve the social treatment of sex workers.

By bringing greater attention to the voices of those with lived experience, this thesis challenges the dominant portrayal of sex workers and creates a space for the experiences of trans women in sex work research. This thesis has also worked to reposition trans women as integral to the sex worker rights movement and urges the trans and sex worker communities to strengthen their bonds and work together in their unrelenting struggles for rights. Moving forward with this initiative, we are reminded of those, like Sylvia Rivera, whose life was devoted to garnering attention to the intersection of trans oppression and sex worker rights; from providing support and housing to queer, street youth in a trailer truck in the Greenwich Village prior to the establishment of *STAR*, to being the sole target of arrest for petitioning for the gay rights bill in New York City (during the time in which trans rights were still included) (Duberman, 1994; Rivera, 2013a), Rivera’s rebellion against oppression paved the way for the social movements of today. Looking to the future involves reflecting upon history. We must remain cognizant of the lengthy battle of our predecessors and, building upon decades of their work, we must continue their fight for the revolution.

“We’re all in the same boat as long as we’re being oppressed one way or the other, whether we are gay, straight, trans, black, yellow, green, purple, or whatever. If we don’t fight for each other, we’ll be put down. And after all these years, the trans community is still at the back of the bus.”

– Sylvia Rivera (2013b, p. 51)

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Appendix A: Initial Recruitment Poster

After Bedford: The Impact of the Protection of Communities and Exploited Persons Act on Ottawa Area Sex Workers

Seeking Research Participants

- Have you ever sold or exchanged sexual or erotic services (e.g., street-based, escort, massage, dancing, fetish) in the last year in the Ottawa area?
- Are you over the age of 18?
- Are you interested in discussing your experiences in a study that will help people understand how you are affected by the laws?
- Would you be able to take part in a 1 to 2 hour audio-recorded interview, in English, either in person (at a mutually agreed upon location) or by phone?

Your anonymity and confidentiality are assured and an honorarium is offered.

The research will examine the experiences of Ottawa area sex workers in the context of the new prostitution laws introduced in December 2014.

Research conducted by: POWER (Prostitutes of Ottawa-Gatineau Work, Educate, and Resist) and Chris Bruckert
Symons Leon Laidlaw
(University of Ottawa). Emily

To participate in an interview contact:



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Appendix B: Revised Recruitment Poster

Trans Specific: Exploring the Experiences of Transgender Women in Sex Work

SEEKING RESEARCH PARTICIPANTS

TRANSGENDER* WOMEN:

- Are you over the age of 18?
- Have you ever sold or exchanged sexual or erotic services
(*e.g., street-based, escort, massage, dancing, fetish*)?
- Are you interested in discussing your experiences in a study
that will help people understand the social, legal and health
needs of the community?
- Would you be able to take part in an audio-recorded interview,
in English, either in person (*at a mutually agreed upon location*)
lasting approximately 1-2 hours?

**This project uses the term Transgender to include all trans identities,
such as Trans-Feminine, Transsexual, and Two-Spirit.*

Anonymity and confidentiality are ensured and an honorarium is provided.

To participate in an interview, please contact

Research conducted by Leon Laidlaw
under the supervision of Chris Bruckert

(University of Ottawa).



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Appendix C: Initial Consent Form



Université d'Ottawa | University of Ottawa

Département de criminologie | Department of Criminology

140 Université / 140 University, Ottawa, ON K1N 6N5

Trans Specific: Exploring the Experiences of Transgender Women in Sex Work

Researcher: Leon Laidlaw, MA student, Department of Criminology, University of Ottawa. Leon can be reached by phone at (xxx) xxx-xxxx or through Email at xxxx.

Research Supervisor: Chris Bruckert, Professor, Department of Criminology, University of Ottawa (phone number: (xxx) xxx-xxxx, Ext. xxxx; Email: xxx).

I am invited to participate in *Trans Specific: Exploring the Experiences of Transgender Women in Sex Work*, research conducted by Leon Laidlaw under the supervision of Chris Bruckert. The research is being conducted to understand the experiences of transgender women in the sex work industry. The Social Sciences and Humanities Research Council has funded the research.

The research will provide insight as to the experiences of transgender women in sex work – a topic underexplored in research. This valuable information provides great benefit to the community through facilitating the voices and needs of the population.

I understand that the content of this interview will be used primarily by the researcher to fulfill a thesis requirement for a Master's degree in Criminology at the University of Ottawa. Going further, this information can also be used by the researcher and supervisor for articles, chapters, presentations, and/or press releases in order to advocate for rights and social, policy and legal changes.

The research is in collaboration with a broader, community-based research project, *After Bedford: The Impact of the Protection of Communities and Exploited Persons Act on Ottawa Area Sex Workers*, conducted by POWER (Prostitutes of Ottawa-Gatineau Work, Educate and Resist), under the direction of Chris Bruckert. My participation will require one face-to-face interview with the researcher, which will be audio-recorded, lasting approximately 45-60 minutes, subsequent to the POWER interview. This interview will consist of a series of questions in relation to how your gender identity impacts your labour practices, including interactions with clients and safety measures, experiences within the criminal justice system, including interactions with police and other criminal justice officials, and health and access to health and social services. Additionally, questions about transition-status will be collected for the purposes of data analysis. However, no directly identifiable information (e.g., names) will be collected. Anonymity will be ensured through the use of pseudonyms and minimizing the collection of personal information. Immediately upon transcribing the interviews any personal information (e.g., phone number, email address) will be deleted. Additionally, upon transcription will any

personal or potentially identifiable information (e.g., names, stories/events, places) as well as any atypical and therefore potentially identifiable information (e.g., speech patterns or idiosyncratic use of words/phrases) be changed. I have been assured by the researcher that my confidentiality will be protected in the research.

The audio recordings of interviews will be stored in a file on the researcher’s password protected computer. Original recordings of the interviews will be permanently deleted upon anonymizing the transcripts and verifying their accuracy. All documentation, including consent letters, will be stored in a locked cabinet in a safe in the University of Ottawa office of the research supervisor, Chris Bruckert, for a period of 5 years.

I acknowledge that my participation in the research involves sharing my personal experiences of working in the sex industry and I am aware of the possibility for discussions to prompt emotional discomfort. I also acknowledge the risks regarding confidentiality and anonymity, such that in the event that it is breached could result in my potential identification in the research.

I have also been informed of and understand that it is my right to refuse to answer any questions, interrupt or cease the interview, and/or withdraw from the research at any time, without penalty. Finally, I am aware of the potential risks regarding the breach of anonymity and confidentiality. However, I have been assured that the information shared in the interview will remain confidential.

Participation in the research is not paid, however I will be given \$25 honorarium to cover any expenses incurred. This is provided prior to the beginning of the interview and should I wish to withdraw from the project, I am not required to return the honorarium.

I am under no obligation to participate in the research, and if I choose to participate, I have the right to withdraw from the study at any time, refuse to answer any questions, or cease the interview entirely, without incurring any penalty. If I choose to withdraw from the research, all data gathered until the time of withdrawal will be deleted.

Verbal Consent

This consent letter has been verbally reviewed with me and I have been informed of the goals and purpose of the research. I also had the opportunity to receive clarification on any questions or concerns including those regarding the research, goals, methods, and rights of participants. There are two copies of this letter, one of which is mine to keep.

I agree to participate in the above research study conducted by Leon Laidlaw, under the direction of Chris Bruckert. If I have any questions about the study, I may contact Leon Laidlaw at (xxx) xxx-xxxx or xxxx. If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5, Tel.: (613) 562-5387, Email: ethics@uottawa.ca.

I agree to participate in this research and have the interview audio-recorded: yes no

Participant's Name (Pseudonym):

Researcher's Signature:

Date:

Appendix D: Revised Consent Form



Université d'Ottawa | University of Ottawa

Département de criminologie | Department of Criminology

140 Université / 140 University, Ottawa, ON K1N 6N5

Trans Specific: Exploring the Experiences of Transgender Women in Sex Work

Researcher: Leon Laidlaw, MA student, Department of Criminology, University of Ottawa. Leon can be reached by phone at (xxx) xxx-xxxx or through Email at xxxx.

Research Supervisor: Chris Bruckert, Professor, Department of Criminology, University of Ottawa (phone number: (xxx) xxx-xxxx, Ext. xxxx; Email: xxxx).

I am invited to participate in *Trans Specific: Exploring the Experiences of Transgender Women in Sex Work*, research conducted by Leon Laidlaw under the supervision of Chris Bruckert. The research is being conducted to understand the experiences of transgender women in the sex work industry. The Social Sciences and Humanities Research Council has funded the research.

The research will provide insight as to the experiences of transgender women in sex work – a topic underexplored in research. This valuable information provides great benefit to the community through facilitating the voices and needs of the population.

I understand that the content of this interview will be used primarily by the researcher to fulfill a thesis requirement for a Master's degree in Criminology at the University of Ottawa. Going further, this information can also be used by the researcher and supervisor for articles, chapters, presentations, and/or press releases in order to advocate for rights and social, policy and legal changes.

My participation will require one face-to-face interview with the researcher, which will be audio-recorded, lasting approximately 1-2 hours. This interview will consist of a series of questions in relation to how your gender identity impacts your labour practices, including interactions with clients and safety measures, experiences within the criminal justice system, including interactions with police and other criminal justice officials, and health and access to health and social services. Additionally, demographic questions and those about transition-status will be collected for the purposes of data analysis. However, no directly identifiable information (e.g., names) will be collected. Anonymity will be ensured through the use of pseudonyms and minimizing the collection of personal information. Immediately upon transcribing the interviews any personal information (e.g., phone number, email address) will be deleted. Additionally, upon transcription will any personal or potentially identifiable information (e.g., names, stories/events, places) as well as any atypical and therefore potentially identifiable information (e.g., speech patterns or idiosyncratic use of words/phrases) be changed. I have been assured by the researcher that my confidentiality will be protected in the research.

The audio recordings of interviews will be stored in a file on the researcher’s password protected computer. Original recordings of the interviews will be permanently deleted upon anonymizing the transcripts and verifying their accuracy. All documentation, including consent letters, will be stored in a locked cabinet in a safe in the University of Ottawa office of the research supervisor, Chris Bruckert, for a period of 5 years.

I acknowledge that my participation in the research involves sharing my personal experiences of working in the sex industry and I am aware of the possibility for discussions to prompt emotional discomfort. I also acknowledge the risks regarding confidentiality and anonymity, such that in the event that it is breached could result in my potential identification in the research.

I have also been informed of and understand that it is my right to refuse to answer any questions, interrupt or cease the interview, and/or withdraw from the research at any time, without penalty. Finally, I am aware of the potential risks regarding the breach of anonymity and confidentiality. However, I have been assured that the information shared in the interview will remain confidential.

Participation in the research is not paid, however I will be given \$50 honorarium to cover any expenses incurred. This is provided prior to the beginning of the interview and should I wish to withdraw from the project, I am not required to return the honorarium.

I am under no obligation to participate in the research, and if I choose to participate, I have the right to withdraw from the study at any time, refuse to answer any questions, or cease the interview entirely, without incurring any penalty. If I choose to withdraw from the research, all data gathered until the time of withdrawal will be deleted.

Verbal Consent

This consent letter has been verbally reviewed with me and I have been informed of the goals and purpose of the research. I also had the opportunity to receive clarification on any questions or concerns including those regarding the research, goals, methods, and rights of participants. There are two copies of this letter, one of which is mine to keep.

I agree to participate in the above research study conducted by Leon Laidlaw, under the direction of Chris Bruckert. If I have any questions about the study, I may contact Leon Laidlaw at (xxx) xxx-xxxx or xxxx. If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5, Tel.: (613) 562-5387, Email: ethics@uottawa.ca.

I agree to participate in this research and have the interview audio-recorded: yes no

Participant's Name (Pseudonym):

Researcher's Signature:

Date:

Appendix E: Initial Interview Guide

Introduction

I would like to thank you for your participation in this additional interview. In the POWER interview, we discussed your general participation in the sex industry, including topics relating to clients, police, law, violence and health and social service, and we addressed some of the challenges of being a trans woman in the sex work industry. In this interview, we will be furthering that conversation by posing questions specific to the experiences of trans women in the industry. As this is exploratory research, I will be asking a number of open-ended questions in order to gain insight into your experiences and help identify the issues most important to trans women doing sex work. The areas of interest are labour, including interactions with clients, engagement with the criminal justice system, and your health in relation to your transition and access to health and social services. For the purposes of data analysis, we will also be asking some questions regarding your transition status before we wrap up the interview. This interview will take approximately 45-60 minutes to complete. I will be taking some notes for myself to ensure that I follow-up with you on certain issues, but these notes will not include any identifiable information.

Pseudonym (used in POWER interview): _____

Before we begin, I would like to offer you the opportunity to ask any questions regarding the research or what I will be asking. *[pause]*

I would like to begin by asking you to share with me what it is like being a trans sex worker.

Probe, if necessary:

What do you like about it?

What do you not like?

What challenges do you face?

Will you describe what a typical day in the life of a trans sex worker looks like?

Probe, if necessary:

What experiences are unique to trans people in the industry?

Are there any practices, specific to trans women?

I would like to know about your work experiences in the mainstream job market, as a trans woman.

Probe, if necessary:

Do you think your trans identity, in any way, influenced your decision to sell sex?

Will you share with me the advantages that sex work can provide to you, as a trans woman?

Disadvantages of your job?

Will you describe your social interactions while working?

Probe, if necessary:

Tell me how you negotiate your trans identity to clients

How do clients typically respond to the fact that you are trans?

Can you explain to me your relationship with other sex workers?

Can you share with me your general impressions of the criminal justice system?

Probe – only if had contact with the CJS:

How does, or does not, the criminal justice system accommodate your transgender identity?

Do you feel that you are treated fairly by criminal justice officials, knowing that you are trans?

Can you share some of your experiences accessing health services, as a trans woman?

Probe, if necessary:

Can you describe your interactions with medical service providers?

Tell me about the care you receive in relation to your transition

Have you ever received transition-related materials from non-medicalized sources?

Do you find that service providers are knowledgeable about trans health?

Are there any reasons that you would not, or could not, access health care?

In what ways, if any, does your identity, as trans and as a sex worker, influence your ability to access services?

Tell me about your experiences using women’s-only health services

What about sex worker-specific health services?

Now, I would like to discuss your experiences with social services, such as supportive housing, food banks, shelters, legal aid and counselling. Can you tell me about your experiences using social services, as a trans woman?

Probe, if necessary:

What types of social services do you use most often?

Can you tell me about your interactions with social service workers?

Are there any reasons that you would not, or could not, access social services?

How does your identity, as trans and as a sex worker, influence your ability to access services?

Tell me about your experiences with institutional policies or procedures that do, or do not, accommodate your trans identity?

What experiences have you had using women’s-only programs or services?

Sex worker-specific services?

Can you tell me how your identity impacts your experiences with health or social services?

Thank you. I will now be asking you some questions about your transition status, for the purposes of data analysis.

Who are you ‘out’ as trans to?

If not fully ‘out’, probe:

Why are you only ‘out’ to some people?

How do you manage being ‘out’ to some people and not others?

Probe:

In your opinion, do you think that strangers or people you just meet identify you as trans?

Now can you tell me about your transition?

Probe, if necessary:

When did you begin transitioning?

What means you have used to transition?

Is there anything you would still like to undergo in relation to your transition?
Can you share with me some of the changes that have occurred in your life since you transitioned?

How did you deal with these changes?

Probe, if necessary:

Tell me about your social support

Do you have any experiences using drugs or substances as a coping mechanism?
Will you share with me any experiences of stigma or social judgment that you feel is attributed to your trans identity?

Closing Questions

Those are all the questions I have for you. Is there anything that I may have missed or that you would like to add?

Do you have any questions for me?

Appendix F: Revised Interview Guide

Introduction

Thank you very much for taking the time to talk with me today. As I explained we are conducting this research in order to identify the experiences of transgender women in the sex industry in the Ottawa area.

We are going to start with some demographic questions and then begin the interview by asking a series of broad, open-ended questions in order to gain insight into your experiences as a transgender person in the sex industry. We will be touching upon areas of work, engagement with the justice system, and access to health and social services. Next, we move into more direct questions about your background in the industry, interactions with police, and violence and safety. The interview should take approximately 1-2 hours to complete.

I am going to be taking some notes as we speak just for myself to make sure I follow-up with you on things you mention. I want to assure you that I will not be writing down any identifiable information though.

Demographics

If it is okay with you we will begin by asking you some basic information about yourself.

1. How old are you?
2. How would you describe yourself in terms of gender, ethnicity/race, sexual orientation
[Note to interviewer make sure all elements are answered and use this phrasing throughout the interview when appropriate]

General invitation to share thoughts/concerns

Before we begin the interview itself is there anything you would like to tell me or explain.

[Provide interviewee the opportunity to unload and tell you burning issues up front – take notes to ensure you do not ask questions that have been answered at this time].

Experiences Related to Transgender Identity

Let's start by discussing your experiences in the sex industry in relation to your transgender identity. Here, I will be asking a number of broad, open-ended questions in order to gain insight into the experiences unique to trans women.

I would like to begin by asking you to share with me what it is like being a trans sex worker.

Probe, if necessary:

What do you like about it?

What do you not like?

What challenges do you face?

Will you describe what a typical day in the life of a trans sex worker looks like?

Probe, if necessary:

What experiences are unique to trans people in the industry?

Are there any practices, specific to trans women?

I would like to know about your work experiences in the mainstream job market, as a trans woman.

Probe, if necessary:

Do you think your trans identity, in any way, influenced your decision to sell sex?

Will you share with me the advantages that sex work can provide to you, as a trans woman?

Disadvantages of your job?

Will you describe your social interactions while working?

Probe, if necessary:

Tell me how you negotiate your trans identity to clients

How do clients typically respond to the fact that you are trans?

Can you explain to me your relationship with other sex workers?

Can you share with me your general impressions of the criminal justice system?

Probe – only if had contact with the CJS:

How does, or does not, the criminal justice system accommodate your transgender identity?

Do you feel that you are treated fairly by criminal justice officials, knowing that you are trans?

Can you share some of your experiences accessing health services, as a trans woman?

Probe, if necessary:

Can you describe your interactions with medical service providers?

Tell me about the care you receive in relation to your transition

Have you ever received transition-related materials from non-medicalized sources?

Do you find that service providers are knowledgeable about trans health?

Are there any reasons that you would not, or could not, access health care?

In what ways, if any, does your identity, as trans and as a sex worker, influence your ability to access services?

Tell me about your experiences using women’s-only health services

What about sex worker-specific health services?

How does institutional policies or procedures accommodate your trans identity?

Now, I would like to discuss your experiences with social services, such as supportive housing, food banks, shelters, legal aid and counselling. Can you tell me about your experiences using social services, as a trans woman?

Probe, if necessary:

What types of social services do you use most often?

Can you tell me about your interactions with social service workers?

Are there any reasons that you would not, or could not, access social services?

How does your identity, as trans and as a sex worker, influence your ability to access services?

Have you experienced any institutional policies or procedures that do, or do not, accommodate your trans identity?

What experiences have you had using women’s-only programs or services?

Sex worker-specific services?

Transition-Status

Thank you. I will now be asking you some questions about your transition status, for the purposes of data analysis.

Who are you ‘out’ as trans to?

If not fully ‘out’, probe:

Why are you only ‘out’ to some people?

How do you manage being ‘out’ to some people and not others?

Probe:

In your opinion, do you think that strangers or people you just meet identify you as trans?

Now can you tell me about your transition?

Probe, if necessary:

When did you begin transitioning?

What means you have used to transition?

Is there anything you would still like to undergo in relation to your transition?

Can you share with me some of the changes that have occurred in your life since you transitioned?

How did you deal with these changes?

Probe, if necessary:

Tell me about your social support

Do you have any experiences using drugs or substances as a coping mechanism?

Will you share with me any experiences of stigma or social judgment that you feel is attributed to your trans identity?

Background

Now we will start asking more direct questions. In this section I am going to ask you a couple of questions about your work in the sex industry. It will also help us better understand your experiences when we analyze the data.

1. How many years have you worked in the sex industry?
2. How old were you when you started sex work?
3. What were the circumstances in which you first started to trade or sell sex? [*explain if needed: what was your life like at the time?*]
4. In what sectors have you worked in? [*Interviewer - if participant has worked in other sectors be cognizant of this and during the interview be sure to clarify which sector they are talking about*]
5. Can you briefly describe what your sex work looks like on a day-to-day basis?

Probe if necessary:

- a. What services do you offer? When do you work? Where? How long? How do you prepare for work? What does your day look like? What sorts of tasks do you do?
...
- b. Can you explain how you get clients/customers? How do you market yourself?
- c. *If appropriate* - Do you work Full-time?, Part-time?, Occasionally? [*Request clarification if required*]
6. Do you consume drugs or alcohol on a regular basis?

If yes

- a. Do these substances effect how, where and when you work? Please explain.
- b. Is the person who sells or supplies you drugs or alcohol involved in any way in your sex work? If yes, please explain.
7. Do you work for someone else? And/or do you hire/pay someone else to provide services?
 - a. *If yes:*
 - i. Can you explain the arrangement (e.g., what is the fee structure?, your expectations?, their expectations?....).
 - ii. Can you describe positive and negative experiences with third parties.
 - b. *If no:* Is there someone who sometimes helps you do your job? (e.g., security, driver, someone who screens clients...). If so can you explain the relationship
8. Who do you turn to if you are having problems at work? For example: Boyfriend? Girlfriend? Other sex workers? Drug dealer? Law Enforcement?
 - a. What does this help look like?
9. Earlier you identified as [*for example, a white, straight woman; a working class black gay man ...*], do you think that identity affects your experience of the sex industry? If yes please explain?

Clients/customers

The next section will ask about your interactions with your clients/customers.

1. Can you describe your clients/customers [gay/straight, age, class etc.] and briefly discuss the services and experiences they are looking for?

2. How would you describe your relationships with your clients/customers? Here we are interested in how you interact with clients/customers? Your perception of what you consider a good or bad client? What do you consider to be good or bad client behavior? What do you consider good or bad traits?
3. Do you have ‘regulars’?
 - a. *If yes* could you describe your relationships with them and if/how they have changed over time
4. I want to ask you more specifically about positive experiences you have had with clients/customers.

Probe for details, examples

5. Besides the money is there anything else you get out of your relationships with your clients/customers? (e.g., favors?, emotional support?, friendship?)
6. Can you tell me about negative experiences with clients/customers or people posing as client/customer [*explain if need be*]

Probe if appropriate

- ☐ Disrespectful treatment
 - ☐ Refusing payment, theft, bargaining
 - ☐ Refusal to wear condoms
 - ☐ Attempt to have unsafe sex practices, sexual assault
 - ☐ Physical assault, being confined, stalked
7. Can you explain your client/customer screening process? How do you decide if you will see a client/customer or not?
 8. Earlier you identified as [*for example, a white straight woman; a working class black gay man...*], do you think that identity impacts on your experiences with clients/customers? If yes please explain?

Law and Police

We are now shifting to questions of the law and interactions with police.

1. Generally speaking what has been the impact of the law for you? We are interested in the effect on, for example, such things as
 - a. Your work practices
 - b. Your relationships with other sex workers, clients/customers and third parties
 - c. Your understanding of your work
 - d. Your life more generally? e.g. children, housing

2. Do you use any strategies to avoid coming to the attention of the police? For example some workers work in isolated areas, others use the Internet exclusively, some do not work with other workers, some avoid dressing in a particular way....
If yes,
 - a. how do they impact on you and your work?
3. Do you have contact with the police for reasons other than sex
If yes
 - a. Can you explain?
4. Have you been stopped, charged or warned by police? *[note to interviewer: for sex work or other things, ensure to distinguish]*
If yes
 - a. Can you describe what happened and what was the outcome?
5. Have you been red-zoned or given other restrictions?
If yes,
 - a. Please explain the circumstances
 - b. What was the restriction? *[probe for geographic area, other components e.g., curfew]*
 - c. What was the impact?
6. Earlier you identified as [for example a white woman, racialized worker, a gay man, trans...working in *name sector*...] do you think that identity has any effect on your experiences, or lack of experiences, with the police? If yes please explain?

Violence and safety

We are now moving into the section about violence and safety. I know we have already touched on these issues in regards to police and clients/customers but it is such an important issue that we want to make sure that we cover it well

[probe for the following only if they have not already spoken of them]

1. Some sex workers speak of harassment, robbery, and violence from people in the neighbourhood where they work or where they live. Have you ever experienced these sorts of things?
 - a. *If yes*, please describe/discuss
 - b. *If yes or no*, do you take measures to avoid such violence, robbery or harassment?
2. If you have worked for someone else (manager, boss, pimp, agent, partner...)

If yes

 - a. Did you ever experience violence from them? Please discuss?
3. Have you ever experienced violence or theft from other workers? If yes, discuss
4. What are your safety protocols at work? How do you keep yourself safe?
5. Do the laws undermine your ability to work safely?
 - a. *If yes*, please explain
 - b. *If no*, could you explain why not

6. What would make you safer at work?

7. Earlier you identified as [for example a white woman, racialized worker, a gay man, trans...working in *identify sector*...] do you think that identity increases or reduces your vulnerability to violence? If yes please explain.

Closing Questions

1. We have discussed a lot of issues that might be of concern to sex workers. Are there any issues we have missed? If yes could you please discuss them
2. Do you have any questions for me?

Appendix G: Ethics Review Board Certification

File Number: 06-16-25

Date (mm/dd/yyyy): 07/26/2016



Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

Ethics Approval Notice

Social Sciences and Humanities REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Christine	Bruckert	Social Sciences / Criminology	Principal Investigator
Leon Jake	Laidlaw	Social Sciences / Criminology	Student Researcher

File Number: 06-16-25

Type of Project: MA Research Paper

Title: Trans Specific: Exploring the Experiences of Transgender Women in Sex Work

Approval Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Approval Type
07/26/2016	07/25/2017	Approval

Special Conditions / Comments:

N/A

File Number: 06-16-25

Date (mm/dd/yyyy): 07/26/2016

**Université d'Ottawa**

Bureau d'éthique et d'intégrité de la recherche

University of Ottawa

Office of Research Ethics and Integrity

This is to confirm that the University of Ottawa Research Ethics Board identified above, which operates in accordance with the Tri-Council Policy Statement (2010) and other applicable laws and regulations in Ontario, has examined and approved the ethics application for the above named research project. Ethics approval is valid for the period indicated above and subject to the conditions listed in the section entitled "Special Conditions / Comments".

During the course of the project, the protocol may not be modified without prior written approval from the REB except when necessary to remove participants from immediate endangerment or when the modification(s) pertain to only administrative or logistical components of the project (e.g., change of telephone number). Investigators must also promptly alert the REB of any changes which increase the risk to participant(s), any changes which considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project and safety of the participant(s). Modifications to the project, including consent and recruitment documentation, should be submitted to the Ethics Office for approval using the "Modification to research project" form available at: <http://www.research.uottawa.ca/ethics/forms.html>

Please submit an annual report to the Ethics Office four weeks before the above-referenced expiry date to request a renewal of this ethics approval. To close the file, a final report must be submitted. These documents can be found at: <http://www.research.uottawa.ca/ethics/forms.html>

If you have any questions, please do not hesitate to contact the Ethics Office at extension 5387 or by e-mail at: ethics@uOttawa.ca.

Signature:

Riana Marcotte
Protocol Officer for Ethics in Research
For Barbara Graves, Chair of the Social Sciences and Humanities REB