

Foreword

Social stigma is an overarching theme in the challenges and vulnerabilities faced by transgender and gender-nonconforming people around the world. Stigma attached to gender nonconformity results in minority stress that negatively affects health and well-being. Transwomen who engage in sex work face a double whammy: stigma attached to gender nonconformity is compounded by stigma attached to sex work. However, there is a third force that plays an important role in the health and well-being of transgender individuals, and that is the dysphoria many may experience as a result of incongruence between their gender identity and their sex assigned at birth, and the corresponding heightened need to affirm identity. Sex work, at least initially, may provide such affirmation for transgender women, which, combined with economic hardship, may explain why a relatively high proportion of transwomen report a history of sex work. This book explores the role of sex work in the lives of transwomen and the hazards that come with this type of work, revealing a complex interplay between sex and gender, survival and validation, desire and love, social justice and health.

Dr. Nuttbrock, the editor of this book, is a sociologist with a long track record of research on the intersection of social stigma, substance use, and mental health among marginalized populations. In 2003 Dr. Nuttbrock invited me to join his team of investigators to conduct a groundbreaking study of HIV and other sexually transmitted infections among transwomen in New York City, the first longitudinal study of its kind, funded by the National Institute on Drug Abuse. This gave me the opportunity to bring my expertise as a clinical psychologist specializing in transgender health to the design and implementation of this HIV-prevention research study. From the very beginning, Dr. Nuttbrock recognized the importance of involving transgender community members in every aspect of the study; he recruited transgender-identified investigators and staff to ensure the relevance and success of

the project. Dr. Nuttbrock brought his high standards of scientific rigor and analytic skills to this study and, as a result, contributed greatly to an empirical understanding of the vulnerabilities and resilience found among transwomen. One of the consistent findings of this work is the relationship among gender-related abuse, depression, and HIV/STI. In *Transgender Sex Work and Society*, Dr. Nuttbrock and his team disseminate unique findings from this study on the challenges facing transwomen sex workers, highlighting the influence of sexual development, poverty and racism, social marginalization, and violence on substance use, depression, and sexual health. As the book's editor, he invited experts from around the world to add their contributions, the result being a comprehensive overview of what we know today.

What does this compendium of research findings and insights tell us about the current status and needs of transgender sex workers? What is calling out to be investigated further, and what are the work's implications for interventions and services, education and advocacy?

We learn that transgender sex workers suffer abuse and violence. Compared to nontransgender female and male sex workers, they are paid less for their services; face more violence from clients, partners, family members, and law enforcement; are more likely to be HIV-positive; and are less likely to be reached by HIV prevention and other service programs. Research findings presented in this book begin to illuminate the mechanisms of how gender-based stigma and power inequities contribute to health disparities. For example, findings indicate that gender-related abuse and substance use mediate the relationship between sex work and depression, and that in turn, depression predicts HIV risk and infection. Findings also indicate that felt stigma negatively affects safer sex self-efficacy. Clinical interventions are needed to address these mental health concerns and increase self-efficacy. Moreover, social and educational interventions are needed to reduce stigma in society and improve working conditions to prevent psychological distress.

Findings presented in this book indicate that transgender sex workers are a diverse group; that not all sex work is the same, but rather varies greatly in setting, autonomy and power, risks and rewards; and that factors such as race or ethnicity and socioeconomic status are related to the likelihood of sex work and the type of sex work transwomen do. A number of structural factors make sex work risky and marginalize transgender sex workers. These include those that apply to

sex workers of any gender, such as criminalization, violence, sexism, racism, and ageism. They also include some that are more common specifically to transgender sex workers, such as discrimination in housing, education, and employment, and a lack of access to gender-affirming and general healthcare. Confronting these structural factors is key to promoting the health of transgender sex workers, their families, and their clients.

A greater understanding is needed of developmental trajectories of transwomen who engage in sex work. Among nontransgender sex workers, substance use is known to contribute to entrance into sex work. Is this equally true for transgender sex workers? Or is substance use for transwomen more often a way to cope with the hazards of sex work? Factors contributing to transwomen's entrance into sex work include social stigma, rejection, homelessness, and the need for economic survival. In addition, the heightened need for affirmation and community connectedness may contribute to engagement in sex work, particularly in the beginning. Transwomen may find a community of similar others on the street or in other sex work settings. Being admired and desired by male clients may serve as a powerful affirmation of their femininity. However, once they are engaged in sex work, the hazards of additional layers of stigma, marginalization, and gender-based violence take their toll on self-esteem and self-efficacy. Peer support then has its limits, owing to internalized oppression and competition for the attention of clients and other partners. Transwomen may also enter sex work aware of these hazards, with clear goals in mind (e.g., to cover the cost of gender-affirming medical interventions; to pay for college), and once these goals are achieved, some continue sex work to supplement their incomes or meet other needs.

We also learn that transgender women sex workers have lives and relationships that we know little about yet are critical to their health and well-being. This conclusion is well documented in the findings presented in this book on sexually risky behavior. It turns out that transgender sex workers most of the time do use condoms with their clients. Two circumstances may interfere: (1) the client's offering more money for sex without a condom, and (2) substance use immediately before or during sex. However, condom use is more inconsistent with casual partners and least likely with primary partners. Thus, from an HIV/STI-prevention perspective, we need to understand and address

the issues different types of partners bring to the equation, as well as relationship dynamics that may produce risk or offer opportunities for affirmation and resilience. This book's chapter about transwomen sex workers' primary relationships indicates that their male partners are diverse in sexual orientation, and that they may conceal their attractions to transwomen to avoid stigma. Transwomen may enact traditional gender roles in these relationships and may forgo condom use both to express trust in and commitment to their primary partners and in an effort to meet their own often neglected needs for intimacy and love. Interventions are needed to address these relationship dynamics; male partners can be successfully reached through referrals from transgender sex workers.

To move the evidence to inform interventions forward, future research on transgender sex work and society can benefit from theory-derived questions and hypotheses. A number of theoretical frameworks are suggested in this volume, ranging from the social-ecological, minority-stress, and gender-affirmation models to approaches that take into account nonbinary gender identities, life stages, and the role of society in providing social protections. The last is well illustrated in Chapter 14, on sex work among the *hijras* in India. Cultural differences notwithstanding, future efforts should address the universal themes of stigma attached to nonconformity in gender and in sexuality, its negative effect on the health of transgender sex workers and their loved ones, and the multipronged approach necessary to make things better.

In conclusion, this volume provides a comprehensive and rich overview of what we know about the situation of transgender sex workers and the challenges we face in ensuring their safety and promoting their health and well-being. It offers numerous opportunities for future research, intervention, and advocacy to reduce stigma and promote resilience. The book is a must-read for any researcher and health provider working with transwomen as well as for policy makers concerned with sex work and the health and well-being of transgender and sexual minority populations around the world.

Walter Bockting, PhD

*Professor of Medical Psychology (in Psychiatry and Nursing)
Research Scientist, New York State Psychiatric Institute
Codirector, Program for the Study of LGBT Health at
Columbia University Medical Center*