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## “I walked into the industry for survival and came out of a closet”: How gender and sexual identities shape sex work experiences among men, two spirit, and trans people in Vancouver

Premala Matthen<sup>a</sup>, Tara Lyons<sup>a</sup>, Matthew Taylor<sup>b</sup>, James Jennex<sup>b</sup>, Solanna Anderson<sup>a</sup>, Jody Jollimore<sup>b</sup>, and Kate Shannon<sup>a,c</sup>

<sup>a</sup>Gender & Sexual Health Initiative, BC Centre for Excellence in HIV/AIDS, St. Paul’s Hospital, Vancouver, Canada

<sup>b</sup>HUSTLE, Health Initiative for Men, Vancouver, Canada

<sup>c</sup>Department of Medicine, University of British Columbia, Vancouver, Canada

### Abstract

**Background/Objectives**—This paper seeks to examine how gender and sexual identities shape sex work experiences among men, two spirit, and/or trans people in Vancouver.

**Methods**—In-depth, semi-structured interviews were conducted with men and trans people in Metro Vancouver from CHAPS (Community Health & HIV Assessment of Men Who Purchase and Sell Sex). An intersectional critical feminist perspective guided the thematic analysis of interview transcripts, and ATLAS.ti 7 was used to manage data analysis.

**Results**—Three themes emerged from the data: (1) the diversity of sexual and gender identities among sex workers and clients, (2) the expression and exploration of sexual and gender identities through sex work, (3) the migration of sexual and gender minorities to urban centres to escape discrimination in their places of origin.

**Discussion**—These findings complicate existing narratives of sex work, demonstrating the need for policies and services that reflect the diversity of sex work experiences.

### Keywords

Men sex workers; gender identity; gender expression; sexual identity; stigma; migration; sex work

## INTRODUCTION

As the body of research investigating sex work has grown, there have been calls to situate gender as central to the lives of sex workers (Bhattacharjya 2015). There is a large body of literature about women<sup>1</sup> sex workers, including research focused on health needs and

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Send correspondence to: Kate Shannon, PhD, MPH, Associate Professor, Department of Medicine, University of British Columbia, Director, Gender and Sexual Health Initiative, B.C. Centre for Excellence in HIV/AIDS, St. Paul’s Hospital, 608-1081 Burrard Street, Vancouver, B.C., V6Z 1Y6, Canada, Tel: (604) 804-9459, Fax: (604) 806-9044, gshi@cfenet.ubc.ca.

inequities (Romans et al 2001; Harcourt et al 2001; Evans & Lambert 1997), the impact of criminalization (Krüsi et al 2014; Jayasree 2004; Rekart 2005; Lutnick & Cohan 2009), incidents/experiences of violence (Wechsberg, Luseno & Lam 2005; Beattie et al 2010; Krüsi 2014), HIV prevention (Shannon et al 2009; Asthana & Oostvogels 1996; Basu et al 2004; Campbell & Mzaidume 2001), and the impact and management of stigma associated with sex work (Vanwesenbeeck 2001; Cornish 2006; Scambler & Paoli 2008; Wong, Holroyd & Bingham 2011). However, the experiences of men in sex work remain an understudied topic. Some have argued that the relative lack of research on men sex workers is attributable to fear and ignorance surrounding homosexuality (Allman 1999), to the greater sexual autonomy ascribed to men (Katsulis 2008), and/or to the fact that men sex workers undermine the popular notion that sex work is inherently an act of violence against women (Browne & Minichiello 1996). Researchers have noted, however, that due to the distinct characteristics of men sex workers, research devoted to developing a better understanding of this population is needed (Baral et al 2015).

Scholars have noted that a great deal of research on men's sex work is characterized by the pathologizing of men sex workers rather than attempts to understand their experiences without judgment (Kaye 2003; Koken et al 2004). Much of the early literature on men sex workers was conducted by psychologists and characterized men sex workers as deviant; studies were designed to explain men sex workers' assumed psychopathologies (Browne & Minichiello 1996; Bimbi 2007). For example, much attention has been devoted to sex workers' early experiences of sexual abuse as a factor for later entry into sex work (Abramovich 2005; Rotheram-Borus 1996). However, researchers have been less successful in investigating and explaining why so many survivors of childhood sexual abuse do not participate in the sex industry (Vanwesenbeeck 2001).

Beginning in the early 1980s, some researchers turned their attention to men sex workers as 'vectors of disease,' viewing them as the cause of HIV spreading into the 'normal' heterosexual community (Vanwesenbeeck 2001; Koken et al 2005; Bimbi 2007). Even in this context, some researchers recognized that men sex workers were more at risk of contracting HIV from a client than the other way around (Estcourt et al 2000). Indeed, there has been a great deal of attention to the HIV risk behaviours and environments for men sex workers (Ballester et al 2004; Vanwesenbeeck 2001; Bloor et al 1993; Estcourt et al 2000; Parsons, Bimbi & Halkitis 2001). For example, Ballester et al (2013) and Minichiello, Mariño & Browne (2003) investigated the influence of substance use on condom use in commercial sexual interactions between men, while Bloor et al (1993) investigated the influence of power dynamics between men sex workers and their clients on condom use and Browne and Minichiello (1995) investigated the factors influencing men sex workers' negotiations of safe sex practices with their clients.

More recently, there has been an increasing view of sex work as a legitimate occupation for some men (Walby 2012; Browne & Minichiello 1996; Bimbi 2007). Without the *a priori*

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<sup>1</sup>While much of the literature refers to 'female' or 'male' sex workers, this language refers to biological sex and can lead to inappropriate categorization of trans people (for example, the categorization of trans women sex workers as 'male sex workers'). Because we are interested in the way gender shapes lives and sex work experiences, we use language that identifies gender identity – 'women sex workers' and 'men sex workers'.

view of men sex workers as pathological or as victims, researchers have begun to focus more on the experiences and perspectives of men sex workers. For example, studies have investigated sex workers' motivations for participating in the sex industry (Ballester et al 2004; Hall 2007); how men sex workers experience and cope with stigma (Koken et al 2004); relationships between men sex workers and clients (Walby 2012); personal characteristics of men sex workers (Logan 2010; Koken et al 2005); and how venues shape men's sex work experiences (Vanwesenbeeck 2001; Minichiello, Mariño & Browne 2003). Researchers have called for more diverse sampling, as most research on men sex workers has focused exclusively on men who work on the street, and therefore may not be generalizable to men who work in other venues (Scott 2003; Minichiello et al 2001; Koken et al 2005). Bloor et al (1993) also call into question the generalizability of studies on men sex workers' sexual health that recruited participants through sexual health clinics. Similarly, Koken et al (2005) note that some studies that investigate psychopathology among men sex workers recruited participants from the patient lists of psychiatrists.

There is increasing recognition that a high degree of heterogeneity exists among men sex workers (Ballester et al 2004; Koken et al 2004; Minichiello et al 2003). Further, there have been calls for researchers to devote more attention to sexual and gender diversity within their fields of inquiry (Westbrook & Saperstein 2015). Some studies have investigated men sex workers' sexual identities (Allman 1999; Kaye 2003; Walby 2012; Minichiello et al 2003). Less work has been done to explore the diversity of sex workers' gender identities and expressions. Social science and public health research alike have often categorized individuals according to "biological sex" rather than gender (Baral et al 2015). Additionally, there is a dearth of information on individuals engaged in sex work who do not identify as men or as women, defying the gender binary altogether. Also, while researchers have noted that clients of sex workers drive and maintain the demand for sex workers, few studies have investigated the clients of men and trans sex workers beyond this (Browne & Minichiello 1996). Finally, existing research has largely been carried out exclusively by non-sex worker academics, giving sex workers no input into how research is done and how data is interpreted. Therefore, to address these significant gaps in the literature, our study sought to investigate the gender and sexual identities of men and trans sex workers and clients in Vancouver, Canada, and how those identities shaped their experiences of sex work. We utilized community-based research methods, partnering with men sex workers and community organizations that represent and serve men and trans sex workers. Experiential men were involved at all stages of the research process, including research design, data analysis, and the writing process.

## METHODS

This study draws from interviews with 45 participants in the CHAPS project who identified as a gender or sexual minority. The CHAPS project (Community Health Assessment of Men Who Purchase and Sell Sex) is a community-based research project created by the Gender and Sexual Health Initiative (GSHI) of the BC Centre for Excellence in HIV/AIDS in partnership with How U Survive This Life Everyday (HUSTLE), a peer support and outreach program for self-identified male sex workers and experiential youth through the Health Initiative for Men (HIM). CHAPS is part of a larger long-term ethnographic and

qualitative investigation by GSHI with advisory support from HUSTLE/HIM and other community partners into the social, physical, and structural environments that shape sex workers' sexual health and access to care in Vancouver, British Columbia.

In-depth semi-structured interviews were conducted with individuals who had bought (n=16) and/or sold (n=35) sex within the previous year. In order to be eligible, participants had to be 19 years of age or older and participants had to self-identify as men. The research team recognized that because gender is fluid, individuals with a range of gender expressions and identities may choose to self-identify as men for the purpose of interacting with the research team, in the context of doing sex work, or depending on any number of other factors. Because the CHAPS project aimed to be trans-inclusive, non-binary individuals (those whose gender identities fall outside the categories of "man" or "woman") were also included. For the purposes of this paper, the term 'men' includes both cis and trans men, and the term 'trans people' is an umbrella term to describe people who are two spirit, genderqueer, and non-binary. Much of the previous literature in this area has been devoted solely to street-involved men sex workers, and as such a range of recruitment strategies were used in order to attract a more diverse sample. HUSTLE and CHAPS used outreach strategies in various places where men buy and sell sex, including Internet forums, indoor venues, and street locations. Self-identified men who wanted to participate in the study contacted CHAPS through phone or email, were screened for eligibility, and were given the choice to be interviewed at a variety of locations run by GSHI and HIM. A total of 61 interviews were conducted by two experienced interviewers, one from GSHI (CT) and one from HIM (JJ). CT identifies as genderqueer and queer, and JJ identifies as a gay man. Interviews ranged in length from 30 minutes to 2 hours, and were audio-recorded and transcribed verbatim. CT and JJ also recorded brief fieldnotes after interviews. Participants used an alias to sign informed consent forms in order to ensure confidentiality, and received a stipend of CDN\$30 for their time and contribution.

GSHI and HUSTLE/HIM collaboratively developed the interview guide used for CHAPS interviews, with additional participation by Boys R Us, a drop in centre for male and trans sex workers in Vancouver. The guide encouraged an exploration of the diversity of men and trans people and their experiences in sex work, including questions about identity and work experiences, with a larger goal of gaining a greater understanding of the sexual health and HIV risk environment of men and trans sex workers and clients in Vancouver. Ten interviews were conducted with the original interview guide, which was then revised by GSHI and HUSTLE/HIM based on emerging themes.

## Data Analysis

A participatory analysis approach was used, and as such the research team and community partners, including members of GSHI, HUSTLE/HIM and Boys R Us, discussed the narratives emerging from the interviews throughout the process of data collection and analysis. An initial codebook was developed collaboratively by the research team and community partners (JJ and MT) using a socio-ecological framework. This framework looks at health in the context of social, physical, and structural environments (DiClemente et al 2005). Using the initial codebook, which covered basic themes (e.g., policing and

criminalization, migration and transition to city), two team members (EA and SA) coded interview transcripts for emerging themes. ATLAS.ti 7 software was used to manage the data. They then applied conceptually driven substantive codes (e.g., childhood trauma, motivation for participating in the sex industry). Each coder initially worked independently on the same transcript in order to establish inter-coder reliability, after which the transcripts were divided and the two coders worked separately with ongoing checks for reliability.

After coding had been completed, the lead author (PM) used an intersectional critical feminist perspective to guide the thematic analysis of interview transcripts for this study. An intersectional critical feminist approach examines interacting social identities and their relationships to systems of power in order to understand the complexities of systemic inequalities (Hankivsky & Christoffersen 2008; Marcellin, Bauer & Scheim, 2013). In particular, the author was influenced by Hunt (2013), whose work acknowledges and explores colonialism, sexism, and racism as inextricable, advocating approaches that recognize both the constraints of oppressive systems and the agency of members of marginalized groups. Further, Hunt challenges scholars and activists to “move away from positioning ourselves as advocates for, and saviours of, some disempowered Sister-Other and instead facilitate a process that centres the voices of sex workers themselves” (87). Additional experiential feedback was provided on the coding and interpretation of results within the lived experiences and contexts of self-identified men sex workers (JJennex).

This study holds ethical approval with the Providence Healthcare/University of British Columbia Research Ethics Board.

## RESULTS

Of the 61 individuals who participated in the CHAPS study, 45 (73.8%) identified as a sexual or gender minority. Within the previous year, 35 participants had sold sex and 16 had purchased sex; there were 6 participants who had both sold and bought sex in the previous year. Therefore, there was significant movement between the categories of worker and client. Because of the overlap between these categories, the perspectives of both workers and clients are included in this study. Indeed, these perspectives cannot be fully separated, as many participants have acted both as workers and as clients within their lifetimes. Twenty-one (46.7%) participants were of Indigenous ancestry (inclusive of Aboriginal, First Nations, Métis and Inuit ancestry). This is a notable overrepresentation, as Indigenous people make up only 4% of the population of Canada (Correctional Investigator of Canada 2014). Eighteen participants (40%) identified as white, and 3 (6.7%) identified as mixed race. Participants ranged in age from 20 to 74 years of age. The mean age was 37.3 years and the median age was 37.

The findings of this study highlight a wide range of sexual and gender identities among men and trans sex workers and clients. The 45 participants included in this sample all identified as gay, bisexual, queer, or two spirit, or chose not to label their sexual identities. Thirty-four (75.6%) participants identified as cis men – they identified with the gender they were assigned at birth. Five participants (11.1%) identified as trans – they identified with genders other than the one they were assigned at birth - and 8 participants (17.8%) identified as two

spirit; 2 participants identified as both two spirit and trans. ‘Two spirit’ is an Indigenous identity that resists not only sexual and gender binarism, but Eurocentric conceptions of sex and gender more broadly. It is a distinctly Indigenous identity, encompassing cultural, spiritual, sexual, and gender components (Wilson 1996); Participant 14, a 28 year old sex worker, explained: “I’m two spirited... I don’t really label myself any other way, right. And that’s where I feel comfortable saying what I am.” Prior to colonization, Indigenous cultures recognized gender identities beyond the binary of men and women, and two spirits often occupied important roles within communities. It was the colonial enforcement of Eurocentric beliefs and values that undermined the recognition and acceptance of two spirits within Indigenous communities (Walters 2006). The cultivation of two spirit identity therefore reflects a process of decolonizing Indigenous identities (Driskill 2004). Three major themes emerged from the data: diversity of gender and sexual identities among men and trans sex workers and clients, the expression and exploration of diverse sexual and gender identities through sex work, and the migration of individuals with diverse sexual and gender identities to large urban centres to escape harassment, violence, and stigma in their places of origin.

### Diversity of Gender and Sexual Identities

The diversity of participants’ gender and sexual identities constituted a major finding in itself, as this diversity is rarely acknowledged in research and policy discussions surrounding sex work. In particular, the diversity of sex workers’ and clients’ gender identities has been under-studied. Of the 45 participants in our study, 11 participants were not cisgender and had gender identities that existed outside of the gender binary; they did not identify solely as men or as women. For example, one participant said that they did not feel that the concept of gender was applicable to them. Another used their own term to communicate the fluidity of their gender:

“I don’t know what to call myself. I do all kinds of things. I’m pretty everything, I should say. I call myself ‘transformers.’” (Participant 25; 38 year old sex worker)

Others explained that they identified with different genders, depending on the circumstances:

“I’m kind of on the fence. Transgender. Almost more like bigender I think. I can identify as a man or a woman. Depending on, sort of how I’m feeling at the time I think.” (Participant 35; 25 year old sex worker and client)

“Split personality. There’s a male and a female... I consider myself both. You know like, I’m a male and when I’m with people who I’m comfortable with, you know at home. And – But when I’m out in society, it’s more – that’s when J [a female] comes out.” (Participant 13; 44 year old sex worker)

These participants noted that their gender identities and expressions shifted according to a multitude of factors, including their moods, their surroundings, and social dynamics.

The subgroup of participants who identified as cisgender men also had diverse and often versatile ways of expressing and understanding masculine identities. One participant spoke about helping his clients, most of whom identify as heterosexual cisgender men, express femininity through cross-dressing. Participant 26, a 53 year old client and former worker,



explained that he used to do sex work in drag, and now cross-dresses only in private in order to express himself:

“Now I just do it and I call it for my god, I get high and I do it in front of the mirror and I just rehearse that way, right? And I pretend, you know, doing it for god and the high powers.”

For this participant, the performance of gender, outside of its function as a social category, was also a form of creative and spiritual expression.

The sexual identities of the participants in our study were also diverse and, in many cases, fluid. None of the participants identified as heterosexual; participants’ self-reported sexual identities ranged from gay to queer to bisexual to ‘straight with a curve.’ Some participants did not label their sexual identities, while others simply referred to themselves as ‘other’ or ‘sexual.’ Twenty-five participants (55.6%) reported that they were attracted to more than one gender. Some of these participants reported feeling pressure to ‘pick’ only one gender to be attracted to, and felt that because they were attracted to more than one gender they had difficulty finding community:

“It’s like I’m too gay for the girls and too straight for the gay guys... It’s unfair.”  
(Participant 3; 38 year old sex worker)

### **Exploration/Expression of Gender/Sexual Identity Through Sex Work**

Many participants recounted being targeted for harassment and discrimination due to their sexual or gender identities. These experiences contributed to feelings of isolation, fear, and depression, and in some cases, participation in sex work. Some participants recalled being rejected, abused, or abandoned by family members because of their identities:

“My father, he didn’t like the fact that I’m [pause] He was angry because he didn’t know if I was a boy or a girl. But he knew that I was a male and that I had male parts. And so he left.” (Participant 41; 20 year old sex worker)

This participant explained how he was pressured by peers, family, and his doctor to choose to live as either a boy or a girl, even though he was experiencing a great deal of confusion and uncertainty about his gender. This contributed to feelings of alienation:

“The doctor said that if I wanted to live a comfortable healthy lifestyle – because they said that it was causing too many problems for me in school. And at home ‘cause my family would argue about my gender. Because they were trying to decide for me, that they wanted me to appear as a girl... but my choice is to be more like a male. And, it’s a hard decision ‘cause, by the time I was about twelve I was fairly confused. I didn’t feel comfortable. For awhile I didn’t talk about gender... But that, I guess, caused problems. I became very cold and distant from everyone then.”  
(Participant 41; 20 year old sex worker).

This doctor suggested that identifying as a boy or identifying as a girl were the only healthy options, and proposed such identification as a solution to the harassment and rejection that Participant 41 experienced. Because he was pressured to choose a gender identity he experienced a great deal of distress and relational trauma.

Some participants reported experiencing multiple forms of social oppression. One participant said that he started doing sex work in order to pursue the sexual opportunities that he did not otherwise have due to racism within the gay community:

“I was a gay native boy and no one really wanted me... I know nobody want me... in the white gay community so I turned to prostitution.” (Participant 11; 35 year old sex worker)

Another participant reported feeling a sense of validation and acceptance while doing sex work, in contrast to the rejection he had experienced in dominant society:

“I just remember it was really good because I felt like, I was wanted.” (Participant 36; 37 year old sex worker)

For this participant and others, sex work was a way to express and explore their sexual identities, an opportunity that many did not otherwise have because of the stigma surrounding queerness:

“I couldn’t just be openly gay at school or with my friends or at home. It’s like, the only outlet I found was going to the street and expressing it through that. You know. That was my expression, ‘oh my god’ like ‘hey I’m getting dick and it’s working and I’m fucking getting paid for it.” (Participant 36; 37 year old sex worker)

“He said come over to my house, I’ll give you twenty-five bucks. I’m like fuck, sure. I got drunk, right over to his house. I came three times. I came three times. I couldn’t believe it... so I knew I’m – I totally knew I’m gay right.” (Participant 43; 33 year old sex worker)

Similarly, a narrative emerged of buying sex as a strategy utilized by men to explore stigmatized aspects of their sexuality. Participant 4, a 55 year old sex worker, explained that his clients, most of whom identify as heterosexual, buy his services because it is the only outlet they can find to explore these elements of their sexualities:

“I’ve had more than enough guys go, you know my wife was playing with my ass and, and I really liked it and then, I thought, well what would it be like if it was real cock? They don’t wanna see me. They don’t want me to kiss them, touch them or anything. They just wanna bend over and get a cock in them... Because here’s what happens... If you don’t come out and be open with your partner, about what your real freak on is, then it’s lost and locked in you forever. And that’s why people like me are busy. And that’s what happens with the gay boys I see, and the straight guys.”

Sex work also functioned as an opportunity for some participants to express certain aspects of their gender identities. One participant recalled hearing from friends that they could make money working on the trans stroll. They described the first day that they worked there:

“I didn’t know about the tranny stroll until [my friends] told me about it. And then I thought well okay I’ll try it, and then they dressed me up and everything like that. We went out and we had a lot of fun that day.” (Participant 16; 37 year old sex worker)



In this narrative, gender expression provided a source of joy and social bonding, as well as an opportunity to make money through sex work.

Several trans participants with fluid gender identities reported that they chose to present as feminine while doing sex work because they were able to make more money. While fluid identities may be marginalized in dominant society, creating significant disadvantages, in some circumstances those identities functioned as advantages in the context of sex work:

“It helps me – It opens up more availability of who I can be with. You know. And how comfortable I can be with a certain person you know. If I feel threatened, the male side can stand out. You know, more. And come out, as a security benefit.”  
(Participant 13; 44 year old sex worker)

“[Doing sex work] is sort of my way of adapting. To what I sort of construe as being an emotional disability. As having this odd gender identity.” (Participant 35; 25 year old sex worker and client)

At times, sex work functioned as an environment in which individuals with minority sexual and gender identities could explore and express the very aspects of their identities that, at other times, marked them as targets for harassment and discrimination.

### Migration to Large Urban Centres

The third finding that emerged from the interviews was that many participants had left their places of origin in order to escape queer antagonism, and had migrated to large urban centres such as Vancouver, British Columbia and Toronto, Ontario in hopes of finding a more open and accepting environment. Several participants expressed that they had reason to fear being rejected, abandoned, or targeted for violence due to their sexual identities. For example, Participant 34, a 30 year old sex worker and client, explained why he moved from a suburb into the city, “I lived in Langley. There’s not very many nice people there. For gay men. That’s why I left when I was seventeen.” In another example, when Participant 23, a 54 year old sex client and former worker, was asked if he always identified as bisexual, he responded:

“When I was at home no. Not a frigging chance. I lived in Alberta with parents that were extremely red-necked. They’d probably hung me on a tree somewhere... I’m serious. It was that backwards there.”

Similarly, Participant 32, a 28 year old client and former worker, described what it was like growing up in Alberta:

“I was gay and Alberta was like the worst place to live... I was born in like, you know, in the late 80s. So by like 1990, I was like, already figured out who I was and, by 1999 I was like I gotta get outta here because it was just too dangerous.”

Therefore, lacking the resources or support to combat harassment and violence and to ensure their safety, many participants felt that they had to leave their places of origin. Several participants reported that they migrated to large urban centres in order to find a more open and accepting environment:

“I heard about the West Coast [British Columbia] and how it was more gay friendly than Calgary so. That’s why I moved out here initially.” (Participant 15; 42 year old sex worker)

“I came out a little bit later when I first got to Toronto. I knew I was gay from the start, right? I just like, my younger brother came out of the closet when I was like thirteen and my parents harsh disowned him and he ended up committing suicide right? So I was like... if you guys don’t ask me no questions I tell you no lies type thing, you know? But when I first came to Toronto and that’s when I really felt like this is my home, like I can be who I wanna be and not, not be scolded for it, you know? So about a year after I got to Toronto I came out.” (Participant 44; 52 year old sex worker)

The presence of a relatively large, visible, and active queer community was another factor in participants’ migration to urban centres:

“Being gay it was a lot easier [in Vancouver], more accepted. Um easier for me to- I felt more comfortable. You know. Because there was a gay society out here. And in Saskatchewan I mean gay society’s like, three people in the corner.” (Participant 13; 44 year old sex worker)

“I moved out when I was twenty-one... I just wanted to be um, closer to all the gays.” (Participant 9; 27 year old sex worker)

Despite the challenges of settling in a new city, building connections, finding employment, and being economically self-sufficient, many participants felt more at ease and had a greater sense of well-being in the cities where they reported it was safer to be queer:

“I was just glad to be in the city. It’s like a relief.” (Participant 9; 27 year old sex worker)

## DISCUSSION

Our study sought to explore the experiences of men and trans individuals in the sex industry. It is one of only a handful of studies in this field that utilizes community-based research methods, including men sex workers in all stages of the research process in order to ensure that the research reflects the lived experiences of sex workers and remains accountable to the community. We found that a high degree of variation of sexual and gender identities exists among men and trans sex workers. For many, sex work facilitated the expression and exploration of stigmatized aspects of their identities. In some cases, sex work was the only environment available in which to do this. Essential context for this is provided by our third finding: that several participants had migrated from rural areas to large urban centres in search of an environment accepting enough to allow them to exist without hiding their identities or living in constant fear of violence. These migration narratives illustrate the marginalization of minority gender and sexual identities, underscoring the importance of environments in which individuals can explore these identities. Our findings also showed a great deal of movement between the categories of selling and buying sex, which disrupts the narrative of workers as universally oppressed and clients as universally oppressive. While this overlap has been documented in other studies (Hall 2007; Koken et al 2005), it remains

under-studied and under-theorized. It is possible that involvement in the sex industry in one capacity would increase an individual's familiarity with the industry as a whole, making participation in another capacity more accessible. However, further research would be needed to gain a more accurate understanding of any correlation between selling and buying sexual services.

Significantly, of the 61 participants in CHAPS, 45 (73.8%) identified as a gender or sexual minority, and among that group, there was a great deal of diversity in individuals' understandings and identifications of their gender and sexuality. This finding is supported by sociological research on gender, which has begun to investigate differences in the gender expressions of populations once assumed to be monolithic, such as cis men (Connell & Messerschmidt 2005; Diamond & Butterworth 2008). Connell (2002) demonstrates that, in fact, multiple diverse masculinities containing a high degree of complexities exist across cultures and social groups. The diversity of gender identity and expression is also well-documented in the literature on trans identity (Levitt & Ippolito 2014; Lombardi 2009). Lombardi (2009) argues that identity labels for gender-variant people, such as 'transgender', obfuscate the high degree of variation in the genders and experiences of this population. Further, this variation is not reflected in legal, medical, and political institutions, which still largely treat gender as a binary, recognizing only the categories of 'man' and 'woman' without regard to the diversity among those who are legally assigned to each category (Trans PULSE 2011, Urban Institute 2015). The majority of social science research similarly assumes this binary (Westbrook & Saperstein 2015). Little research has been done on the role of gender identity and expression in shaping the sex work experiences of non-binary people; however, some scholars have begun to investigate the impact of diverse gender expressions on men sex worker's lives. For instance, Logan (2010) found that men sex workers whose gender expressions more closely conformed to hegemonic conceptions of masculinity (i.e. dominant, aggressive, physically strong) earned more money for their services, and Minichiello, Scott & Callander (2015) examined the ways in which men sex workers challenge prevailing notions of masculinity.

More attention has been paid in sex work literature to sexual diversity among men sex workers (Allman 1999; Kaye 2003; Walby 2012). There has been consistent evidence that a high percentage of men sex workers report attractions to more than one gender, as 55.6% of the participants in our study did; however, bisexual identity is often subsumed in analysis of homosexuality in sex work literature and queer theory alike, despite the potential of bisexuality to challenge notions of sexual binarism, or even the primacy of gender or biological sex in driving sexual desire (Gammon & Isgro 2006). This is particularly concerning in light of evidence that bisexual persons may face particular forms of discrimination and stigma that negatively impact their health (Miller et al 2007). Our findings add to this evidence, as some participants reported experiencing stigma and exclusion based not solely on their same-gender attractions, but on their attractions to multiple genders.

Our study shows that some individuals utilize sex work in order to express and explore stigmatized aspects of their identities; this finding disrupts the narrative that sex work is monolithically oppressive, and sex work experiences are uniformly negative for sex workers.

This finding can be understood in the context of the literature on trans individuals' experiences of sexual relationships, which documents the important role sexual experiences can play for some trans people in exploring and validating their gender and sexual identities (Levitt & Ippolito 2014; Crosby & Pitts 2007; Schleifer 2006). Additionally, it has been documented that some trans women sex workers experienced some sexual interactions with clients as 'identity affirming' (Weinberg, Shaver & Williams 1999; Poteat et al 2015; Sevelius 2013). In contrast, there are few studies that document the sexualities and gender identities of men and other trans sex workers, and how those identities shape experiences of sex work. However, there is some precedence for this finding in the literature on men's sex work in Canada. Allman (1999) reported that a handful of studies have found that some young men are drawn to sex work because of the opportunity it presents to explore and develop their sexual identities, while connecting with other men who are engaged in the same process. Further, the work of Allman and Koken et al (2004) supports our finding that clients of men sex workers similarly engage in the sex industry in part to explore stigmatized aspects of their sexuality. Walby (2012) also documented the range of encounters that men sex workers have with clients, including experiences of exploration and friendship that defy conventional sexual scripts.

Finally, several participants in our study reported that they experienced significant levels of queer antagonism while growing up in rural areas. Participants recounted experiences of hostility and abuse, perpetrated by family members, peers, and strangers, based on their non-conformance to standards of heterosexuality or masculinity. The effect of this stigma on queer and trans youth, including suicidality, depression, anxiety, post-traumatic stress, and substance abuse, has been well documented (Dysart-Gale 2010; Saewyc 2011; Veale et al 2015). Studies have also explored the particular experiences of queer and trans youth in rural areas, where geographic isolation, social conservatism, and in particular, heterosexist and cissexist attitudes combine to create environments that are often inhospitable to LGBTQ+ and two spirit youth, denying them open environments in which to explore their developing identities (Galliher et al 2004; Teengs & Travers 2006; Cohn & Leake 2012; Ristock, Zoccole & Passante 2010; Poon & Saewyc 2009). Our findings demonstrate the consequences of these stigmatizing environments for some, as our participants reported leaving their places of origin and migrating to large urban centres in search of more open environments in which to explore and express their genders and sexualities, and find communities that share these identities. This finding is supported by studies that have documented migration as a strategy utilized by two spirit youth in order to find accepting environments (Teengs & Travers 2006; Ristock, Zoccole & Passante 2010).

### **Policy Implications**

Canada implemented new sex work laws in 2014. Bill C36, known as the Protection of Communities and Exploited Persons Act, relies on a paradigm of sex work described by Walby (2012) as prohibitionism, which conceptualizes sex work as inherently exploitative, necessarily constituting a form of violence against women. Our study disrupts this paradigm, most basically because it undermines the assumption that all sex workers are women. In fact, studies have estimated that men sex workers make up anywhere between 10–54% of sex workers (Allman 1999). Further, our findings clearly demonstrate that people do sex work

for a variety of reasons, have diverse experiences in the industry, and have more diverse identities than is typically recognized. Our study therefore supports calls for a repeal of C36, and the crafting of laws that more accurately represent the reality of sex work and address the barriers to health care and safety that sex workers experience in the context of criminalization (Shannon et al 2015; Deering et al 2014; World Health Organization 2012; Amnesty International 2015). This is particularly necessary in the context of Canada's long history of enacting policies that both intentionally and unintentionally harm Indigenous peoples. In accordance with the Calls to Action issued by the Truth and Reconciliation Commission of Canada (2015), policies that contribute to health inequities experienced by Indigenous peoples must be reexamined and changed. Given that Indigenous people are vastly overrepresented in jails and prisons in Canada (Correctional Investigator of Canada 2014), as well as in our sample of sex workers, it is essential to take specific measures to include and centre the voices and experiences of Indigenous sex workers in policy discussions.

Our study also supports literature that demonstrates the negative impact of homophobia and transphobia on youth, and adds to the existing body of evidence demonstrating the particular difficulties faced by youth in rural areas. Sexual and gender minority youth in rural areas would therefore benefit from services designed to help them cope with experiences of exclusion, stigma and violence, such as internet outreach programs that could provide information about sexual and mental health, access to counselling through chatrooms, referrals to local services, and the opportunity to connect with LGBTQ+ and two spirit peers across geographic locations. Significantly, the anonymity of the Internet would allow youth to participate without publically identifying themselves as LGBTQ+ or two spirit (Hallett et al 2007). Transitional services for sexual and gender minorities, particularly Indigenous-led services for two spirit youth who may have more difficulty finding support (Scheim et al 2013), are needed for migrants who have recently arrived in urban centres in order to ensure that they are able to find safe ways to meet their basic needs. Finally, homophobia and transphobia, in all the ways they show up in our society, must be challenged in order to eliminate the stigma and associated negative health outcomes experienced by minority populations.

**Limitations**—This study is one of a handful that examine the experiences of gender and sexual minority men and trans people engaged in sex work. Our sample consisted of men and trans sex workers and clients in Vancouver, British Columbia, and may not be generalizable to samples of other men and trans people engaged in sex work. Recruitment materials for CHAPS invited participation from “self-identified men.” While the language of self-identification implies trans-inclusiveness, individuals who identify outside of the gender binary may have been less likely to respond. Also, because our data was based on self-reporting, there may be response biases. Because most research has failed to examine the unique experiences of people who are attracted to multiple genders, future research should investigate the particular issues and challenges faced by this population. Given the overrepresentation of Indigenous people in our sample, future research would benefit from Indigenous-led studies that explicitly explore men and trans sex workers' experiences of colonialism and racism.

## CONCLUSION

In summary, this research was rooted in community-based methods and guided by community partners, including men sex workers. By centering the lived experiences and voices of gender and sexual minority sex workers we have demonstrated that the gender and sexual identities of men and trans people exist across a much wider spectrum than previous research has generally acknowledged. In particular, the participation of two spirit sex workers and clients in this study constitutes a distinctive contribution to knowledge. Further, we have shown that the sex work experiences of men and trans workers are more diverse than previously acknowledged. In contrast to narratives that depict sex work as uniformly harmful for workers, our research clearly shows that some sexual and gender minorities find unique opportunities through sex work to explore and express their identities. The value of these opportunities is underscored by the narratives among workers and clients in our study who reported migrating in search of spaces that allow them to participate in expression and exploration of their identities. As our study illustrates, men and trans sex workers have a great deal to contribute to the body of knowledge on sex work. In order to address ongoing social and health inequities, it is essential to centre the voices of Indigenous LGBTQ+ and two spirit sex workers in the creation of evidence-based policy that better reflects the lived experiences of marginalized groups.

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## Biographies

Premala Matthen, MA, is a research assistant with the Gender and Sexual Health Initiative at the British Columbia Centre for Excellence in HIV/AIDS.

Tara Lyons, PhD, is a research scientist with the Gender and Sexual Health Initiative at the British Columbia Centre for Excellence in HIV/AIDS and a faculty member in the Department of Criminology at Kwantlen Polytechnic University.

Matthew Taylor is a program manager at HIM—Health Initiative for Men Society, a gay men's health organization in Vancouver. Matthew also co-founded and currently manages the HUSTLE program at HIM; an outreach and support program for self-identified men in the sex industry and experiential youth.

James Jennex, originally from Abbotsford, has lived in Vancouver for over twenty years. He has contributed his perspective to research projects (such as CHAPS and SPACES), recognizing the importance in including and representing the experiential male voice in our communities.



Solanna Anderson, MA, is a qualitative researcher with the Gender and Sexual Health Initiative at the British Columbia Centre for Excellence in HIV/AIDS.

Jody Jollimore, MPP, is a consultant and researcher focusing on HIV prevention and gay men's health. He played key roles at Health Initiative for Men, where he helped to shape and chart programming and service delivery. He is a principal applicant on Engage, a national team grant researching gay men's health.

Kate Shannon, PhD, MPH, is the director of the Gender and Sexual Health Initiative at the British Columbia Centre for Excellence in HIV/AIDS and Canada Research Chair in Global Sexual Health and HIV/AIDS at the University of British Columbia.

## References

- Abramovich, Evelyn. 2005; Childhood Sexual Abuse as a Risk Factor for Subsequent Involvement in Sex Work. *Journal of Psychology & Human Sexuality*. 17:1–2.
- Allman, Dan. M is for Mutual, A is for Acts: Male Sex Work and AIDS in Canada. Toronto: University of Toronto, HIV Social, Behavioural and Epidemiological Studies Unit; 1999.
- Amnesty, International. Sex Workers' Rights are Human Rights. Last modified. Aug 14, 2015. <https://www.amnesty.org/en/latest/news/2015/08/sex-workers-rights-are-human-rights/>
- Asthana, Sheena; Oostvogels, Robert. 1996; Community participation in HIV prevention: Problems and prospects for community-based strategies among female sex workers in Madras. *Social Science & Medicine*. 43(2):133–148. [PubMed: 8844919]
- Ballester, Rafael; Salmerón, Pedro; Gil, Maria Dolores; Giménez, Cristina. 2004; Sexual behaviors in male sex workers in Spain: modulating factors. *Journal of Health Psychology*. 19:2–217. 207–217.
- Ballester, Rafael; Salmerón, Pedro; Gil, Maria Dolores; Giménez, Cristina. 2013; The Influence of Drug Consumption on Condom Use and Other Aspects Related to HIV Infection Among Male Sex Workers in Spain. *AIDS and Behavior*. 17:536–542. [PubMed: 22392159]
- Baral, Stefan David; Friedman, M Reuel; Geibel, Scott; Rebe, Kevin; Bozhinov, Borche; Diouf, Daouda; Sabin, Keith; Holland, Claire E; Chan, Roy; Cáceres, Carlos F. 2015; Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. *The Lancet*. 385:260–273.
- Basu, Ishika; Jana, Smarajit; Rotheram-Borus, Mary Jane; Swendeman, Dallas; Lee, Sung-Jae; Newman, Peter; Weiss, Robert. 2004; HIV Prevention Among Sex Workers in India. *Journal of Acquired Immune Deficiency Syndromes*. 36:3–852. 845–852.
- Beattie, Tara SH; Bhattacharjee, Parinita; Ramesh, BM; Gurnani, Vandana; Anthony, John; Isac, Shajy; Mohan, HL; Ramakrishnan, Aparajita; Wheeler, Tisha; Bradley, Janet; Blanchard, James F; Moses, Stephen. 2010; Violence against female sex workers in Karnataka state, South India: impact on health, and reductions in violence following an intervention program. *BMC Public Health*. 10:476. [PubMed: 20701791]
- Bhattacharjya, Manjima; Fulu, Emma; Murthy, Laxmi; Seshu, Meena Saraswathi; Cabassi, Julia; Vallejo-Mestres, Marta. The Rights(s) Evidence – Sex Work, Violence and HIV in Asia: A Multi-Country Qualitative Study. Bangkok: UNFPA, UNDP, and APNSW (CASAM); 2015.
- Bimbi, David S. 2007; Male Prostitution: Pathology, Paradigms and Progress in Research. *Journal of Homosexuality*. 53(1–2):7–35. [PubMed: 18019068]
- Bloor, Michael J; Barnard, Marina A; Finlay, Andrew; McKeganey, Neil P. 1993; HIV-Related Risk Practices Among Glasgow Male Prostitutes: Reframing Concepts of Risk Behavior. *Medical Anthropology Quarterly*. 7:2–169. 152–169.
- Browne, Jan; Minichiello, Victor. 1995; The Social Meanings behind Male Sex Work: Implications for Sexual Interactions. *The British Journal of Sociology*. 46:4–622. 598–622.
- Browne, Jan; Minichiello, Victor. 1996; Research Directions in Male Sex Work. *Journal of Homosexuality*. 31:4–56. 29–56.

- Campbell, Catherine; Mzaidume, Zodwa. 2001; Grassroots Participation, Peer Education, and HIV Prevention by Sex Workers in South Africa. *American Journal of Public Health*. 91:12–1986. 1978–1986.
- Cohn, Tracy J; Leake, Valerie S. 2012; Affective Distress Among Adolescents Who Endorse Same-Sex Sexual Attraction: Urban versus Rural Differences and the Role of Protective Factors. *Journal of Gay & Lesbian Mental Health*. 16(4):291–305.
- Connell RW, Messerschmidt James W. 2005; Hegemonic Masculinity: Rethinking the Concept. *Gender & Society*. 19(6):829–859.
- Cornish, Flora. 2006; Challenging the Stigma of Sex Work in India: Material Context and Symbolic Change. *Journal of Community & Applied Social Psychology*. 16:462–471.
- Crosby, Richard A; Pitts, Nicole L. 2007; Caught Between Different Worlds: How Transgendered Women May Be 'Forced' Into Risky Sex. *The Journal of Sex Research*. 44:1–48. 43–48.
- Deering, Kathleen N; Amin, Avni; Shoveller, Jean; Nesbitt, Ariel; Garcia-Moreno, Claudia; Duff, Putu; Argento, Elena; Shannon, Kate. 2014; A Systematic Review of the Correlates of Violence Against Sex Workers. *American Journal of Public Health*. 104(5):e42–e54.
- Diamond, Lisa M; Butterworth, Molly. 2008; Questioning Gender and Sexual Identity: Dynamic Links Over Time. *Sex Roles*. 59:365–376.
- DiClemente RJ, Salazar LF, Crosby RA, Rosenthal SL. 2005; Prevention and control of sexually transmitted infections among adolescents: the importance of a socio-ecological perspective – a commentary. *Public Health*. 119:825–836. [PubMed: 15913678]
- Driskill, Qwo-Li. 2004; Stolen From Our Bodies: First Nations Two-Spirits/Queers and the Journey to a Sovereign Erotic. *Studies in American Indian Literatures*. 16:2–64. 50–64.
- Dysart-Gale, Deborah. Social Justice and Social Determinants of Health: Lesbian, Gay, Bisexual, Transgendered, Intersexed, and Queer Youth in Canada. *Journal of Child and Adolescent Psychiatric Nursing*. 23(1):23–28.
- Estcourt, Claudia S; Marks, Caron; Rohrsheim, Richard; Johnson, Anne M; Donovan, Basil; Mindel, Adrian. 2000; HIV, sexually transmitted infections, and risk behaviors in male commercial sex workers in Sydney. *Sexually Transmitted Infections*. 76:294–298. [PubMed: 11026887]
- Evans, Catrin; Lambert, Helen. 1997; Health-seeking Strategies and Sexual Health Among Female Sex Workers in Urban India: Implications for Research and Service Provision. *Social Science & Medicine*. 44(12):1791–1803. [PubMed: 9194241]
- Galliher, Renee Vickerman; Rostosky, Sharon Scales; Hughes, Hannah K. 2004; School Belonging, Self-Esteem, and Depressive Symptoms in Adolescents: An Examination of Sex, Sexual Attraction Status, and Urbanicity. *Journal of Youth and Adolescence*. 33:3–245. 235–245.
- Gammon, Mark A; Isgro, Kirsten L. 2006; Troubling the Cannon. *Journal of Homosexuality*. 52:1–2. [PubMed: 17287184]
- Hall, Timothy M. 2007; Rent-Boys, Barflies, and Kept Men: Men Involved in Sex with Men for Compensation in Prague. *Sexualities*. 10:4–472. 457–472.
- Hallett, Jonathan; Brown, Graham; Maycock, Bruce; Langdon, Patricia. 2007; Changing communities, changing spaces: the challenges of health promotion outreach in cyberspace. *Promotion & Education*. 19(3):150–154.
- Hankivsky, Olena; Christoffersen, Ashlee. 2008; Intersectionality and the determinants of health: a Canadian perspective. *Critical Public Health*. 18:3–283. 271–283.
- Harcourt, Christine; van Beek, Ingrid; Heslop, Jenny; McMahon, Maria; Donovan, Basil. 2001; The health and welfare needs of female and transgender street sex workers in New South Wales. *Australia and New Zealand Journal of Public Health*. 25:1–89. 84–89.
- Hunt, Sarah. Decolonizing Sex Work: Developing an Intersectional Indigenous Approach. In: van der Meulen, Emily; Durisin, Elya M, Love, Victoria, editors *Selling Sex: Experience, Advocacy, and Research on Sex Work in Canada*. Vancouver: UBC Press; 2013. 82–100.
- Jayasree AK. 2004; Searching for Justice for Body and Self in a Coercive Environment: Sex Work in Kerala, India. *Reproductive Health Matters*. 12:23–67. 58–67.
- Katsulis, Yasmina. *Sex Work and the City: The Social Geography of Health and Safety in Tijuana, Mexico*. Austin: University of Texas Press; 2008.

- Kaye, Kerwin. 2003; Male prostitution in the twentieth century: pseudohomosexuals, hoodlum homosexuals, and exploited teens. *Journal of Homosexuality*. 46(1/2):1–77. [PubMed: 15086219]
- Koken, Juline A; Bimbi, David S; Parsons, Jeffrey T; Halkitis, Perry N. 2004; The Experience of Stigma in the Lives of Male Internet Escorts. *Journal of Psychology & Human Sexuality*. 16(1): 13–32.
- Koken, Juline A; Parsons, Jeffrey T; Severino, Joseph; Bimbi, David S. 2005; Exploring Commercial Sex Encounters in an Urban Community Sample of Gay and Bisexual Men. *Journal of Psychology & Human Sexuality*. 17(2):197–213.
- Krüsi, Andrea; Krüsi, A; Pacey, K; Bird, L; Taylor, C; Chettiar, J; Allan, S; Bennett, D; Montaner, JS; Kerr, T; Shannon, K. 2014; Criminalisation of Clients: Reproducing Vulnerabilities for Violence and Poor Health among Street-based Sex Workers in Canada—A Qualitative Study. *BMJ open*. 4(6):e005191.
- Levitt, Heidi M; Ippolito, Maria R. 2014; Being Transgender: Navigating Minority Stressors and Developing Authentic Self-Presentation. *Psychology of Women Quarterly*. 38:1–64. 46–64.
- Logan, Trevon D. 2010; Personal Characteristics, Sexual Behaviors, and Male Sex Work: A Quantitative Approach. *American Sociological Review*. 75:5–704. 679–704.
- Lombardi, Emilia. 2009; Varieties of Transgender/Transsexual Lives and Their Relationship with Transphobia. *Journal of Homosexuality*. 56:977–992. [PubMed: 19882422]
- Longman, Marcellin Roxanne; Bauer, Great R; Scheim, Ayden I. 2013; Intersecting Impacts of Transphobia and Racism on HIV Risk among Trans Persons of Colour in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care*. 6(4):97–107.
- Lutnick, Alexandra; Cohan, Deborah. 2009; Criminalization, legalization or decriminalization of sex work: what female sex workers say in San Francisco, USA. *Reproductive Health Matters*. 17:34–46. 38–46.
- Miller, M, André, A, Ebin, J, Bessonova, L. Bisexual health: An introduction and model practices for HIV/STI prevention programming. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA; 2007.
- Minichiello V, Mariño R, Khan MA, Browne J. 2003; Alcohol and drug use in Australian male sex workers: Its relationship to the safety outcome of the sex encounter. *AIDS Care*. 15:4–561. 549–561.
- Minichiello, Victor; Scott, John; Callander, Denton. 2015; A new public health context to understand male sex work. *BMC Public Health*. 15:282. [PubMed: 25879716]
- Parsons, Jeffrey T; Bimbi, David; Halkitis, Perry N. 2001; Sexual Compulsivity Among Gay/Bisexual Male Escorts Who Advertise on the Internet. *Sexual Addiction & Compulsivity*. 8(2):101–112.
- Poon, Colleen S; Saewyc, Elizabeth M. 2009; Out Yonder: Sexual-Minority Adolescents in Rural Communities in British Columbia. *American Journal of Public Health*. 99:1–124. 118–124.
- Poteat, Tonia; Wirtz, Andrea L; Radix, Anita; Borquez, Annick; Silva-Santisteban, Alfonso; Deutsch, Madeline B; Khan, Sharful Islam; Winter, Sam; Operario, Don. 2015; HIV risk and preventive interventions in transgender women sex workers. *The Lancet*. 385:274–286.
- Rekart, Michael L. 2005; Sex-work harm reduction. *The Lancet*. 366:2123–2134.
- Ristock, Janice; Zoccole, Art; Passante, Lisa. Final Report. Winnipeg, MB: 2010. Nov, Aboriginal Two-Spirit and LGBTQ Migration, Mobility and Health Research Project: Winnipeg. 2010
- Romans, Sarah E; Potter, Kathleen; Martin, Judy; Herbison, Peter. 2001; The mental and physical health of female sex workers: a comparative study. *Australian and New Zealand Journal of Psychiatry*. 35:75–80. [PubMed: 11270461]
- Rotheram-Borus, Mary Jane; Mahler, Karen A; Koopman, Cheryl; Langabeer, Kris. 1996; Sexual Abuse History and Associated Multiple Risk Behavior in Adolescent Runaways. *American Journal of Orthopsychiatry*. 66:3–400. 390–400.
- Saewyc, Elizabeth M. 2011; Research on Adolescent Sexual Orientation: Development, Health Disparities, Stigma, and Resilience. *Journal of Research on Adolescence*. 21(1):256–272. [PubMed: 27099454]
- Scambler, Graham; Paoli, Frederique. 2008; Health work, female sex workers and HIV/AIDS: Global and local dimensions of stigma and deviance as barriers to effective interventions. *Social Science & Medicine*. 66:1848–1862. [PubMed: 18295948]

- Schein, Ayden I; Jackson, Randy; James, Liz; Dopler, T Sharp; Pyne, Jake; Bauer, Greta R. 2013; Barriers to well-being for Aboriginal gender-diverse people: results from the Trans PULSE Project in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care*. 6:4–120. 108–120.
- Schleifer, David. 2006; Make Me Feel Mighty Feal: Gay Female-to-Male Transgenderists Negotiating Sex, Gender, and Sexuality. *Sexualities*. 9:1–75. 57–75.
- Scott, John. 2003; A Prostitute's progress: male prostitution in scientific discourse. *Social Semiotics*. 13:2–199. 179–199.
- Sevelius, Jae M. 2013; Gender Affirmation: A Framework for Conceptualizing Risk Behavior Among Transgender Women of Color. *Sex Roles*. 68:11–689. 675–689.
- Shannon, Kate; Strathdee, Steffanie A; Shoveller, Jean; Rusch, Melanie; Keer, Thomas; Tyndall, Mark W. 2009; Structural and Environmental Barriers to Condom Use Negotiation With Clients Among Female Sex Workers: Implications for HIV-Prevention Strategies and Policy. *American Journal of Public Health*. 99:4–665. 659–665. [PubMed: 19008497]
- Shannon, Kate; Strathdee, Steffanie A; Goldenberg, Shira M; Duff, Putu; Mwangi, Peninah; Rusakova, Maia; Reza-Paul, Sushena; Lau, Joseph; Deering, Kathleen; Pickles, Michael R; Boily, Marie-Claude. 2015; Global epidemiology of HIV among female sex workers: influence of Structural determinants. *The Lancet*. 385:55–71.
- Teengs, Doris O'Brien; Travers, Robb. 2006; 'River of Life, Rapids of Change': Understanding HIV Vulnerability among Two-Spirit youth who migrate to Toronto. *Canadian Journal of Aboriginal Community-based HIV/AIDS Research*. 1:17–28.
- The Correctional Investigator of Canada. Annual Report of the Office of the Correctional Investigator: 2013–2014. 2014. Accessed January 4, 2014. <http://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20132014-eng.pdf>
- Trans PULSE. 2011; Challenging the Binary: Gender Characteristics of Trans Ontarians. *Trans PULSE E-Bulletin*. 2:2.
- Truth and Reconciliation Commission of Canada. Truth and Reconciliation Commission of Canada: Calls to Action. Winnipeg, MN: 2015.
- Vanwesenbeeck, Ine. 2001; Another Decade of Social Scientific Work on Sex Work: A Review of Research 1990–2000. *Annual Review of Sex Research*. 12:242–289.
- Veale, Jaimie; Saewyc, Elizabeth M, Frohard-Dourlent, H  l  ne; Dobson, Sarah; Clark, Beth; the Canadian Trans Youth Health Survey Research Group. Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia; 2015.
- Walby, Kevin. Touching Encounters: Sex, Work, & Male-for-Male Internet Escorting. Chicago and London: University of Chicago Press; 2012.
- Walters, Karina L; Evans-Campbell, Teresa; Simoni, Jane M; Ronquillo, Theresa; Bhuyan, Rupaleem. 2006; 'My Spirit in My Heart': Identity Experiences and Challenges Among American Indian Two-Spirit Women. *Journal of Lesbian Studies*. 10:1–2. [PubMed: 16873212]
- Wechsberg WM, Luseno WK, Lam WK. 2005; Violence against substance-abusing South African sex workers: intersection with culture and HIV risk. *AIDS Care*. 17:S1–64. 55–64. [PubMed: 16096113]
- Weinberg, Martin S; Shaver, Frances M; Williams, Colin J. 1999; Gendered Sex Work in the San Francisco Tenderloin. *Archives of Sexual Behavior*. 28:6–521. 503–521.
- Westbrook, Laurel; Saperstein, Aliya. 2015; New Categories Are Not Enough: Rethinking the Measurement of Sex and Gender in Social Surveys. *Gender & Society*. 29(4):534–560.
- Wilson, Alex. 1996; How We Find Ourselves: Identity Development and Two-Spirit People. *Harvard Educational Review*. 66:2–317. 303–317.
- Wong, William CW; Holroyd, Eleanor; Bingham, Amie. 2011; Stigma and sex work from the perspective of female sex workers in Hong Kong. *Sociology of Health & Illness*. 33(1):50–65. [PubMed: 21226729]
- World Health Organization. Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Low- and Middle-Income Countries: Recommendations for a Public Health Report. Geneva, Switzerland: 2012. Accessed November 14, 2015. [http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/77745/1/9789241504744_eng.pdf?ua=1)