



Negotiating Violence in the Context of Transphobia and Criminalization: The Experiences of Trans Sex Workers in Vancouver, Canada

Qualitative Health Research
2017, Vol. 27(2) 182–190
© The Author(s) 2015
Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/1049732315613311
qhr.sagepub.com



Tara Lyons¹, Andrea Krüsi¹, Leslie Pierre², Thomas Kerr¹,
Will Small³, and Kate Shannon¹

Abstract

A growing body of international evidence suggests that sex workers face a disproportionate burden of violence, with significant variations across social, cultural, and economic contexts. Research on trans sex workers has documented high incidents of violence; however, investigations into the relationships between violence and social-structural contexts are limited. Therefore, the objective of this study was to qualitatively examine how social-structural contexts shape trans sex workers' experiences of violence. In-depth semistructured interviews were conducted with 33 trans sex workers in Vancouver, Canada, between June 2012 and May 2013. Three themes emerged that illustrated how social-structural contexts of transphobia and criminalization shaped violent experiences: (a) transphobic violence, (b) clients' discovery of participants' gender identity, and (c) negative police responses to experiences of violence. The findings demonstrate the need for shifts in sex work laws and culturally relevant antistigma programs and policies to address transphobia.

Keywords

sex work; violence; police; transgender; criminalization; structural violence; participatory analysis; qualitative; interviews; Vancouver

A growing body of international evidence suggests that sex workers face a disproportionate burden of violence compared with the general population, with significant variations occurring across social, legal, cultural, and economic contexts (Beattie et al., 2010; Deering et al., 2014; Kurtz, Surratt, Inciardi, & Kiley, 2004; Lowman, 2000). The majority of research has focused on women sex workers with a growing body of research on trans sex workers—those whose gender identity or expression differs from their assigned birth sex—emerging in global settings (Bhattacharjya et al., 2015; Infante, Sosa-Rubi, & Cuadra, 2009; Rhodes, Simić, Baros, Platt, & Zikic, 2008; Socías, Marshall, Arístegui, Romero, et al., 2014). This research suggests that trans sex workers may be particularly vulnerable to violence due to a complex interplay of social-structural contexts. For example, Hwahng and Nuttbrock's (2007) study of three trans communities demonstrated how social-structural contexts of racism and economic barriers shaped vulnerabilities to violence. In addition, within the epidemiological literature, trans women sex workers have been found to experience significantly higher rates of physical and sexual violence by clients than cisgender sex workers—individuals whose

assigned sex corresponds to their gender identity and gender expression (Cohan et al., 2006; Johnson, 2013; Nemoto, Bodeker, & Iwamoto, 2011).

Prior research has shown that many trans individuals face stigma (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Logie, James, Tharao, & Loutfy, 2012; Sevelius, 2013)—stigma which can contribute to violence (Lombardi, Wilchins, Priesing, & Malouf, 2001; Mogul, Ritchie, & Whitlock, 2011; Perry & Dyck, 2014). For example, youth who display gender nonconforming behaviors may face family rejection and end up experiencing violence in street-based

¹University of British Columbia, Vancouver, British Columbia, Canada

²Providing Alternatives, Counselling & Education (PACE) Society, Vancouver, British Columbia, Canada

³Simon Fraser University, Burnaby, British Columbia, Canada

Corresponding Author:

Kate Shannon, Associate Professor, Department of Medicine, and Director, Gender and Sexual Health Initiative, British Columbia Centre for Excellence in HIV/AIDS, University of British Columbia, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, British Columbia, Canada V6Z 1Y6.
Email: gshi@cfenet.ubc.ca

environments (Landolt, Bartholomew, Saffrey, Oram, & Perlman, 2004; Marksamer, 2008). Stigma, including barriers to health care and economic opportunities, greatly impacts the health of trans sex workers (Roche & Keith, 2014; Sausa, Keatley, & Operario, 2007). It has been suggested that sex work is one of a few viable economic opportunities for trans individuals (Poteat et al., 2015; Xavier et al., 2013), and a relationship has been found between barriers to economic security and violence among trans persons (Lombardi et al., 2001). Trans sex workers are also known to experience high rates of police-perpetuated violence in some settings (Rhodes et al., 2008), and the adverse impact of such violence on health care avoidance by trans sex workers has been observed (Socias, Marshall, Aristegui, Romero, et al., 2014). Therefore, social-structural contexts shape trans persons' experiences of violence and associated impacts on health.

It is also understood that certain populations of trans sex workers face a range of stigma and barriers that heighten HIV vulnerabilities (Infante et al., 2009; Jürgens, Csete, Amon, Baral, & Beyrer, 2010; Poteat et al., 2015). Research has generally focused on trans women sex workers relationships and sexual practices (e.g., condom use) with clients and intimate partners. Often, however, the contexts in which relationships are situated remain overlooked despite knowledge that social-structural contexts shape health and experiences of violence (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005; Shannon et al., 2015).

Social-structural contexts include the social, political, and legal contexts in which this study is situated. Our study takes place in the Downtown Eastside neighborhood of Vancouver, British Columbia, where, since the 1980s, more than 67 women, a third of whom were Indigenous and many of whom were involved in sex work, have been murdered or are missing (Amnesty International, 2009; Oppal, 2012). In addition, Canada's sex work laws have recently undergone changes after legal challenges by sex workers. In December 2013, three sections of Canada's prostitution laws, including communicating in public for the purchase of prostitution, were ruled unconstitutional for violating sex workers' rights (Sampson, 2014). In response, a year later the Canadian government implemented new prostitution legislation called the "Protection of Communities and Exploited Persons Act" that criminalizes the purchase of sex and the advertisement of sexual services for the first time in Canadian history, and continues to criminalize communication in public for the purpose of prostitution (Government of Canada, 2014). This legislation has been criticized for its potential to contribute to even greater harm to sex workers (Krüsi et al., 2014; Sampson, 2014). Thus, this study is situated within a historic context of

violence against sex workers and an evolving sex work legal framework.

In summary, it has been documented that sex workers and trans persons are situated within social-structural contexts that can lead to health inequities and violence. While cisgender sex workers' experiences in the study setting have been well documented, trans sex workers' experiences of violence have been largely overlooked or combined with sexual minorities. Thus, the objective of this exploratory study was to investigate the lived experiences of violence and social-structural contexts shaping violence among trans sex workers in a Canadian setting.

Method

Study Design

This study is situated within a qualitative and ethnographic examination of the physical, social, and policy factors that influence HIV prevention, treatment, and care for sex workers and people who use drugs, which includes longitudinal epidemiological cohorts of street and off-street sex workers (An Evaluation of Sex Workers Health Access) and people who use drugs (The At-Risk Youth Study, Vancouver Injection Drug Users Study, and AIDS Care Cohort to Evaluate Access to Survival Services). Cohort participants, who are recruited through community outreach and from research offices located in different neighborhoods of the city, complete structured questionnaires and clinical assessments biannually. The cohort methods have been described in detail elsewhere (Shannon et al., 2007; Strathdee et al., 1997; Tyndall et al., 2003; Wood, Stoltz, Montaner, & Kerr, 2006). Participants who identified as transgender, transsexual, genderqueer, or two-spirit¹ in their baseline interviews (e.g., In the last 6 months, which of the following best describes your gender identity—check all that apply) were contacted via phone or email by Tara Lyons or front-line staff and invited to participate in the study. In addition, three participants were referred to the study by other participants. Eligibility for this qualitative study included (a) having ever exchanged sex for money, (b) residing in the Greater Vancouver area, (c) being 14 years of age or older, and (d) identifying as persons whose gender identity or expression differs from their assigned sex at birth.

Between June 2012 and May 2013, Tara Lyons conducted 43 in-depth semistructured interviews with 33 trans sex workers. Follow-up interviews were conducted with 10 participants to expand on sex work-specific issues that arose during the first interviews, and more in-depth sex work questions were added to subsequent interviews. Interviews were approximately 1 hour, and no participants declined to be interviewed or left the study after being interviewed. Interviews were audio recorded

with permission, and participants were paid CDN\$20 to compensate for their time. All participants signed a written consent form that was reviewed verbally prior to the interview. This study holds ethical approval through Providence Health Care/University of British Columbia Research Ethics Board. Pseudonyms are used to protect the identity of participants.

Analysis

Interview and ethnographic data were analyzed using a theory- and data-driven approach (DeCuir-Gunby, Marshall, & McCulloch, 2011) guided by a framework that positions health as an outcome of social-structural contexts (Rhodes et al., 2005; Shannon et al., 2008). Interviews were transcribed verbatim (excluding names) and imported into ATLAS.ti (Version 7) qualitative data analysis software to organize the data analysis. Tara Lyons conducted the first-level open coding. Additional data- and thematic-driven codes and subcodes were created during second- and third-level coding using a participatory analysis approach developed by Tara Lyons and two trans participants who were hired as researchers. Three participants were invited to participate in the data analysis and one declined. Tara Lyons approached participants after their interview in-person or via email on the subjective basis of (a) power dynamics (e.g., comfort in challenging her ideas) and (b) engagement and interest during the interview. It was not possible to invite every participant to engage in the analysis due to financial and time constraints. To further preserve confidentiality during the analysis process, any identifying information was removed from the text, and research assistants signed a confidentiality agreement.

At each participatory analysis session, a hard copy of all the quotations associated with a first-level code (e.g., drug use) was printed and then split in half, with one half of the papers analyzed independently by each person. As a second step, the sections were exchanged for each section to be analyzed twice, once by Tara Lyons and once by a trans researcher. As a result, the data were analyzed 3 times. We validated the codes, corrected any errors, and discussed theoretical concepts, such as structural violence, during the analysis sessions. New codes were also pulled from the analysis using an inductive approach (Thomas, 2006). For example, a research assistant developed a “client shame” code during this level of coding to indicate how a client’s shame after sexual activity could lead to violence—a code that would have otherwise been missed. Codes were separated analytically into subcodes and were imported into the software, along with new codes and theoretical notes that were imported as memos, and reviewed during a subsequent analysis session. The 24 one-on-one analysis sessions ranged from 2 to 3 hours

and were held at a research office. This approach was initiated to ensure that data were not solely analyzed by Tara Lyons, a queer cisgender woman. Using a participatory analysis approach enriched and contextualized the research findings, and provided an opportunity to engage with research participants in the co-construction of knowledge (Fortin, Jackson, Maher, & Moravac, 2014; Shannon et al., 2007).

Results

Participants ranged in age from 23 to 52 years, with an average age of 39 years. Twenty-three (69.7%) participants identified as having Indigenous ancestry (inclusive of status or nonstatus First Nations and Métis²), seven (21.2%) identified as White, and three identified as Filipino, Asian, and “Other” visible minority, respectively. Approximately half of the sample (54.5% or $n = 18$) reported current use of illicit drugs, an additional five participants (15.2%) reported only cannabis use, and 10 (30.3%) reported no current drug use. The majority of participants ($n = 26$, 78.8%) were currently engaged in sex work and of those, 19 (73.1%) solicited in street sex work environments with the remainder soliciting clients online and/or working with regular clients in indoor environments. Among the 30 participants also enrolled in the cohort studies, 60% ($n = 18$) were living with HIV. Of the three individuals recruited from outside the cohort studies, one self-reported living with HIV and two did not self-report their HIV status.

Gender

All participants had been assigned male sex at birth; however, they did not all identify as women and many used more than one category to describe their gender (e.g., transsexual and two-spirit). Participants most often described their gender as transgender ($n = 16$) and as women ($n = 8$). Seven participants identified as transsexual and six participants identified as two-spirit. Three participants reported dressing as a woman for sex work but had a masculine gender expression in other contexts. As one two-spirit individual explained, “When I was working . . . I’d dress up [as a woman] at night and then during the daytime I’d dress as a guy.” The final participant identified as androgynous after living as a trans woman for many years. Thus, there was a range of gender identity and expression in the sample, and some participants’ gender expression varied over time and with sex work.

Our analyses revealed that violence was ubiquitous among trans sex workers in this setting and was shaped by the overlapping social-structural contexts of transphobia—the discrimination of and negative attitudes toward

individuals because of perceived gender identity and gender expression (Bettcher, 2007)—and criminalization of sex work. Three themes that emerged from the data are detailed below.

Transphobic Violence

Participants described experiencing violence from clients because of their gender. As Kylie explained,

[He] almost stabbed me . . . I seen that knife and I jumped out . . . He swung at me, but he never got me. I got out of the truck just in time . . . I think you know 'cause I was trans and he didn't like it.

Annie explained how transphobia shaped her work experiences and how her experience compared with cisgender sex workers:

It's different in the way you have to be careful because a lot of people wanna try [sex with a trans sex worker]. And after they've tried it, they get the guilt and they can't deal with it . . . they can't deal with their emotions. And that's when it becomes rage.

Consequently, a second theme that emerged was negotiating gender expression with clients as a way to reduce potential violence.

Gender Identity Discovery

Participants described how violent incidents occurred as a result of clients' misreading or discovering one's gender identity while negotiating the terms of the sex work activity or during the transaction. Jasmine explained a violent incident:

I got beat up in a public washroom. I got this cheekbone cracked over 10 dollars . . . We were in the cubical there and he wanted his 10 dollars back 'cause he found out I was trans. I said no. My face was like that [swollen]. I couldn't even open my eye. Didn't get the 10 dollars though. I jumped out of the cube and got away.

Participants did not necessarily intentionally pass as cisgender; rather clients would at times misread gender, which put participants in the position of having to disclose their gender while negotiating the terms of the date. This disclosure, given the context of transphobia in which participants are situated, puts them at risk of potential violence. Below are two examples that detail how participants feared being murdered if clients discovered their gender identity.

My rule is that when a car pulls up, I tell them right away because it's only fair for them to know. I don't try and mask

who I am. . . . I know that there's other girls out there that do that but I think that that's a good way to get beat up or murdered. (Bree)

It's good that way up front . . . because if they find out that you're not a girl, and you tell them that you're a girl, your life is at risk. They might kill you. Because there's some guys out there that are homophobic and they don't wanna be with a guy at all and they might just kill you once they find out so I don't do that. I don't play that danger anymore. (Leila)

In the context of transphobia, participants feared for their safety and their lives if clients discovered their gender. As a result, some employed disclosure strategies to protect against client violence, whereas others managed potential client violence differently. Pat explained,

They normally don't [find out] and I'm pretty good at keeping myself unreadable. Also when I get into a car I basically can sense whether or not, if the possibility that I do end up getting found out happens, that I will still stay safe.

In addition, some participants resisted continuously disclosing their gender identity, such as Mindy who explained, "I don't disclose what I am, I refuse."

Police Inaction

Participants revealed that they did not report client violence to police because, as Jasmine explained, "It's useless. Why even report it 'cause nothing's gonna be done." Participants felt the police would not act on their behalf if they reported violence, and this was attributed to stigma related to sex work, gender, and drug use. Thea explained,

One of my trans girlfriend's got killed . . . She got wrapped up and thrown in a dumpster. And [the police] sorta knew [the description of] the truck, but they didn't pursue it too much. Every time a [trans person] goes they never do it too hard. Unless the guy is right there with blood dripping on his hands.

Jasmine described how police responded to her being violently assaulted by a client:

Took the police 22 minutes to get there. Why, because it was a transsexual prostitute. Let her get killed, who cares. . . . And I was doing this naked too. Getting dragged up and down the hall screaming for my life. Anyway the police get there and I said call the ambulance, I need an ambulance, I'm gonna have a heart attack and they said, fuck you, die junkie. . . . I was begging and begging.

Police inaction reinforced participants' feelings of deserving violence. For example, after describing a violent physical assault by a client, Trace explained how

they worried about being arrested for sex work if they sought medical care:

I just went home and I told my friend this is what happened and they wanted me to go see a doctor, but I was too embarrassed by the whole ordeal and I just didn't want to. I didn't want to get in trouble 'cause I thought I would get arrested for being on the streets prostituting myself, so I thought well I guess I was kind of asking for it.

Discussion

Responding to calls for research that situates gender as central to sex workers' lives (Bhattacharjya et al., 2015), our study explored how the social-structural contexts of transphobia and criminalization shaped trans sex workers' experiences of violence. The findings illustrated that gender was intimately intertwined with the remarkable violence trans sex workers experienced. This violence impacted working conditions and interactions with clients and police. In particular, the findings of transphobic violence and gender identity discovery tease out how transphobia, or cissexism (Serano, 2007), is at the core of the expectation that sex workers disclose their gender to every client. Within this social-structural context, trans individuals are perceived to violate gender norms and are subject to continual gender policing. Trans women are considered to be deceivers (not "real" women), and this is used to justify transphobic violence (Bettcher, 2007; Perry & Dyck, 2014; Schilt & Westbrook, 2009; Serano, 2007). Hence, the responsibility is placed upon trans sex workers to disclose their gender or face violence instead of responsibility being placed on clients to not be violent. Research undertaken in international settings also found trans women sex workers faced client violence related to discovery of their gender (Bhattacharjya et al., 2015; Nemoto, Operario, Keatley, & Villegas, 2004; Reisner et al., 2009; Simić & Rhodes, 2009). Thus, this study contributes to the literature by demonstrating how trans sex workers adapt their gender expression as a way to manage client violence.

In addition, drawing on concepts of structural and symbolic violence facilitates an understanding of why participants in our study felt it was not in their best interests to report client violence to police. Symbolic violence is the process whereby the oppression of marginalized groups is regarded and enacted upon as natural and as part of this process individuals come to participate in their own subjection (Bourdieu, 2000); a process that maintains dominant relationships (e.g., relationships between police and sex workers; Bourdieu, 1994). Structural violence is embedded within social structures and refers to political and economic arrangements that result in harm (Farmer, Nizeye, Stulac, & Keshavjee,

2006). It is often concealed, like symbolic violence, due to its internalization and institutionalization (Scheper-Hughes, 1996). Structural violence, like stigma (Link & Phelan, 2001), depends upon social, economic, and political power and inequality (Galtung, 1969). Thus, drawing on the concepts of structural and symbolic violence can help elucidate how the police maintain and reinforce their dominant relationship over trans sex workers by not responding appropriately to their experiences of violence. The internalization of symbolic and structural violence is also illustrated by Trace's above example of not reporting client violence because they felt they were "asking for it."

Police and sex work laws have historically not protected trans sex workers (Ross, 2012; Sausa et al., 2007), including in our study setting where the police infamously ignored calls from the community to investigate missing women and sex workers (Oppal, 2012). This historical context contributes to trans sex workers' reluctance to report violence or to engage with police (Namaste, 2000; Rhodes et al., 2008; Stotzer, 2009) as demonstrated in our study. Lack of police response to violence against trans sex workers is firmly rooted within the context of criminalization, where sex workers are considered criminals, and within the context of transphobia, where trans persons are framed as deviant.

Given the inclusion of two-spirit individuals in this study and the overrepresentation of Indigenous participants, it must be noted that the violence experienced by participants in the study is also situated within social-structural contexts of racism, poverty, and colonialism (Hunt, 2013; Simpson, 2004). Colonialism and the ongoing attempts by the state to destroy Indigenous peoples and cultures, including residential schools and displacement of land (Truth and Reconciliation Commission of Canada, 2015), are inseparable from current health inequities and discrimination experienced by many Indigenous peoples (Adelson, 2005; Bingham, Leo, Zhang, Montaner, & Shannon, 2014; Reading & Wien, 2009). In addition, many Indigenous persons in Canada continue to experience barriers to economic and employment opportunities due to colonialism and systemic racism (Reading & Wien, 2009). As such, Indigenous trans sex workers may face increased levels and severity of violence due to racism, economic discrimination, and gendered power inequalities which are intersecting social-structural vulnerabilities (Bourgeois, Prince, & Moss, 2004; de Vries, 2015; Meyer, 2012; Saffin, 2011).

Legal and Policy Implications

Due to the stigmatized and criminalized character of buying and selling sex in Canada and elsewhere, sex workers routinely face violence due to being conceived of as deserving of criminal punishments and violence (Shannon

et al., 2015; World Health Organization, 2005, 2012). Moreover, it is understood that criminalization increases sex workers' vulnerability to violence and HIV infection (Bhattacharjya et al., 2015; Shannon et al., 2015). For example, sex workers who face violence are less able to engage in HIV prevention, such as condom negotiation with clients (Deering et al., 2013; Shannon et al., 2009; World Health Organization, 2005). As the findings illustrate, Canadian sex work laws heighten trans sex workers' vulnerability to client violence because they have to rush gender disclosure with clients. Indigenous trans sex workers may be more vulnerable to the harms of criminalization as evidenced by the vast overrepresentation of Indigenous persons in Canadian jails and prisons (The Correctional Investigator, 2014). In contrast, the decriminalization of sex work in New Zealand has improved sex workers' working conditions and the relationships between sex workers and police (Abel, 2014). Thus, this international work and our findings support the decriminalization of sex work as a necessary tool to promote trans sex worker's occupational safety and health.

It is imperative that structural interventions that address transphobia and colonialism are embedded within social structures (e.g., police) to improve the health and economic security of trans sex workers. Interventions and policies that remove barriers to economic opportunities and that support transition-related health care for those interested in transition need to be implemented and evaluated. For example, in 2012, Argentina introduced a Gender Identity Law that recommends universal coverage for transition-related health care and allows for changes to gender, image, or birth name on their identity card and birth certificates without psychiatric evaluation (Socias, Marshall, Aristegui, Zalazar, et al., 2014). Broader antistigma education programs and policies (e.g., gender education in schools) are vital to reduce transphobic violence, and interventions in health care settings are required to address the serious structural and cultural competency issues for trans populations in accessing health services (e.g., substance use treatment; Bauer et al., 2009; Lyons et al., 2015).

Limitations and Future Directions

It is important to acknowledge the heterogeneity of trans persons and to note the study sample cannot be assumed to represent all trans and gender diverse sex workers, and policy changes, such as the decriminalization of sex work, may produce different results in Canada than in other settings. Very little is known about the experiences of two-spirit sex workers; however, including two-spirit participants in this study may have served to overshadow their unique experiences, particularly concerning Indigenous ancestry. Indigenous persons are overrepresented in the local

environment due to colonialism and the displacement of Indigenous peoples in Canada (Hunt, 2013). Thus, future research would benefit from two-spirit specific research conducted by Indigenous peoples and/or in accordance with Indigenous research methods and ethics. In addition, while a participatory analysis approach enriched and validated the data analysis, involving more than two research assistants in future research may help to offset any potential bias. Finally, the data used in this analysis are based on self-report and may be susceptible to response biases, which may include an underreporting of violence.

Conclusion

This study offers insights into how the contexts of transphobia and criminalization of sex work shaped experiences of violence among trans sex workers by perpetuating gender-based violence and strained relationships with police. The findings illustrate that the decriminalization of sex work is necessary to improve the workplace health and safety of trans sex workers. In addition, culturally based interventions and policy reforms (Hunt, 2013; Rowan et al., 2014) tailored to the unique needs of trans sex workers are required, including those specific to violence and sexual assault prevention focused on perpetrator interventions.

Acknowledgments

We thank all those who contributed their time and expertise to this project, particularly participants, research assistants, community advisory board members, and partner agencies. We wish to acknowledge Chrissy Taylor, Solanna Anderson, Elena Argento, Krista Butler, Peter Vann, Sarah Allan, and Jill Chettiar for their research and administrative support.

Authors' Note

A version of this article was presented at Canadian Association for HIV Research Conference, April 2013, Vancouver, British Columbia.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was supported by operating grants from the U.S. National Institutes of Health (R01DA033147). Tara Lyons, Andrea Krüsi, and Will Small are supported by the Canadian Institutes of Health Research. Kate Shannon is supported by a Canada Research Chair in Global Sexual Health and HIV/AIDS, and Michael Smith Foundation for Health Research.

Notes

1. Two-spirit is a dynamic concept that sits outside of binary understandings of sex and gender. The term was adopted in 1990 at a meeting of Indigenous peoples, and it is used to describe an Indigenous person who has feminine and masculine spirits (Fieland, Walters, & Simoni, 2007). Two-spirit is also used by some Indigenous peoples to describe their sexual orientation as lesbian, gay, bisexual, or queer (Ristock, Zoccole, & Passante, 2010).
2. First Nations and Métis are two of the three officially recognized Aboriginal groups in Canada (Bell, 2014). There were no participants of Inuit ancestry, the third recognized group, in our study.

References

- Abel, G. M. (2014). A decade of decriminalization: Sex work “down under” but not underground. *Criminology and Criminal Justice, 14*, 580–592.
- Adelson, N. (2005). The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*(Suppl. 2), S45–S61.
- Amnesty International. (2009). *No more stolen sisters: The need for a comprehensive response to discrimination and violence against Indigenous women in Canada*. London: Author. Retrieved from <http://www.amnesty.ca/research/reports/no-more-stolen-sisters-the-need-for-a-comprehensive-response-to-discrimination-and->
- Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). “I don’t think this is theoretical; this is our lives”: How erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care, 20*, 348–361.
- Beattie, T. S., Bhattacharjee, P., Ramesh, B., Gurnani, V., Anthony, J., Isac, S., . . . Bradley, J. (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*(1), Article 476. doi:10.1186/1471-2458-10-476
- Bell, C. (2014). R v. Daniels: Issues of jurisdiction, identity, and practical utility. *Aboriginal Policy Studies, 3*, 132–149.
- Bettcher, T. M. (2007). Evil deceivers and make-believers: On transphobic violence and the politics of illusion. *Hypatia, 22*(3), 43–65.
- Bhattacharjya, M., Fulu, E., Murthy, L. (with Seshu, M. S., Cabassi, J., & Vallejo-Mestres, M. (2015). *The right(s) evidence—Sex work, violence and HIV in Asia: A multi-country qualitative study*. Bangkok, Thailand: United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), and Asia Pacific Network of Sex Workers (CASAM). Retrieved from http://asiapacific.unfpa.org/sites/asiapacific/files/pub-pdf/Rights-Evidence-Report-2015-final_0.pdf
- Bingham, B., Leo, D., Zhang, R., Montaner, J., & Shannon, K. (2014). Generational sex work and HIV risk among Indigenous women in a street-based urban Canadian setting. *Culture, Health & Sexuality, 16*, 440–452.
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*, 943–951.
- Bourdieu, P. (1994). Structures, habitus, power: Basis for a theory of symbolic power. In N. B. Dirks, G. Eley, & S. B. Ortner (Eds.), *Culture/power/history: A reader in contemporary social theory* (pp. 155–199). Princeton, NJ: Princeton University Press.
- Bourdieu, P. (2000). *Pascalian meditations* (R. Nice, Trans.). Redwood City, CA: Stanford University Press.
- Bourgeois, P., Prince, B., & Moss, A. (2004). The everyday violence of Hepatitis C among young women who inject drugs in San Francisco. *Human Organization, 63*, 253–264.
- Cohan, D., Lutnick, A., Davidson, P., Cloniger, C., Herlyn, A., Breyer, J., . . . Klausner, J. (2006). Sex worker health: San Francisco style. *Sexually Transmitted Infections, 82*, 418–422.
- The Correctional Investigator. (2014). *Annual report of the Office of the Correctional Investigator 2013-2014*. Ottawa: Government of Canada. Retrieved from <http://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20132014-eng.aspx>
- DeCuir-Gunby, J. T., Marshall, P. L., & McCulloch, A. W. (2011). Developing and using a codebook for the analysis of interview data: An example from a professional development research project. *Field Methods, 23*, 136–155.
- Deering, K. N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., . . . Shannon, K. (2014). A systematic review of the correlates of violence against sex workers. *American Journal of Public Health, 104*(5), e42–e54.
- Deering, K. N., Lyons, T., Feng, C. X., Nosyk, B., Strathdee, S. A., Montaner, J. S., & Shannon, K. (2013). Client demands for unsafe sex: The socioeconomic risk environment for HIV among street and off-street sex workers. *Journal of Acquired Immune Deficiency Syndromes (1999), 63*, 522–531.
- de Vries, K. M. (2015). Transgender people of color at the center: Conceptualizing a new intersectional model. *Ethnicities, 15*, 3–27.
- Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLoS Medicine, 3*(10), e449. doi:10.1371/journal.pmed.003044
- Fieland, K., Walters, K., & Simoni, J. (2007). Determinants of health among two-spirit American Indians and Alaska Natives. In I. Meyer & M. Northridge (Eds.), *The health of sexual minorities* (pp. 268–300). New York: Springer.
- Fortin, R., Jackson, S. F., Maher, J., & Moravac, C. (2014). I was here: Young mothers who have experienced homelessness use photovoice and participatory qualitative analysis to demonstrate strengths and assets. *Global Health Promotion, 22*, 8–20.
- Galtung, J. (1969). Violence, peace, and peace research. *Journal of Peace Research, 6*, 167–191.
- Government of Canada. (2014). *Statutes of Canada 2014: Protection of Communities and Exploited Persons Act—Second Session, Forty-First Parliament, 62-63 Elizabeth II, 2013–2014*. Ottawa: Author.
- Hunt, S. (2013). Decolonizing sex work: Developing an intersectional Indigenous approach. In E. van der Meulen, E. M. Durisin, & V. Love (Eds.), *Selling sex: Experience, advocacy, and research on sex work in Canada* (pp. 82–100). Vancouver: University of British Columbia Press.

- Hwahng, S. J., & Nuttbrock, L. (2007). Sex workers, fem queens, and cross-dressers: Differential marginalizations and HIV vulnerabilities among three ethnocultural male-to-female transgender communities in New York City. *Sexuality Research and Social Policy*, 4(4), 36–59.
- Infante, C., Sosa-Rubi, S. G., & Cuadra, S. M. (2009). Sex work in Mexico: Vulnerability of male, travesti, transgender and transsexual sex workers. *Culture, Health & Sexuality*, 11, 125–137.
- Johnson, J. R. (2013). Cisgender privilege, intersectionality, and the criminalization of CeCe McDonald: Why intercultural communication needs transgender studies. *Journal of International and Intercultural Communication*, 6, 135–144.
- Jürgens, R., Csete, J., Amon, J. J., Baral, S., & Beyrer, C. (2010). People who use drugs, HIV, and human rights. *The Lancet*, 376(9739), 475–485.
- Krüsi, A., Pacey, K., Bird, L., Taylor, C., Chettiar, J., Allan, S., . . . 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), doi:10.1136/bmjopen-2014-005191.
- Kurtz, S. P., Surratt, H. L., Inciardi, J. A., & Kiley, M. C. (2004). Sex work and “date” violence. *Violence Against Women*, 10, 357–385.
- Landolt, M., Bartholomew, K., Saffrey, C., Oram, D., & Perlman, D. (2004). Gender nonconformity, childhood rejection, and adult attachment: A study of gay men. *Archives of Sexual Behavior*, 33, 117–128.
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385.
- Logie, C. H., James, L., Tharao, W., & Loutfy, M. R. (2012). “We don’t exist”: A qualitative study of marginalization experienced by HIV-positive lesbian, bisexual, queer and transgender women in Toronto, Canada. *Journal of the International AIDS Society*, 15(2), 17392, doi:10.7448/IAS.15.2.17392
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, 42, 89–101.
- Lowman, J. (2000). Violence and the outlaw status of (street) prostitution in Canada. *Violence Against Women*, 6, 987–1011.
- Lyons, T., Shannon, K., Pierre, L., Small, W., Krüsi, A., & Kerr, T. (2015). A qualitative study of transgender individuals’ experiences in residential addiction treatment settings: Stigma and inclusivity. *Substance Abuse Treatment, Prevention, and Policy*, 10(1), Article 17. doi:10.1186/s13011-015-0015-4
- Marksamer, J. (2008). And by the way, do you know he thinks he’s a girl? The failures of law, policy and legal representation for transgender youth in juvenile delinquency courts. *Sexuality Research and Social Policy*, 5, 72–92.
- Meyer, D. (2012). An intersectional analysis of lesbian, gay, bisexual, and transgender (LGBT) people’s evaluations of anti-queer violence. *Gender & Society*, 26, 849–873.
- Mogul, J. L., Ritchie, A. J., & Whitlock, K. (2011). *Queer (in) justice: The criminalization of LGBT people in the United States*. Boston: Beacon Press.
- Namaste, V. K. (2000). *Invisible lives: The erasure of transsexual and transgendered people*. Chicago: University of Chicago Press.
- Nemoto, T., Bodeker, B., & Iwamoto, M. (2011). Social support, exposure to violence and transphobia, and correlates of depression among male-to-female transgender women with a history of sex work. *American Journal of Public Health*, 101, 1980–1988.
- Nemoto, T., Operario, D., Keatley, J., & Villegas, D. (2004). Social context of HIV risk behaviours among male-to-female transgenders of colour. *AIDS Care*, 16, 724–735.
- Oppal, W. T. (2012). *Forsaken: The report of the missing women commission of inquiry*. Vancouver. Retrieved from <http://www.missingwomeninquiry.ca/wp-content/uploads/2010/10/Forsaken-Vol-1-web-RGB.pdf>
- Perry, B., & Dyck, D. R. (2014). “I don’t know where it is safe”: Trans women’s experiences of violence. *Critical Criminology*, 22, 49–63.
- Poteat, T., Wirtz, A. L., Radix, A., Borquez, A., Silva-Santisteban, A., Deutsch, M. B., . . . Operario, D. (2015). HIV risk and preventive interventions in transgender women sex workers. *The Lancet*, 385(9964), 274–286.
- Reading, C. L., & Wien, F. (2009). *Health inequalities and the social determinants of Aboriginal peoples’ health*. National Collaborating Centre for Aboriginal Health, Prince George. Retrieved from http://ahrnets.ca/files/2011/02/NCCAHLoppie-Wien_Report.pdf
- Reisner, S. L., Mimiaga, M. J., Bland, S., Mayer, K. H., Perkovich, B., & Safren, S. A. (2009). HIV risk and social networks among male-to-female transgender sex workers in Boston, Massachusetts. *Journal of the Association of Nurses in AIDS Care*, 20, 373–386.
- Rhodes, T., Simić, M., Baros, S., Platt, L., & Zikic, B. (2008). Police violence and sexual risk among female and transvestite sex workers in Serbia: Qualitative study. *British Medical Journal*, 337. doi:10.1136/bmj.a811
- Rhodes, T., Singer, M., Bourgois, P., Friedman, S. R., & Strathdee, S. A. (2005). The social structural production of HIV risk among injecting drug users. *Social Science & Medicine*, 61, 1026–1044.
- Ristock, J., Zoccole, A., & Passante, L. (2010). *Aboriginal two-spirit and LGBTQ migration, mobility and health research project: Final report*. Winnipeg, Canada: University of Manitoba. Retrieved from <http://www.2spirits.com/PDFFolder/MMHReport.pdf>
- Roche, K., & Keith, C. (2014). How stigma affects healthcare access for transgender sex workers. *British Journal of Nursing*, 23, 1147–1152.
- Ross, B. L. (2012). Outdoor brothel culture: The un/making of a transsexual stroll in Vancouver’s West end, 1975–1984. *Journal of Historical Sociology*, 25, 126–150.
- Rowan, M., Poole, N., Shea, B., Gone, J. P., Mykota, D., Farag, M., . . . Dell, C. (2014). Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study. *Substance Abuse Treatment, Prevention, and Policy*, 9(1), Article 34. doi:10.1186/1747-597X-9-34
- Saffin, L. A. (2011). Identities under siege: Violence against transpersons of color. In E. A. Stanley & N. Smith (Eds.), *Captive genders: Trans embodiment and the prison industrial complex* (pp. 141–162). Oakland, CA: AK Press.
- Sampson, L. (2014). The obscenities of this country: Canada v. Bedford and the reform of Canadian prostitution laws. *Duke Journal of Gender Law & Policy*, 22, 137–172.

- Sausa, L., Keatley, J., & Operario, D. (2007). Perceived risks and benefits of sex work among transgender women of color in San Francisco. *Archives of Sexual Behavior, 36*, 768–777.
- Scheper-Hughes, N. (1996). Small wars and invisible genocides. *Social Science & Medicine, 43*, 889–900.
- Schilt, K., & Westbrook, L. (2009). Doing gender, doing heteronormativity: “Gender normals,” transgender people, and the social maintenance of heterosexuality. *Gender & Society, 23*, 440–464.
- Serano, J. (2007). *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity*. Berkeley, CA: Seal Press.
- Sevelius, J. (2013). Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles, 68*, 675–689.
- Shannon, K., Bright, V., Allinott, S., Alexson, D., Gibson, K., & Tyndall, M. W. (2007). Community-based HIV prevention research among substance-using women in survival sex work: The Maka Project Partnership. *Harm Reduction Journal, 4*(1), Article 20. doi:10.1186/1477-7517-4-20
- Shannon, K., Kerr, T., Allinott, S., Chettiar, J., Shoveller, J., & Tyndall, M. W. (2008). Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Social Science & Medicine, 66*, 911–921.
- Shannon, K., Strathdee, S. A., Goldenberg, S. M., Duff, P., Mwangi, P., Rusakova, M., . . . Boily, M.-C. (2015). Global epidemiology of HIV among female sex workers: Influence of structural determinants. *The Lancet, 385*(9962), 55–71.
- Shannon, K., Strathdee, S. A., Shoveller, J., Rusch, M., Kerr, T., & Tyndall, M. 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*, 659–665.
- Simić, M., & Rhodes, T. (2009). Violence, dignity and HIV vulnerability: Street sex work in Serbia. *Sociology of Health & Illness, 31*, 1–16.
- Simpson, L. R. (2004). Anticolonial strategies for the recovery and maintenance of Indigenous knowledge. *The American Indian Quarterly, 28*, 373–384.
- Socias, M. E., Marshall, B. D., Aristegui, I., Romero, M., Cahn, P., Kerr, T., & Sued, O. (2014). Factors associated with healthcare avoidance among transgender women in Argentina. *International Journal for Equity in Health, 13*(1), Article 81. doi:10.1186/s12939-014-0081-7
- Socias, M. E., Marshall, B. D., Aristegui, I., Zalazar, V., Romero, M., Sued, O., & Kerr, T. (2014). Towards full citizenship: Correlates of engagement with the gender identity law among transwomen in Argentina. *PLoS ONE, 9*(8), e105402. doi:10.1371/journal.pone.0105402
- Stotzer, R. L. (2009). Violence against transgender people: A review of United States data. *Aggression and Violent Behavior, 14*, 170–179.
- Strathdee, S. A., Patrick, D. M., Currie, S. L., Cornelisse, P. G., Rekart, M. L., Montaner, J. S., . . . O’Shaughnessy, M. V. (1997). Needle exchange is not enough: Lessons from the Vancouver injecting drug use study. *AIDS, 11*, 1291–1304.
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation, 27*, 237–246.
- Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Winnipeg, Manitoba, Canada. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Exec_Summary_2015_05_31_web_o.pdf
- Tyndall, M., Currie, S., Spittal, P., Li, K., Wood, E., O’Shaughnessy, M. V., & Schechter, M. T. (2003). Intensive injection cocaine use as the primary risk factor in the Vancouver HIV-1 epidemic. *AIDS, 17*, 887–893.
- Wood, E., Stoltz, J.-A., Montaner, J., & Kerr, T. (2006). Evaluating methamphetamine use and risks of injection initiation among street youth: The ARYS study. *Harm Reduction Journal, 3*(1), Article 18. doi:10.1186/1477-7517-3-18
- World Health Organization. (2005). *Violence against women and HIV/AIDS: Critical intersections—Violence against sex workers and HIV prevention*. Retrieved from <http://www.who.int/gender/documents/sexworkers.pdf>
- World Health Organization. (2012). *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: Recommendations for a public health approach*. Geneva, Switzerland: Author. Retrieved from http://www.who.int/hiv/pub/guidelines/sex_worker/en/
- Xavier, J., Bradford, J., Hendricks, M., Safford, L., McKee, R., Martin, E., & Honnold, J. A. (2013). Transgender health care access in Virginia: A qualitative study. *International Journal of Transgenderism, 14*, 3–17.

Author Biographies

Tara Lyons, PhD, is a research scientist with the British Columbia Centre for Excellence in HIV/AIDS.

Andrea Krüsi, PhD, is a postdoctoral fellow with the School of Population and Public Health at the University of British Columbia and the British Columbia Centre for Excellence in HIV/AIDS in Vancouver, British Columbia, Canada.

Leslie Pierre works at Providing Alternatives, Counselling & Education (PACE) Society in Vancouver, British Columbia, Canada.

Thomas Kerr, PhD, is the codirector of the Urban Health Research Initiative at the British Columbia Centre for Excellence in HIV/AIDS and a professor in the Department of Medicine at the University of British Columbia in Vancouver, British Columbia, Canada.

Will Small, PhD, is an assistant professor in the Faculty of Health Sciences at Simon Fraser University and a research scientist with the British Columbia Centre for Excellence in HIV/AIDS in Vancouver, British Columbia, Canada.

Kate Shannon, PhD, MPH, is the director of 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 in Vancouver, British Columbia, Canada.