

A Comparative Study of Adult Transgender and Female Prostitution

by

Elizabeth Schepel

A Thesis Presented in Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

Approved April 2011 by the  
Graduate Supervisory Committee:

Dominique Roe-Sepowitz  
David Androff  
Judy Krysik

ARIZONA STATE UNIVERSITY

May 2011

## ABSTRACT

This study examines the differences in demographic and life characteristics between transgender and female prostitutes in a prostitution diversion program and identifies specialized treatment and exiting strategies for transgender prostitutes. The purpose of this study was to develop a better understanding of the transgender experience in prostitution and to contribute to the descriptive literature. Participants were 465 individuals who were arrested for prostitution and attended a prostitution-focused diversion program. Differences found to be significant between transgender and female prostitutes included demographic characteristics, history of childhood sexual abuse, and experience of violence in prostitution. Implications for treatment, exiting strategies and future research are discussed.

# TABLE OF CONTENTS

	Page
LIST OF TABLES.....	1
CHAPTER	
1 INTRODUCTION.....	2
2 LITERATURE REVIEW .....	4
Definition of Key Terms.....	4
Primary Transgender Prostitution Research .....	6
Race and Ethnicity.....	10
Transgender Pathway to Prostitution .....	11
Female Pathway to Prostitution.....	13
Drug Use .....	15
Violence and the Prostitution Experience.....	16
Exiting Prostitution .....	19
3 RESEARCH GOALS .....	21
4 METHOD .....	23
5 FINDINGS.....	26
Description of Sample .....	26
Comparing the Sample .....	26
Individual Characteristics .....	27
Family History.....	28
Experience of Violence in Prostitution .....	28

CHAPTER	Page
Table 1.....	29
Table 2.....	30
6 DISCUSSION .....	31
Implications and Treatment.....	34
Strengths and Limitations.....	38
Future Research .....	40
7 CONCLUSION .....	42
REFERENCES .....	42

## LIST OF TABLES

Table		Page
1.	Demographics and Life Characteristics by Gender .....	29
2.	Age of Entry into Prostitution and Current Age .....	31

## Chapter 1

### INTRODUCTION

Prostitution has frequently been referred to as the world's "oldest profession" (Bassermann, 1967; Drexler, 1996; Edlund & Korn, 2002; Milman, 1980; Overall, 1992; Snell, 1993). National arrest estimates from 2009 reported that out of 36,605 adults arrested for prostitution, approximately 30% were male and 70% female (Federal Bureau of Investigation, 2010). There is no indication how transgender individuals were categorized in these data.

Female prostitution has received significant research attention (Weitzer, 2005) with studies highlighting the elevated risk of HIV infection (Mallory & Stern, 2000; Shannon et al., 2008), childhood sexual abuse (McClanahan, 1999), exposure and experience of violence (Church et al., 2001; Farley, 2004; Farley et al., 1998; Salfati, James, & Ferguson, 2008; Silbert & Pines, 1981; Williamson & Folaron, 2003), and drug use/addiction (Benson & Matthews, 1995).

Weitzer's (2005) review of prostitution literature indicated that despite the fact that males form a significant portion of the sex trade, they have received little research attention. Weitzer summarized several studies that suggest important differences among male prostitutes when compared to female prostitutes: males are less dependent on prostitution for financial survival; they are less likely to be sexually abused as children; they are less likely to have and be controlled by pimps; males experience less violence from customers; they are more likely to experience sexual gratification with customers and/or view prostitution as

recreational sex; and are less likely to be arrested because they are less conspicuous than female prostitutes.

Compared to female and male prostitutes, even less is known about the “complex picture” of transgenders in prostitution (Weitzer, 2005). Only recently has interest emerged, focusing largely on risky sexual behavior and elevated HIV prevalence among transgendered prostitutes. Most studies entailed small sample sizes - few included more than 50 participants. Recruitment may be difficult due in part to what Rodriguez-Madera and Toro-Alfonso (2005) referred to as the “underground identities” (p.117) within the transgender community. Therefore, convenience samples are often used. Little is known about the unique characteristics of transgender prostitutes, including demographics, pathways to entry into prostitution, and experiences as sex workers, especially as they compare to female prostitutes.

## Chapter 2

### LITERATURE REVIEW

#### **Definition of Key Terms**

This study will compare female to male-to-female transgendered adults arrested for prostitution in Phoenix, Arizona over a 2-year period (2004-2006). Two key terms are essential to this study: prostitution and transgender. The term “prostitution” will refer to the commercial transaction of any sexual act (intercourse, oral, or other sexual activity) between two individuals (Leichtentritt & Arad, 2004). For the purposes of this study, “transgender” will be used as a broad definition to refer to any biological male who desires and attempts to be female through surgical and/or non-surgical methods. Thus, this general term will include all individuals in the spectrum of male-to-female transgender transition.

“Transgender,” in the most general sense, is a term that describes anyone that rejects gender roles as they are defined by society (Rodríguez-Madera & Toro-Alfonso, 2005). It is associated with “transvestim” (trans: *opposite*, and vestitus: *dress*), which first appeared in 1918 in a work by German sexologist Magnus Hirschfeld when describing a person’s desire to dress in clothes and assume roles associated with the opposite sex (Bullough, 1974; Hamburger, Sturup, & Dahl-Iversen, 1953). Bullough’s (1983) review of early literature indicated that male-to-female transgendered individuals consistently described themselves as women “trapped in a man’s body” (p.240).

A more complete description of “transgender” has evolved over the years. The Center for AIDS Prevention Studies (2008) stated: “Transgender persons may

self- identify as transgender, female, male, trans-woman or -man, transsexual, crossdresser, bigender, gender queer, gender questioning, MtF, FtM or one of many other transgender identities, and may express their genders in a variety of masculine, feminine and androgynous ways” (<http://www.caps.ucsf.edu>).

Feminine expression and sexual orientation of male-to-female transgendered people varies. Individuals can attempt to maintain female appearance with make-up applications, manicures, hairstyling, and use of padding at the hips, thighs and buttocks to give the illusion of female bodily curves (Priour, 1994), while others have surgical procedures or hormonal injections (Howe et al., 2008). Many transgender men who identify as women are cited to be attracted to men, but do not self-identify as “homosexual” (Howe et al., 2008), rather, desire a heterosexual relationship, assuming the female, passive role (Boles & Elifson, 1994; Herbst et al., 2008; Nemoto, Operario, Keatley, & Villegas, 2004; Weitzer, 2005).

Transsexual behavior, often categorized under the more broad term “transsexual” (Leichtentritt & Arad, 2004), has been studied more often from a medical or psychiatric lens (Gagne & Tewksbury, 1998). Over time, the label “non-normative” was developed and used to differentiate the transgender identity against societal definitions of gender normality, and added to the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980 (Corneil, Eisfeld, & Botzer, 2010). Today, the American Psychiatric Association (2000) defines transgender identity in the Diagnostic and Statistical Manual of Mental Disorders as a “Gender Identity” or “Gender Dysphoric” Disorder, marked by 1) a constant

urge and/or conviction that one is the opposite sex, 2) “discomfort” regarding one’s own biological state, and 3) accompanying “distress or impairment in social, occupational, or other important areas of functioning” (p.576).

Kirk and Belovics (2008) indicated the important distinction among the terms within the DSM diagnosis, differentiating sexual orientation (sexual attraction toward one or both genders) and biological sex (male or female anatomy), from gender identity (self-perception of being male or female). The degree of incongruence between an individual’s gender projection and social expectations of gender conformity according to biological sex appears to have profound consequences. For example, transgender individuals are vulnerable to discrimination and rejection both socially and in the workplace for their non-conformity to society’s polarization of gender identity (male/female), often resulting in poverty due to lack of employment opportunities (Sausa et al., 2007).

### **Primary Transgender Prostitution Research**

The dawn of the HIV pandemic in the United States spurred greater interest among researchers toward transgender issues, including transgender prostitution. In a literature review of HIV prevalence of male-to-female transgender persons in the United States, Herbst et al. (2008) estimated that 27.7% are HIV positive, with infection rates highest among African-Americans (56.3%). Greatest risk was associated with risky behaviors, such as receptive anal intercourse with no protection and many sexual partners (Herbst et al., 2008), which are especially common in prostitution.

Research regarding transgender prostitution focused almost exclusively on matters related to HIV vulnerability. Transgendered prostitutes reported experiencing significantly higher rates of HIV infections when compared to male and female sex workers (Boles & Elifson, 1994). Sausa et al. (2007) summarized several studies which found high incidences of HIV infection among the general transgender population in the United States with 40% HIV positive in Miami, 32% in Washington, D.C., and 26-48% in San Francisco. In a study of 53 transgender prostitutes in Atlanta, 68% were found to be HIV positive (Elifson et al., 1993).

Specific risks related to HIV and Sexual Transmitted Infections (STIs) to transgender prostitutes include unsafe needle injections associated not only with drug use, but attempts to maintain the projection of a female identity (hormones, silicone) (Crosby & Pitts, 2007; Herbst et al., 2008). The use of drugs or alcohol appears to compromise the ability to execute proper safe sex practices. In a study of 48 transgender prostitutes in San Francisco, interviewees endorsed being knowledgeable about safe-sex practices, but indicated that drug and/or alcohol often thwarted their ability to use condoms and/or the will to insist that their client use a condom (Sausa et al., 2007).

Receptive anal sex has also been found in literature to be associated with HIV risk. HIV prevalence was higher among those who engaged in receptive anal sex, compared to those who did not (70% compared with 57%) (Elifson et al., 1993). Transgender prostitutes are likely to engage in such behavior with clients or intimate partners. In several studies, transgender prostitutes indicated

they engaged in this behavior to meet their emotional and psychological need to feel feminine and experience sexual satisfaction through heterosexual intimacy (Boles & Elifson, 1994; Herbst et al., 2008; Nemoto et al., 2004; Weitzer, 2005). Practices that reinforce traditional patriarchal gender roles, such as receptive anal sex, are common among transgender prostitutes (Rodríguez-Madera & Toro-Alfonso, 2005). This seems particularly true of studies that examine Latino transgenders who adhere to more rigid definitions of traditional female gender roles (Prieur, 1994; Rodríguez-Madera & Toro-Alfonso, 2005). This impacts how they 1) insist (or don't) on safe sex practice, and 2) associate unprotected sex with romantic love (Nemoto et al., 2004; Rodríguez-Madera & Toro-Alfonso, 2005).

Risky sexual practice in prostitution is also related to a transgender's survival. Many clients are willing to pay more money for unprotected sexual activities (Sausa et al., 2007). For many transgenders in prostitution, economic need often trumps condom use, thus augmenting their risk of HIV infection (Infante et al., 2009; Nemoto et al., 2004; Sausa et al., 2007). According to the Center for AIDS Prevention Studies, in order to prevent HIV among prostitutes, including transgender individuals, research must continue to address not only HIV prevalence, but the greater context of risky sexual behavior (2008). Reasons for HIV infection among transgendered individuals are more complicated than just low condom use or risky behaviors: they include social and cultural contexts that help explain *why* they experience greater rates of HIV infection – an essential component to inform effective prevention interventions (Crosby & Pitts, 2007;

Infante et al., 2009; Nemoto et al., 2004; Rodríguez-Madera & Toro-Alfonso, 2005; Sausa et al., 2007). Research suggests that transgender individuals in prostitution present with significant health needs beyond HIV infection. Boles & Elifson reported in 1994 that many did not pursue needed medical treatment (e.g. syphilis and hepatitis B) out of fear of ridicule or potential intervention that would prevent them from continued prostitution activity. Improper injection of oils and hormones, common among transgender maintenance, lead to skin and muscle complications that necessitate proper health treatment (Infante et al., 2009). In places like Mexico and Brazil, transgender alternatives to expensive plastic surgery have included the injection of industrial silicone, like motor oil, to enhance a more feminine appearance (lips, hips, breasts and buttox) (Howe et al., 2008). Though physical alterations were cited to enhance earning power in prostitution via the ability to emulate a feminine appearance, injecting substances like motor oil can be fatal if circulated in the bloodstream (Howe et al., 2008) or can result in painful hard lumps in the muscle tissue that also permanently turns black in the body (Prieur, 1994).

Other significant health problems for transgender persons, including those in prostitution, relate to their emotional health (Nuttbrock et al., 2010) and possible post traumatic stress disorder (PTSD) (Valera, Sawyer, & Schiraldi, 2001). A study of 571 transgenders in New York – one of the few studies to examine mental health and transgenders - reflected significant high levels of psychiatric distress over the course of the lifetime, particularly depression (three times higher compared to the general population) and suicidal ideation (Nuttbrock

et al., 2010). This adversity negatively affects health by suppressing the immune system, further increasing the risk of HIV infection among this vulnerable population (Boles & Elifson, 1994).

### **Race and Ethnicity**

Research reveals several differences in prostitution when examined by ethnic group. In most research studies of female prostitutes in the United States, African Americans dominate the study samples (El Bassel, 2001; Young & Boyd, 2000) and represent significant disparities in drug abuse, PTSD levels, poverty, and mental health (Raphael & Shapiro, 2004). Literature has highlighted that transgender prostitutes of color are more vulnerable to HIV infection and present with unique needs related to culture, racism, sexism, and transphobia (Sausa et al., 2007).

Kramer & Berg (2003) indicated that non-street prostitutes were more likely to be white (92%) compared with outdoor street prostitutes (59%). *Non-street* or *indoor* prostitution refers to the prostitution “business” that occurs in the context of an escort, brothel, bar, or massage parlor (Weitzer, 2005). In contrast, *street* or *outdoor* prostitution refers to prostitution that is openly solicited in public, *on the street*, and is consistently identified in literature as the more likely context for violence to occur (Weitzer, 2005). In a sample of 309 street-level prostitutes in Phoenix, Arizona, it was the only study that found that minority women were more likely to enter prostitution at least 2 years before Caucasian females (Kramer & Berg, 2003), and Caucasian prostitutes were more likely than minority prostitutes to report a sexual and physical abuse history by one or more

family members and that at least one parent had abused drugs or alcohol (Kramer & Berg).

In a study of 48 transgender prostitutes in San Francisco, study participants reported that they experienced barriers to social acceptance - primarily due to their transgender identity, but also for their minority status, language, and immigration status (Sausa, 2007). Sausa named this particular profile as “triple-disadvantaged” due to race/ethnicity, transgender status, and prostitution history.

### **Transgender Pathway to Prostitution**

In Kaye’s (2004) exploration of male prostitution, he highlighted the turn of the century when it was not uncommon for heterosexual men to engage in sexual activity with other men, without stigmatization, if no women were available (such as during war). Early “fairies” were homosexual men who dressed as women, often working in the same areas as female sex workers or in female-dominated brothels as an “option” for heterosexual clients (Kaye). Kaye noted that as the term “homosexual” gained public interest throughout the 1920s and 30s, fewer heterosexual clients would risk social stigma by engaging in sexual intercourse with a “fairy,” for fear of being dubbed a “homosexual.” Consequently, the cross-dressing male became more severely marginalized in society (Kaye).

Historically, prostitution was only observed and understood through the lens of heterosexual behaviors, restricting female prostitutes to the “paid prostitute” role, and male prostitutes as men who operated as a pimp for a female,

or seduced or extorted money from married women (Kaye, 2004). Only toward the end of the nineteenth century did “male prostitution” refer to males who exchanged sex for money (Kaye). One famous case was documented in England in 1860, when police arrested two men dressed as women, and could not make sense of the situation, even though the men had written documentation that they were paid by male clients (Kaye).

While transsexual behavior exists on a spectrum (ranging from occasional cross-dressing to attempting to pass in public through cross dressing, name changes, and surgeries or hormone injections) Boles & Elifson (1994) indicated that fully committed transsexuals often turn to prostitution for economic survival when unable to locate or maintain employment due to gender discrimination. Others are led into prostitution for the financial incentives, because maintaining a feminine appearance through hormone injections and plastic surgeries is expensive (Howe et al., 2008, Leichtentritt and Davidson-Arad, 2004; Sausa et al., 2007). Transgenders reported that it is tempting to depend on prostitution for the necessary and costly hormone and surgery expenses (not covered by medical insurance) to fulfill their desired feminine appearance (Sausa et al., 2007).

The literature has frequently found that transgendered individuals who engaged in sex work most frequently report stigma, discrimination, rejection, and in many cases emotional or physical abuse, by biological family members due to their transgender expression, which ultimately may have led to pursuing prostitution as a means of survival (Infante et al., 2009; Leichtentritt and Davidson-Arad, 2004; Nemoto et al., 2004; Sausa et al., 2007). The social

exclusion of transgendered women has been especially difficult for minorities and immigrants, whose ethnic background, language, and legal status pose more significant barriers to social inclusion (Howe et al., 2008; Sausa et al., 2007).

While the literature has not reflected unanimous agreement regarding the transgender pathway to prostitution, most indicated that transgendered individuals struggled to obtain steady employment (Infante et al., 2009). Barriers to mainstream employment are perceived to be due to racism, sexism, and transphobia (Sausa et al., 2007). On the other hand, some transgenders consider prostitution emotionally “safer,” because one does not have to face rejection and humiliation for their gender identity in the public workforce (Sausa et al., 2007).

Prostitution also entails financial incentives, not only for survival but to be able to maintain their gender identify through hormone therapy and transgender-related surgeries (Sausa et al., 2007), which are costly. Some studies suggest that sex work fills an emotional need to be sexually desired and “had” as a woman (Howe et al., 2008; Infante et al., 2009), while others propose that they are in prostitution by default and would leave if possible (Leichtentritt & Arad, 2004; Valera et al., 2001). In one study of prostitutes in Washington, DC, 73% of transgender participants stated they desired to leave prostitution (Valera et al., 2001).

### **Female Pathway to Prostitution**

Early entrance into prostitution for females has been found to be associated with risk factors including poverty, domestic violence, early sexual experience, child sexual abuse, and chaotic parenting (Brawn & Roe-Sepowitz,

2008). In a study of 1,142 female jail detainees, child victimization and running away from home were identified as the main pathways to prostitution (McClanahan, 1999). Running away in early adolescence, particularly for the purpose of fleeing violence in the home, dramatically increased early adolescent entry into prostitution (McClanahan, 1999; Kramer & Berg, 2003).

Substance abusing caregivers may have a strong indirect link to the pathway toward prostitution for females – since children are more likely to be exposed to domestic violence and maltreatment, and thus, factors that facilitate vulnerabilities and the necessity to run away from home at a young age (Kramer & Berg, 2003). In a survey of female streetwalkers and escorts, 67% indicated they had at least one parent that abused drugs and/or alcohol (Kramer & Berg).

Childhood sexual abuse among females has been found to be strongly linked to prostitution (McClanahan, 1999, Nadon, Koverola & Shludermann, 1998; Silbert & Pines, 1981; Silbert & Pines, 1983; Widom, 1996). In a study of two hundred of both active and former female prostitutes, the majority reported significant sexual abuse from their childhood (Silbert, 1981). Seventy percent asserted that their abuse history was tied to them entering prostitution (Silbert 1981). McClanahan (1999) found that among 1,142 surveyed, female jail detainees with childhood sexual abuse were twice as likely to enter prostitution. Widom (1996) found that neglect and sexual abuse in childhood were more strongly linked to adult prostitution than physical abuse in childhood.

## **Drug Use**

The literature has extensively explored the strong association between prostitution and drug use (Benson & Matthews, 1995; Graham & Wish, 1994; Kuhns, Heide & Silverman, 1992; Potterat et al., 2008; Brawn & Roe-Sepowitz, 2008; Young & Boyd, 2000). Opinions differ regarding whether substance abuse leads to prostitution or if it is a consequence – but there is no question that prostitution introduces or exacerbates existing drug abuse for many that enter the sex trade (Kramer & Berg, 2003).

Female prostitutes indicated they smoked crack cocaine as a means to maintain self-esteem, a sense of control, connection to others, and to minimize feelings of guilt and distress (Young et al., 2000). Based on a sample of over 200 African American women with crack smoking histories, Young found that while some women may enter prostitution to support a drug habit, sex work was likely to significantly exacerbate drug abuse and addiction, since it is used for coping reasons (Young et al., 2000).

Brawn & Roe-Sepowitz (2008) highlighted that most studies in the literature have concluded that drug and alcohol use among female juvenile prostitutes were motivating factors that led to sex work in the first place – steady and immediate income is needed to sustain a drug habit (2008). Some studies assert that drug and alcohol abuse among female juvenile prostitutes is more commonly the consequence of sex work – a means to cope with their environment (Brawn & Roe-Sepowitz).

Substance abuse is also common within the transgender community (Nemoto et al., 2004). In a study of transgender sex workers of color in San

Francisco, participants reported that drugs and alcohol were frequently used as a “coping mechanism” and emotional armour for engaging with sex acts with customers (Sausa et al., 2007). In the same study, it was reported that customers who hired transgender prostitutes tended to abuse drugs and preferred that their prostitute also get high.

### **Violence and the Prostitution Experience**

Transgender sex workers are among the most vulnerable populations in the United States, partly due to their limited access to health care, job discrimination, high HIV prevalence, violence, and social marginalization. The research highlighted that *migrant* transgender sex workers experience added challenges, such as “undocumented status, language barriers, heterosexism, gender role expectations, and, perhaps most significant, participation in an illicit economy of prostitution” (Howe et al., 2008, p. 45).

It is well documented that transgenders are ostracized even within the world of prostitution by females and males alike. As Boles & Elifson (1994) highlighted in their study of social organization of transgender prostitution and AIDS, “Within the status hierarchy of prostitution, transvestites are the lowest; they usually have the least desirable prostitution location, make the least money, and are stigmatized and ridiculed by nontransvestite male and female prostitutes, law enforcement officials and the general public” (p. 85).

Transgender prostitutes often work in dangerous environments, most often experiencing significant physical and emotional violence (Infante et al., 2009). This may be related to the fact that transgenders are more likely to work as street-

level prostitutes, thus being exposed to more violence (Infante et al., 2009; Weitzer, 2005). In a sample of 100 female, male, and transgender inner city street prostitutes in Washington, DC, the levels of violence experienced and the existence of posttraumatic stress disorder (PTSD) were reported and compared (Valera et al., 2001). The transgender respondents reported high levels of physical assault (65.4%) mostly by customers (70.6%) and a high proportion had been threatened by a weapon (88%) (Valera et al., 2001). Both transgender and female prostitutes reported that they were far more likely to be raped by customers than pimps (Valera et al., 2001). Also of note is their report of emotional harm by “hurtful words,” experienced by over half of transgender respondents (57.7%), compared to female (52.4%) and male (37.5%) respondents (Valera et al., 2001).

Transgender prostitutes also report harassment and physical violence by the police due to their gender identity, including extortion (sexual favors to avoid arrest), being raped and enduring beatings (Infante et al., 2009; Sausa et al., 2007). Transgenders also reported that sometimes customers reacted violently upon discovery that their prostitute was biologically male (Elifson et al., 1993; Sausa et al., 2007). Such violent reactions include murder, physical beating, and the use of weapons (knives and razors) (Sausa et al., 2007). No literature was found regarding the presence of a pimp among transgender prostitutes.

Females also report significant violence in prostitution, especially outdoors. Raphael and Shapiro (2004) reviewed 25 current research studies that exposed the presence of significant violence experienced by females working in

street-level prostitution. Their study of 222 female prostitutes revealed extensive incidence, frequency and variety of violence in both street-level and indoor prostitution. They found that although women working in outdoor prostitution reported a wider range of violence, women working in indoor prostitution reported experiencing violence and were more likely to endure forced sex acts, such as rape (Raphael & Shapiro; 2004).

Many adult and juvenile females involved in street-level prostitution are under the influence of a pimp – a male individual that controls and exploits them for profit (Williamson, 2002). Their relationships are characterized by psychological and physical violence, though at less predictable rhythms when compared to the eb and flow violence patterns observed in domestic violence (Williamson 2002). Though some research claims that violence is less common in indoor prostitution (Weitzer, 2000), Raphael and Shapiro (2004) found that half of their respondents that worked hotels and escort services reported violence at the hand of their pimps.

Studies suggest that it is most common for female prostitutes to be physically assaulted, grabbed, or called names by their customers (Raphael & Shapiro, 2004). Among 240 female prostitutes in a 1999 UK survey, 50% of those working in outdoor prostitution and 25% working indoors reported enduring some form of violence at the hand of customers within the last six months (Church et al., 2001).

### **Exiting Prostitution**

In Phoenix, Arizona over 900 people were arrested in 2009 for commercialized vice, i.e., prostitution (<http://phoenix.gov/police/ucrhistpart2.pdf>). The number of arrests for prostitution in Phoenix for the past 10 years ranges from a low of 881 in 2006 to a high of 2,015 in 2000. The literature has outlined life characteristics of females in prostitution that represent significant barriers for females who want to exit prostitution. These include drug addiction, poverty, lack of positive social support and emotional and mental pulls rooted in various forms of abuse experienced both in childhood and adulthood. In response, American municipalities have become increasingly involved in assisting prostitutes to exit prostitution through the provision of community-based arrest alternatives commonly known as diversion programs. In 1997 the City of Phoenix and their Prostitution Task Force made up of law enforcement, prosecutors, social service agencies and community members recognized a need for a non-incarceration option for individuals arrested for prostitution. The resulting program is a multifaceted diversion program designed to assist the participants in developing an understanding of their options, awareness of the risks they face and introduce ideas about how to take care of themselves physically and psychologically from past, current and potential abuse experiences. The primary goal of the Phoenix Prostitution Diversion Program is to decrease re-arrests of the participants. The secondary goal of the program is to assist the participants in successfully exiting prostitution and re-integrating into the community. The majority of the diversion intake workers and program providers are former prostitutes. The Phoenix

Prostitution Diversion Program was the location of data collection for this study and of which the impact is explored.

## Chapter 3

### RESEARCH GOALS

The purpose of this study is to contribute to the descriptive literature regarding transgender prostitutes. Female prostitution has received significant research attention which has informed mental health treatment and exiting strategies for individuals in prostitution. Less is known about transgender prostitutes and their unique needs, even though they represent a portion of the prostitution population that will access the same diversion program services. It is essential to identify differences between female and transgender prostitution that result in distinct treatment needs and exiting strategies. Thus, this study aims to:

- 1) compare the life circumstances and characteristics between transgender and female prostitutes and
- 2) identify specialized mental health treatment and prostitution exiting program needs for transgender prostitutes.

This study attempts to answer the following research questions that might impact treatment and exiting:

- 1) What differences and similarities exist between demographic profiles, family abuse history, substance abuse, and suicide attempts between transgender and female prostitutes? Research studies have identified key characteristics among females that might impact treatment, but more must be discovered about transgender prostitutes to inform appropriate strategies in diversion programming.
- 2) Do transgender prostitutes, like female prostitutes, also experience exploitation and victimization in sex work? The literature confirms that female prostitutes experience significant physical, emotional, and sexual violence in prostitution. As a result, diversion programs address violence

in mental health treatment and for overcoming barriers to exiting. Unanimous consensus does not exist in literature regarding the level and frequency of violence experienced by transgender prostitutes, especially compared to female prostitutes, but the level, frequency and nature of violence experienced in prostitution will have an impact on treatment and exiting.

## Chapter 4

### METHOD

Data for this study included case files for 465 individuals ( $n = 35$  men,  $n = 430$  women) arrested for prostitution and who attended a Prostitution Diversion Program in Phoenix, Arizona between the years 2004-2006. All diversion participants signed a plea agreement with the City of Phoenix Prosecutor's Office. In signing the plea agreement they pled guilty to the charge(s). Once the participants completed all of the program requirements, their cases were dismissed. If the participants failed to comply with program requirements, a motion to Enter Judgment and Execute Sentence was filed and they had to serve the number of days in jail indicated on the plea. Per the plea agreement policy at the time of the study, the number of jail days depended on how many prior prostitution convictions they had (the minimum was 15 days and the maximum was 180 days). Participants were not asked what type of sex work they were involved in related to their arrest, so persons involved in street prostitution, brothels, massage parlors, online sex work, call out sex services, hotel and home-based sex workers were included. Cases were included in this study if they had data available related to demographics, childhood physical, emotional and sexual abuse by a family member, substance abuse, and violence experiences in prostitution.

The Arizona State University Institution Review Board approved of this study. Names of program attendees and data collected at intake including race,

gender, age prior arrest information, substance use, mental and physical health problems, family involvement in substance use, abuse histories, and age of entry into prostitution were compiled by the diversion provider agency through intake interviews and by case managers who entered the data into excel. The data was provided electronically for analysis and transformed from excel to SPSS.

Race was divided into four categories including caucasian, African American, Hispanic and other (including Native American, Asian, Hawaiian, Alaskan, Unknown, and Pacific Islander). The primary language of each participant was coded English, Spanish, or Other. Physical, sexual, and emotional childhood abuse were coded 'yes' if the participant reported those experiences. The specific questions asked for each of these variables were: "Were you a victim of physical abuse by family members?" "Were you a victim of sexual abuse by family members?" "Were you a victim of emotional abuse by family members?" Drug use was measured by two questions: drug use in the last 6 months and perceived problem with drugs or alcohol. Drug and alcohol problem was coded 'yes' if the participant responded in the affirmative to the question "Do you consider yourself to have a problem with drugs or alcohol?" 'Yes' was coded if the participant responded 'yes' to the question "Have you used alcohol in the last 6 months." Drug or alcohol problem of a family member during childhood was coded 'yes' if the participant answered positively to the question "Did any of your family members have problems with drugs or alcohol when you were growing up?" Suicide attempts were coded 'yes' if the participant indicated "yes" to the question, "Have you ever made a suicide attempt?" Rape or assault by a pimp or

customer were coded 'yes' if the participant reported those experiences. The specific questions asked were: "Have you ever been raped by a trick or john?" "Have you ever been raped by a pimp?" "Have you ever been assaulted by a trick or john?" "Have you ever been assaulted by a pimp?" Participants were also asked, "How old were you when you entered into prostitution?" (age in years).

## Chapter 5

### FINDINGS

#### **Description of the Sample**

Reported age of entry into prostitution ranged from 8 to 63 years (Table 2). The participants identified (Table 1) as white (187; 40.9%), African American (154; 33.7%), Hispanic/Latino (84; 18.4%), and other (Native American, Asian, Hawaiian, Alaskan, Unknown, Pacific Islander) (32; 7.0%), and ranged in age from 18 to 64 years (Table 2). All of the 35 males self-identified as transgendered. English (434; 93.3%) and Spanish (24; 5.2%) were reported as the primary languages of the participants. The dominant countries of origin reported by the participants included the United States (433; 93.1%) and Mexico (18; 3.9%). Many did not respond to questions related to childhood experiences of abuse by a family member, but of those who did reported emotional abuse ( $n = 232$ , 67.7%), sexual abuse ( $n = 227$ , 57.7%), and physical abuse ( $n = 229$ , 46.3%). Drug and alcohol problems by a family member during childhood were reported by 268 participants ( $n = 465$ ; 57.6%). Having a drugs and/or alcohol problem was self-identified and reported by 35.7% ( $n = 465$ ). Drug or alcohol use in the last 6 months was reported by 322 participants (69.2%). Of those who reported about suicide attempts ( $n = 406$ ), 19.7% reported they had attempted suicide at least once. Reported experiences of being raped were by a pimp ( $n = 465$ , 7.1%) and a customer ( $n = 465$ , 37.0%). Reported experiences of being assaulted were by a pimp ( $n = 465$ , 22.2%) and a customer ( $n = 465$ , 48.6%).

#### **Comparing the Sample**

Chi square (Table 1) and t-tests (Table 2) were used to compare transgender participants that were arrested for prostitution compared to female participants arrested for prostitution. Transgender prostitutes ( $n = 35$ , 8%) were found to be different from the female prostitutes ( $n=430$ , 92%).

### **Individual Characteristics**

The individual characteristics surveyed among transgender and female prostitutes were race, primary language, country of origin, current drug or alcohol problems, drug or alcohol use in the last six months and suicide attempts. There were several significant differences in the demographic characteristics between the two groups of prostitutes. Transgender prostitutes were found to be more likely to be Hispanic/Latino when compared to female prostitutes, who were more likely to be Caucasian ( $\chi^2 (3, N = 457) = 92.24, p < .001$ ). The relationship between transgender and primary language was found to be highly significant, with transgender prostitutes being more likely to be Spanish speaking (48.6%) compared with female prostitutes (1.6%). Females (96.7%) were more likely to report English as their primary language ( $\chi^2 = (2, N = 465) = 145.88, p < .001$ ). The variable “country of origin” was recoded into United States, Mexico and other because all other countries had fewer than 5 cases (Table 1). Significantly more transgender prostitutes reported they were from Mexico (40%) when compared to female prostitutes (1%) ( $\chi^2 (2, N = 465) = 132.89, p < .001$ ). Nearly all females in the study (96%) indicated they were from the United States. The two

groups did not significantly differ regarding perception of current drug or alcohol problems, drug or alcohol use in the last six months, or suicide attempts (Table 1).

### **Family History**

Female and transgender prostitutes were asked to report childhood history regarding drug or alcohol abuse by at least one parent, emotional abuse, physical abuse, and sexual abuse. Female prostitutes reported more often a history of family drug and alcohol use compared with transgender prostitutes ( $\chi^2 (1, N = 465) = 4.82, p < .028$ ). Less than half (40%) of transgender prostitutes indicated family drug and alcohol history compared with over half (59.1%) of females. Females also reported sexual abuse more often than expected compared with transgenders ( $\chi^2 (1, N = 227) = 4.39, p < .036$ ). Over half of females reported childhood sexual abuse by a family member (59.3%) compared with less than one-third of transgenders (27.3%). Transgender and female prostitutes did not report significant differences regarding childhood emotional abuse or physical abuse by a family member. Over half (67.7%) of transgender (78.6%) and female (67%) prostitutes reported emotional abuse ( $\chi^2 (1, N = 232) = .809, p < .368$ ). Less than half (46.3%) reported physical abuse ( $\chi^2 (1, N = 229) = .671, p < .413$ ).

### **Experience of Violence in Prostitution**

Female and transgender prostitutes were asked to report about certain experiences related to their prostitution: rape by customers and pimps and assault by customers or pimps. Female prostitutes reported higher rates of having been raped by a customer when compared to transgender prostitutes ( $\chi^2 (1, N = 465) = 8.37, p < .004$ ). Females were also more likely to have been assaulted by a pimp

( $\chi^2$  (1,  $N = 465$ ) = 8.17,  $p < .004$ ) and more often reported that they had been assaulted by a customer ( $\chi^2$  (1,  $N = 465$ ) = 6.08,  $p < .014$ ). The two groups did not significantly differ regarding history of rape by a pimp.

**Table 1 – Demographics and Life Characteristics by Gender**

Characteristic	Female ( $n = 430$ )	Transgender ( $n = 35$ )
<b>Country of Origin**</b>		
United States	413 (96%)	20 (57.1%)
Mexico	4 (1%)	14 (40.0%)
Other (El Salvador, Thailand, Kenya, Germany, Vietnam, South Africa, South Korea, Togo, Taiwan	13 (3.0%)	1 (2.9%)
Missing	0	0
<b>Problem with drugs/alcohol</b>		
Yes	158 (36.7%)	8 (22.9%)
No	272 (63.3%)	27 (77.1%)
Missing	0	0
<b>Used drugs last 6 months</b>		
Yes	302 (70.2%)	20 (57.1%)
No	128 (29.8%)	15 (42.9%)
Missing	0	0
<b>Suicide attempt</b>		
Yes	78 (20.6%)	2 (7.4%)
No	301 (79.4%)	25 (92.6%)
Missing	51	8
<b>Rape</b>		
By pimp		
Yes	33 (7.1%)	0
No	397 (92.3%)	35 (100%)
Missing	0	0
By customer**		
Yes	167 (38.8%)	5 (14.3%)
No	263 (61.2%)	30 (85.7%)
Missing	0	0

**Assault**

## By pimp\*\*

Yes	102 (23.7%)	1 (2.9%)
No	328 (76.3%)	34 (97.1%)
Missing	0	0

## By customer\*\*

Yes	216 (50.2%)	10 (28.6%)
No	214 (49.8%)	25 (71.4%)
Missing	0	0

Note. \* $p < .05$ . \*\* $p < .01$

**Table 2**

Measure	Female		Transgender		<i>t</i>
	M	SD	M	SD	
Age of entry into prostitution	25.38	9.97	22.57	8.64	-5.69***
Current age	33.09	10.49	30.48	9.60	

Note.\*\*\* $p < .001$

## Chapter 6

### DISCUSSION

The primary research question for this study involved the exploration of differences and similarities among a sample of transgender and female prostitutes. The findings from this study revealed that transgender prostitutes were significantly more likely to be Hispanic, primarily Spanish-speaking, and from Mexico, when compared to female participants. Diversion programs would benefit to have Spanish-speaking staff available who are also oriented to culturally competent practice. There is very limited research that has examined the link between prostitution and race, ethnicity or culture (Kramer & Berg, 2003), although the intersection between Hispanic transgenders and prostitution has received some previous attention in the literature, particularly regarding their migration to the United States in search of sexual tolerance and/or financial opportunities (Howe et al., 2008; Sausa et al., 2007). One could theorize that the high percentage of Hispanic transgender prostitutes (74.3%) from this sample is due to the fact that the sample was drawn in a border state with a higher percentage of Hispanic residents compared to other non-border states. However, female prostitutes only reported as 13.7% Hispanic. Nearly all of the female prostitutes (96%) indicated that they were from the United States when compared to transgender prostitutes (57.1%).

The data collected among the transgender sample contributes to existing transgender literature that examines transgender, immigrant prostitutes. In this study, 42.9% of transgender prostitutes indicated country of origin other than the

United States. Based on this study and previous research studies (Howe et al., 2008; Sausa et al., 2007), an important area of future research would be to explore whether transgender prostitutes migrated as *transgender prostitutes* in search of money and/or sexual tolerance (Howe et al., 2008), or if they migrated as *transgenders* and ended up in prostitution (Sausa et al., 2007).

The second research question sought to compare the female and transgender experience of exploitation and victimization in prostitution. This study indicated that females were more likely than transgenders to be raped and assaulted by a customer. Females also indicated more often that they had been assaulted by a pimp (23.7% of female prostitutes). Transgender prostitutes did not report significant violence experienced at the hands of a customer. Regarding assault by a pimp, it is unclear if the reported discrepancy between transgender and female prostitutes reflected a difference in the nature of the relationship among females and pimps compared to transgenders and pimps, or if transgenders simply work independently from pimps. This is an area for future research. Few participants (transgender or female) reported ever being raped by a pimp.

The literature asserts different theories regarding violence and exploitation experienced by transgender prostitutes. Weitzer (2005) hypothesized that transgender prostitutes exercise more control and power over their working conditions than female prostitutes, and thus, are likely to experience less violence in prostitution when compared to females. In contrast, other studies suggested that transgender prostitutes face greater risk of violence because they are severely rejected and discriminated against not just by society (Kirk & Belovics, 2008), but

also within the underground world of prostitution (Boles & Elifson, 1994; Infante et al., 2009; Sausa et al., 2007). Transgender prostitutes reported that customers sometimes reacted violently (i.e. murder, physical beatings, use of weapons) upon discovery that their prostitute was biologically male (Elifson et al., 1993; Sausa et al., 2007). The results of this study are not consistent with the previous findings in the literature. Not even one transgender prostitute reported having been raped by a pimp; and only one ( $N=35$ ) reported having been assaulted by a pimp. In addition, over half of transgender prostitutes reported they had not experienced assault or rape by a customer.

Several similarities in this study were found between transgender and female prostitutes. Over half of both groups reported emotional and physical abuse in their childhood homes. It appears that abusive homes, specifically emotional and physical, are present in both transgender and female prostitution. This supports existing literature that highlights childhood abuse experiences among females. In addition, this study contributes new information to transgender literature, highlighting that emotional and physical abuse histories are common and might need to be addressed in treatment. Both groups reported using drugs as well as alcohol in the last six months and (currently) considered themselves to have drug and alcohol problems. Approximately 70% of both groups denied having ever attempted suicide.

Apart from their similarities, the findings in this study reveal two very distinct profiles of transgender and female prostitutes in the diversion program in Phoenix, Arizona. Transgender prostitutes were more likely to be Hispanic,

primarily Spanish-speaking, and from Mexico. Their mean age was 30 years old and they indicated they entered prostitution at an average age of 23. A limited number reported childhood emotional, sexual or physical abuse, but over half of the data reported for these variables was missing for both groups.

Female prostitutes were most likely to be Caucasian or African American, primarily English-speaking and from the United States. Their mean age was 33 years old and they indicated they entered prostitution at an average age of 25. They were more likely than transgenders to have had certain childhood experiences, including sexual abuse and a member of their family that abused alcohol and/or drugs. Female prostitutes were also significantly more likely to have been assaulted by a pimp and raped and assaulted by a customer. This study supports previous findings among female prostitutes and their history of childhood sexual abuse (McClanahan et al., 1999; Sibert & Pines, 1981; Widom & Kuhns, 1996) and parental drug/alcohol use (Kramer & Berg, 2003; Bagley and Young, 1987). The findings in this sample indicated that more female prostitutes experienced volatile childhood experiences in the home when compared to transgender prostitutes. Most (59.1%) females reported drug and alcohol problems by a family member during childhood, compared to a minority of transgender prostitutes (27.3%). Significantly more females experienced childhood sexual abuse by family members.

### **Implications for Exiting and Treatment**

Diversion programs typically offer mental health programs, drug court, employment programs (dcccourts.gov), counseling, literacy training and job skills

(Alexander, 2009), safe housing, response to health problems (pdinewlife.org, 2010), mentoring, housing and employment search assistance (co.multnomah.or.us, 2010). The Phoenix Diversion Program is unique. It includes a prostitution-specific program to assist individuals to exit prostitution by providing education about legal options, awareness of the risks related to prostitution, ideas about physical and psychological health related to the past, as well as education and support about current and potential abuse experiences.

The findings in this study revealed current drug and alcohol use as well as emotional and physical abuse during childhood among both transgender and female prostitutes. Thus, intervention and treatment in these areas are appropriate for both groups and should be an integral aspect of treatment, recovery, and the process of exiting prostitution. It does not appear, however, that diversion programs include specialized approaches with transgendered individuals according to their presenting differences. A greater awareness regarding transgender issues and the differences from female prostitutes might foster a more effective and considerate response among law enforcement, prosecutors, legal advocates, and diversion staff. Transgender prostitutes present differently, and thus, necessitate a prepared and appropriate response to encourage their success in treatment and in exiting prostitution.

The findings of this study indicate the need for increased attention to cultural competent practice in working with transgender prostitutes. The most significant differences between female and transgender prostitutes surveyed are characteristics related to race, language, and country of origin. Prostitution

diversion programs must be both transgender and culturally competent in order to effectively work with diverse prostitution populations. This will assist in identifying and removing the unique hurdles to treatment for transgender prostitutes: language barriers, immigrant status, variance in cultural norms and expectations (impacting shame, guilt, and thus, long-term mental health), and symptoms of support.

The findings in this study suggest that transgenders and females may enter prostitution for different reasons. Consistent with the female prostitution literature, this study determined a strong link between the *female* pathway to prostitution and childhood experiences (specifically related to substance abusing parents or childhood sexual abuse). In contrast, the findings in this study and in literature reveal little regarding the childhood histories of transgender prostitutes and whether it is linked to prostitution. Nevertheless, tentative reasons cited in literature for transgender entry into prostitution include: prostitution is an accepted norm within transgender culture (Sausa et al., 2007); no employment alternatives due to discrimination (Leichtentritt and Davidson-Arad, 2004; Sausa et al., 2007); money for needed surgeries and hormone injections for achieving and maintaining feminine appearance (Howe et al., 2008, Leichtentritt and Davidson-Arad, 2004; Sausa et al., 2007); achieve gratification and validation as females through heterosexual encounters (Boles & Elifson, 1994; Infante, 2009; Nemoto et al., 2004; Weitzer, 2005); and social and familial rejection, discrimination and stigma regarding transgender identity (Herbst et al., 2008; Infante, 2009; Leichtentritt and Davidson-Arad, 2004).

These findings may help to inform diversion programs to anticipate barriers to successful treatment and exiting that are specific to transgendered prostitutes. For example, finding employment options – a common service among diversion programs – will likely be more of a challenge when working with transgendered prostitutes: society, including the workplace, is still an unwelcoming and often hostile environment that is resistant to transgendered individuals (Kirk & Belovics, 2008). Kirk and Belovics cited a report by the San Francisco Human Rights Commission as evidence, which estimated that 70% of transgender individuals are either without jobs or underemployed. Facilitating resources for transgender prostitutes may be a further challenge depending on their immigration legal status.

Leaving prostitution also means an immediate and significant drop in income, which will immediately impede a transgender's ability to maintain a feminine appearance. Therefore, leaving prostitution presents a potential challenge not just to leave the lure of the street (cash, freedom, drug addiction, community with other transgender individuals) but compromises the individual's income that is necessary to maintain their transgender identity, and thus, mental health. Diversion programs need to consider how they can assist transgender clients to maintain their feminine identity without the associated risks of prostitution.

Transgender prostitutes also present with different mental health needs. Leichtentritt and Davidson-Arad (2004) pointed to familial abandonment experienced by young transgenders who when their transgender identity was

revealed or discovered, they were met with resistance, abandonment, and in some cases, emotional and physical abuse. The same study highlighted the influence of familial rejection that ultimately led to prostitution. In that sense, the presence of emotional and physical abuse during childhood, though reported similarly between female and transgender prostitutes in this study, are most likely still fundamentally distinct, as familial abuse history among transgender prostitutes appears to be directly related to their gender identity. This will likely present itself during mental health treatment.

It is especially important to remember that transgender prostitutes not only face stigma and discrimination by society due to their illegal profession, but their transgender identity. Fostering a more transgender-friendly environment within diversion programs might help bridge the gap between services and those in marginalized places, such as transgendered prostitution. Gestures to foster a more transgender-friendly environment (Kirk & Belovics, 2008) can be applied to any diversion program, such as: including a transgender identity category on intake documents, offering gender-neutral bathrooms, asking clients their preference for being referred to as “she” or “he,” locating transgender-friendly employment options (important for job placement and skills training), and linking client to transgender resources and support online and in the community. In addition, transgender diversion staff who have successfully exited prostitution would be an excellent asset to link transgender prostitutes to needed services and foster a more comfortable transition.

### **Strengths and Limitations**

This is the first comparison study of transgender and female prostitutes from a prostitution-focused diversion program. The findings were based on a good-sized sample ( $n=465$ ) from a large, US city. It is hopefully the first of many to highlight the special needs of transgender prostitutes, which might aid to inform diversion programs, law enforcement, mental health providers, and community members toward a humane and dignified response. Another strength of the study was that the majority of the data was collected by diversion staff who have all successfully exited prostitution.

Several limitations regarding this study should be noted. The study stems from data gathered by the diversion provider (Catholic Charities) and the City of Phoenix Prosecutor's Office. The personal data was collected by caseworkers and was retrospective, self-reported information from the participants that cannot be verified and can be influenced by memory and social desirability. It is possible that some variation exists based on the particular skills of the five caseworkers that collected the data and the sample was fairly small and was limited to one state. In addition, it is uncertain how much the language and cultural factors impacted the reporting of the data. The data collected regarding childhood abuse presents serious limitations: approximately half of the female data regarding emotional, sexual and physical abuse was missing – at least 60% in all three categories for the transgender prostitutes. It would have been helpful to glean more information from the transgender prostitutes with the following questions: have you ever been employed? Have you ever (perceived to have) been fired from a job due to your race? Have you ever (perceived to have) been fired from a

job due to your transgender identity? How long have you lived in the US? Do you have legal presence in the US? Would you leave prostitution if you had the choice? What motivates you to stay in prostitution? What motivates you to leave prostitution?

### **Future Research**

Little research focuses on the transgender community (CAPS, 2008) and transgender prostitution is particularly overlooked. Only recently have transgender prostitutes gained attention in the literature, primarily appearing in the context of HIV infection. Although the examination of HIV vulnerabilities and barriers to treatment are valuable, more research is required to identify the racial, gender, social, cultural, familial, and political factors that impact a transgender individual's entrance into prostitution. The current study is an attempt to provide a snapshot of a transgendered individual in prostitution and contrast and compare with female prostitutes – the focus of considerably more literature.

There exist serious gaps in research that would shed light on the unique pathway to prostitution more common for a transgender compared to a female. More explanation of the immigration status of transgender prostitutes would be particularly useful in exploring its role in the pathway to prostitution and exiting prostitution. For example, undocumented status could prevent alternative job placement that may lead to prostitution and/or serve as a barrier for existing prostitution.

Future research needs to further explore core similarities and key differences between young transsexual prostitutes compared to transsexual adults in the industry, who appear to be a central pull for young prostitutes into prostitution (Leichtentritt & Arad, 2004). While emerging research explores the social and cultural context of transgender prostitutes in relation to HIV infection, more studies with higher sample sizes are needed to aid in further understanding of transgender life and factors leading to prostitution.

Future research must also focus on transgender treatment needs, their unique experience in prostitution, oppression and discrimination in society, and overcoming barriers to needed services.

## Chapter 7

### CONCLUSION

This study found key differences between transgender and female prostitutes. Among these were differences in primary language, race, country of origin, childhood sexual abuse, parental drug/alcohol use, assault by customers, and pimps, and rape by customers. These findings provide a more thorough snapshot of the “complex picture” (Weitzer, 2005, p.222) of transgender prostitutes and key similarities and differences with female prostitutes. Diversion programs can apply what is known about these differences to improve treatment and exiting strategies for diverse individuals, including transgender prostitutes.

## REFERENCES

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text rev.). Washington, DC: Author.
- Bagley, C., & Young, L. (1987). Juvenile prostitution and child sexual abuse: A controlled study. *Canadian Journal of Community Mental Health (Revue Canadienne De Santé Mentale Communautaire)*, 6(1), 5-26.
- Bassermann, L., & Cleugh, J. (1967). *The oldest profession: A history of prostitution*. Arthur Barker.
- Benson, C., & Matthews, R. (1995). Street prostitution: Ten facts in search of a policy. *International Journal of the Sociology of Law*, 23(4), 395-415.
- Boles, J., & Elifson, K. W. (1994). The social organization of transvestite prostitution and AIDS. *Social Science & Medicine*, 39(1), 85-93.
- Brawn, K. M., & Roe-Sepowitz, D. (2008). Female juvenile prostitutes: Exploring the relationship to substance use. *Children and Youth Services Review*, 30(12), 1395-1402.
- Bullough, V., Bullough, B., & Smith, R. (1983). A comparative study of male transvestites, male to female transsexuals, and male homosexuals. *Journal of Sex Research*, 19(3), 238-257.
- Bullough, V. L. (1974). Transvestites in the middle ages. *American Journal of Sociology*, 79(6), 1381-1394.
- Center for AIDS Prevention Studies (2008). Retrieved from: <http://www.caps.ucsf.edu/pubs/FS/revsexworkers.php>
- Church, S., Henderson, M., Barnard, M., & Hart, G. (2001). Violence by clients towards female prostitutes in different work settings: Questionnaire survey. *Bmj*, 322(7285), 524.
- Corneil, T. A., Einfeld, J. H., & Botzer, M. (2010). Proposed changes to diagnoses related to gender identity in the DSM: A world professional association for transgender health consensus paper regarding the potential impact on access to health care for transgender persons. *International Journal of Transgenderism*, 12(2), 107-114.
- Crosby, R. A., & Pitts, N. L. (2007). Caught between different worlds: How transgendered women may be "forced" into risky sex. *Journal of Sex Research*, 44(1), 43-48. doi:10.1207/s15598519jsr4401\_5

- Drexler, J. N. (1996). Government's role in turning tricks: The world's oldest profession in the Netherlands and the United States. *Dick.J.Int'l L.*, 15, 201.
- Edlund, L., & Korn, E. (2002). A theory of prostitution. *Journal of Political Economy*, 110(1), 181-214.
- El-Bassel, N., Witte, S. S., Wada, T., Gilbert, L., & Wallace, J. (2001). Correlates of partner violence among female street-based sex workers: Substance abuse, history of childhood abuse, and HIV risks. *AIDS Patient Care and STDs*, 15(1), 41-51.
- Elifson, K. W., Boles, J., Posey, E., Sweat, M., Darrow, W., & Elsea, W. (1993). Male transvestite prostitutes and HIV risk. *American Journal of Public Health*, 83(2), 260.
- Farley, M. (2004). "Bad for the body, bad for the heart": Prostitution harms women even if legalized or decriminalized. *Violence Against Women*, 10(10), 1087.
- Federal Bureau of Investigation (2010). *Uniform crime report: Crime 2009*. Retrieved March 26, 2011, from <http://www.fbi.gov>.
- Gagne, P., & Tewksbury, R. (1998). Conformity pressures and gender resistance among transgendered individuals. *Social Problems*, 81-101.
- Graham, N., & Wish, E. D. (1994). Drug use among female arrestees: Onset, patterns, and relationships to prostitution. *Journal of Drug Issues*, 24, 315-315.
- Hamburger, C., Sturup, G. K., & Dahl-Iversen, E. (1953). Transvestism: Hormonal, psychiatric, and surgical treatment. *JAMA*, 152(5), 391.
- Herbst, J. H., Jacobs, E. D., Finlayson, T. J., McKleroy, V. S., Neumann, M. S., & Crepaz, N. (2008). Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review. *AIDS and Behavior*, 12(1), 1-17.
- Howe, C., Zaraysky, S., & Lorentzen, L. (2008). Transgender sex workers and sexual transmigration between Guadalajara and San Francisco. *Latin American Perspectives*, 35(1), 31.
- 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(2), 125-137.  
doi:10.1080/13691050802431314

- Kaye, K. (2004). Male prostitution in the twentieth century. *Journal of Homosexuality*, 46(1), 1-77.
- Kirk, J., & Belovics, R. (2008). Understanding and counseling transgender clients. *Journal of Employment Counseling*, 45, 15.
- Kramer, L. A., & Berg, E. C. (2003). A survival analysis of timing of entry into prostitution: The differential impact of race, educational level, and childhood/adolescent risk factors. *Sociological Inquiry*, 73(4), 511-528.
- Kuhns, J. B., Heide, K. M., & Silverman, I. (1992). Substance use/misuse among female prostitutes and female arrestees. *Substance use & Misuse*, 27(11), 1283-1292.
- Leichtentritt, R. D., & Arad, B. D. (2004). Adolescent and young adult male-to-female transsexuals: Pathways to prostitution. *British Journal of Social Work*, 34(3), 349-374. doi:10.1093/bjsw/bch042
- Mallory, C., & Stern, P. N. (2000). Awakening as a change process among women at risk for HIV who engage in survival sex. *Qualitative Health Research*, 10(5), 581.
- McClanahan, S. F., McClelland, G. M., Abram, K. M., & Teplin, L. A. (1999). Pathways into prostitution among female jail detainees and their implications for mental health services. *Psychiatric Services*, 50(12), 1606.
- Milman, B. (1980). New rules for the oldest profession: Should we change our prostitution laws. *Harv. Women's LJ*, 3, 1.
- Nadon, S. M., Koverola, C., & Schludermann, E. H. (1998). Antecedents to prostitution. *Journal of Interpersonal Violence*, 13(2), 206.
- National Association of Social Workers. (1999). *Code of ethics*. Retrieved November 28, 2010, from <http://www.socialworkers.org/pubs/code/code.asp>
- 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(6), 724-735.
- Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research*, 47(1), 12-23.

- Overall, C. (1992). What's wrong with prostitution? Evaluating sex work. *Signs*, 17(4), 705-724.
- Prieur, A. (1994). 'I am my own special creation': Mexican homosexual transvestites' construction of femininity. *Young*, 2(3), 3.
- Potterat, J. J., Rothenberg, R. B., Muth, S. Q., Darrow, W. W., & Phillips-Plummer, L. (1998). Pathways to prostitution: The chronology of sexual and drug abuse milestones. *The Journal of Sex Research*, 35(4), 333-334.
- Raphael, J., & Shapiro, D. L. (2004). Violence in indoor and outdoor prostitution venues. *Violence Against Women*, 10(2), 126.
- Rodríguez-Madera, S., & Toro-Alfonso, J. (2005). Gender as an obstacle in HIV/AIDS prevention: Considerations for the development of HIV/AIDS prevention efforts for male-to-female transgenders. *International Journal of Transgenderism*, 8(2), 113-122.
- Salfati, C.G., James, A.R., Ferguson, L., (2008). Prostitute homicides: A descriptive study. *Journal of Interpersonal Violence* 23(4), 505-543.
- Sausa, L. A., Keatley, J. A., & Operario, D. (2007). Perceived risks and benefits of sex work among transgender women of color in San Francisco. *Archives of Sexual Behavior*, 36(6), 768-777.
- 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(4), 911-921.
- Silbert, M. H., & Pines, A. M. (1981). Sexual child abuse as an antecedent to prostitution. *Child Abuse & Neglect*, 5(4), 407-411.
- Silbert, M. H., & Pines, A. M. (1983). Early sexual exploitation as an influence in prostitution. *Social Work*, 28(4), 285-289.
- Snell, J. G. (1993). Mandatory HIV testing and prostitution: The world's oldest profession and the world's newest deadly disease. *Hastings LJ*, 45, 1565.
- Valera, R. J., Sawyer, R. G., & Schiraldi, G. R. (2001). Perceived health needs of inner-city street prostitutes: A preliminary study. *American Journal of Health Behavior*, 25(1), 50-59.
- Weitzer, R. (2005). New directions in research on prostitution. *Crime, Law and Social Change*, 43(4), 211-235.

- Widom, C. S., & Kuhns, J. B. (1996). Childhood victimization and subsequent risk for promiscuity, prostitution, and teenage pregnancy: A prospective study. *American Journal of Public Health, 86*(11), 1607.
- Williamson, C., & Cluse-Tolar, T. (2002). Pimp-controlled prostitution. *Violence Against Women, 8*(9), 1074.
- Williamson, C., & Folaron, G. (2003). Understanding the experiences of street level prostitutes. *Qualitative Social Work, 2*(3), 271.
- What are male-to-female transgender persons' (MtF) HIV prevention needs? (2008). *Fact Sheet, Center for Aids Prevention Studies*. Retrieved from: [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)
- Young, A. M., Boyd, C., & Hubbell, A. (2000). Prostitution, drug use, and coping with psychological distress. *Journal of Drug Issues, 30*(4), 789-800.

