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## **"Same Same, but Different":**

### **A Baseline Study on the Vulnerabilities of Transgender Sex Workers in Bangkok's Sex Industry.**

There are an estimated 9-9.5 million transgender people in the Asia Pacific region (UNDP, 2015; Winter, 2012:9), with the largest percentages of (openly) transgender persons being found in Thailand and the Philippines (Moessinger, 2015). There are numerous ethnographic, qualitative studies and books documenting the culture and lives of transgender persons throughout Asia (Jackson & Cook, 1999; Peletz, 2009; Totman, 2003; Winter, 2006; Winter, 2009). HIV studies have been considered the catalyst for most of this quantitative research regarding transgender persons in Asia. These studies are designed to inform HIV policy and resource allocations in international health organizations, government ministries, and national healthcare systems. However, when considering the wider literature, a broader range of feelings and experiences expressed by transgender persons can be observed beyond HIV.

In Asia, transgender populations have been heavily discriminated against and marginalized. A study from Bangladesh and Papua New Guinea recording gender-based violence among sexual minorities, including transgender persons, found instances ranging from being harassed by people on the street to being raped and murdered (Wong & Noriega, 2011). Violence in this study was purported to have been committed due to the stigma associated with individuals' identities or exhibition of behaviors, which violated existing societal norms of masculinity. Many transgender persons also face unique financial challenges that are not present within cis-gendered groups, specifically regarding the financing of their own physical gender transition. With those who wish to support their parents or siblings financially a significant proportion of this community across South-East Asia have turned to sex work as their means meeting these financial challenges. In South-

East Asia there has been documentation of forced sex or physical abuse of transgender persons selling sex. A study conducted in Pattaya, Thailand, it was found that 89% of transgender persons cited experiencing violence because of their gender identity and/or behaviour (Policy Research and Development Institute Foundation [PRDIF], 2008). In many cases, these abuses are propagated by law enforcement officers (Jenkins, 2006; UNDP, 2013:9).

In Thailand, significant vulnerabilities exist within the transgender community. The understanding of ‘transgender’ is quite different in Thai culture from how it is understood in western culture, as such, an explanation has been provided in the appendix for those who wish to understand gender, sexuality, appropriation of the term ‘Ladyboy’ within this cultural setting (Appendix A). Rape and physical violence are serious concerns in transgender communities in Asia, especially in Thailand. One study interviewed 2,049 men who had sex with men (MSM), of which 474 identified themselves as transgender persons (Guadamuz, et al., 2011). As a group, transgender persons had significantly higher history of forced sex (26.4%) as compared to MSM (19.4%) and male sex workers (MSW) (12.1%), respectively. This is not an isolated phenomenon in Thailand with other studies finding transgender persons at an increased risk of forced sex amongst MSM and MSW populations (Chemnasiri, et al., 2010).

Transgender persons are also more likely to live below the poverty line (Berry, 2012: 8; Jackson, 1999). An International Labour Organization (ILO) report conducted from 2012 to 2014 reported which looks at transgender discrimination in the workplace (ILO, 2013; 2014). The ILO found many transgender persons motivated to enter sex work because of unfriendly and hostile work environments. This research highlights the vulnerabilities facing these populations beyond HIV alone, and cites need for greater protection of transgender persons in policymaking on a national level.

Lesbian, Gay, Bisexual, along with Transgender, Questioning and others (LGBTQ+) are commonly excluded from national discussions on such vulnerability in Thailand. However, within the past few decades Thailand has seen significant social and political strides toward greater tolerance of its transgender community. In 1972, Thailand performed its first sex change operation, and the country now provides more of these procedures per year than any other country in the world (Armbrecht, 2008). An amendment to the country's “rape law” was made in 2007 which extended legal protection for rapes committed against men and transgender people, including marital rape (Likhitpreechakul, 2008; Sood, 2009). Further support was demonstrated in 2014 as a clinic was set up for transgender youth at Ramathibodi Hospital to help provide access to adequate medical care (Intathep & Chookaew, 2014). After which, Thailand's Gender Equality Act came into effect in 2015. It is the first national legislation in Southeast Asia to specifically protect against discrimination on the grounds of gender expression (Knight, 2015).

Despite these legal protections, transgender persons are disproportionately more likely to enter the sex industry and have become a major tourist attraction in Thailand. There has been an emerging market of ladyboy sex tourism in Phuket and Bangkok (Gallagher, 2005:5). The tourism industry, companies, and the government tourism authority target the LGBTQ+ market and shows Bangkok as a hub for gay-friendly and transgender tourist destination. However, Thai society is less accepting of its own LGBTQ+ community than its image would have the international community to believe (Thanthong-Knight, 2015).

Researchers note that much scholarship has overlooked the “growing population of male and transgender sex workers as a feature of the sex industry” (Jackson and Cook, 2000: 13). Sex tourists have found a romanticized and exotic orient to the ‘*kathoey*’/ladyboy. The depiction of transgender persons and ladyboys as servile has led to the hyper sexualization of transwomen in Thailand, particularly Bangkok and Pattaya, further reinforcing notions of

Thailand as an exotic and erotic destination (Ocha, 2013). In addition to this, worldwide transgender pornographic websites are the fastest growing sector in Internet pornography (Thomas, 2005), which has significantly contributed to Thailand as a sex tourist destination.

The UNDP found that there is a shift in “direct” sex work in places such as brothels towards “indirect” sex work occurring in less regulated places such as bars, clubs, and on the streets (UNDP, 2004:53). Street-based sex work has been subject to harsh policing by Thai authorities. After the 2014 military coup, the NCPO started a crackdown on Pattaya sex industry. The new military government targeted ladyboy persons thought to be selling sex for money (Yongcharoenchai, 2014a). In view of this, the ladyboy community is seen as a target for police because they are given less access to rights protection. On some nights, the detention of as many as 100 ladyboys has been documented (Yongcharoenchai, 2014b).

Studies have documented grave physical abuses toward transgender sex workers and shown that transgender persons have high rates of family discrimination. The studies showed the chronic social stigma transgender persons face throughout their lives. However, no studies have gone beyond evaluating risk factors and little is known regarding mental health or the resilience of transgender persons to stigma and discrimination in Thailand. Further research is needed to document everyday life experiences and vulnerability of transgender sex workers.

The tourist industry in Thailand promotes a country where those who identify as transgender are completely free and able to express openly express their identities. However, a deeper look at the individual lives and experiences of transgender sex workers finds a more nuanced and challenging reality. This study aims to provide a baseline of data that is descriptive of the holistic needs and vulnerabilities, beyond sexual health, of transgendered persons working in the sex industry in Bangkok. It utilises both qualitative and quantitative research methodologies, fieldwork and one-on-one structured interviews. An objective of this

research is to provide useful data as a resource for Non-Government Organisations, social service providers and researchers who hope to provide useful and informed intervention strategies including alternatives to sex work for transgender persons. Based on the more detailed technical document of the identical name ‘Same Same but Different’ published by Love146 and Dton Naam (April 2016). This is part of a series of research projects listening to survivors of sexual exploitation in SE Asia.

## **Methods**

### **Ethical Considerations**

As this research was conducted through the Love 146 project there was no immediate governing body to seek ethical approval to conduct this study to. However, all interviewers and field researchers were trained prior to data collection and field research using UNIAP Ethical Guidelines for Human Trafficking Research (2008). All interviewers were familiarized with survey questions and we're trained using role-playing scenarios prior to conducting interviews. References for sexual health, counseling services, and legal aid were provided to participants when relevant. They also had ongoing contact with the implementing NGO involved. Prior to beginning each interview, interviewers familiarized each participant with the study's purpose and the kinds of questions that would be asked during the interview. Participants were informed that they could choose to skip any question or terminate the interview at any time. As a precaution, all interviews for this study were conducted in public or semi-private areas within proximity to other members of the research team so as to provide security and accountability. All interviews were conducted in the Thai language by a team of four staff and volunteers associated with the implementing organization, *Dton Naam*.

## **Participants**

This study employs both purposive and “snowballing” data sampling methodologies. Prior to data collection, observational field research was conducted in a variety of areas in the Bangkok area where transgender persons are known to engage in freelance and bar-based sex work. Sites for data-gathering were primarily uncovered through interviews with the NGO *Dton Naam*, sexual health clinics, and information from field informants in various LGBTQ+ bars and entertainment establishments in Bangkok.

This initial field work defined four key areas within Bangkok in which transgender persons were known to be purchased for sex. During data collection, participants were asked if they were aware of other areas in Bangkok in which transgender persons were known to be purchased for sex. This uncovered a number of locales and housing areas in which transgender sex workers lived in community.

A total of 60 interviews were conducted with self-identified transgender sex workers within or near these areas. Of those 60 interviews, 38 were collected from freelance workers and 22 in bar-based establishments. To be eligible for participation in this study, participants were required to meet four basic criteria: biologically male at birth; self-identifying as “third gender” or “female” (ladyboy/transgender); reporting to have been paid for sex within the past three months; able and willing to give informed consent to participate in the study. All the field research and data gathering was conducted in July - September of 2013.

## **Research Instrument**

The research instrument used for the study was carefully adapted from a similar survey developed by Glenn Miles and Jasmir Thakur of the *Samabhavana Society* used to survey vulnerability among street-based male masseurs in Mumbai. In adapting the survey, questions were reviewed and scrutinized to ensure their relevance among transgender persons. Additional questions were added to explore social stigma, exclusion, and

discrimination. The final survey was a combination of multiple choice and open-ended questions covering areas including the following: demographics; relationships; personal and family finances; social exclusion, prejudice, stigma and discrimination; migration and entrance into the sex industry; sexual history and sexual health; personal sexual history; substance abuse; violence and sexual abuse; income generation; dignity and future planning; spirituality and existential well-being (Appendix B).

## **Results**

Surveys were analyzed using SPSS 20.0 (SPSS Inc). Both descriptive and thematic analyses were utilized. Descriptive analyses were used to examine the frequencies of various responses. Thematic analysis was used to explore the responses to open-ended questions included in the survey, with key features of this data coded and sorted in a systematic manner to reflect patterns in the data and inform themes and subthemes relevant to the questions used in the survey (Boyatzis, 1998).

### **Demographics**

The ages of participants (n=60) ranged 28 years (18-46 years) with the mean age of participants being 25 years old. Most participants (63%) had completed between a 7<sup>th</sup> and 12<sup>th</sup> grade education. This includes more than one-third of participants (35%) that had completed a tenth to twelfth grade education, and more than one in four participants, or 28%, completed a 7<sup>th</sup> to 9<sup>th</sup> grade education. Only four participants cite completing lower than a 7<sup>th</sup> grade education. In comparison, 18% of participants have completed/are completing some form of education beyond secondary school, this includes vocational college (10%), post-secondary diploma (8.3%), and those that had completed, or were currently completing a university-level degree (11.7%). Regarding ethnicity, over a third of participants (37%) cited coming from Isaan province, one of Thailand's poorest regions, with approximately another



quarter (26%) growing up in Bangkok. Only four participants were found to have migrated from outside of Thailand, split evenly between Cambodia and Laos. The remaining participants (25%) were spread evenly across various Thai provinces.

### **Migration and Entrance into Entertainment Work**

A significant majority (81%) of participants, indicated entering the entertainment industry due to direct financial needs, this includes 25 participants who indicated that they perceived that they could earn significantly more money through this type of work, and 18 people who indicated they saw this as a form of “easy money”. More than four out of five participants (82%) indicate that they were introduced into the entertainment/sex industry through a friend. The remaining participants (18%) either came to the sex industry through their own means or through a relative.

### **Finance**

Participant’s income varied greatly between those who worked freelance and those who were bar-based (see table 1). More than three quarters of participants (78%) reported sex work to be their primary source of income, while 60% reported sex work to be their only form of income.

**[Insert table 1]**

### **Stigma and Discrimination**

Two-fifths of all participants (41.5%) indicated that sex work had a negative effect on their intimate personal relationships. A further 17% indicated a “moderate effect”, 13.2% indicated that it had “very much” of an effect, and 11.3% indicated “a little” effect on such relationships. Nearly one-in-three participants (30%) describe themselves as being in a committed romantic relationship. Among this group (n=18), eight cited their intimate partner was unaware of their work. Over half (51.7%) of participants (n=58) believed that being a ladyboy affected their intimate personal relationships. Of those that indicated that it did have

an effect (n=29), less than half (44.8%) stated a negative effect, while 55.2% stated that their gender identity had a positive effect on their intimate, personal relationships.

In terms of active discrimination, a sixth of the participants (16.7%) reported having to change residence had been refused accommodation because of their gender identity. Five participants indicated losing employment or being refused employment and two indicated dismissal or prevention from receiving education due to gender identity. Lastly, one participant reported denial of health services within the past 12 months, based on their gender identity. The highest frequency of personal feelings regarding (n=59) gender identity was guilt (42.4%), shame (39%), self-blame (37.3%), and low self-esteem (30.5%). In addition, 18.6% of all participants indicated that they have felt ‘deserving of punishment’ with 6.8% having suicidal thoughts within the past 12 months.

### **Gender/Sexual Identity**

The distribution of ages at which participants cited first became a ladyboy show a distinctive double bell-curve which seems to demonstrate two distinct populations (see figure 2). The first peak indicated that some of the participants became ladyboy’s around the ages of 4 to 6 years, and the second peak indicating that they became a ladyboy around the ages 13 to 16 years.

**[Insert Figure 1]**

It was found that 78.3% of all participants admitted to taking hormonal (estrogen) supplements. Participants who stated that they were currently taking estrogen supplements (n=47) were asked if they were aware of the drugs side effects. Nearly one third (29.8%) of participants stated that they were unaware of the side effects of such supplements.

Reconstructive surgeries were also found to be commonplace among participants (n=58).

Over half (56.9%) indicate having some form of reconstructive surgeries to appear more feminine.

Ages at the time of the first sexual experience ranged 12 years (9-21 years) with a mean age of 15.45 years. On average, first sexual partners were somewhat older and significantly older in some cases (See figure 3).

**[Insert figure 2]**

Ten participants (17%) describe their first sexual experience as forced or coerced. Exactly half of participants state their first partner was a boyfriend, 18% cite this was a “partner”, and 10% cite this was a stranger.

### **Violence and Sexual Abuse**

Considering sexual violence, more than a quarter of participants (26%) indicate instances of physical assault within the past 12 months. Perpetrators include clients, boyfriends and mamasans (a bar “madame”, or manager). Instances of physical violence were highest among freelance sex workers, where 44% reported such instances compared to bar-based sex workers, where 23% reported such instances within the past 12 months.

Two in three participants suggested that they had experienced instances of sexual violence (or unwanted sexual touching) within the past 12 months. Individuals committing these assaults included clients (69%), gangs (11%), and from police (6%). In terms of frequency nearly half (48%) of those reporting sexual violence indicate that this happens “always”. In contrast to physical violence, sexual violence was most common among bar-based sex workers (89%), and less prevalent among freelancers (61%) within the past 12 months. Nearly a quarter of participants indicated times in which they had been forced to

have sex. This number was higher among participants coming from bar-based establishments (27%), compared to freelancers (22%).

### **Sex Work**

The frequency at which participants had met clients for sex within the past week ranged from 0 to 40 clients, with a mean of eight. Freelance workers reported an average of 10 clients within the past week, significantly higher than those working in bar-based establishments which reported an average of 4.5. The nature of the sexual services that the participants were required to provide to clients was also measured (see figure 3).

### **[Insert figure 3]**

In addition to sexual services, well-over half of participants (56%) indicated that they had been filmed/photographed for pornography. Participants working within the Soi Cowboy, Nana and Patpong estimated that nearly all (98% in each location) of their clients were foreign. In contrast, the area of data gathering in North Bangkok (comprised entirely of freelancers) estimated only 18% of their clients, on average, to be foreign.

### **Alternative Employment**

Only 19% of participants stated that they would be willing to take an alternative job offering 6,000THB a month. Participants working as freelance sex workers were more likely to take an alternative job (24.3%), in contrast to only 9.5% of participants coming from bar-based establishments. Almost all the participants (95%) indicated that they desired to learn a second language, primarily English, to aid in their income generation. Beyond this, the only other statistically significant group (10.9%) stated the need to complete a degree program to increase their income. Over a third of participants (37%) state that their biggest obstacle is meeting their financial obligations, related to this is the 19% of participants stated that it is “supporting their family financially”. A further 14% of participants indicated “workplace

intimidation” to be there one of the biggest obstacles facing them. Another 14% of participants indicated that “self-doubt” is one of the biggest obstacles facing them, with only 5% that cited ‘personal relationships’ as one of their biggest obstacles.

### **Discussion**

Results indicate Ladyboys working as sex workers in Bangkok to be vulnerable to several factors beyond contracting HIV/AIDS. These factors include physical violence, sexual abuse, side effects of hormonal supplements, stigma and discrimination, as well as financial insecurity. Skills development in alternative careers, language learning, and appropriate legislation to protect these ladyboys are all steps that can be taken to not only protect ladyboys working in the sex industry but improve their quality of life overall. NGO’s, government organisations, social researchers amongst other interested parties can utilize this information as a baseline to attain a more holistic picture of the lives of ladyboys in the sex industry.

### **Stigma**

Stigma and social exclusion from family and friends was a significant vulnerability found among participants. A notable effect of stigma and social exclusion in the transgender community is low self-esteem, suicide and poor mental health generally (Bockting et al., 2013). Results concerning poor mental health in this study, specifically low self-esteem and suicide, 30.5% and 6.8% of participants respectively, are comparable to another study conducted in Cambodia (Davis et al., 2014:12). The Cambodian study demonstrated that a third of participants had low self-esteem with a further 20% indicating suicidal feelings within the past 12 months (Davis et al., 2014:23-24). While these figures may differ significantly from the results observed in Cambodia there is little research in Asia on the

vulnerabilities of transgender people to emotional health issues. Therefore, it would be unwise to draw any broad conclusions on whether the results found in this study are considered statistically normal for transgender people in Asia.

Social exclusion, particularly by family members, has been found to be another key vulnerability among LGBT people in Southeast Asian societies. Openly gay or transgender people often face ostracization from families and are often provided with no social or economic support system, which exacerbates their vulnerabilities (Cambodian Center for Human Rights, 2010: 7; Khan S. et al., 2009; Phlong et al., 2012: 36). The present study affirms this, finding 44.8% of participants stated that being a sex worker negatively affected their relationships. This evidence provides a contrasting narrative to how Thailand has been presented as a haven for the transgender community, particularly in south-east Asia. The conflicting narrative continues to support research into the prevalence of emotional and psychological vulnerabilities of those who are transgender in the Thailand, and across the Asia Pacific region (Armbrecht, 2008; Mosbergen, 2015; Winter, 2009:372-375; Yongcharoenchai, 2013).

### **Discrimination**

One clear act of discrimination inflicted onto ladyboys in Bangkok is being limited in their career options through employment discrimination. Transgender persons are discriminated against in places of employment either in the hiring phase or not being able to work in many sectors, including government (ILO, 2014; Jackson, 1999). Participants in this study cited difficulties in finding jobs outside the service industry or entertainment sector. Within this study, almost 10% cite instances in which they have been refused employment because of their gender identity.

Nearly, a fifth of all participants (18%) were participating in some form of tertiary/post high-school education so the primary issue preventing their employment it could be suggested isn't access to education. While there may be numerous issues regarding access to employment for transgender people, discrimination is highly prevalent across the board. In one case, a participant who had fully transitioned (physically) from male to female had completed her college degree and had been certified as a public accountant. However, she said was not able to find employment because on her Thai ID she was still listed as male. This provides insight into the unique challenges and difficulties that the transgender community face in Thailand regarding seeking employment. However, it is important to note that this paper does not uncover, specifically, the details of how and why their gender identity limits their entrance into the workforce. More research is needed in this area.

### **Sexual Violence**

Participants indicate significant vulnerability to a variety of forms of sexual violence. These include forced sex, adult and child sexual abuse, as well as physical abuse. A significant proportion of participants in this study (24%) cite that they have been forced to have sex against their wishes. Over a quarter (27%) of participants first sexual experiences qualify as child sexual abuse, in which the participant was still a child under the age of 18 while the partner was legally an adult. Experiences of forced or coercive sex as minors was also cited as a major vulnerability amongst participants. Out of all the participants 17% cited that their first sexual experience was forced or coerced.

Among participants who cite being forced to have sex, 13 agreed to share details of their experiences. A thematic analysis was done of these 13 accounts. Six of these accounts involved instances of rape or gang rape committed by strangers on the street. Five involved instances in which the participant was forced to have sex without a condom and one account involved persistent rape by a family member throughout the participant's childhood.

This kind of sexual and physical assault is widespread in this study and in the literature at large. A survey of more than 2,000 MSM in Thailand, which included transgender persons, 18.4% reported being coerced into sex and, of those, 67.3% were coerced more than once (Guadamuz et al., 2006). In recent years, several studies conducted in the region have begun to take note of forced sex or physical abuse experienced by transgender persons in the sex industry (Davis and Miles, 2013; Jenkins, 2006; Miles & Davis, 2012; UNDP, 2013:9). Another study found that transgender persons had significantly higher histories of forced sex (26.4%) as compared to MSM (19.4%) and MSW (12.1%), respectively. Further research amongst Thai male, female and transgender sex workers showed similar findings and reports transgender persons as having the highest histories of coercive and forced sex (Chemnasiri, 2010; Guadamuz, 2011).

Findings in this study affirm previous research and support the notion that transgender people are at a high risk of becoming victims of sexual abuse. This kind of experience of sexual trauma in the person's past and the ongoing work in the sex industry lead some sex workers wanting to leave the industry.

#### **Being Used for Pornographic Material:**

More than half of participants in this study (56%) cited being filmed and/or photographed for pornographic materials. These findings support previous results which show transgender pornographic websites have been one of the fastest growing sectors in Internet pornography (Thomas, 2005). Furthermore, as Ocha (2013) found, sex tourists indicate a romanticized and exotic orient to transgender persons. This demand could potentially be on the rise, however more research is needed. Specifically, research should explore how and why Ladyboys end up doing porn, the culture surrounding the consumption of this porn, the audiences targeted, and demand as cited in Ocha (2013) and Thomas (2005).



## **Migration**

Most migration seen in this study is internal within Thailand involving movement to Bangkok from rural areas. A quarter of participants migrated from one specific region, Isaan, which is one of Thailand's poorest regions. Isaan makes up a third of the population of Thailand and many of the local men for decades have gone to Bangkok to work as taxi drivers or laborers, returning home yearly for the rice harvest. The women usually stay behind, however, women migrating to Bangkok are known to be vulnerable to trafficking and exploitation (Campbell, 2014).

A total of 40% of the participants were ethnic minorities not originally from Bangkok, these nationalities included Cambodian, Laotians, Shan, or Tai Yai. Participants give a variety of reasons for migration including difficult family circumstances, economic hardship and paying for sexual reassignment surgery. Cross border migration and internal migration are factors that can create vulnerability and isolation from families. Many studies focusing on migration in the region look at vulnerabilities to trafficking and forced labour in the finishing industry among people coming from Cambodia, Myanmar and Laos.

Over the next decade, Thailand will most likely see a steady rise in migration to city centers. Part of the global trend in sex work is migration, which includes both internal and external flows of people. Sex workers rarely work in their local communities. Most of the world's population 54% lives in urban areas, this is set to increase to 66% by the year 2050 (UN & DESA, 2014). The main hubs for sex work in Thailand are the major urban centers including: Bangkok, Pattaya, Phuket and Chiang Mai (Cameron, 2006:46).

A variety of “push” and “pull” factors have been found among transgender sex workers, both from the literature and from the results of the survey to stimulate the migration process. The following are specific factors for migrants coming from different parts of Thailand or other countries to Bangkok: schooling, insufficient income from farm or rural work back home and

the lure of better income and increased savings from working in Bangkok than in their hometown or country. A small factor is that Bangkok natives have more connected social networks and family's ties compared to those who have migrated, however, the findings of the study did not find major differences in vulnerability between Bangkok natives and migrants.

### **Limitations**

Data collected during interviews relied largely upon self-reporting; thus, this study only reports the information participants were willing to disclose, and through the social and ideological lens by which they chose to disclose it. As discussed in this report, it was common for participants to give seemingly contradictory answers to interview questions. For instance, several cited that they like sex work, negatively describe graphic acts of physical and sexual violence committed against them in their work, and admit having no other choice but apart from sex work. While we understand this data to be contradictory, we are only able to present this at face value and provide analysis on what some of these contradictions might imply.

Another example relates to the reported age of the participants. Over half (53%) fell within the United Nations definition of youth, which is defined as 15–24 years of age (UNDESA, 2015). While no one in the sampling reported to be under the age of 18, a few participants appeared quite young. Within the past few decades there has been increased vigilance and harsher legislation for child abuse and endangerment, which drives younger sex workers to go underground or to lie about their ages. Given this reality, it should be noted that ages shown here are merely ‘reported ages’ and it is understood that some participants in this study may be younger than what they report.

**Recommendations**

Sexual Exploitation research and social programming has largely focused on cisgender young girls and some women. This research highlights that transgender persons, as well as boys and young men, need a higher profile in this conversation. The development community has largely focused on HIV and sexual health when addressing the needs of transgender persons. While this has been needed and has resulted in some very robust programs for sexual health, it is also important that the development community is able to address the needs of transgender persons as whole person: physically, emotionally, and spiritually. While there has been a minority of studies, including this research, which look at the needs of these groups holistically, including their vulnerability to sexual exploitation and other forms of violence.

There is need to look at a holistic range of issues that may be affecting their lives and development as persons, including emotional health and self-esteem, issues of stigma and discrimination and its effect on the options that are afforded to them in society. Further, it is important that such groups promote and implement social dialogue with transgender persons (and other LGBTQ+ people) and employment organizations in different sectors to create sustained equality in the workplace for transgender persons. As a part of this, it may be important for such organizations to provide more diverse job alternatives and vocational training opportunities to transgender people who are seeking to leave the sex industry. These options must cater to a broader range of skill sets and interests, beyond merely the entertainment and beauty industries.

**Health.**

There is a constant need for further and better training of doctors and nurses in public health programs and hospitals, both rurally and within urban areas, to prevent stigmatization and negative treatment of transgender individuals under their care. Information from key

participants in this study indicates a common and pervasive fear, among transgender sexworkers, of stigma and discrimination from healthcare professionals. Further, this study uncovered many cases of stigmatization and negative treatment of transgender persons, particularly sex workers in health care in Thailand.

There needs to be specific and sensitive health care services for transgender people including advice on the use of estrogen, hormones, botox, breast implantation and gender realignment. Furthermore, the knowledge that there are illegal clinics functioning in Thailand needs an increase in public awareness. Professionals who work in sexual health need to learn to treat everyone including transgender clients with dignity and kindness. Additionally, there is need for increased funding for rights-based LGBTQ+ programs and services involving health needs more broadly, beyond those that support HIV prevention, treatment, and care.

### **Client-centered counseling**

Participants in this study indicate experiencing significant amounts of gender discrimination, stigma, and trauma due to their experiences with clients and with their society, including low self-esteem and 7% citing suicidal ideations within the past year. Given this reality, NGOs and civil society organizations (CSOs) should help provide counseling services, including art therapy, to process and deal with sexual, physical, and emotional violence and the resulting traumas that many of the transgender sex workers cite in this study. Service providers should work to adopt a more holistic model of healing and restoration through trauma informed art therapy, such as the model used by BuildaBridge International. Further, most counseling resources available tend to be from western sources, thus it is important that resources and counseling approaches are carefully adapted to the Thai context. Such resources must be sensitive to the unique and numerous stigmas and areas of discrimination, which may vary greatly from the west.

### **Conclusion**

While research on transgender persons has increased within development circles over the past several years, studies are still quite limited and often focus solely on sexuality and sexual health. Much more research, particularly qualitative and phenomenological studies, are needed to give nuance and depth to this developing conversation, including research would be useful to explore the existence of trauma and other coping strategies employed by transgender sex workers, particularly looking at the high levels of stigma, discrimination, violence, and sexual abuse that has been found among such groups. In addition to this, there is a need for research looking at gaps within health and social services and the development community would be useful to determine the understanding of the needs of transgender persons so that the needs of transgender persons can be met more fully. The need for health services for ladyboy including physiological services because of large amounts of sexual abuses. Additionally, NGO and government need people trained to deal with sexual trauma, trauma-informed art therapy counselors, trainers on safe-informed migration.

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