

Hear My Voice: The Experiences of Transgender Sex-workers within the British Columbia Healthcare System

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Abstract:

The purpose of this research project is to document the personal experiences of transgender sex workers (TSW) in dealing with the healthcare system. Healthcare professionals (HCP) exposure to sex workers or transgender people is limited, and often when exposed to this population, HCPs do not know the proper way to behave. This can lead to TSWs not feeling safe to access healthcare, which can have adverse health outcomes for them. Grounded in phenomenology and thematic analysis, phase one of this research involved collecting data through interviews with TSWs to explore the positive and negative experiences they have had with respect to their involvement in healthcare. During phase two of the research, a thematic analysis will be conducted focusing on a series of themes that were identified through interviews with TSWs, and any gaps or barriers to TSW care will be explored. The conclusions drawn from the research will provide a foundation for recommendations and suggestions to be made on how HCPs can help to provide a safe, supportive health care environment for TSWs. This will foster a better understanding of this unique population, and assist in equipping HCPs with the knowledge they need to provide competent care.

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Introduction

It has been acknowledged that stigma and discrimination contribute greatly to greater healthcare needs for transgender sex workers (TSW) (Grace & Zunner, 2012; Grant, Mottet, & Tanis, 2011; Houston, 2011; Mulia, 2002; Roche & Keith, 2014; Slamah, Winter, & Ordek, 2010). Discrimination by employers, parents, friends, strangers, healthcare workers, and others in a society can lead to higher needs for mental health treatment for anxiety, depression and substance use disorders, to the delay of the seeking of emergency or non-emergent medical care when it is needed, to the withholding of important information from healthcare providers for fear of judgment, and to a number of other issues that negatively impact the health of the individual (Roche & Keith, 2014).

Despite the fact that healthcare providers are in a prime position to assist transgender sex workers to improve their health outcomes, many in this population have struggled to find healthcare practitioners who are knowledgeable and supportive (Roche & Keith, 2014). A large contributing factor to this lack of awareness and knowledge on the part of the health care professional (HCP) is the fact that this is such a specialized population (“*We just don’t come up frequently enough,*” said one participant).

There is limited peer-reviewed literature available that addresses the needs of this population within healthcare, and this literature tends to be limited to data collected in the United States and in Europe (Grace & Zunner, 2012; Operario, Soma & Underhill, 2008). The literature also often addresses the healthcare needs of either transgender individuals or individuals who work in sex work, but rarely that of transgender sex workers, despite statistics stating that 16% of Ontarian transgender individuals report having engaged in sex work (Bauer et al, 2013). By exploring this topic, the authors hope to provide information that directly addresses the experiences of transgender sex workers who have accessed the healthcare system in British Columbia, Canada, thus filling a gap in the literature.

This study aims to explore the challenges that TSWs face when accessing the healthcare system in British Columbia, as well as the strengths that the current healthcare system offers. The conclusions drawn from this inquiry will then lay the foundation for recommendations that can assist healthcare professionals and systems in better meeting the health needs of transgender sex workers. In turn, this will foster greater sensitivity to this unique population within the healthcare system.

For the purposes of this report,

1. *Transgender* individuals are "those whose psychological self ('gender identity') differs from the social expectations for the physical sex they were born with" (Transgender, n.d.). This is a broad and far-reaching term that is used by people who have a wide variety of definitions of self and gender. A transgender person may also self-identify as trans, genderqueer, gender fluid, androgynous, two spirit, transsexual, or any other number of gender identities.
2. *Transsexual* individuals are people who "do not identify with the sex they were assigned at birth and wish...to realign their gender and their sex through use of

medical intervention" (Transgender vs. Transsexual, n.d.). Examples of medical intervention are sexual affirmation surgery, hormone use, and cosmetic procedures such as facial feminization or masculinization surgery.

3. *Sex workers* are individuals who receive money or goods in exchange for sexual services (Overs, 2012). Examples of sex work include escorting, adult film performance, phone sex operation, domination/submission work, adult webcam performance, erotic dancing, sexual surrogacy, tantric sex services, and other services.

Participants

Inclusion criteria for participation:

1. Self-identifies as transgender,
2. currently works in sex work in Canada (or has done so within the past five years),
3. has accessed the British Columbian healthcare system within the past two years, and is over the age of eighteen.

Participant 1: 50, self-identifies as a transsexual woman, has worked for twenty-five years as a dominatrix in Vancouver.

Participant 2: 35, self-identifies as gender-fluid, worked in sex work for several months as an escort in Kamloops.

Participant 3: 25, self-identifies as a transgender man, has worked in sex work for five years as an actor and technician in adult film in Vancouver.

Participant 4: 60, self-identifies as an intersex transgender woman, has worked in sex work for 45 years as a survival sex worker (escort).

*ages are approximate to maintain confidentiality

Methods

Study Design

Qualitative research methods were used to explore the experiences of TSWs in the British Columbian (BC) healthcare system. Data was collected through recorded semi-structured interviews with TSWs in hopes of developing a broader understanding of the challenges and barriers TSWs face while accessing and navigating through the British

Columbian healthcare system. The study was conducted in BC, with three interviews taking place in the metropolitan area of Vancouver, BC, and one taking place in the mid-sized city of Kamloops, BC. Written informed consent was received prior to the beginning of interviews and data collection.

Participants were recruited through purposive and snowball sampling, with various businesses, advocacy groups, and agencies contacted through email, telephone, word-of-mouth referrals, and dissemination of recruitment posters. Recruitment hoped for diversity of age, identified gender, and healthcare experiences to ensure the richest data possible.

Data Collection

Interviews were conducted by the primary investigators in a semi-structured format and recorded. Interviews were face-to-face with participants in a mutually agreed upon location. Interviews were up to two hours and transcribed verbatim for analysis. Initial ‘icebreaker’ questions were used to allow the participant to open up and become comfortable, and then main questions were introduced. Participants were able to speak freely as well as follow guiding questions, in order to allow the interviewers to receive the richest data possible. Participants provided data on socio-demographics, involvement in sex work, involvement in healthcare services, and enlightenment in regards to their experiences and feelings.

Analysis

Qualitative analysis was conducted on the interview transcripts using thematic analysis. Thematic analysis has been defined by Vaismoradi, Turunen, and Bondas (2013) as “an independent qualitative descriptive approach for identifying, analyzing, and reporting themes” (p. 400). The following framework for thematic analysis as defined by Braun and Clarke (2008) in Vaismoradi et al. was used:

1. Familiarizing with Data
2. Gathering initial codes
3. Search for themes – reviewing themes – defining and naming themes
4. Producing the report.

The investigators used inductive inquiry to analyze themes and patterns that arose throughout the interviews. Two researchers were involved in the analysis and worked through all four transcripts together, coding potential themes.

To ensure credibility, researchers read over transcribed interviews and coding occurred independently. The results of the coding were then discussed between the researchers. Adequacy of data was considered, and limitations were discussed. The investigators considered whether saturation of data occurred, and the investigators determined that sufficient data was present, although there were several new themes that may be explored further.

Results

The following results are the themes that the authors deduced from the transcribed interviews:

Theme 1: Subtle distancing

Transgender sex workers often face subtle distancing from healthcare providers. Although these changes in tone of voice, body language or other shifts are subtle and often unintentional or subconscious, clients of HCP take notice of them. Clients who are often marginalized in society become all the more sensitive to these changes as they experience them over and over across their lifespan, making it even more important for HCPs to be self-aware when communicating with TSWs.

"They ask all the questions and then suddenly, the rubber gloves come on. The distance between you and them, and that's what happens. They find out and then suddenly their attitude changes. And it still happens; it happens daily. I don't think that you want to do that daily with a doctor, a physician, and the medical world! You know? You want a standard of care to be given to you right off the bat when you walk in the door. I think that's essential." -Participant 1

"This is more persona; you can tell, you can feel. People are not stupid; I really believe that people are very astute, especially when you're seeking out medical care. And when you're looking for different things, you can tell. You can tell when someone's guard goes up and it's not the first time it's happened to me." -Participant 1

"There's a lot of subtleties- the words people say that demean how I choose to identify. For example, if initially someone will call me he- because physically I still look like a he, other than how I dress- I'll say 'can you use the she pronoun,' and some will really try; some won't at all. It's already a subtle hint that they don't want to honour me or respect where I'm coming from. And then there's other little comments, like 'it's a choice,' or 'you're sick.'" -Participant 2

Theme 2: Dismissive attitudes

Many transgender clients of healthcare who are sex workers experience blatant dismissal by HCPs, and point out that when comparing their experiences with those of other users of the healthcare system they seem to experience dismissal more often and more quickly. The comments in the interviews of this study indicate that these clients feel shut down by many healthcare providers -- that they are treated as though their concerns are illegitimate. One participant reports that, because Canadian laws do not necessarily offer legal protection against discrimination for transgender individuals, and because, traditionally, Canadian law has punished people who engage in sex work simply for doing their job, it makes it easier for all people, including those working in healthcare, to ignore the validity of TSWs as people deserving of equal treatment.

"It's been a real serious search to find individuals who would actually listen to me and take me seriously in what I was doing." -Participant 1

"There's a lot of dismissive attitudes with these individuals, and they don't do that with other patients. Because I've gone to doctors who are the same doctors of friends of mine and they get very different treatment when it comes to doing types of blood work, and I'm going in for the same things." -Participant 1

"They can't talk about that they are sex workers because they are automatically pushed aside. They are deemed unimportant." -Participant 2

"Some of us may not be healthy, may have negative behaviours, but we are all part of the community. We all deserve to be supported, and that can perpetuate health too."

Participant 2

"I feel like, as a trans sex worker, I'm kind of met twice with that "Nobody knows I'm a real thing" which can happen socially and it can happen legally. Like, I don't have legal

protection as a trans person. I have legal protection as a gay person, but not for being trans specifically." -Participant 3

"Let us self-identify. It's crazy- I've legally changed my name to [female name], and too many times they'll screw up on the pronoun.. Like he or... you know you're in a waiting room, and the nurse come out and asks for Mr. [female name]. " -Participant 4

"So I finally get a nurse and this one nurse thought I was a junky, and I don't do needles. And she thought I was prostitute junky. They never listen to what you say. The only thing they saw was 'sex trade,' and after that they treated you like a bimbo bitch that doesn't know shit. And you just have to go with it because you know they treat all the girls like that." -Participant 4

Theme 3: Assumptions and judgments about sex workers as "victims"

The participants in this study reported experiencing assumptions by healthcare workers that they are "victims" because they work in sex work. Two of the four participants made numerous statements that they choose to be in sex work and enjoy the work. Although many sex workers are indeed in the line of work due to financial need, lack of availability of other jobs, or coercion, there are indeed many who choose it because they enjoy it.

The value of recognizing each person's individual experiences is pertinent for healthcare workers. It is important to avoid making assumptions regarding this question and to avoid attaching negative stereotypes to these clients.

"People who perform sex work are doing work. It's work to them." -Participant 1
"Do not assume that just because they are a sex worker that they are a victim. If you need to know, find out. Ask them. Don't assume." -Participant 2

"Sex workers are human, and they make choices, and sometimes it's based on survival and sometimes it's based because they want to. Like me, I chose because yes, there was a financial piece to it, but I wanted to do it, and I actually enjoyed some of it." -Participant 2

"There's an interesting narrative of wanting to transition because you're born in the wrong body and you hate yourself until you become this upstanding man or woman;

meanwhile, there's this narrative of if you're a sex worker, you want out. So there's a lot of 'I understand your needs and I understand your needs, and here's how you become the perfect straight person you've always wanted to be. If you get out of the industry, it's fine.' It's very victim-based. And it's not okay to have a fluid gender and to be fine with your career choice." -Participant 3

In spite of these individuals' experiences, Participant 4 stated:

"I would not wish sex work on anyone".

Recognizing differences in experience helps all HCPs to reach a deeper level of rapport with and understanding of the clients they serve.

Theme 4: Building a network of supportive and informed healthcare providers is important, but extremely difficult in the beginning

Because there is no centralized location where transgender individuals and sex workers can get information directing them to supportive healthcare services, these clients can often only become connected with services through word-of-mouth and recommendations by other people in the community.

"I had to seek out my own specialists, so that was something I had to take up on my own, which wasn't easy." -Participant 1

"For people, it's about being honest and truthful and trustworthy with individuals, and that makes a person feel good. The compassion that people are looking for, people who are already compromised emotionally, they want to be validated as an individual when they go through that door. It's really, really important. And after the validation comes the emotional support, but also the care that I'm getting from these individuals [is better] because they believe in me and they want to give me the same amount of care that they're giving anybody else that's coming through their doors." -Participant 1

"My experience in the healthcare system within the past few years has been great, mostly based on how involved in the [trans] community I am." -Participant 3

"Once I find the right places, like now I've found Three Bridges [a clinic in Vancouver], that's been great for me. I haven't felt the need to access sex work resources but I feel very able to, based on my connections there. But they're kind of, you know, tucked, so if you don't know where to look then you're kind of screwed there." -Participant 3

"The initial finding of the right people and the right connections [has been my biggest barrier to accessing healthcare]. Like when I was handed the contact information of a person who no longer worked at Vancouver Coastal Health. I would have been so fucked there, that would have thrown me for a loop, and I was on a Live Journal community [an online blog] at the time and had mentioned I was going to go see this guy, and somebody commented there "That guy's no longer there; you need to talk to this guy." Like he just happened to be there. So once you start making enough friends who are going through the process, you can have each other's backs and navigate the system that way, but starting off, who knows?" -Participant 3

"I started seeing [a counselor] when I was having trauma issues and breaking down. She's the one who connected me to [another worker] which got me to Dreamweaver which was on the Riverview grounds [a treatment centre]." -Participant 4

Theme 5: Mental health care is urgent, yet complicated by numerous factors

Barriers to mental health care were reported by two of the participants in this study as being prevalent. Participant 3 spoke of extreme apprehension to access mental health services, despite experiencing extreme anxiety and deep depression, for fear of seeming mentally ill and therefore incompetent to make the decision to transition:

"A thing that I took on for myself when I started transitioning and has affected me since: I sort of had the sense that I had to be a 'sane trans person,' because you need doctor approval to get from A to B, and if you have any other mental health issues or if you're an addict or have some other anything, that can halt your process. You really want to appeal to the person who's gatekeeping the [transition] process for you. There's no room for mental illness because I need to maintain my credibility in case I want surgeries or whatever that may be.

It is also a challenging balancing act, since, as this participant further explained, *"I want to show that I'm doing poorly enough that I need to do this with my body, but I'm doing well enough that you can trust me to make this choice."* Participant 3

Participant 2 also explained that, in order to access government-funded psychiatry services necessary to begin transitioning physically,

"You have to get a psychologist to do the first assessment, and most of the doctors are not

covered."

This is a major barrier for lower-income transgender individuals looking to access mental health services and/or looking to transition physically. Participant 4 describes the effect that all of this has an intense effect on one's psyche:

" I wrestled with my sexuality. I didn't know which way to go. I was going to blow my brains out. Depression and despair do funny things to your head."

The need for timely, affordable mental health care is high, as Participant 3 points out:

"We focus so much on the physical transformation, thinking that that's going to solve all the problems."

Strengths of the current system

The biggest strengths that the healthcare system in BC has to offer transgender sex worker clients, according to the participants in this study, are that the Canadian government financially covers many aspects of the initial sex transition for individuals who are interested and who qualify; and that there are some specialty clinics and providers, as well as some compassionate and informed individuals within the system who offer a sense of support. When asked what has worked well since finding supportive healthcare providers, Participant 1 stated *"They give me emotional support. They validate me. That's the most important part of it."*

There is a growing understanding in Canadian society that transgender people exist and access healthcare regularly, though the awareness of transgender sex workers is limited because, according to Participant 3, *"it's too different, too complicated for people."* The same participant also noted *"I wouldn't say I've faced discrimination [in healthcare], clumsy ignorance at worst."* Although there is much room for improvement, many persistent trans sex workers do eventually locate and build relationships with caring, informed professionals in the healthcare system in British Columbia.

Discussion and Recommendations

RNs view the world through a theoretical perspective, and they use this perspective to understand their role when providing care. This theoretical perspective is

built on four key components: the person (patient), the environment, health, and nursing (CNA, 2007).

The authors in this study used this theoretical perspective to shape their findings. The 'person' in the study is the TSW. The 'environment' is a broad setting focusing on both physical and social factors that may affect the client, and encompasses all care settings where the TSW may come into contact with a healthcare provider. The 'health' component focuses on many aspects, including the TSWs' physical, emotional, social, and spiritual wellbeing, as well as the TSWs' lived experience throughout their care. The 'nursing' component includes "roles associated with care, health promotion, prevention of illness, advocacy, research, policy, and education" (CNA, 2007, p. 8).

Participants in this study provided the authors with a snapshot of their journey living as TSWs accessing healthcare in BC. A thorough understanding of the challenges and barriers that this unique population faces would help HCPs optimize TSW care. A participant stated that she dealt with discrimination and violence on a daily basis:

"There's issues that need to be addressed and helped! And people shouldn't just brush them off.... The bus drivers that won't pick me up. The cab drivers that never pick me up. You won't believe the discrimination.... Denied service, thrown out of bars. I have to get someone to stand with me at the bus stop so that the bus would stop." -Participant 4

However, ideas around gender and sexuality are changing in society. Individuals who identify along the "trans" spectrum are beginning to be discussed and their experiences explored. Unfortunately many trans individuals still feel that they are not treated equally to other patients, with one participant saying *"Sometimes the tone is really accusatory from doctors. Like, unsafe or demeaning or things like that."* –Participant 2.

Although some literature exists on the experiences of transgender individuals, as well as literature around sex work, there is a large gap in research regarding being a TSW seeking healthcare in Canada, and very limited research is available to HCPs.

This study found that all participants experienced some sort of discrimination by HCPs, ranging from subtle distancing, discriminatory comments, and dismissal, to full-on aggressive behaviours and intimidation. Access to care was impaired by fear of judgment and the unknown. One participant in this study said: *"It becomes playing Russian roulette, whether I am going to get a good doctor or not. Right? And so that becomes a*

bit of an issue.” –Participant 2

Participants felt that they were unsupported by some HCPs, but once they built up a support system, they began to feel confident and comfortable in stating and exploring their healthcare needs. One participant spoke to this:

“Getting started in transition, I had no idea where to go, who to turn to, stuff like that. And I have, through the people I interact with and who I date, I’ve kind of ended up in this really handy social circle, and now like, I’m here, I run the [trans resource section of a retail store], I’m relatively savvy with trans connections based on that.” Participant 3

Another notable finding from the research is the notion that HCPs tend to perceive TSWs as victims, assuming that they need to be ‘saved’. It is important to not make assumptions regarding how TSWs feel about their line of work. HCPs should explore TSWs’ needs in regards to their work by asking questions, examining body language, and perception checking to make sure they have a clear understanding of that unique client's needs.

Continuity is also highly impactful, as the participants spoke to the importance of having a support system and a network. Many participants have experienced various mental health concerns or crises, and continuity of care would result in a better standard of care for TSWs. A study by Vidya and Rudolf (2007) showed that continuity of care increased patient satisfaction and resulted in care that saved time and resources, as well as better management of patient illnesses and concerns. One participant spoke of meeting with new doctors: *“You just share being trans with some doctors, and they don’t know what to do with you. It’s a foreign concept or their concept.” Participant 2*

The authors and participants have determined a number of recommendations for improving the abilities of the healthcare system and healthcare providers to meet the needs of transgender sex workers in British Columbia.

1. Develop a list of trans-friendly service providers available online for people to access.

“I almost feel that, in smaller communities, if people are working with individuals who are going through these kind of obstacles, people should get together, create a list of individuals who are on-board. You know, of friendly organizations and doctors, practitioners, whoever it is, in the community as well. I think an organization needs to be

established that doctors, nurses, healthcare practitioners can sign on for. And there needs to be an organization that's progressive enough to get people to move forward." -

Participant 1

"Everything's underground, you have to find ways to network to get them to those safe spaces." -Participant 2

"You can't do it alone.... I tried... It's hard to ask for help, and sometimes you don't know where to go to ask for help. It's there but you need someone to tell you or show you. I heard from the other girls." -Participant 4

For transgender sex workers in small communities, finding healthcare providers who are supportive or informed about issues affecting them may be challenging, and the client may not know where to look. This also affects newcomers to a community, regardless of the size of the community. In larger cities, although the resources may exist, it can be overwhelming to determine where to begin the process of seeking out these resources. Although finding providers has become easier with the advent of internet forums and search engines, the authors were unable to find any central location (either online or elsewhere) that could direct transgender and/or sex worker clients to supportive healthcare providers. One participant suggested an urgent need for the development of a central online resource, where users of healthcare in BC could locate supportive providers. It can be compared to the rainbow sticker that is posted in the doorways of many businesses and services around North America, which indicates that the location is friendly toward gay, lesbian and bisexual clients, but this would not require participating services to accumulate numerous stickers and clutter their entrances.

An online resource could be one designed and developed by people in the community, or it could be one that providers sign up for. Ideally, it would include the participation of both the trans/sex worker communities and interested healthcare providers. Collaboration between HCP and the trans and sex worker communities is extremely valuable when developing resources. There could be a BC website, or each city or community could develop its own. There could also be a place on the website where providers could note whether the staff at their offices have engaged in any additional formal training, such as gender and sexuality workshops.

"You need to consult with the community at large, because every community has

individuals who are transgender or transsexual or trans, whatever term you choose. Hear from the people you're going to be dealing with and treat. They need to be active members and actively involved in this consultation process, and once you start that process, others will hear about it and they will come to sign on. If you make it available, they will come." -Participant 1

"Collaborate with sex workers and trans folk to determine new policy, training for professionals, create a dialogue to determine how to create friendly clinics." -Participant

2

"Don't just read about them in textbooks, talk to people, because a lot of the victim-based narrative comes from meeting a trans person or a sex worker once, and then saying 'If I lived that life, I would feel like shit! That person must feel like shit because of these reasons!'" -Participant 3

2. Offer HCPs training in gender and sexuality

In various parts of British Columbia, there are university professors, advocates and advocacy groups that offer workshops on gender and sexuality sensitivity. These are similar to cultural competence workshops and can offer a wealth of information to professionals in all areas that deal regularly with people. Through clinics, hospitals, public health offices, and other healthcare employers offering workshops and training for staff regarding these topics, a culture of compassion and understanding can be further developed.

"We need to realize these are social issues, not criminal issues. Spend money: Not on prisons, but on education and assistance." -Participant 4

3. Validate peoples' experiences

For individual HCPs, there are few things more powerful than validating the experiences and lives of our patients who regularly face marginalization and exclusion. By simply acknowledging people where they are in their lives, and giving them the support they need regardless of our own experiences, HCPs have the power to offer help, to provide guidance, and to enhance health and wellness.

"I don't think that a person can have the strength-building tools properly administered to them if they're not getting the validation from going in and seeing and meeting their healthcare practitioners who stand and believe in what they're all about." -Participant 1

"The compassion that people are looking for, people who are already compromised emotionally, they want to be validated as an individual when they go through that door. It's really, really important. And after the validation comes the emotional support, but also, you know, the care that I'm getting from these individuals because they believe in me and they want to give me the same amount of care that they're giving anybody else that's coming through their doors. And that makes you feel good. And they listen to me.

My voice is being heard." -Participant 1

"When you spend your life justifying your existence and explaining what that means to absolutely everyone, you want a practitioner who already knows that part. It sounds ridiculous but that's how it works. I don't want to go somewhere where I'm hated by

default, and I'd like you to know I exist." -Participant 3

4. Advocate

Being an advocate means being a voice for someone who may not have one. If HCPs question their own practice, as well as issues of systemic marginalization, it is possible to be a voice for change.

"We can't do this alone! We are minority of the minority, and because of that- let's be honest- we are not always the healthiest people, and if we've been discriminated against because of our lifestyles or because we're addicted to drugs or because of sex work or whatever, we don't always have a voice, a strong voice. We need others to be voices for us. I think we need allies, professional allies to speak up and create space and all of those things." -

Participant 2

"It's also just creating space, advocating, just saying 'No, this is not how we treat these individuals. They deserve service too, here's a different way we can do it.'" -Participant 2

It is a professional responsibility of healthcare professionals to report any suspected abuse of all clients. This includes transgender sex workers, who are significantly more at risk of physical, emotional, psychological and sexual abuse by partners, clients, strangers and authority figures such as the police (Roche & Keith, 2014). Members of this population are often vulnerable to abuse due to societal stigma, discrimination, and lack of understanding. One participant spoke of being assaulted by police officers and feeling as though they did not have anyone listen to them, as well as having their concerns

ignored by healthcare staff. HCPs must ask questions regarding injuries and mental health concerns to prevent TSWs from falling through the cracks:

"I spent two weeks in the hospital handcuffed naked... after five days someone put a sheet over me...." -Participant 4

"I was rushed onto the emergency table because I had lost so much blood from [the police] taking so long before phoning the paramedics. The doctor couldn't believe it. It was the worst he had ever seen and he was afraid to release me into their custody." -

Participant 4

5. Research

More research is needed in this area. The participants in this study were living in Kamloops and Vancouver, British Columbia. Exploring the experiences of transgender sex workers living and working in smaller communities would be a next step for research. Exploration of the differences across Canada and in different parts of the world would be valuable. Further research could focus on interventions to help HCPs better understand TSWs' needs, education dissemination, or a TSW mentoring program between TSWs and HCPs.

"Research is where it starts!" -Participant 2

Contribution to Nursing Practice

The Canadian Nurses Association (CNA) states that Registered Nurses work all throughout Canada in a variety of settings, and care for patients around the clock, 24 hours a day, seven days a week (2007). In order to meet the needs of such a diverse patient population and practice safe, culturally appropriate care, nurses must be competent and have an in-depth knowledge base. This research hopes to merge RN practice with positive TSW outcomes, by promoting a deeper understanding of the unique needs of this population. The CNA tells us that "research supports the link between RN practice and positive client outcomes" (2007, p.19). By providing nurses with the knowledge they need to support TSWs to receive optimal care, nurses can create a therapeutic nurse-TSW relationship in which TSWs feel safe to explore their healthcare needs, and where nurses have the knowledge base to help empower TSWs. Nurses have the power to be very influential figures in patients' lives. Through life-long learning,

evidence-based research, and a commitment to best practice, nurses can deliver TSWs the optimal care that they deserve.

Limitations

Limitations of this study include small sample size. Fewer participants than initially anticipated were reached and, given the small sample size, it is difficult to ascertain saturation of data. Snowball sampling also tends to reach participants that are more accessible and connected, which can result in a less than true representative sample. The authors' previous research experience was limited, but throughout the responsibility of collecting data, transcribing, and conducting the thematic analysis valuable research skills were attained. Despite the limitations, participants shared valuable and enlightening information regarding their experiences, barriers and challenges they faced, strategies for overcoming barriers, and valuable recommendations for healthcare professionals.

Conclusion

This qualitative thematic analysis explored the experiences of four TSWs in accessing healthcare. Findings provided insight on barriers and challenges TSWs face on a daily basis, as well as recommendations for optimizing care. Participants were also able to provide testament to what HCPs are doing well and the level of care they should continue to strive for. TSWs are regularly discriminated against, abused, and neglected, all of which affect the TSW-HCP relationship, hinder trust, and interfere with reaching the highest level of patient care. The findings point to the need for a shift in HCP's attitudes and perceptions, allowing for TSWs to feel validated, supported, and free to seek care.

It is hoped that this research will contribute to paving the way for better clinical practice, where TSWs feel safe and confident in the healthcare system. This research also hopes to provide HCPs with knowledge around existing gaps in the system, and to provide a stepping stone on which HCPs can stand to bring about a voice for change.

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