



"Same, Same but Different": A Baseline Study on the Vulnerabilities of Transgender Sex Workers in Bangkok's Sex Industry

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“Same Same, but Different”

A Baseline Study on the Vulnerabilities of Transgender Sex Workers in the Sex Industry in Bangkok, Thailand.

The tourist industry in Thailand seems to promote a country where those who identify as transgender are entirely free, well accepted, able to express openly express their identities. However, a more in-depth look at the individual lives and experiences of transgender sex workers finds a more nuanced and challenging reality. This paper seeks to explore the vulnerabilities and limitations imposed on transgender in Bangkok and consider how this might be challenged.

‘Transgender’ is an evolving term first coined in the United States in the late 1980s (Carroll, Gilroy, & Ryan, 2002:131). It is defined to include a range of behaviors, self-expressions, and personal identity that challenge and traverse boundaries traditionally imposed on gender. Within western societies, transgenderism is more commonly thought of within a binary gender system (two gender identities), where someone born biologically male may identify as females and vice versa. Behaviors and expressions are associated as either “masculine” or “feminine,” and a person’s gender identity or self-identification is categorized as a man or a woman. Within the Asian context, these binaries are not as clearly defined, with many persons identifying themselves as a third gender. This third category, transgender or “ladyboy,” is a pluralism of traditional male and female expressions and as such it encompasses a wide range of personal identities and self- expressions.

There are numerous ethnographic, qualitative studies and books documenting the culture and lives of transgender persons throughout Asia (Jackson & Cook, 2000; Totman, 2003; Winter, 2006; Peletz, 2009; Winter, 2009). HIV funded studies have been, in many ways, the catalyst for the majority of quantitative research regarding transgender persons in Asia. Studies are often focused on HIV (Poteat et al., 2015; Reisner et al., 2009) and designed to inform HIV policy and resource allocations in international health organizations, government ministries, and national healthcare systems. Thus, this paper will focus on a broader range of feelings and experiences expressed by persons working in this often unseen field of work. While sexual health was a brief area of discussion with respondents, this will not be the focus of this paper.

Instead, it will provide an insight into the little-known lives, experiences, and vulnerabilities of male-to-female transgender persons (referred to as “transgender persons” or ‘Ladyboys’) within the sex industry in Southeast Asia. “Ladyboy” in Thai context refers explicitly to the cultural subgroup, rather than focusing specifically on the person’s gender identity and not seen as an offensive term. Most studies conducted have focused on HIV/AIDS (Poteat, T. et al., 2015; Reisner et al., 2009), often ignoring the existence of other vulnerabilities. This study provides a baseline of data to understand these vulnerabilities. Sixty transgender sex workers in Bangkok were interviewed in Bangkok. The majority (81%) entered the sex industry due to financial necessity and found an unusually high vulnerability to be physical and sexual violence. This includes nearly a quarter who cite being forced to have sex against their wishes and another quarter who cite physical assault within the last 12 months. It is hoped that the survey will allow for a deeper understanding of ‘ladyboys’, including their trajectory into sex work and potential alternatives. Additionally, it aims to assist in program development and

social services that meet the needs of such groups holistically, looking beyond gender expression and social identity to address human needs and vulnerabilities that may often go overlooked.

In Asia, transgender populations have been heavily discriminated against and marginalized. A 2011 study from Bangladesh and Papua New Guinea looking at gender-based violence among sexual minorities including transgender persons, found instances ranging from being teased by people on the street to being raped and murdered (Wong & Noriega, 2011:4). Violence was attributed to a wide variety of sources, including members of the respondents' communities and families. Violence in this study was purported to have been committed due to the stigma associated with individuals' distinct identities or exhibition of behaviors, which violated existing societal norms of masculinity.

The domestic laws in many countries do not acknowledge transgender persons and are insufficient in providing protection. For instance, rape of a transgender person is not a criminal offense in many countries in Asia. A United Nations Development Programme (UNDP) report published in 2015 clarifies this point by stating:

"Transgender people continue to be pathologized as mentally ill, are widely denied recognition of their gender and are discriminated against by laws and policies. Few laws in Asia and the Pacific actively prohibit discrimination on the grounds of gender identity or gender expression" (UNDP, 2015a).

Transgender persons, along with other LGBTQ+ people, in general, are commonly excluded from national discussions on vulnerability in Thailand. However recently the International Labour Organization (ILO) since 2012 has conducted a study entitled, "Gender Identity and Sexual Orientation: Promoting Rights, Diversity, and Equality in the World of Work," which looks at how discrimination is manifest in the workplace. The report is cited for having been the first dedicated project on sexual orientation and gender identity in the ILO (ILO, 2014:37).

There are an estimated 9-9.5 million transgender people in the Asia Pacific region (Winter 2012:9, UNDP 2015b), with the most significant percentages of (openly) transgender persons being found in Thailand and the Philippines (Moessinger, 2015).

Within the past few decades, Thailand has made significant social and political strides toward higher tolerance of its transgender community. In 1972, Thailand performed its first sex change operation, and the country now hosts and conducts more of these procedures per year than any other country in the world (Armbrecht, 2008). In 2007 an amendment to the country's "rape law" was made which extended legal protection for rapes committed against men and transgender people, including marital rape (Likhitpreechakul, 2008; Sood, 2009). In 2015 Thailand's Gender Equality Act came into effect, It is the first national legislation in Southeast Asia to specifically protect against discrimination on the grounds of gender expression and a big step for Thailand (Thanthong-Knight, 2015).

There is no equivalent in the Thai language for a "transgender" person. The word "phet" represents "gender" and "sex" and is very broad. The terms transgender or "kham phet" (ข้ามเพศ (คนข้ามเพศ)) is not commonly used in Thailand (Tan, 2014). While ancient terms for hermaphrodites exist, they are no longer used. The modern-day equivalent, "kathoei" (กะเทย), incorporates a range of persons including hermaphrodites, transvestites and transgender people.

The term, “Khon Kham-phet” (คนข้ามเพศ) translated; “a person who goes beyond gender,” coined by activist Prempreeda Pramroj Na Ayutthaya, is another indigenous term (Winter, 2011: 252-253). Some trans-women like to be called, “sao prophet song” (สาวประเภทสอง) translated, “the second type of female.” Linguists and anthropologists have emphasized that the term ‘kathoe’ (กะเทย) cannot be paralleled with Western terms such as ‘gay’ or ‘homosexual’ (Jackson, 1998; Brummelhuis, 1999; Sullivan & Jackson, 2001). In the Southeast Asian context and Thailand, these are often used as parallel terms. The term “kathoe” (กะเทย) has four different dimensions. It could refer to cross-dressing, hermaphroditism, gender identity, and homosexuality (Costa & Matzner, 2007) The term “kathoe” (กะเทย) for the subgroup in Thailand is used by transgender persons to self-identify.

In the modern Thai context, the term ‘ladyboy’ is used for Thai’s to self identify. The term is not seen as degrading. Ladyboy in the Thai context specifically refers to the cultural subgroup, rather than focusing specifically on the person’s gender identity. The term ‘transgender person’ and ‘ladyboy’ will be used throughout this study with this in mind.

In Thailand, there continue to be significant vulnerabilities within the transgender community. Rape and physical violence are severe concerns in transgender communities in Asia, especially in Thailand. One study interviewed 2,049 men who had sex with men (MSM) (Guadamuz et al., 2011). In the study, 474 identified themselves as transgender persons. As a group, the transgender persons had a significantly higher history of forced sex (26.4%) as compared to MSM (19.4%) and male sex workers (MSW; 12.1%), respectively.

A second study in Thailand showed similar results with transgender people reporting the highest history of forced sex (29%) among MSM and MSW (Chemnasiri et al., 2010: 103). In broader Southeast Asia, a study in Cambodia interviewing 70 transgender sex workers found 37.5% and 52.3% reported being gang-raped by clients and gangsters, respectively, at least once over the past year (Jenkins, 2006: 14-28). The act of gang rape included an average number of six men. Furthermore documented murders of tom and dee[13] took place. There were 15 murder cases between 2006 and 2012 (Prachathai, 2012). The Thai police failed to “recognize possible hate crimes motives” behind these murders and other raping cases” (Canning, 2012).

Many transgender persons who wish to support their parents or siblings financially or to fund their physical gender transition have used sex work as their means to do so. This stigma is compounded because sex work in Thailand is looked down upon (Winter, 2009: 12).

As Winter states:

“Many ‘kathoe’ find themselves edged by circumstance into bar-work and prostitution, working in the business for months or years” (Winter, 2002).

Transgender persons are more likely to live below the poverty line than others (Berry, 2012: 8; Jackson, 1999). One transgender sex worker, in an interview with Ocha in 2013 cites:

“People think I have mental problems ... being a ‘kathoe’. They didn’t accept me for the job [at a factory] not because of my abilities but because of my gender identity. [Therefore] I decided to go where most transsexuals are welcomed, like the cabaret

shows. *Pattaya is really the place for us; we get respect as we attract tourists to visit Pattaya*" (2013: 89).

Transgender persons within the sex industry have become a significant tourist attraction in Thailand. There has been an emerging market of ladyboy sex tourism in Phuket and Bangkok (Gallagher, 2005:5). Thailand welcomes LGBTQ+ visitors. Its tourism industry, companies, and the government tourism authority targets[17] the LGBTQ+ market and shows Bangkok as a hub for gay-friendly and transgender tourist destination.[18] However, Thai society is less accepting of its LGBTQ+ community (Thanthong-Knight, 2015).

Jackson and Cook 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 often romanticized and exoticized 'kathoey'/ladyboy. The depiction of transgender persons and ladyboys as servile has led to the hypersexualization of transwomen in Thailand particularly Bangkok and Pattaya. This reinforces notions of Thailand being both an exotic and erotic place. Furthermore, this fetishization of the transgender[19] in Thailand has led to the sexualization of the transgender body (Ocha, 2013). In addition to this, global transgender pornographic websites are the fastest growing sector in Internet pornography (Thomas, 2005). This has contributed to Thailand being a significant sex tourist[20] destination.

In Southeast Asia, there has been documentation of forced sex or physical abuse of transgender persons selling sex. In a study, in Pattaya, Thailand, it was found that 89% of transgender persons cited experiencing violence as a result of their gender identity and behavior (Policy Research and Development Institute Foundation, 2008). In many cases, these abuses are propagated by law enforcement officers (UNDP, 2013:9, Jenkins, 2006).

UNDP finds 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 led to harsh policing by Thai authorities. After the 2014 military coup, the NCPO started a crackdown on Pattaya sex industry. The new military government was targeting ladyboy persons thought to be selling sex for money (Yongcharoenchai, 2014a). Because of this, the ladyboy community is also seen as a target for police[21] because they are given less access to rights protection. One instance of this, documented by the Bangkok Post, cites arbitrary arrests of ladyboys in Pattaya, fining or jailing them overnight. 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 suicide rates among transgender persons in Thailand. Studies have omitted discussion on the resilience of transgender persons to stigma and discrimination. Further research is needed to document everyday life experiences both the resilience and vulnerability of transgender sex workers.

This study aims to provide a broad baseline of data that is descriptive of the holistic needs and vulnerabilities of transgendered persons working in the sex industry in Bangkok. The study attempts to fill in gaps and provide a baseline of data to better understand the lives of Bangkok, Thailand's transgender sex workers. Among the minimal studies that have been conducted, nearly all have solely focused on sexual health and their likelihood to contract or spread HIV/AIDS, while often ignoring the existence of other potential vulnerabilities. The research programme utilizes qualitative and quantitative research methodologies, fieldwork

and extensive one-on-one structured interviews. It further utilizes both existing academic research and journalistic studies to paint a picture of the lives of transgender persons in the sex industry. 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.

Methods

This paper is based on a detailed technical document under an 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 Miles, G M. and Alsiyao, D (2019) Davis, Jarrett D.; Glotfelty, Elliot; and Miles, Glenn (2017), and twinned to another similar TG study in Phnom Penh (Davis & Miles 2018).

This study employs both purposive and “snowballing” data sampling methodologies. Before the collection of data for this study, 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 (our crucial partner working with transgender populations), sexual health clinics, and information from field informants in various LGBTQ+bars and entertainment establishments in Bangkok.

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. In order to be eligible for participation in this study, respondents were required to meet four essential criteria: biologically male at birth; self-identifying as “third gender” or “female” (ladyboy/transgender)[23]; 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 field research and data gathering were conducted in July - September 2013.

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

Research Instrument

The research instrument used for the study was adapted from a similar study, initially developed by Jasmir Thakur of the Samabhavana Society in Mumbai India and Glenn Miles. This instrument was initially used to survey vulnerability among street-based male masseurs in Mumbai and was adapted culturally for usage in similar studies with males in Phnom Penh and Siem Reap, Cambodia. In adapting this survey to be used for the present context, questions were reviewed and scrutinized to ensure their relevance among transgender persons in Bangkok, and additional questions were added to create an expanded section looking at the 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 A).

Ethical Considerations

All interviewers and field researchers were trained before data collection and field research using UNIAP Ethical Guidelines for Human Trafficking Research (2008). All interviewers were familiarized with survey questions, and we are trained using role-playing scenarios before conducting interviews. References for sexual health, counseling services, and legal aid were provided to respondents when relevant. They also had ongoing contact with the implementing NGO involved for follow up. Before beginning each interview, interviewers familiarized each respondent with the study's purpose and the kinds of questions that would be asked during the interview. Respondents were informed that they could choose to skip any question or stop 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 to provide security and accountability. All interviews were conducted in the Thai language by a team of four staff and volunteers were associated with the implementing organization, Dton Naam. Respondents received 150 Thai Baht compensation for their time. It is also of note that while Love146 conducted the original research, the project was originally designed as a small mapping/evaluation with a social service provider working within the target population, who were already governed by their own ethical practices and procedures. As researchers re-analyzed this dataset for peer-review, it was not possible to gain retrospective ethical approval for data which has already been collected.

In order to better understand the diverse nature of gender, it is vital to unpack the many aspects of gender which are so often conflated. In order to resolve any confusions regarding the language being used to describe the participants a glossary of terms that are used in the paper has been drafted (Appendix B).

Limitations

Data collected during interviews relied largely upon self-reporting. Thus, this study is only able to report the data that participants were willing to disclose, and through the particular social and ideological lens by which they chose to disclose it. As has been discussed in this report, it was common for several respondents to give seemingly contradictory answers to interview questions. For instance, a number cited that they like sex work, yet went on to describe graphic acts of physical and sexual violence committed against them regularly in their line of work, and admitted that they have no other choice but to do the work that they were currently doing (sex work). While we understand this data to be contradictory and perhaps somewhat confusing, we can only provide analysis on what some of these contradictions might imply and present the words of participants at face value.

While the data collection team attempted to gather a sampling of participants that was representative of transgender sex workers in Bangkok, field researchers were limited to interviewing only those participants who were readily accessible in areas of data collection, self-identifying as sex workers, and those who were willing to be interviewed. Within the past few decades, there has been increased vigilance and harsher legislation for child abuse and endangerment, which might drive younger sex workers to go underground or to give incorrect information about their ages. Given this, it should be noted that ages shown here are "reported

ages” and it is understood that some participants in this study may be younger than what they have reported.

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 critical features of this data coded and sorted systematically 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. Over half of the participants (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 being under the age of 18, several respondents appeared to be quite young. Within the past few decades, there has been increased vigilance and harsher legislation for child abuse and endangerment, which can drive 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.

The majority of participants (63%) had completed between a 7th and 12th-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 7th to 9th-grade education. Only four participants cite completing lower than a 7th-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 was currently completing a university-level degree (11.7%).

In regards to ethnicity over a third of participants (37%) cited coming from Isaan province, one of Thailand’s most impoverished regions (see footnote 47 for more information)[1], 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 from other various Thai provinces.

Migration and Entrance into Entertainment Work

Participants were asked to discuss their reasons for migrating to the Bangkok area. This question was open-ended allowing respondents to answer however they pleased.

Qualitative responses were analyzed and broken down into themes to be able to be represented qualitatively (see figure 1).

[Insert Figure 1]

Many of the participants indicated differing levels of agency in sex work and stated a wanting to be involved because of easy money, satisfaction, feeling empowered, and freedom in the business. Some found using their gender expression as an easy way to pursue goals in the sex industry.

Participants were then asked to discuss what brought them into the entertainment industry, as opposed to any other form of work. A substantial majority (81%) of participants, indicated coming into the entertainment industry due to direct financial needs, this majority includes 25 people who indicated that they perceived that they could earn significantly more money through this mode of work and 18 people who indicated they saw this as a form of "easy money." More than four out of five respondents (82%) indicate that they were introduced into the entertainment/sex industry through a friend. The remaining participants (18%) either came to the sex industry by their own means or through a relative.

Finance

Total income reported by respondents varied greatly, particularly between those who worked freelance and those who were bar-based (see table 1). The adjusted income accounts for all significant outliers that either had earned no income or over 45,000 THB (~ USD 1,820) over the past month. Excluding the four participants who reported having no earning in the past month, the income ranged between 3,000 THB (~ USD 85) to 110,000 THB (~ USD 3,100) per month. The mean income for all respondents was 23,766 THB (~ USD 675) in one month. This mean is offset by six respondents who reported earnings of greater than 45,000 THB (~ USD 1,820) within the past month. If these six cases are dropped, the mean income for all respondents is 17,611 THB (~ USD 500)

[Insert table 1]

When accounting for outliers, the mean income is reduced significantly by 6,155 THB (~USD 175) per month. Furthermore, incomes between freelance and bar-based entertainment workers were found to be significantly divergent. Those that got their work through bars saw a significant increase in income of 9,311 THB (~ USD 265) per month.

Slightly more than three out of four respondents, or 78% of all respondents reported sex work to be their primary source of income, while 60% of all respondents reported sex work to be their only form of income.

Stigma and Discrimination

In order to build a better understanding of the social and emotional development of the participants, a series of questions were asked about their relationships and the extent to which they feel that their gender identity, and work within the sex industry affects these relationships.

Two-fifths all participants (41.5%) indicate an effect on their intimate personal relationships, 17% indicate "moderate effect," 13.2% indicate "very much" effect, and 11.3%

indicates “a little” effect on such relationships. Nearly one-in-three participants (31%) describe themselves as being in a committed relationship. Among this group, one-in-six cite that their intimate partner is unaware of their work. Participants were then asked to discuss how sex work affects their intimate, personal relationships. Nearly 30% of those that responded to this question (n=24) indicate fears that their partners will find out about their sex work. In particular, several indicated fears of boyfriends finding out and no longer desiring to provide them with financial support, while others indicated fears of shame, gossip, and non-acceptance from family members.

Participants were asked to what extent they believe that being a ladyboy affected their intimate personal relationships. Over half (51.7%) indicated that it did affect such relationships. Of those that indicated that it did have an effect, half (53.4%) stated a negative effect, while, 46.6% stated that their gender identity had a positive effect on their intimate, personal relationships.

In terms of active discrimination over one-third of the participants sampled (36%) reported having to change residence/were being refused residence at a particular location based upon the gender identity. Exactly one-in-five participants, indicate losing employment or being refused employment and 9% indicated being dismissed from education or prevented from receiving an education due to gender identity. Lastly, 3% of respondents indicate being denied health services, based on their gender identity, within the past 12 months.

The highest frequency of emotions reported by participants in regards to their gender identity was guilt (89%), shame (83%), self-blame (73%), and low self-esteem (65%). In addition to these emotions, 35% of all participants indicated that they have felt “deserving of punishment with 11% of all participants indicated having suicidal thoughts within the past 12 months.

While visiting one of the ‘ladyboy’ bars in a popular tourist destination, one of the study’s researcher also noted that the transgender people present were noticeably similar in body shape. This led the researcher to consider how many transgender would have been excluded from getting work there because of having a different body shape, not having breast enhancement, or not undergoing a gender reassignment procedure. While there is some indication in anecdotal data that societal expectations for body shape and size is a significant concern for some ladyboys in the sex industry, discussions during interviews did not explicitly cover these potential areas of discrimination. In future studies, it may be worth considering how these societal factors impact ladyboys in the sex industry.

Gender/Sexual Identity

Participants were asked when they “became” a ladyboy. This question refers to the time in their life that they became aware that they were different and started adopting more female roles, dressing in female clothing, among other things. It is important to reiterate here that we are distinguishing the culturally denoted term “ladyboy” as separate from the international concept of “transgender.” The participants understanding of when they became a ladyboy refers to their adoption of the socially and culturally constructed identity of a ladyboy in Thai society.

Looking at the distribution of ages at which respondents report that they first became a ladyboy, results show a distinctive double bell-curve which seems to demonstrate two distinct populations (see figure 2). The first peak indicates that they became a ladyboy 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. Results from this variable were similar to the findings in previous studies among transgender in Phnom Penh, Cambodia (Davis et al., 2013).

[Insert Figure 2]

The usage of hormonal (estrogen) supplements was found to be commonplace among participants. Such supplements are taken to increase levels of estrogen and make participants appear more feminine. Nearly 87% of participants indicated taking such supplements. Participants who stated that they were currently taking estrogen supplements were asked if they were aware of the drugs side effects. Well over one third (36%) of respondents stated that they were unaware of the side effects of such supplements.[26] [2] [3] [4] [5] Reconstructive surgeries were also found to be commonplace among participants. Nearly two out of three respondents (65.5%) indicate they have had some form of reconstructive surgeries to appear more feminine.

Participants ages at the time of the first sexual experience ranged 12 years, the youngest being nine years old, and the oldest being 21 years old, with a mean age of 15.45 years. On average, participants first sexual partners were found to be somewhat older (significantly older in some cases). While some participants had no age difference between themselves and their first sexual partner others had a partner that was upwards of 23 years older than themselves (See figure 3).

[Insert figure 3]

Over a quarter (27%) of participants first, sexual experiences qualify as child sexual abuse, in which the respondent was still a child under the age of 18 while the partner was legally an adult (see figure 4). Each respondent was asked to describe the nature of this first experience. Ten participants, or 17%, describe that the first experience was forced or coerced. Half (50%) of respondents state that this first partner was a boyfriend, 18% say that this first partner was there "partner," and 10% state that this first partner was a stranger. All respondents indicated their first sexual partner was male.

[Insert figure 4]

Violence and Sexual Abuse

A series of questions were asked regarding experiences of violence and sexual abuse within the past 12 months. More than one in four participants (26%) indicate instances of physical assault within the past 12 months. Perpetrators of these assaults included clients, boyfriends, and mamasans (a bar "Madame," or manager). Instances of physical violence were highest among freelance sex workers, where 44% report such instances compared to bar-based sex workers, where 23% indicate such instances within the past 12 months.

Two out of three participants indicate instances of sexual violence (or unwanted sexual touching) within the past 12 months. Individuals committing these assaults included clients (69%), gangs (11%), and from the police (6%). In terms of frequency, nearly half (48%) of those reporting sexual violence for the past 12 months 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 one in four participants indicated times in which they had been forced to have sex. This number was slightly higher among participants coming from bar based establishments (27%), compared to freelancers (22%). In interviews where participants reported to of been forced to have sex against their wishes, they were asked if they would be willing to share an instance of what had happened. Thirteen participants agreed to share stories of being “forced” to have sex against their wishes. A qualitative analysis was done of these 13 stories. Nearly half of these stories, or six, involved instances of rape or gang rape committed by strangers on the street. Well over one third, involved instances in which the respondent was forced to have sex without a condom. Lastly, one story involved persistent rape by a family member throughout the respondent’s childhood.

Sex Work

Participants were asked the frequency with which they had met clients for sex within the past week. Responses ranged from 0 to 40 clients, with a mean of eight clients met within the past week for sex. Freelance workers reported an average of 10 clients met for sex within the past week, significantly higher than those working in bar based establishments which reported an average of 4.5 clients for sex within the past week. Bar-based workers, therefore, meet 5.5 fewer clients than freelance workers for sex.

The nature of the sexual services that the participants were required to provide to clients was also questioned. Responses were given on a scale of 1 to 10, estimating the number of clients that would require a particular sexual service (see figure 5). Results to these variables found an estimated 83.1% of sexual encounters with clients required respondents to have sex receptive anal sex, 28.1% of instances required them to have insertive anal sex, 73% required active oral sex, 44.8% required receptive oral sex, and 78.5% required the participants to masturbate their clients. It is also understood that many of these sexual services would be done in conjunction with one another for the same client.

[Insert figure 5]

In addition to sexual services provided, the research found that well over half of participants (56%) indicated that they had been filmed/photographed for pornography.

In each of the vicinities of data collection, respondents were asked to estimate the percentage of their foreign clients. Respondents working within the Soi Cowboy, Nana and Patpong estimated that nearly all (98% in each location) of their clients were foreign. In contrast to these three locations, the area of data gathering in North Bangkok (comprised entirely of freelancers) estimated only 18% of their clients, on average, to be foreign. Field researchers found that, while red-light areas catering to foreign tourists were far more visible, and readily advertised, freelance and establishment-based sex work in other areas of Bangkok that do not cater to foreign tourists seems to be an expansive and prolific industry, both in terms of freelance and bar-based sex work.

A variety of questions were asked on sexual health including sexual health education, sexual health services, and symptoms of sexually transmitted infections (STIs) within the past six months. As this particular topic has been covered at length in several articles, these results can be observed in the appendix (Appendix C).

Alternative Employment

Participants were asked about their willingness to take an alternative job offering 6,000 THB a month. This number was calculated to be the average income for an unskilled worker, making minimum wage in Bangkok. Only 19% of participants say that they would be willing to take such an offer. Participants working as freelance sex workers were more likely to take an alternative job, with 24.3% of participants working freelance responding that they would take the offer as mentioned above. In contrast, participants coming from bar based establishments were somewhat less likely to take the offer, with only 9.5% of respondents in this group answering in the affirmative.

Nearly two in three, or 66% of the group, indicated that they desired language skills to aid in their income generation. Beyond this, 11.3% stated the need to complete a degree program, 5.7% state meeting computer skills, two people mention hair or beauty skills, another two mention sewing/clothes design. Other responses to this question included "business," "communication," "fashion," "job skills," and "teaching," each mentioned by one participant each.

Lastly, participants rest to discuss what they perceive to be the most significant obstacles facing them right now. This question was an open-ended allowing participants to respond as they saw fit. Over a third (37%) state that their biggest obstacle is meeting their financial obligations, related to this is the 19% of participants that state their most significant obstacle is "supporting their family financially." Fourteen percent of participants indicate "workplace intimidation" to be there one of the biggest obstacles facing them. The intimidation is understood to refer to competition among other transgender entertainment workers lofted have to compete for particular clients. Another 14% of participants indicated that "self-doubt" is one of the biggest obstacles facing them at the moment. Finally, personal relationships were mentioned as one of the biggest obstacles for 5% of respondents.

Analysis & Discussion

From the results, it is apparent that Ladyboys working as sex workers in Bangkok are 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. Furthermore, these vulnerabilities also shed light onto the needs of these people that are not directly related to sexual health. 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 organizations, 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 were found to be a significant vulnerability found among participants in this study. 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 are comparable to another study conducted in Cambodia (Davis et al., 2014:12). The Cambodian study demonstrated that a third of participants indicated that they had low self-esteem with a further 20% indicating suicidal feelings within the past 12 months (Davis et al., 2014:23-24). Now, while these figures may differ significantly from the results observed in this study, there is very little research in Asia on transgender people's vulnerabilities to low self-esteem, depression, anxiety, and suicide. Therefore, it would be unwise to draw any broad conclusions on whether the results found in this study are considered typical for those who are transgender in Asia. However, this data, as well as the previous study conducted in Cambodia, provides increasingly more evidence for emotional and psychological vulnerabilities of those who are transgender in the Asia Pacific.

Thai society tends to mask such exclusion, and it comes out in relational ways. Social exclusion, particularly by family members, is another critical vulnerability among LGBT people in Asia and Southeast Asian societies. Openly gay or transgender people often face ostracization from families and are often provided with no social or economic support system, leaving them even more vulnerable (Cambodian Center for Human Rights, 2010: 7; Phlong et al., 2012: 36; Khan S. et al., 2009). This previous research is supported by the results of this study which found that 28% of participants stated that being a sex worker negatively affected their relationships. This finding is supported further by the high frequency of participants that indicated hiding their profession from their families (67%), especially if their sex work was freelance (95%). What is to be done to allow Ladyboys to be stigmatized less in Thai society is covered at greater length in the recommendations section. It should be noted here is the contrast between how Thailand has been presented as a unique in southeast Asia in regards to their acceptance of transgender people, with the contrasted stigma and social isolation noted not only in this research but a numerous other research programs (Armbrecht, 2008; Witer, 2009:372-375; Yongcharoenchai, 2013; Mosbergen, 2015).

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). Many participants in this study cited difficulties in finding jobs outside the service industry or entertainment sector. Within this study, 10% cite instances in which they have been refused employment because of their gender identity. Anecdotal evidence was also recorded that clarifies the limited areas of work Ladyboys can enter into:

"I think ladyboys do not have a good choice of work in Thailand, for example, they can only work as prostitutes, at the Tiffany Show, and Selling food." (Bangkok Native in Nana, 30).

A 2014 report from the International Labour Organization (ILO), describes how discrimination against transgender persons is manifest in the workplace by employers and fellow staff members (ILO, 2014). The ILO also found that many transgender persons were motivated to enter into sex work because of "unfriendly and hostile work environment for workers" (ILO, 2014:64). This is echoed in the findings of a recent review of literature on stigma and discrimination against transgender people in the United States, citing that limited

employment opportunities and access to healthcare were common and critical issues affecting the physical and mental health of transgender people (White-Hughto et al, 2015).

Nearly, a fifth of all participants (18%) were participating in some form of tertiary/post-high-school education, so the primary issue at least is not 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 she was not able to find employment because on her Thai ID she was still listed as male. This example provides critical insight into the unique challenges and difficulties that the transgender community face in Thailand regarding seeking employment.

Sexual Violence

Participants in this study indicate significant vulnerability to a variety of forms of sexual violence. These include forced sex, adult to child sexual abuse, and physical abuse. Nearly one in four participants in this study (24%) cite that they have been forced to have sex against their wishes and 27% said they knew another transgender person who had been forced. Experience of forced or coercive sex as minors were also cited as a significant vulnerability amongst participants. Out of all the participants 17% cited that their first sexual experience was forced or coerced, 90% of these participants (n=10) cite that this had happened before the age of 18.

This study showed a wide variety of fears, forms of violence, and abuse including one instance of a 25-year-old freelance worker that had indicated being afraid of, "sexual harassment from a motorbike gang." This kind of sexual and physical assault was widespread in this study and the literature. In a 2006 survey of more than 2,000 men who have sex with other men (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., 2011). 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 (UNDP, 2013:9; Jenkins, 2006; Miles & Davis, 2012; Davis and Miles, 2013). A 2011 study found that transgender persons had significantly higher histories of forced sex (26.4%) as compared to MSM (19.4%) and male sex workers (MSW; 12.1%), respectively. A 2010 study among Thai male, female and transgender sex workers showed similar findings and reported transgender persons as having the highest histories of coercive and forced sex (Chemnasiri et al., 2010; Guadamuz et al., 2011).

The results in this study align with 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. One 21-year-old respondent cites:

"I want you to know that nobody would choose to do this and live this lifestyle and I want to leave, I do not know what to do anymore."

Being Used for Pornographic Material

More than half of the participants in this study cite being filmed or photographed for pornographic materials. Instances of being paid for porn are cited among participants including one freelance respondent being paid 10,000 baht for one film. Field practitioners cite,

anecdotally, that transgender sex workers are often high or under the influence of alcohol when they are approached by pornographers and are thus unable to give full consent to be filmed or have a sexual encounter. These findings can be compared with a 2005 study, which shows that transgender pornographic websites have been one of the fastest growing sectors in Internet pornography (Thomas, 2005). Furthermore, as Witchayanee Ocha (2013) found, sex tourists have found a romanticized and exotic orient to transgender persons. Demand for this type of pornographic material could potentially be on the rise. Further research is needed to look at this phenomenon, in particular, the numbers surrounding how and why Ladyboys end up doing porn and the culture surrounding the consumption of this porn including what audiences are targeted and from where demand comes.

Migration

Overall, nearly identical percentages of bar-based and freelance sex workers cite migration to Bangkok in search of work or income (53% and 54%, respectively). One key difference between the two groups is that freelance sex workers were more than twice as likely to have migrated to Bangkok in pursuit of studies (27% of freelance, compared with 12% of bar-based). The vast majority (64%) of migrants have come to Bangkok for economic reasons.

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. A majority 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).

The majority of migration seen in this study is internal migration within Thailand and involves movement to Bangkok from rural areas. A quarter of the participants were 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 have for decades gone to Bangkok to work as taxi drivers or laborers returning home yearly for the rice harvest. The women usually stay behind; however, of the women that go to Bangkok, many become vulnerable to trafficking and exploitation (Campbell, 2014).

In addition to this, there are also a few cases of external migration (trans-border migration) involving people moving from others Southeast Asia countries to Bangkok including Khmer, Lao, and Myanmar Shan (or Tai Yai). This phenomenon can be seen in this study as 40% of participants were ethnic minorities that were not originally from Bangkok. Transgender sex workers, when asked about their migration purpose, gave a variety of reasons including difficult family circumstance, economic hardship and paying for sexual reassignment surgery.

Cross border migration and internal migration are factors that can create vulnerability and isolation from family kin. Many studies focusing on migration in the region look at vulnerabilities to trafficking and forced labor in the finishing industry among people coming from Cambodia, Myanmar, and Laos. The vulnerability of exploitation among migrant workers was not focused on in this study among Transgender sex workers in Bangkok.

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. The findings of the study did not find significant differences in vulnerability between Bangkok natives and migrants. A small factor is that Bangkok natives have more connected social networks and families ties compared to those who have migrated

Recommendations

Sexual Exploitation research and social programming have primarily focused on cisgender young girls and some women. This research makes it clear that transgender persons (as well as boys and young men) need a higher profile in this conversation. The development community has mostly 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 essential that the development community can address the needs of transgender persons as the whole person: physically, emotionally, and spiritually. There has been a minority of studies that look at the needs of these groups holistically, in particular, their vulnerability to sexual exploitation and other forms of violence. Data from this study finds a wide range of vulnerabilities among transgender sex workers in Bangkok, including vulnerabilities to physical and sexual violence, as well as other forms of dehumanizing 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 essential 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 necessary 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.

It is crucial for advocacy to recognize and respect the unique differences between the 'LGB' (Lesbian, Gay, Bisexual) and the 'T' (Transgender) within the LGBTQ+ community and be able to address their needs individually. It is essential for such groups to help advocate these nuances between gender identity and sexual orientation, helping to build understanding, empathy, and respect.

Faith-based Groups addressing Sexual Exploitation

It is understood that faith-based organizations are significant players in tackling sexual exploitation and trafficking, so it is that government, religious, and other community groups work towards the development of policy and programs that recognize and affirm the holistic needs and vulnerabilities of transgender persons, beyond merely addressing sexual health needs. These policies and programs should include the creation of accessible legal, social, and health services within their local communities that cater to their broader human needs rather than the needs of only cis-women and children. Religious institutions should review their scriptures to find encouragement to treat all people with dignity and care. When considering vulnerable groups, this group deserves our attention.

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 ill-treatment of transgender individuals under their care. Information from key informants in this study indicates a common and pervasive fear, among transgender sex work, of stigma and discrimination from healthcare professionals. Further, the desk review in this study uncovered many cases of stigmatization and adverse 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. There also needs to be an awareness that illegal clinics are functioning in Thailand. Professionals who work in sexual health need to learn to treat everyone including transgender clients with dignity and kindness. Additionally, there is a 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, the majority of counseling resources available tend to be from western sources; thus it is essential 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 significantly from the west.

Research

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 (mainly 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 the 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.

Conclusion

This study has demonstrated that the vulnerabilities and needs of transgendered persons working in the sex industry in Bangkok extend far more than sexual health programmes. The results of this qualitative study have highlighted the need for a more holistic approach to meeting the needs of ladyboys, especially in regards to unique challenges they face in employment, and access to high-quality information regarding hormone replacement pills. NGO's, governments and other faith-based groups can utilize this information in conjunction with the small, but growing body of research that exposes the complex and unique challenges of the ladyboy community in Bangkok. In regards to future research, there numerous unanswered questions concerning the needs and vulnerabilities of the transgender community, outside of HIV/AIDs prevention as such more research needs to be dedicated to a holistic approach to understanding the complexity of the daily challenges ladyboys face. In particular, how can better information regarding hormone replacement drugs reach transgender sex workers? How can counseling services be improved to help ladyboys in the sex industry overcome their past trauma? Finally, what can local NGO's and governing bodies do to help transgender people get out of sex work and into industry's that some have spent years in tertiary education trying to achieve?

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Table 1: Financial implications

	Mean (TBH)	Range (TBH)	Mean (USD)	Range (USD)
Income (n=60) per month	23,766	0-110,000	675	0-3,100
Adjusted income (n=50) per month	17,611	3,000-45,000	500	85-1,820
Freelancer income (n=38) per month	22,139	0-80,000	630	0-2,400
Bar-based income (n=22) per month	31,450	0-110,000	895	0-3,100

Table 1: A descriptive statistics table showing participants mean and range scores of four financial sub-categories. Results are recorded in both Thailand Baht (TBH) as well as United States Dollar (USD).

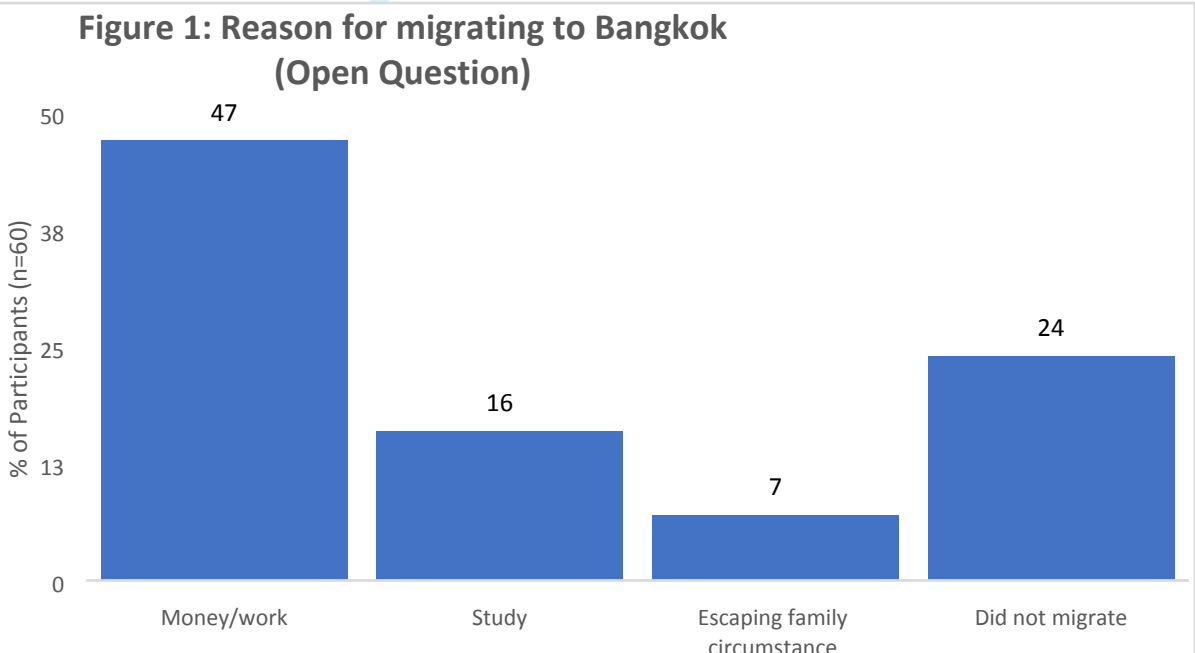


Figure 1: A graph illustrating the different reasons for participants migrating to Bangkok

Figure 2: A graph illustrating at what age participants identified as a ladyboy. The black line in this graph is a trend line that provides a clearer illustration of the double bell curve effect.

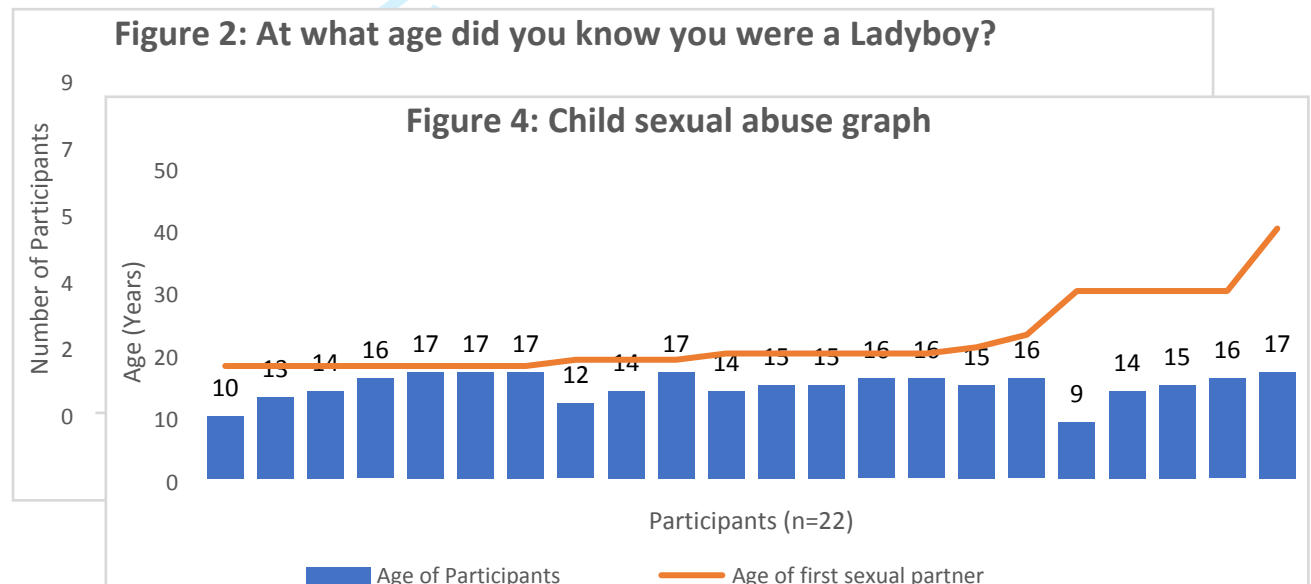
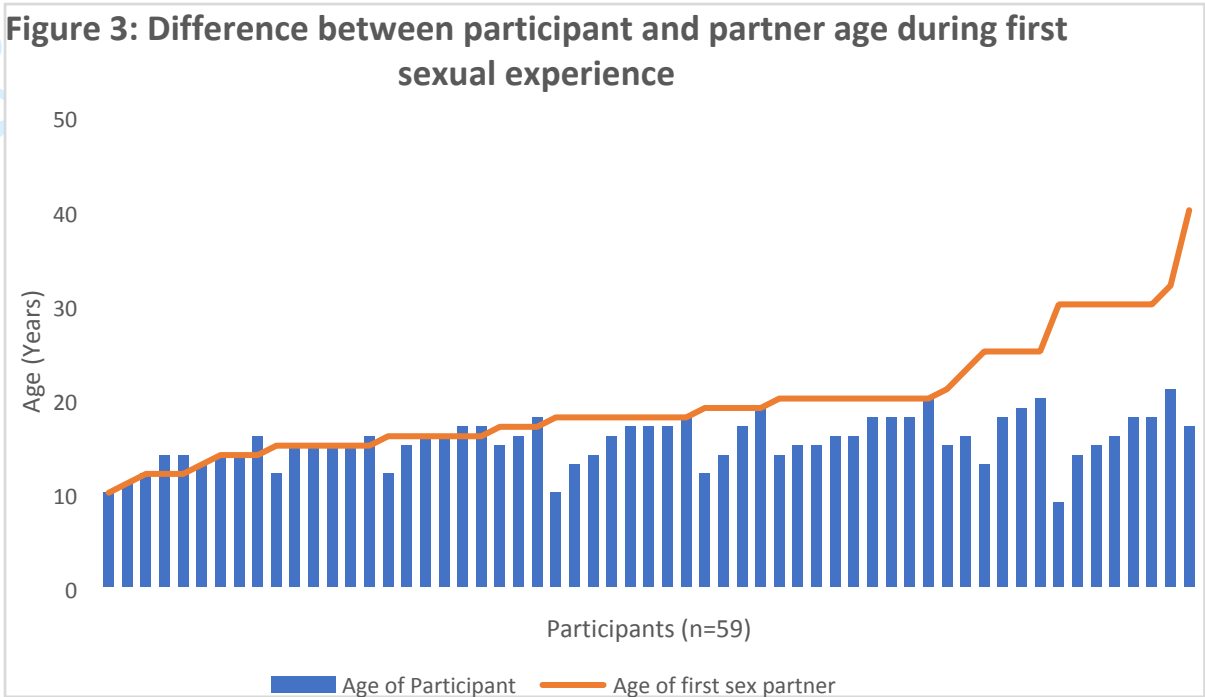


Figure 4: A graph illustrating at what age participants under the age of 18 first had sex, if that partner was legally an adult. It also reports the age of their first sexual partner.



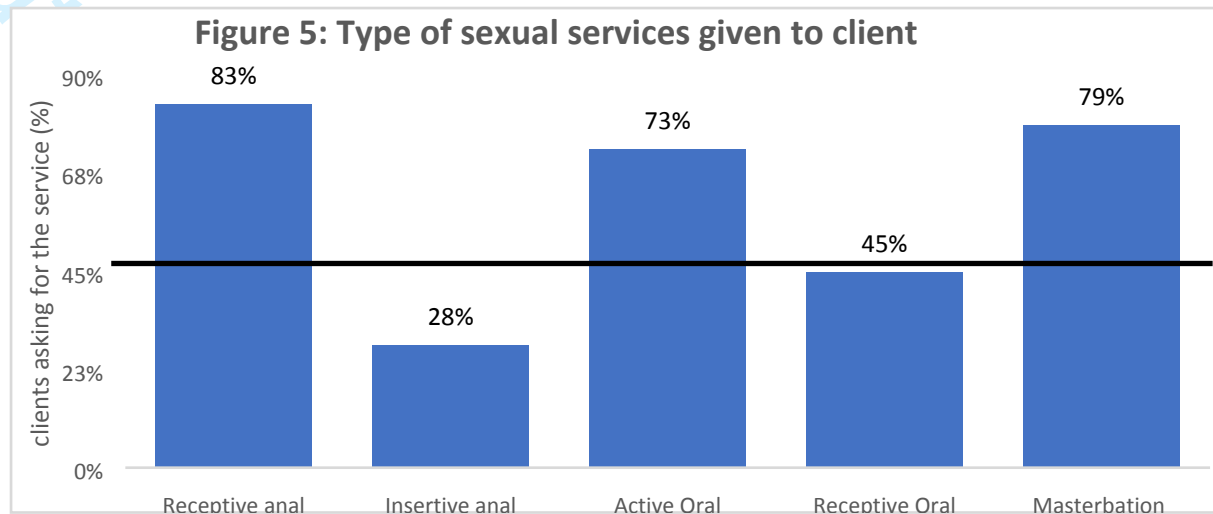


Figure 3: A graph illustrating at what age participants first has sex as well as the age of their first sexual partner. The black line indicates the age of consent in Thailand, which is 18.

Figure 5: A graph illustrating the variation in sexual services the participants would be asked, by clients, to perform.