

# WORKING WITH TRANSGENDER PEOPLE IN THE SEX TRADE

EUROPEAN FREEDOM NETWORK



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# INTRODUCTION

The Transgender Action Group of the European Freedom Network has created this toolkit with the goal of providing information and guidance to those who are interested in working with transgender individuals in the sex trade. We hope that it will inform and inspire you regarding this important work. The Action Group (AG) is currently composed of seven members from six countries, all of whom have experience working with transgender people in the sex trade. Although transgender people in prostitution are not a new phenomenon, their numbers are growing, as is awareness about this population.

We recognize the growing need for more people to provide assistance to our transgender neighbors in this sector, and we want to encourage you to consider helping in area. This toolkit provides a solid foundation based on research as well as our collective experience that covers outreach and hospitality, health basics regarding transition, theological application, and how to work with churches. Our goal is to help guide thinking and development as you explore working in this space. Therefore, we developed this toolkit with those objectives in mind.

One of the main goals of this project is to help those interested in working with transgenders know not only how to begin, but also whether this is a good fit for them at all. We will discuss tips for outreach which may help those already working with women know how to better engage, even if they don't intend to work specifically with trans women. We will discuss unique aspects of this type of outreach, as well as safety steps for both the person who is ministering, and the transgender individuals they are ministering to.

This document will also discuss some practical tips for doing outreach, offering hospitality, and providing assistance. Working with transgenders shouldn't be more difficult than the challenges some organizations may already face as they minister to women, but we will focus on some of the unique aspects of working with this people group.



# INTRODUCTION

Health and medical issues concerning both the physical and mental aspects of transitioning (and a bit about detransitioning) will be broadly explained, but specific details are beyond the scope of this phase one document. We hope to delve deeper into some of the issues presented here over time in later phases, but for now, the recommended reading list at the end of this toolkit is a good place to start if you are looking for more information on these topics.

We will not establish a prescribed doctrine of theology in this toolkit. You may have more questions than answers by the end, and that's OK. Having questions and uncertainties, even – and especially about – theological issues, does not prohibit work with this population. We will also briefly discuss how to engage the wider Body of Christ in supporting (financially, socially, etc.) work with transgender people.

You might notice that we ask a lot of questions in this text. That is largely because we still have more questions than answers ourselves, but if we do not ask questions, we will never find answers. Moreover, the better the questions, the better the answers. We invite you to engage with our questions as well as pose some of your own. The members of this team continue to grow in our thinking because we continue to ask questions and discuss them with each other. A list of recommended references and resources is also provided so that you can further explore these issues and questions on your own.

We are keenly aware that we are writing this amid waves of controversy on the subject of sex and gender. Some of this debate may seem far removed from the day-to-day issues that survivors and those who engage in outreach and ministry must deal with, but the outcome of this movement has (or will have) a significant impact on how we approach, do, discuss, and fund our work.

# INTRODUCTION

The rising awareness about transgender issues has helped open up the discussion and, as a result, new information and research has come to bear. Even so, it can be challenging to sort out true signals from a lot of noise. However, because this document is an introduction to the topic and focuses only on the intersection of transgender people and the sex trade, it is beyond its scope to address these wider ideas and issues. The recommended reading and resource will help guide your learning about this topic. The Action Group is also available to help guide you in your service with transgender people and as you approach this topic in general. Working with transgender people may be challenging, but it is also very rewarding. It is our hope that a few of you will want to join us in this endeavor.

To whom is this toolkit addressed? Of course, we think that everyone will learn something from this overview, but we had several key stakeholders in mind. First, we hope this may help organizations that are already doing outreach or providing some sort of hospitality or aftercare to women (or men) in prostitution/sex trafficking and are noticing transgender people in the milieu and want to learn more about how to help them. We also hope this will help organizations or churches that want to start a dedicated outreach or aftercare ministry to transgender people in the sex trade. Finally, we wrote this for the donors, church-supporters, prayer-warriors, or individuals who want to know more about the dynamics of working with transgenders in this sector to better support those who are on the front lines.

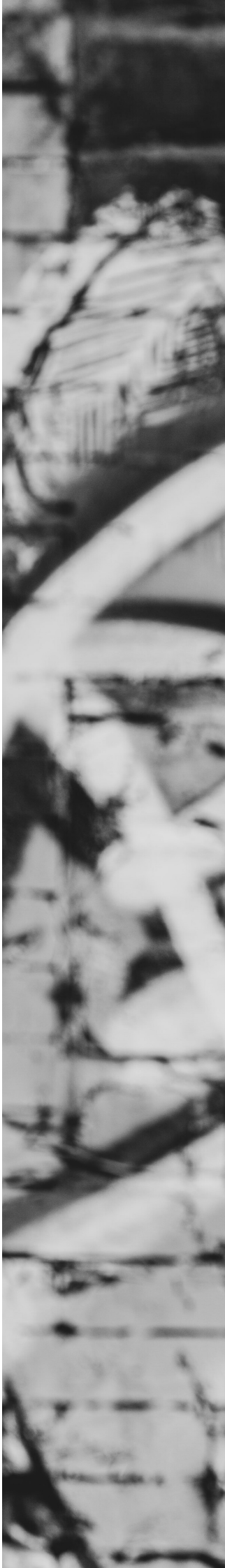
## TRANSGENDERS AND HUMAN TRAFFICKING

Transgender individuals can be victims of any form of human trafficking and exploitation. However, we are highlighting the plight of those caught up in the sex trade since transgender individuals are often targeted for sexual exploitation, and most European Freedom Network (EFN) partners are working to combat forms of sexual exploitation.

Due to challenges in data collection (for human trafficking in general, and regarding transgenders in particular) it is difficult to gather hard numbers when discussing these issues. However, there are general principles when it comes to social status and challenges of marginalized and at-risk people that have been well established and can be applied to the situation many transgenders find themselves in.

As with all survivors of trafficking and exploitation, risk factors and vulnerabilities of transgender people are multi-faceted, complex, and interconnected. Independent of gender identity, people with low socio-economic status, a history of childhood trauma, immigration status, and mental health problems are at increased risk of exploitation. Identifying as a transgender person heightens those risks even more due to increased violence, stigma, and discrimination. Additionally, the need for a transgender individual to maintain their medical regimen and save for expensive surgeries may cause them to take more risks to increase their income.

Transgender people are often characterized as having more agency regarding their involvement in the sex trade and therefore may be overlooked as victims of trafficking or exploitation by law enforcement and assistance organizations. The debate between pro-sex work lobbyists and anti-prostitution groups further exacerbates this situation for trans and non-trans men and women in the sex trade.



## TRANSGENDERS AND HUMAN TRAFFICKING

Regardless of one's position regarding sex work and prostitution, one should never assume that someone is operating his or her life with complete autonomy and offer assistance in line with that assumption. Additionally, we have been called by God to reach out to and love everyone in need, regardless of their level of autonomy in their current circumstances. People in this situation have a variety of needs, and transgender people typically have an immense amount of shame under which they hide these needs. Past rejection may impact their willingness to reach out and receive help. As we'll discuss in later sections, there are a variety of correct ways to offer hospitality and assistance.

Transgenders (usually transwomen) are present in the sex trade in a variety of ways. They can be seen walking the street, in go-go bars, dancing in cabaret shows, sitting in brothels, standing in windows, and available online. Some transgender women pass as women very well, and some... well, not so much. Some transgenders may present as men in their day-to-day life and change into "drag" for prostitution. There has been some debate over whether these people are truly "trans" or not, but for our purposes, when people present as the opposite sex in the sex trade, we will offer our services whenever possible. It is often very difficult to get any kind of history regarding their trans journey due to linguistic, psychological, and emotional barriers. Instead of judging, we advocate for meeting people where they are and walking with them as best you can.

## TERMS AND DEFINITIONS

A good place to start when working with this population is language. There has been many different terms being used and a lot of confusion among practitioners who are not quite sure of what to say. This is understandable as there have been a lot of changes over the last few years, and terms continue to change. We should, however, try to use proper terminology in order to be as professional as possible, and to demonstrate respect and acceptance toward those we hope to reach.

This list does not cover definitions such as human trafficking or prostitution. For these more general terms, please refer to the document on language and terminology for EFN and its partners\*.

1. Sex: The biological binary by which most living organisms are divided into male or female. The biological male has XY chromosomes and produces a small gamete (sperm) and a biological female has XX chromosomes and produces a large gamete. There are only two sexes.

2. Gender: the behavioral manifestation of biological sex. One may think of this as the “software” to human sexuality (biological sex would be the “hardware”). Gender represents the degree to which someone may outwardly “identify” as a member of the opposite sex. Gender is more social, but generally follows from sex. It is not completely independent of biology but is more nuanced and flexible.

3. Sexual Orientation: Describes an individual’s enduring physical, romantic, and emotional attraction to another person whether they are of the same sex (homosexual), the opposite sex (heterosexual), or regardless of their sex (bisexual or other).

[\\*Resources - European Freedom Network](#)



## TERMS AND DEFINITIONS

4. Transgender: A person who identifies as a member of the opposite sex and makes efforts socially and medically to present as the opposite sex (formerly referred to as transexual).
  - a. A transwoman is a biological male who identifies as a female
  - b. A transman is a biological female who identifies as a male
  
5. Transsexual: Largely an outdated term that describes someone who has undergone significant steps to transition, such as surgery. It is considered outdated because now the term transgender has eclipsed it to refer to everyone including those who have taken minimal steps to transition. This term is still used by some in the trans community.
  
6. Transvestite: An outdated term that usually describes a person (usually a male) who dresses up as a member of the opposite sex (a cross-dresser) but doesn't necessarily identify as one. This is not the same as transgender or transsexual and should not be used to describe a transgender person. However, note that some languages and cultures (e.g. Greece) DO use a variation of the term transvestite to describe transgender individuals. As always, consult local social acceptance.
  
7. Intersex: a general term used for a variety of biological/genetic conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. Intersex does not equal a different sex. It does not negate the fact that there are only two sexes. Intersex is a variation on the biological foundation of the sex binary that involves hormonal, chromosomal, or other anatomical differences.
  
8. Detransition: The process of changing back to presenting as one's biological sex. This involves a variety of medical and social steps.

## HOSPITALITY AS THE UNDERLYING VALUE AND APPROACH WHEN REACHING TRANSGENDERS

In this manual, we want to highlight the importance of hospitality as an underlying attitude and starting point when it comes to working with transgenders. Trauma is an intrinsic part of the narrative of most transgender individuals in prostitution, which is why conveying safety and acceptance in all that we do is key to constructing a relationship of trust. Most transgenders come from a background of rejection, violence, abuse, and continuous discrimination due to their gender identity. On top of this, those in prostitution carry the trauma caused by a life working in the sex industry. At the same time, it is important to note that there are several “categories” of trans, not a monolithic history. Understanding the influence of different economies, psychologies, and histories can help us dispel myths, misunderstandings, and misconceptions about transgender people.

By genuinely demonstrating our care, interest, and love, we create an atmosphere of acceptance. From acceptance and wanting the individual we meet to feel welcomed flows an attitude of hospitality. It is not necessary to know why or how a person ended up in their current circumstances – internally or externally – in order to make them feel safe, which is the ultimate goal. When we encounter a transgender person, we are encountering an individual whose value is based on the fact that they are created by God, to live in relationship with Him; we are to see everyone through the same love God has had for all humankind. Hence, we do not complicate the issue of transgenderism, because the bottom line is that the person before you is simply the person before you. Don't be afraid if you feel like you do not know enough about transgenders or haven't fully understood everything about this huge and multi-faceted topic. The most important thing is that God gave you a heart for this specific group of people, and you can view and address them as just that: people.

Start conversations as you would with anyone else. When it comes to getting to know a new person, go at a pace they feel comfortable with. Answer questions they may have and ask questions that you would ask anyone to start with. A good rule of thumb is this: If you would not be comfortable asking a co-worker the same question or being asked the question yourself, then don't ask it in this context.



## HOSPITALITY AS THE UNDERLYING VALUE AND APPROACH WHEN REACHING TRANSGENDERS

Or first ask yourself “Am I asking this question simply because I’m curious (and therefore the answer ultimately serves my purposes), or is there a legitimate reason for this question?” Intense and difficult questions can only be asked when there is a sense of trust. Watch the body language of the person with whom you are talking: If they seem uncomfortable, change the topic and if necessary, apologize.

Be aware of the power of your words and language. The way we address and talk about another person, transgender or otherwise, communicates respect, whether they are in the room or not. When we are mindful of the effect our use of language has, it is both edifying towards the transgender individual as well as honoring to God. We shape the culture around us through language. The same principle applies to individuals we encounter; we can encourage, empower, and esteem others through our choice of words

### **BREAKING BARRIERS**

Transgender people put up many personal barriers for self-protection as a result of having experienced a lot of shame, rejection, stigma, and discrimination. This can be reflected in the rather stereotypical over-friendly, uber-feminine, want-to-be-funny-and-well-liked aura some create around themselves. It’s a deflection and distraction from the pain inside. They often work very hard to avoid rejection, sometimes creating a bubble of positivity around them that evokes smiles and delight and makes it easy for people to get caught up their atmosphere of happiness. The joviality they create around them and present to the world may, at times, be disingenuous, but it can help protect them from what might otherwise be negativity and rejection if people weren’t so caught up in laughing at their antics and over-the-top personalities. Even if the smiles they receive are mocking, this is perhaps better than outright disgust or hatred.

This is understandable, since they have most likely experienced a lot of rejection and carry a lot of shame. It is normal for people to present an idealized, if not always accurate, version of themselves to the world, but it is not often done to such a flamboyant degree. How much energy must it take to maintain this facade?

## HOSPITALITY AS THE UNDERLYING VALUE AND APPROACH WHEN REACHING TRANSGENDERS

We have to respect the personality that transgenders choose to present to the world, but we must also be aware that, deep down, they desire to be seen and known for who they are. If we are able to build trust, we can overcome these barriers step by step and allow them to let down this false representation of themselves. Breaking through these barriers can first require years of building up a relationship. It is imperative that people getting into this work understand the patience, consistency, and persistence that is often required to develop good relationships. We honor the individuals we're working with by getting to know them and their story over time and at their pace. We offer what we can as often as we can, and we keep offering it whether they choose to accept our help or not.

If your organization is committed to serving women, and ONLY women (that is, not biological males), then you might decide that reaching out to trans women is beyond your scope of service. That is okay, but you must make that decision and be aware of and think through the repercussions such a choice will have.

If you choose to limit services to biological women only, but encounter transgenders in the same location where you conduct outreach among women, how will you approach both groups while still valuing and showing respect for the trans women you're refusing to serve? How would you tell a trans woman they don't have access to the same services you're offering their counterparts? For example, how would you tell them that they are not welcome at the drop-in or ministry center you would invite women to? Consider both the impact this would have on transgenders and on the women they work with – the very people you are trying to reach – when they hear that individuals they may consider friends or colleagues aren't being treated the same way or offered the same services that they are.

Some organizations have decided to greet and offer refreshments to both groups, but tailor some of their services to biological women only. Others have decided to welcome all who identify as women and include them in all aspects of their outreach, regardless of gender.

## HOSPITALITY AS THE UNDERLYING VALUE AND APPROACH WHEN REACHING TRANSGENDERS

### CONTEXT: FACTORS THAT INFLUENCE ONE'S WORLDVIEW

In order to arrive at a deeper understanding of what the individuals you want to get to know may be facing, it would be helpful to consider some important factors prior to starting your outreach to transgenders. These include issues that are foundational and deeply rooted in a person, influencing their worldview and attitude towards other people and how they view themselves and make sense of their story. Experiences from family life through school age and on into wider society as a whole all contribute to the level of trauma, discrimination, stigma, and shame that transgenders may or may not carry.

In order to successfully communicate with empathy and understanding, it is important to consider the background of the person we wish to get to know. To better understand how they may feel towards new people, building trusting relationships, and the prospect of integrating into mainstream society, we as outreach or assistance providers have the responsibility to consider what kind of treatment they have faced during the course of their life, and how cultural and religious factors can influence their sense of self and how they view things like sex, gender, and law and order.

Culture: what are the cultural values and main features of the transgender's culture of origin? This can influence how one views for instance authority and hierarchy in society and what the role of family and community is vs. the individual. People from the Southern Hemisphere tend to have a comparatively higher regard for or a sense of duty to their family due to cultural norms than someone from a Northern Hemisphere culture might. All of these are examples of how our worldview is shaped and as a consequence, the way we make decisions.

## HOSPITALITY AS THE UNDERLYING VALUE AND APPROACH WHEN REACHING TRANSGENDERS

**Religion:** What beliefs, attitudes, and practices do the religion or religions of the country of origin and the host country have towards sexual and gender minorities? How about towards prostitution? In the best-case scenario, faith plays an important part in providing hope for the future despite current circumstances, but when one has had a negative experience with the church or a faith community, the resulting feelings of rejection and exclusion may negatively influence how God or other representatives of a given faith are viewed.

For example, in the case of Bulgaria, it is common for a family to reject an individual and cut all ties with them if they choose to live openly as a transgender. This is especially true if the family is Muslim as that religion states it is sinful to change one's sexual or gender identity. Those working with transgenders from Muslim contexts may also need to be aware that, in their culture, women would not normally be able to work with transgenders, even if they identify as women, because they were still born as males.

**Sex and Gender:** how are transgenders and sexual minorities viewed and treated in the person's culture or religion of origin? Transgenders are often marginalized in their community, experiencing systematic discrimination due to stigma and prejudice. Brazil is an example of a country where sexual and gender minorities face high levels of hate crimes\*. Despite the laws in place that should guarantee everyone equal standing in society, it remains the country with the highest number of transgenders killed in a year. If an individual comes from a country where it is prohibited by law to live openly as a transgender, this policy is likely to have impacted and amplified their trauma. The legislation on prostitution and its lawfulness is also important to know as it contributes to how a transgender might be used to viewing themselves in relation to the law.

**Law and Order:** an important facet of assistance involves collaboration with law enforcement. It is wise to seek information about the legal structures and systems in the culture of origin, as this can greatly impact the trust transgenders might have towards the police, lawyers, or the judicial system as a whole in the host culture. Many come from countries where the police are corrupt and contribute to the success of traffickers' work.

\*<https://peoplesdispatch.org/2021/02/03/brazil-transgender-murders-increased-by-41-in-2020/>



## OUTREACH AND AFTERCARE ASSISTANCE

There are a few considerations that are worth exploring before you begin your outreach and provide aftercare assistance to the transgender community. While the basics of effective, Christ-like outreach apply to any group we engage with, it would be wise to go through certain unique aspects of working with transgenders as a team before you begin. As we do not want to assume you have done outreach before, we will cover the fundamentals in this section, with transgender people as the target group.

We advise you talk to another group that is already doing outreach among transgenders prior to getting started and to maintain that connection in order to share experiences and for peer support. You are welcome to contact the Transgender Action Group for assistance in this regard.

### OUTREACH

#### **Practical Tips for Getting Started**

Here are a few questions and ideas to help you get started on an outreach project:

- First, this work should always be done in the context of a team. Individuals should not be conducting outreach alone. It can be dangerous physically, as well as very difficult psychologically and spiritually.
- The team members need to clarify who is responsible for what. What will your team do during your outreach? Where, when, and how will you proceed?
  - Some of these answers depend on where you find transgenders in your area.
- You need to define clear parameters so the team knows its goals and limits, as well as how you will measure success (e.g. attitudes over outcomes). Do you have short- and long-term goals?
- The team should be clear on its purpose and scope of work. You need to clarify what the team can and cannot do. For example, you cannot professionally counsel, but can refer to a mental health specialist.

- Who will you invite on your team? How do you screen your team members? How will you care for and supervise your team? The emotional and spiritual weight that doing ministry among people in prostitution has on caregivers should be taken seriously.
- Scope of outreach: where do you encounter the people you are hoping to serve? This will affect how you design your outreach and services, as not all functions can integrate both women and transgenders.
  - A drop-in center, cafe, health clinic, classes, social services, or any space where men and women might normally mix and come to on a voluntary basis is a natural setting where you are likely to encounter both groups together.

### **Motivation**

As with any type of outreach, the team should be on the same page regarding the vision, nature, and end goal of doing outreach, and the personal motivation of each team member should be clear. The foundation of our ministry in this sector should be based on our relationship with God and the fact that God desires all people to be in relationship with him first and foremost. We want to introduce people to their loving creator. We are not there to “rescue” or “save” them.

People in prostitution are extremely observant and sensitive to the attitudes and motivations of others. They can read people better than most. Hence an attitude, including words and non-verbal cues, that communicates hospitality, genuine care, interest, and concern for the wellbeing of the individual goes a long way towards building trust long term.

### **The Role of Men and Women in Outreach**

The appropriate composition of teams in terms of men and women is debatable. Some teams are composed of only women, while some have a mixture of men and women; both can work well, but it depends on the context and the people you are there to serve. There are several factors to consider when addressing this issue.

## OUTREACH AND AFTERCARE ASSISTANCE

Generally speaking, all-women teams provide a safe space for transgenders in the sex trade and is recommended for those starting out. As with female sex workers, almost all the clients of transgenders are men and they are seeking the attention of men, so having men on the outreach team can produce the same level of tension and anxiety that can be seen when working with women in prostitution. When it is inappropriate to have men involved in front line work, they may be assigned background or support tasks such as security or being on the prayer team.

In some cases, men may need to be added to the team depending on the situation and environment of the outreach. For example, men may need to be included on the front lines for security reasons. In one instance, an outreach team made up of women was encouraged by the transgender they met in one part of the city to have men on the team if they were planning to reach out to the transgenders in another part of the city. They would be visiting the other location at nighttime, in a setting where the transgenders themselves felt unsafe due to the dynamic created by the buyers and substance abuse of both parties.

When considering whether or not men should be incorporated into outreach teams, take into account the trust and relationship that has been built up between the regular teams and the women and transgenders they are there to serve. As the outreach team becomes known in the area, they can begin to establish a good reputation which will reflect positively on the men in the team who are associated with your organization. This will positively impact the way the men are seen; not as buyers, but as people to relate to without the pressure or need to attract or do business with them.

The presence and engagement of male team members should perhaps even be encouraged; it could help restore a potential loss or demonstrate what healthy and appropriate, non-sexual relationships with men could look like. There can be an “un-doing” of sorts, an introduction to a different way of being for the transgender that is more congruent with life outside of the sex trade, as it relates to the fostering of conventional relationships with men. The cultivation of such relationships has the potential to help reinforce that a transgender is more than just the presentation of the physical body and is a human being designed to be in relationship with others, and those relationships/friendships can be truly healing.



**Role of Prayer Before, During, and After Outreach**

As faith-based organizations, prayer is the foundation of everything that we do. This includes the team members' personal relationship with God and the unity the team has in Christ, as well as receiving prayer as a team by those supporting the work both locally and from afar. You may consider establishing a committed prayer group to pray specifically for your outreach team and during your outreach time. Personal prayer partners can also play an important support role for individual team members.

**Debriefing**

Reporting, debriefing, and sharing the impact one experiences during and after an outreach is key to functioning effectively, both individually and as a team. As individuals, we react differently to the trauma we experience secondhand. Being aware of changes in our mood, thoughts, and relationships will allow us to talk through potential challenges and issues with the team supervisor or counsellor as they come up. These changes may occur at odd times, not just during or immediately after the outreach. Furthermore, experiencing problems doesn't necessarily mean that you should discontinue outreach, it just means you need to pay attention and continue to ask for God's heart and mind. Make sure to have specific times and opportunities to debrief as a team and to talk about your experiences during or after an outreach. It is easy for this step to be forgotten in the midst of a busy ministry.

**Researching the Context in Which the Target Group Lives and Works**

Before starting, it is important to conduct a demographic map of the area and identify the available services. Being informed about local services that are already in place before you begin your outreach enables you to give valuable information during your ministry endeavors. You will be better equipped to refer individuals for services when necessary, and you will be in a better position to help and advocate for the individuals you are there to serve.

The following questions and proposals can help you make a list of services, offices, and organizations that are useful to be aware of and connected to when working with transgenders in prostitution:

## OUTREACH AND AFTERCARE ASSISTANCE

- Is there any government assistance for victims of trafficking or people in prostitution? What do they provide, and on what terms? Do they have experience working with transgenders in prostitution?
- Social Services: what is provided by the public welfare system and what are the prerequisites?
- Are there other NGOs involved in working with victims of trafficking?
- Are there NGOs involved in working with sexual minorities? What services do they provide? What is their background and approach to working with transgenders?
- Are there NGOs that work with the disadvantaged and marginalized that could potentially offer assistance?
- Shelters: what is their policy when it comes to working with transgenders? Can they provide a safe environment for a transgender person?
- Drug and alcohol rehab services: what is their policy when it comes to transgenders? Can they provide a safe environment for a transgender person?
- What employment services or training courses are available?
- Are there any free clinics or medical services for people without health insurance? It might be good to get connected to them before going on your first outreach. Do they have experience working with transgenders?

### **Police, Immigration, and Other Rights**

Before starting an outreach, and potentially needing to refer people to various services, it is important to be aware of regulations and laws that may affect or limit outreach or referral opportunities. This doesn't mean that we should not do outreach or offer whatever help we can, but that the scope of what we can offer may be limited.

Does your country, region, or city have laws against prostitution? Are they enforced and to what degree? How are sex trafficking and prostitution delineated in the law? How does one safely work in this sector? What is the process of being recognized as a victim of sex trafficking?

## OUTREACH AND AFTERCARE ASSISTANCE

Does the individual meet the criteria to be a victim of human trafficking? Does the individual want to be identified as a victim of trafficking? Not all do - they may be afraid of threats or repercussions from contacting law enforcement or simply do not want to identify as a victim, which in itself carries a stigma in many cultures. Unfortunately, being identified as a victim of human trafficking in some countries does not always guarantee safety or comprehensive care for anyone (not just transgenders), which can create a barrier to vital and necessary services.

Understanding the immigration status of the people you are working with can help you provide better guidance and support. Is the person in the country with legal documents? What are their options for gaining legal status in the country? Is it an option for the individual to return to their country of origin? Consider their situation: does seeking asylum status apply? Also, if one gains a resident permit based on humanitarian protection (eg. due to the threat of violence in their home country), returning in x number of years may not be an option.

All of the above considerations are especially important when helping people transition to a safehouse or shelter - leaving their environment might mean that they are officially registered by the authorities and might face deportation. Make sure you understand local immigration laws and are aware of the consequences that the person you are trying to help might face due to his or her actions. Be very clear in your communication and be sure to properly manage expectations.

### AFTERCARE ASSISTANCE

Up to this point we have focused on outreach to transgenders but once a person comes to a point of wanting to leave prostitution there are several areas of specific needs to be aware of. This section will touch briefly on some of those needs. Most likely some of the assistance is offered already during the phase of outreach, while other type of services become relevant at later stages of one's recovery process.

## OUTREACH AND AFTERCARE ASSISTANCE

In order to properly address the needs of the people we are working with, we need to look at the four dimensions of well-being: psychological, biological, social, and spiritual.

Effective social care of people in the sex trade involves addressing various basic needs such as housing/shelter, employment/school, and community life. This section is not a complete or detailed description of all that's involved in providing assistance in these areas, but rather is an overview of things to consider when working with transgender individuals.

A very important issue to consider is where it is or is not appropriate to integrate services for transgenders and women. There is no simple, straightforward answer, but it is something that can be resolved through assessing the scope of the service in question and the implications of opening it up for trans women. Certain spaces must be kept single-sex, while others may be mixed.

If your organization is already working with women and you are considering integrating trans women into your scope of services, it is recommended that you consult the women with whom you already have a relationship to see what they think and how they would feel safe. They are your first priority. Usually (or hopefully) organizations that work frequently with women have a lot of input from the survivors themselves, especially if the work is done on a more intentional, personal basis. For example, consider the difference between frequent one-on-one visits between a social worker and a client and the level of engagement that might happen between women who live in shelters and the staff who run them. Regardless of your current level of ministry and feedback, we have provided some guidelines below to help you begin addressing some of these concerns.



## OUTREACH AND AFTERCARE ASSISTANCE

### **Employment/School**

One of the most important issues is that of employment and economic stability. There are many different reasons why people are in the sex trade, and most are not unique to transgenders. Some are truly forced in terms of trafficking or exploitation by a trafficker. Some have experienced discrimination that prevents them from finding a job in the regular work force. Some are not in the country legally and are in prostitution to survive. Some are making more money than they would in another job. Others would like to and could pursue different employment but lack the necessary education or certificates relevant for that country, even if they have previous work experience.

There are workforce preparation, training, and education models that can help with some of the nuances of this issue. Please reach out to the Transgender AG for more information. Employment often constitutes a barrier for transgenders to leave prostitution, which is why efforts to assist in this regard are essential; working together with employers and other organizations plays a key role in making freedom from prostitution a reality. It might also be a good idea to explore language schools or other opportunities for language learning for those who need a certain level for employment. The inability to speak a local or international language can be a significant barrier to employment.

### **Relationships/Community**

As we have mentioned above, relationships and true community connection can be very difficult for transgenders due to the complex issues they face. However, it is vitally important that those who are trying to take the very daunting step of leaving prostitution have a safety net in the form of a strong support system with healthy relationships. While leaving the sex trade may be safer and healthier in the long run, it is still frightening and intimidating when someone's source of income – and, in some cases, identity – is gone and they don't know what life will look like next. Providing a support system can help ease the transition while also offering interactions with people that are desexualized and more holistic in their way of building and modeling healthy relationships. Both men and women play an important role in aftercare and facilitation of integration into a community. The presence of a solid, trustworthy group of people to count on for both practical and emotional needs will determine the success of an individual's integration long-term.

## OUTREACH AND AFTERCARE ASSISTANCE

The role of the church as a welcoming family is and can be extremely healing. However, we must proceed with caution and patience, as what we consider an answer to an obvious need may take time: both for the church community to be ready to embrace and support transgenders in a healthy way and for the individual to feel safe and accepted in a bigger group. Smaller ways that are less threatening, such as small group meetings and Bible studies, may be a more realistic first step in offering a safe place for someone with a complex background of trauma and exploitation. We discuss more of this in the God, You, and the Church section later in this document.

### **Housing/Shelter and Other Services**

If you are already offering specific services to women, one of the main factors to consider is whether the women can continue to feel safe if you begin to offer the same services to transgenders. Introducing trans women into a space means it is no longer female-specific. No matter how feminine a trans woman might present, the reality is that this person remains a biological male, and some women - especially those who have been sexually abused and exploited by men - might have a real problem with that. If safety is not an issue but cultural factors are, you may be able to find a solution by addressing the cultural bias in question. Furthermore, if you offer services to those that “pass” or who convincingly portray femininity but deny those that don’t, how will you make that distinction and where do you draw that line?

The question of offering accommodation, shelter, and residential care is perhaps one of the most complicated ones due to the lack of services for transgenders. Yet it is the easiest to draw the line in terms of integration, since it concerns long-term care in a shared space where the feeling of safety and security is of utmost importance.

Accordingly, integration is not ok in the following categories of services due to the potential to introduce stress and/or physical risk to women, and it is recommended that these spaces remain single-sex:

- Shelters, housing, and overnight facilities
- Counseling centers, group therapy, health clinics - may hold separate times for transgenders and women. Client confidentiality and security must always come first in any case.
- Where the women you’re working with explicitly ask you to not have transgenders in their space

## OUTREACH AND AFTERCARE ASSISTANCE

### Psychological Care

Good psychological care is fundamental to good outreach and assistance. Most of the staff and volunteers in our organizations are not mental health professionals. However, they still play a vital role in supporting and improving the psychological well-being of the individuals in their care. Trauma-informed care is the foundation of our approach to psychological care. Trauma-informed care is a very complex and involved topic, and it is beyond the scope of this manual to discuss it in depth. However, it is essential to understand the fundamentals and principles before engaging in this type of work. The Substance Abuse and Mental Health Services Administration has some good materials on trauma and trauma-informed care. The following is their summary about what trauma-informed care is:

“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes signs and symptoms in clients, families, staff, others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, practices, and seeks to actively resist re-traumatization.”

Please see the resource section or reach out to the action group for more information.

Human beings have three basic emotional needs: safety, acceptance, and control. We don't have to be psychiatric specialists to begin to meet these needs, and it will go a long way to helping people on their journey to wholeness.

There are several forms of safety including relational, physical, environmental, and moral. Safety is communicated through all five senses, so we must be aware of our physical environment as well as our body language and speech. We demonstrate acceptance by accepting the person for who he/she is and celebrating them. In our conversations, we focus on who they are and not what they look like. We offer control by doing things with them and not for them. We do not promise more than we can fulfill. We provide a safe environment for them to develop their voice and make decisions. Communication that is clear, concise, and consistent is central to trauma-informed care.



## PHYSICAL AND MENTAL HEALTH ASPECTS

This section will provide a general overview of the physical and mental health issues that transgender people often deal with. For those reaching out and working with transgender people in the sex trade, it will be immensely helpful to understand the basics of health care for this population. Transgender people who are in the process of medical and/or surgical transition are lifelong medical patients. Furthermore, those in the sex trade are at an increased risk of violence and other health problems due to the nature of their life and work. Since nearly all transgenders in prostitution are male to female (MtF) individuals, the majority of the information here addresses this demographic. For more information on female to male (FtM) transitioners, please reach out to the Action Group.

The primary goal is to be able to support the health and well-being of these individuals. This includes understanding some of the general medical issues such as HIV and other sexually transmitted infections (STIs), as well as aspects of transition medicine. It should be noted, however, that transgender medicine is rapidly evolving, and these guidelines may soon become outdated. It must also be said that much of what is known in this field is new and untested, especially when it comes to understanding the long-term effects of some interventions. Some medical practices are still considered experimental. In many developing countries, holistic and comprehensive care for transgender people is lacking. For example, although Thailand is a destination for transgender people desiring surgery and medications to transform their bodies, this doesn't mean the care is holistic, and it certainly doesn't mean it is available to people with low socio-economic status.

Understanding the health aspects of transition can go a long way to understanding and helping a transgender person. An individual can still help transgender people stay healthy and support their overall wellbeing and not agree to participate in transition. Note that many, if not most, transgenders in the sex trade – especially in developing countries – take dangerous regimens of over-the-counter hormones or undergo harmful, non-pharmacologic practices without the oversight of medical professionals.

## GENERAL PHYSICAL HEALTH

It is important to remember that people who are or have been sexually exploited have health problems beyond their sexual and reproductive parts. We need to consider that they could be suffering from infectious diseases (tuberculosis), chronic diseases (asthma), non-infectious diseases (back pain), injuries (occupational injuries, head trauma), and mental health issues (see below) as well as general reproductive health problems.

Sexual and reproductive health, however, is still a major concern. Transgender people in the sex trade tend to have high rates of STIs; HIV can be as high as 25% in some studies. They also tend to be subjected to more physical and sexual violence. Transgender women may or may not have had “bottom surgery” (castration and possibly a vaginoplasty) and they may be having sex with both men and women. Pro-tip: if you have several sizes of condoms available, ask what size they need instead of assuming.

Immigration status can also play a significant factor in accessing health care. For example, trans women in Brazil face a high degree of stigma and discrimination and they will often travel (if they can) to other countries to escape this, as well as to seek transition interventions. There are quite a few Brazilian transgender women in the sex trade in certain European cities. However, access to any kind of care, let alone transition medicine, can be problematic based on their immigration status.

To complicate matters, due to shame, stigma, discrimination, and prior bad experiences, transgender people may be reluctant to visit clinics and hospitals for even routine problems. The harm, whether intentional or unintentional, experienced through individuals in the health care system can be long lasting and impede proper care. We have found this to be true of many people in prostitution or survivors of sex trafficking – not just transgenders.

## PHYSICAL AND MENTAL HEALTH ASPECTS

Furthermore, there is a scarcity of medical literature about transgender people in developing countries, especially among those involved with the sex trade. Of those studies, the focus is usually on HIV and other STIs, highlighting the notion that these people are mere vectors of disease, not whole people with a variety of problems (similar to much of the research among women in the sex trade). There are almost zero studies that address issues of transgender men.

### MENTAL HEALTH

The mental health of transgender people is of serious concern, and there is a lot of complexity about the mental health issues of transgenders. Here, we will highlight only the general and principal points in order to raise awareness about some of the issues, provide context, and hopefully help you think critically about them. There is, of course, much more to explore here, so please reach out to the AG for more information.

The journey to transition and identifying as transgender is widely variable. Gender Dysphoria (GD) is a real phenomenon, but it is usually not the only mental health problem that people who identify as transgender have. There is quite a lot of psychological distress in these individuals, and it is complicated by other psychological comorbidities/challenges, which may be mistaken for GD. People who identify as transgender have high rates of depression, anxiety, eating disorders, self-harm, and suicide, and increased prevalence of autism spectrum disorder.\* Furthermore, transgender people demonstrate higher rates of high-risk attachment patterns and a high rate of unresolved trauma. Correlation does not equal causation. That is, gender dysphoria can cause mental symptoms, but not all symptoms are caused by gender dysphoria. Often, these issues were present before symptoms of dysphoria. It is worth noting that the current diagnostic criteria in the DSM-5<sup>o</sup> for Gender Dysphoria is extremely regressive and subjective. It also bears mentioning that puberty blockers and cross-sex hormones affect mood and cognition and disrupt normal brain development which can distort an accurate picture of an individual's mental state.

\*The websites Transgender Trend, SEGM, and A Wider Lens Pod all discuss this.

<sup>o</sup> The DSM-5 is the Diagnostic and Statistical Manual of Mental Disorders developed by the American Psychiatric Association to define and classify mental disorders. <https://www.psychiatry.org/psychiatrists/practice/dsm>

## PHYSICAL AND MENTAL HEALTH ASPECTS

These mental health issues may not (and, per testimony of a growing number of detransitioners, often do not) get resolved with transition. The mental distress often worsens due to the lack of resolution of GD despite drastic modifications and powerful drugs. The hormones themselves can lead to mental instability, cognitive difficulties, and clouded judgement, especially in adolescent/young adult development when the body and brain are still forming. We need to keep these underlying issues in mind when working with transgenders. It's easy to forget how multi-faceted they can be and lose sight of the many complex layers and issues that form the person before us.

Discrimination and stigma are often experienced by transgender people to a high degree and will exacerbate mental health problems. However, not all mental health difficulties are caused by discrimination. Again, correlation does not mean causation.

The mental health challenges experienced by transgender people in the sex trade are compounded by the traumatic experiences of sexual exploitation in prostitution or trafficking. Furthermore, transgender people, as with most people in the sex trade, often have a history of child abuse and neglect as well as other adverse childhood experiences. If you have been working in this sector, then you are already familiar with the profound ways that chronic trauma impacts a person's mental health. Other issues that often accompany this include the high probability of alcohol and/or drug addiction, disordered eating, self-harm, and other serious problems.

### TRANSITION

Transitioning, from male to female (MtF) or female to male (FtM), is the process of transitioning from presenting as one sex to another sex. The process can involve any or all of the following: social transition (name, pronouns, etc.), body modifications (breast binders or tucking), puberty blockers (GnRH\*-analogs), cross-sex hormones (estrogen or testosterone), and surgical modifications. Typically, the process begins with the least invasive (social) and progresses to the most invasive (surgical). The timeline is not standard and varies in different countries and clinics. It is beyond the scope of this document to describe the process in detail, but please ask for further recommended reading on the topic.

\*Gonadotropin-releasing hormone analogs to suppress sexual development in adolescents.



## PHYSICAL AND MENTAL HEALTH ASPECTS

Transitioning from one sex to presenting as another (one will always be a biological male or female) usually\* means becoming a lifelong medical patient. The transition process is very long and difficult, and this can create quite a bit of stress in an individual. It's possible that some individuals don't know what they are getting into at the outset if they don't receive proper initial guidance. The stress (and also the cost) of having to maintain the daily regimen can be high.

The transition process for trans at the lower end of the socio-economic spectrum – often the ones in the sex trade – is often done bit by bit, getting the procedures they can afford as they go. Many are involved in sex work in order to fund future surgeries or other interventions.

Many of the transgender women we have assisted did not have ANY medical supervision regarding their transition regimen. They get information from their friends and other transgender women, which often means they do not know the proper doses of hormones and do not understand the risks associated with the medications, let alone medications that are not designed for this purpose, such as taking mega-doses of oral contraceptives.

They get hormones over the counter from pharmacies or from their friends. They get silicone implants using dodgy techniques and injections with materials of dubious safety. They apply other non-pharmaceutical body modifications with detrimental side effects. Unfortunately, this often does not lead to satisfaction. The dissatisfaction and disappointment leads to more mental distress which leads to more interventions which will not help.

It is important to not assume that every transgender person desires the same outcomes from transition – socially or physically. Some prefer to remain more or less androgynous, and some prefer to go all-out towards a hyper-feminine presentation. Approximately half of people undergoing medical transition (via hormones) go on to pursue surgical transition.

\*"Usually", to exclude those that only do a social transition without any body or medical modifications.

## PHYSICAL AND MENTAL HEALTH ASPECTS

Visits to a clinic regarding transition could include discussing hormone therapy, STI testing (including HIV and HBV), anticipatory guidance, discussion of risks and side effects, and surgical care. It is unclear just how comprehensive these visits really are, and many are most likely far from ideal. Most doctors won't do any screening or discuss the risks, and instead simply give the patients what they think they want. If you have a good relationship with someone going through transition, it might be worth exploring some of this territory just to see what they know, what they expect, and if they have considered the risks. This is different from trying to talk someone out of transition; it is helping people understand the risks involved and making sure that their consent is truly informed. This is ethical. This is caring.

For outreach purposes, you may only be able to encourage the transgenders you are working with to get regular medical checkups in the same way you would any other person you meet during your outreach. If you are offering exit or aftercare assistance, then your involvement in medical care becomes more important.

It should be noted that the goal is to help keep people as healthy as possible, and that helping people gain access to health care is not necessarily an endorsement of transition. There are many areas of health and wellness that do not involve the process of transition such as screening for STIs, managing other health problems, addressing mental health issues, and preventive health care. We want to help people receive care with respect and dignity and move them towards wholeness.

### ANTICIPATORY GUIDANCE

It is vitally important to note that the goal is to help keep these individuals as healthy as possible, and that assisting people and advocating for their healthcare is not necessarily an endorsement of transition. There are many areas of health and wellness that do not involve the process of transition such as screening for sexually transmitted infections, addressing chronic health problems, meeting mental health needs, and promoting preventive health care. First and foremost, we need to care for the person in front of us.

## DETRANSITION

Detransition is basically a process of returning to present as one's biological sex, although this can mean a variety of things. There is no one set path to detransition and it largely depends on the individual. Like transition, it can involve social as well as medical and surgical processes. It might include having surgeries to remove breast implants, or changing one's name and pronouns. Or it might mean simply that they have decided not to identify as transgender, but have not the means or support to medically detransition.

Reasons for detransition include realizing that gender dysphoria was related to other issues, transition did not resolve dysphoria, health concerns, dissatisfaction with social changes and discrimination, change of personal views, and others.

Detransitioners need a lot of support – as much, if not more than, people transitioning. They may still be dealing with gender dysphoria as well as other psychological conditions. The social pressure to continue as transgender can be tremendous and may face severe rejection from the LGBTQ+ community, increasing the mental stress. Medical support is also necessary as hormone reversals and possibly surgical reversals carry their own risks. It can be difficult to find psychologists and therapists in support of detransition or doctors who know anything about this process.

Finally, we should not expect our beneficiaries to automatically detransition if they have left sex work or even if they have become a Christian. This is a journey between the individual and God. The most important thing we can do is to continue to support, accept, and journey with them along this very difficult road.



## HOW DOES SCRIPTURE INFORM THE WAY WE SHOULD INTERACT WITH TRANSGENDER PEOPLE IN PROSTITUTION?

While it's true that believers are found across the spectrum in regard to their own theological beliefs and convictions surrounding the challenges of human sexuality, what's also true is that throughout Scripture, one can see that God has always had His eye turned towards those who are marginalized and oppressed. His deep love, care, and concern for those found on the margins of society serves as a marker for us as we strive to orient our lives towards Him and His likeness. With this in mind, the cultivation of meaningful relationships with the trans community is worthy of our attention. There are, of course, challenges to knowing how and what this could or should look like, simply because those of us working in and amongst this community come from many different backgrounds and perspectives.

In this section, we hope to provide a framework that will help demonstrate the best way to work with transgender people in light of a God who encourages grace, mercy, and the upholding of dignity to undergird everything that we do.



## HOW DOES SCRIPTURE INFORM THE WAY WE SHOULD INTERACT WITH TRANSGENDER PEOPLE IN PROSTITUTION?

### Case Study: International Women's Day

"It was International Women's Day when we had our first outreach in Antwerp. We had bought flowers and planned to pass them out with a scripture card to every woman we encountered working in the red-light district.

The problem was that we soon realized some of the women behind the windows were transgendered women (women who were born biologically male). Our ministry team was caught off guard and was now faced with the dilemma of whether we were going to give a flower to only those who were born biologically female or to every person behind the windows. We had to decide quickly as we stood there in front of the first transgendered woman we encountered.

I'm sad to say we hesitated at first, but after seeing the look of hurt and rejection pass across her face, three things dropped into my heart; First, what would Jesus do if he were standing here – would he refuse to reach out to anyone, regardless of how they presented themselves? Secondly, I was reminded of the scripture stating that man looks at the outward appearance, but God looks at the heart. And thirdly, the question came to my mind, "Is anyone beyond the love and reach of God?"

After quickly processing these questions, I decided at that moment, in this setting anyone we encountered working in the red-light district, whether they were born a woman or not, because every person deserves to experience the hope found in Christ".

April Foster, Breaking Chains, Belgium

## HOW DOES SCRIPTURE INFORM THE WAY WE SHOULD INTERACT WITH TRANSGENDER PEOPLE IN PROSTITUTION?

### Some Questions to Ask

#### 1. What would Jesus do if he were standing in an area where there are prostituted transgender people?

Example in scripture:

- The Samaritan woman at the well (John 4:1-11).
  - Jesus went out of his way to go to an unacceptable place, to reach an unacceptable person.

#### Further scriptures to ponder:

- The parable of the lost sheep (Mt. 18.10-14).

#### Things to Consider:

- Do you have any personal bias and/or prejudice concerning transgender people, prostituted people, or those who are attracted to the same sex?
- How do you think Jesus would approach a prostituted transgender person?

#### 2. How does God look at man?

“For the Lord sees not as man sees: man looks at the outward appearance, but the Lord looks at the heart” (1 Samuel 16:7).

Example in scripture:

- The story of the prostituted woman Rahab (Joshua 2).
  - She believed in God’s chosen people and became a hero of faith.

#### Further scriptures to ponder:

- The woman who approached Jesus who was bleeding (Matt 9.20-22; Mk. 5.25-29; Lk. 8.43-48).
- The leper who approached Jesus (Mark 1:40-45).

#### Things to consider:

- What would help prepare you to look past the outward appearance of a transgender person to their heart?

## HOW DOES SCRIPTURE INFORM THE WAY WE SHOULD INTERACT WITH TRANSGENDER PEOPLE IN PROSTITUTION?

### 3. Is anyone beyond the love and reach of God?

Example in scripture:

- Woman caught in adultery (John 8.2-11)
  - Jesus made a point to offer redemption to her, even though, under the law, the Pharisees were justified in stoning her.

#### Further Scriptures to ponder:

- The criminal on the cross also 'rightfully' condemned by the law but not by Jesus (Lk 23.39-43).

#### Things to consider:

- Is anyone excluded from the gospel?
- Does the way a transgender comes into that lifestyle impact the way we should approach them?
- Do you think a prostituted and/or transgender person is outside God's plan of redemption?



## HOW DOES SCRIPTURE INFORM THE WAY WE SHOULD INTERACT WITH TRANSGENDER PEOPLE IN PROSTITUTION?

Read Acts 8, 26-40

An Ethiopian eunuch, a court official to Queen Candace of Ethiopia, traveled to worship in Jerusalem. On his way home, he read the book of Isaiah. God had already directed one of the deacons in the early church, Philip, to go to the road between Jerusalem and Gaza. Philip saw the official in his chariot and ran to him. He then engaged the eunuch in conversation about the passage from Isaiah. They conversed as they rode together, and Philip explained the passage to the eunuch. After some questions, Philip was able to share the gospel of Jesus with the official who then asked to be baptized.

### Questions to Consider:

1. Who was Philip, and what do we learn about his character in Acts 6,5; 8,5-13, 26-40?
2. How does Philip's interaction with the Ethiopian Eunuch resemble Jesus' interaction with the Samaritan woman at the well?
3. What does this story in Acts teach us in regards to the 3 main questions we asked from our original story:
  - i. What would Jesus do if he were standing in an area where there are prostituted transgender people?
  - ii. How do we respond to the idea that "man looks at the outside, but God looks at the inside"?
  - iii. Is anyone beyond the redemptive and restorative reach of God?

We have a responsibility to fulfill what God has asked of us, which is to act justly, love mercy, and walk humbly with Him (Micah 6:8). We must allow the fruit of the Spirit to form and shape us in a continual way, so that our true and genuine response is one of deep love, care, and concern for the wellness and shalom of every person we encounter, transgender or not. God encourages grace, mercy, and the upholding of dignity to undergird everything that we do.

## CONCLUSION

The authors hope that you find in this document not only information but encouragement in working with transgender people in the sex trade. This work is about the individuals we meet on the streets and in the bars, as well as anywhere else we encounter transgender people in this world.

This work is also not only about them, but about us. We can't do this work well without preparing ourselves, our attitudes, and tuning our awareness. This work is ultimately about relationships: between us and God, and between each other, no matter who the other happens to be. We are all loved as children of God, created in his image.



## RECOMMENDED READING AND RESOURCES

This is a very abbreviated list of all the resources that we could possibly give you. This list is tailored to the topic of sexually exploited transgender people, but we have included a few resources about the topic at large. If you would like more information on a particular topic or want to learn about an aspect that is not represented here, please let us know. It cannot be overstated that reading scientific articles requires a bit of knowledge in order to assess the quality of the publication, the methods, and the conclusions drawn. This is true in many cases, not just for this area of medical and social science.

To contact the Transgender Action Group about this document or other questions, please email [info@europeanfreedomnetwork.org](mailto:info@europeanfreedomnetwork.org).

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## RECOMMENDED READING AND RESOURCES

### PODCASTS & WEBINARS

- [Gender: A Wider Lens Podcast Two psychotherapists who specialize in adolescents and gender dysphoria](#)
- Webinar: [Healthcare Professionals, The Church & The Transgender Movement - YouTube](#)
- Katherine Welch, a member of the Transgender Action Group, interviewed a couple of other members about their work with transgender people. The links are below:
  - [Working with Transgender Women in Prostitution - YouTube](#)
  - [Transgender in Paris - YouTube](#)
  - [Health Care for Transgender in the Sex Trade \(podbean.com\)](#)

### WEBSITES - GENERAL

- [Transgender Trend - Who Are We? - Transgender Trend](#)
- [Paradox Institute - YouTube](#)

### WEBSITES - MEDICAL

- [Society for Evidence Based Gender Medicine SEGM: Home](#)
- Gender Care Consumer Advocacy Network <https://www.gccan.org/>
- Substance Abuse and Mental Health Services Administration [www.samhsa.gov](http://www.samhsa.gov)

### DETRANSITION

- [Home - Detrans Voices](#)
- [Home | The Detransition Advocacy Network \(detransadv.com\)](#)
- Sex Change Regret <https://sexchangeregret.com/>

### OTHER

- [Trans Mission: What's the Rush to Reassign Gender? - YouTube](#)
- [Dysphoric: A Four-Part Documentary Series Part 01 - YouTube](#)

### AVAILABLE ON REQUEST

- Guidelines to organizations address medical needs of transgender individuals
- Guidelines to help organizations assist detransitioning individuals