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**Monograph:**

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A hand with brown skin and blue and pink nail polish holds a wooden signpost. The signpost is a thick, dark brown wooden pole. At the top, a smaller piece of wood is attached, and a white rectangular sign is mounted on it. The sign has two black dots, one near the top and one near the bottom, indicating where it is attached to the pole. The background is a solid, light green color.

# **TRANSACTIONS**

**HEALTH AND WELLNESS SERVICES:  
LEARNING FROM TRANS SEX WORKERS  
TO PROVIDE GOOD CARE**

The data collection for this project was funded by a Social Sciences Covid-19 recovery grant from Northumbria University.

This booklet and subsequent work to develop this project has been funded by the Department of Sociology Research and Impact Fund at the University of York.

The booklet was designed by Maria Munguambe.  
Thank you for your patience whilst we developed this project.

The font used in the titles of this booklet is VTC Marsha from the type foundry Vocal Type. This typeface was inspired by the sign that once hung outside The Stonewall Inn, and is named after Marsha P. Johnson. The body copy uses Freight Text Pro, designed by Joshua Darden.

## ABOUT THE PROJECT

TransActions is a project by Dr Mary Laing, Del Beach-Campbell, Dr Angelika Strohmayr and Carly which focuses on the material realities of trans people who do sex work. Launched in 2016, TransActions seeks to work collaboratively with practitioners and people with lived experience at all stages of project development, design and delivery.

Our first booklet (2017) (<https://tinyurl.com/TransActionsbooklet1>) explored the multiple issues and exclusions faced by trans people who sell sex face in their everyday lives. Documenting conversations we had with trans people who do sex work and practitioners providing services to them, it considered pressing issues including: migration, routes into and out of sex work, criminal and social justice and crucially, the intersectional discrimination faced by people who are both trans and sex workers. We call this transwhorephobia. Health and wellbeing was a core theme cutting across our first booklet. This booklet *Health and Wellness Services: Learning from Trans Sex Workers to Provide Good Care* therefore focuses on health and wellness service provision for people who are trans and work in the sex industry.

We interviewed four trans men, nine trans women and 1 non-binary person with current or previous involvement in sex work about their experiences of finding, accessing, and using health and wellbeing services in some parts of the UK. Four of the interviewees were migrants. We analysed these interviews and herein present data which considers: *i*) the positive and negative experiences people have had when accessing services; *ii*) what an 'ideal service' might look like; *iii*) how the dual identity of being trans and a sex worker can lead to gaps in service provision; *vi*) how people seek out services, the importance of service location and issues around continuity of care.

The views we present are not representative of all trans people who do sex work. They do however offer a vital qualitative snapshot of the current material realities of accessing health services as a trans person who sells sex.

We hope that this booklet is used as a resource by those working with or supporting sex workers to help design, deliver, and plan for services that trans sex workers want and need. And we hope that it is also a resource for those already doing this work to be able to continue to do it; to have the evidence for why it is needed.

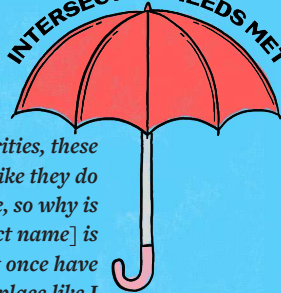
With love and solidarity  
**The TransActions Team**  
Mary, Del, Angelika and Carly  
June 2023

Participants reported varied experiences across NHS, private, and third sector organisations. Here we outline some of the positive and negative ones.

## POSITIVE

Third sector organisations were talked about most positively, especially those staffed by people with intersectional, experiential identities. Being treated with respect and dignity (both identified values within the NHS constitution) were also flagged alongside recognition of specific needs, perhaps because most of our participants have not been always treated with respect and dignity when accessing services. Participants described feeling safe, and being able to access resources to enhance their knowledge as being part of an overall positive experience. The best experiences of services relate to those where their individual and intersecting needs relating to being both a sex worker and trans were met.

INTERSECTING NEEDS MET



*'It puts the onus onto these charities, these groups to find the work arounds. Like they do find them, the pathway is all there, so why is the NHS unwilling, and then [project name] is a men's group is a men's charity not once have they made me feel like I'm out of place like I shouldn't be in there even if I come straight from work and I've got a wig on.'*

STAFFING



*'I actually have a transgender caseworker to deal with me. So that was nice.'*

SAFETY



*'Whenever I have attended services for trans people or sex workers I have found that the focus is on 'keeping us safe'...this is very welcome.'*

RESPECT AND RECOGNITION



*'Yeah. At the time it was there, it doesn't matter how I look, they're gonna, they're still gonna treat me nicely, basically. Like I'm gonna get treated properly here, and people are gonna respect who I am. Whereas I can't. I don't have that guarantee anywhere else.'*

IDENTITY



*'[When going to a specialist service] I'm less likely to get annoying questions about being trans or sort of confusion around things which I definitely had in the past.'*

## NEGATIVE

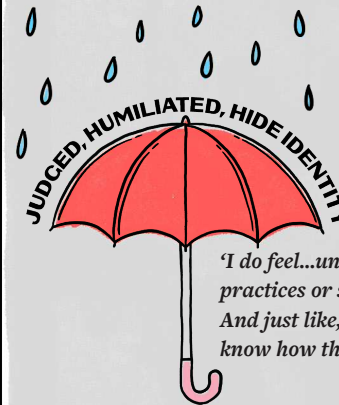
Participants described a multitude of negative experiences including transphobic responses when requesting support, being given inappropriate advice, and in some cases participants were refused advice or told they could not be helped. Participants' intersectional identities were at times dismissed and participants felt judged and humiliated, or that they had to hide aspects of their identity. Many participants also noted the extremely long waiting times to see specialist clinicians or to access counselling. Noteworthy though is that even when some participants were able to access a long-awaited appointment, they found themselves in the role of educator as the specialist they were seeing had questions about their intersectional identity as both a sex worker and trans person.

TRANSPHOBIA



*'My involvement with sex work, I've felt it's been kind of weaponized against me in the same way that my history of accessing mental healthcare has been weaponized against me whilst I've been trying to address my gender identity through medical channels.'*

JUDGED, HUMILIATED, HIDE IDENTITY



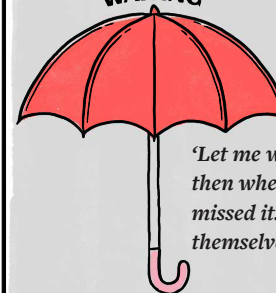
*'I do feel...uneasy, telling certain practices or services about what I do. And just like, you know, like, I don't know how they're gonna retaliate.'*

INAPPROPRIATE ADVICE



*'And you had a lovely guy [clinician in hospital] who was talking to me. So he tried to convince me that being trans was not the best option.'*

WAITING



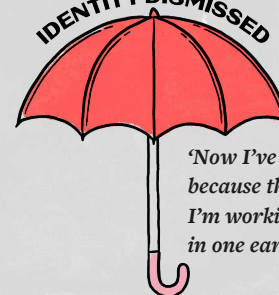
*'Let me wait six years from appointment, and then when time came I was really sick because I missed it. For six years, I mean, I'm sure kids killed themselves within six years waiting that long.'*

REFUSED ADVICE



*'Multiple doctors in this surgery will look me in the eye. Shrug and say, yeah, we've not really got anyone here that knows anything about that.'*

IDENTITY DISMISSED



*'Now I've a lot of the time I just give up on even sort of disclosing to people because there's been more than several occasions where I've told colleagues I'm working with my pronouns are they/them, but it just seems like it goes in one ear and out the other I'm just constantly mis-gendered.'*

## IDEAL SERVICE

One of the questions we asked interviewees was if they could design or have an 'ideal service' - what would it look like? Their responses centred around the different types of support that could be available including counselling, assistance with housing, mental health support and help with drugs and alcohol. Also discussed was creating a safe space, diverse and friendly staffing, access to community, the importance of being heard, anonymity, location and speediness when services or help is needed.

*'You know, we've got to this idea about sex workers being hard to reach and actually it's often the projects that are hard to reach.'*

## DIFFERENT TYPES OF SUPPORT

*'Psychosexual stuff as well.'*

*'We need information about both things in the same place, without the judgement.'*

*'Someone who speaks Portuguese and Spanish. Yeah, basically, yes.'*

*'Mental health support...sexual health as well...I would say access to contraception...self defence because some clients can get violent. Safe practices like how to make sure your client pays you, make sure you have a system in place for prevention of any violence.'*

*'Housing number one, I would say.'*

## STAFFING

*'I think that giving sex workers the opportunity to work in that service, I think that's really important.'*

*'Being able to access counselling through somewhere that you know could match me up with someone that is it, like queer or trans or, like, knows about sex work without it being sort of the focus of the therapy in a way.'*

## SAFETY

*'Yeah, having like just somewhere to like feel safe and having like a physical location for that would be amazing.'*

## ANONYMITY

*'Umm, I guess it like it being anonymous doesn't doesn't bother me because I'm quite open about being trans and being sex worker, so I wouldn't. I wouldn't be worried about being seen there or anything, but obviously I guess that would be a concern for a lot of people.'*

*'I think that's really important. You don't want just anyone to be able to wander in like a lot of people hate trans people and a lot of people hate sex workers.'*

## LOCATION, OPENING TIMES AND SPEEDINESS

*'I know there's clinics in London that there's definitely less out there in rural areas for sex workers and a lot of sex workers actually travelling to London to come to to specialist clinics because they can't talk to their GP about these things.'*

*'Just like more services more hours would would be great because it's not it's not always easy to to get to things... in terms of location.'*

*'Yeah, also stuff happens... if you've got that out of hours, like having a line that that you can call.'*

*'I do prefer to like travel further [for services] because of...the risk of like seeing neighbours or clients.'*

## RESOURCES

*'I also think that having like resources and materials. Leaflets, things like that in an array of languages is really helpful.'*

*'I think counselling [is] like massively important. And again, if you've got that intersectionality.'*

## COMMUNITY

*'Sometimes...it can be such like a lonely job to be doing...when you haven't got that support and that like even just like outlet for like having a chill and having a socialise.'*

*'Something like community based or community building bonding is really nice. I think a lot of sex workers feel quite isolated. You know, I've heard of workers meeting up and doing like lingerie swaps and things like that, which I think is quite nice.'*

## BEING HEARD

*'Someone to talk to and like, understand your job...no judgement.'*

## ISSUES WHEN BEING SUPPORTED

*'With the sexual health clinics, I don't have to explain the basic things about those parts of, like, my identity... I think if I was talking to a cis-het person, I'd have to explain so many basic things about that and I thought I'd be met with so much confusion. Or maybe, like active hostility, that that's not gonna be a constructive session.'*

*'It's hard to just talk to like an NHS therapist about what you do for a job, because then they'll just tell you not, no, don't do it. Get another job.'*

Our 2017 booklet specifically focused on experiences of being both trans and a sex worker. In interviews for this project, our participants discussed how embodying this intersectional identity directly shaped their experiences of accessing services. They also identified gaps in services, and highlighted issues they faced once they were being supported.

## IDENTITY IMPACTING SERVICES

*'It seems like being trans or being a sex worker opens the door for people to look down their nose at you and treat you less than, and this is a thing that I found like, particularly with healthcare professionals, particularly in trying to access you know a doctor.'*

*'Because I was asked if I'd done sex work because I was a trans woman in healthcare... there was just an assumption and a lot of people can resent that. So it's a really tricky area there.'*

*'There's an attitude that I found...like a complete lack of intersectionality.'*

*'But in the wider LGBT community...I've also had comments...that are quite anti sex work. So I think there is a definitely like a problem of a prejudice of it, which is so weird things that [are] such a big part of our history...it does hurt more from people inside the community.'*

## CAPS IN SERVICES

*'It just needs to be a basic understanding of what it's like to be all those things, or to have all those things in my life without having to explain it.'*

*'It can be challenging navigating gender within sex work and have an inclusive service.'*

*'I was taking DIY hormones and I was trying to be able to access hormones on the NHS, but they just weren't sure it was safe for them to do a bridging prescription, and if they were more educated on how to care for a trans person that wouldn't have been an issue'*

*'I know well the link between trans sex work and mental health and material conditions is not made by the NHS... the fact that I was doing sex work was not related to the fact that I was non-binary.'*

*'In the case of the project they've been extraordinary and gone out of their way to make sure that I can continue to access services in a way that's, you know, safe for me. There is definitely a gap there. There is definitely a hole that I think probably a lot of people with similar situation are falling through.'*

## FINDING OUT ABOUT SERVICES

Overwhelmingly, participants sought out information, and made decisions to access services based on word of mouth recommendations. Although many would search online for services, few would access them without a recommendation.

*'I feel like word of mouth is probably the best way.'*

*'And well I like I say, just literally word of mouth.. a lot of my good friends are sex workers as well...You know you can trust it.'*

*'I think for nowadays, for new people, it's a completely different thing because many people don't know where to go. There was lots of people in this country. They are not exactly legal, so they are very scared that they cannot go to a place like this and be deported. They don't know that they can give another name...they don't speak English.'*

*'Just yeah, just searching up sex worker charities. Or messaging friends also in the industry.'*

*'I actually looked online for a specific service for sex workers so that I could speak freely about it because it didn't really feel comfortable walking into like a regular sexual health clinic to sort of disclose that. And for fear of judgment or or whatever.'*

*'I would probably just go on google, or like if I still had friends in the industry I would ask them, or I mean, I still know people who do, so I would probably ask them if they know anywhere cause sometimes word of mouth is a good thing as well. But also it would be good if you could like, look on NHS websites and stuff.'*

*'To be effective, you need to rely really heavily on word of mouth....Like personally I would not be willing to identify myself as trans and or a sex worker without that sort of point of contact.'*

## LOCATION

There was discussion in interviews about location of services, with most specialist provision only being available in major cities, many would travel for healthcare - and some liked the anonymity of this, despite the time and financial costs associated with these journeys.

*'It would it would be really nice if there was services in [major city outside of London].'*

*'But I think.. [we] needed something like in other areas because it all concentrated here [London].'*

*'I do prefer to like travel further [for services] because I'm just like the the risk of like seeing neighbours or clients or like yeah.'*

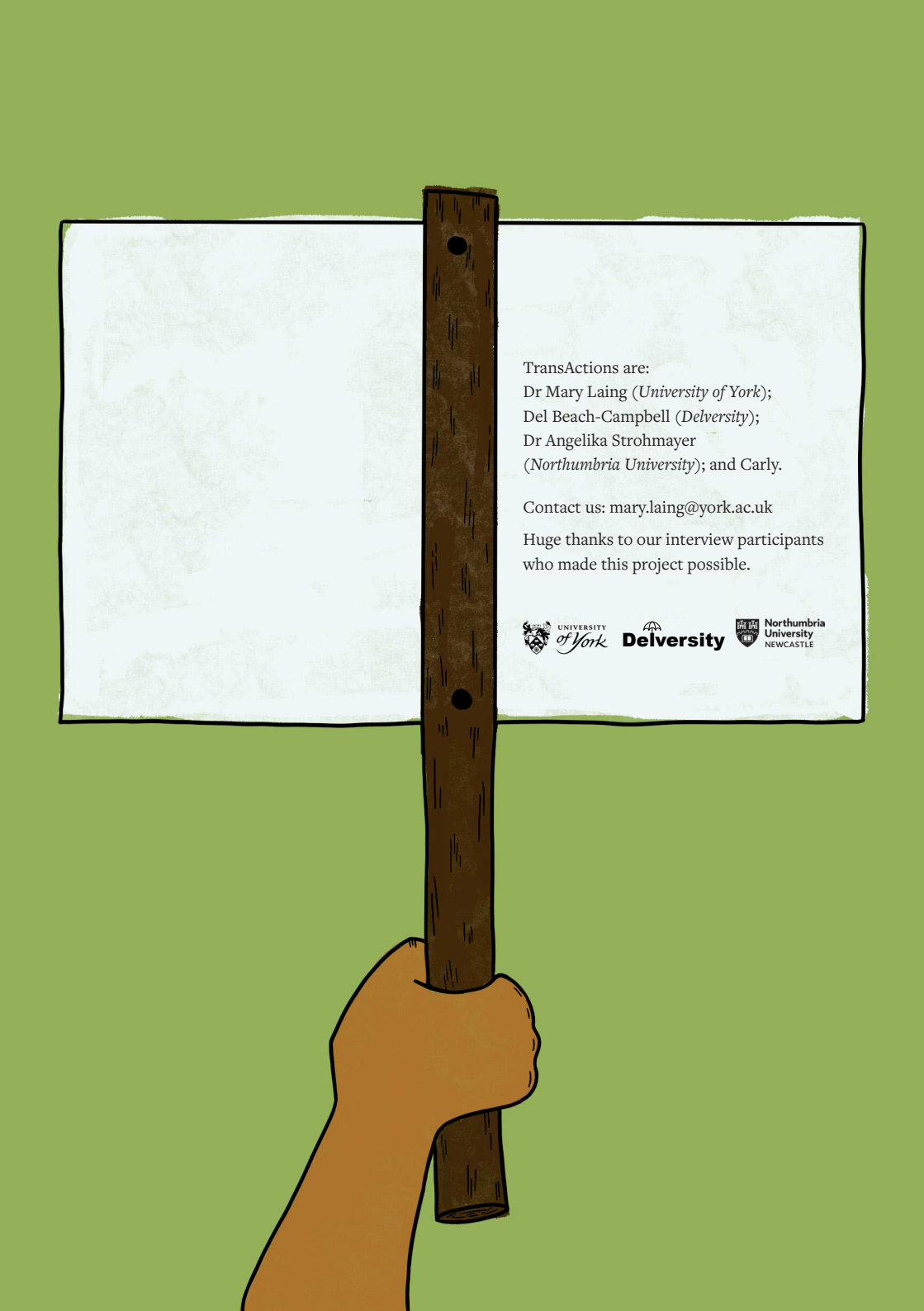
## CONTINUITY OF SERVICES

There was much discussion about continuity of care, with some participants describing accessing medication via private clinics (and then often being denied bridging prescriptions and continuity of care on the NHS). In addition some also bought un-prescribed, un-regulated medication informally as a last resort having been denied healthcare in a formal setting.

*'I haven't had to sort of fight to get it anymore because it's just been what this is a repeat, repeat prescription.'*

*'That's really scary that since switching GP's, I've gone from having a bridging prescription with safe access to having to buy it at a muscle gym.'*

*'I was still at a GP and just didn't go for years. Right? I just stopped going. Shortly after that I started self medding anyway, so I just sought blood's privately... I seek out my own information and I don't really participate in mainstream healthcare.'*

A hand holding a wooden staff with a white sign attached to it. The sign contains text and logos.

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Huge thanks to our interview participants  
who made this project possible.

