

Sex Work, Social Support, and Stigma: Experiences of Transgender Women in the Dominican Republic

ABSTRACT

Background: Transgender populations, and especially those in resource-limited settings, are at an elevated risk of experiencing stigma and discrimination.

Aims: This study sought to examine the relationship between parental, familial, and other social support, stigma, discrimination, quality of life, and sex work in a national sample of transgender women in the Dominican Republic (n=291).

Methods: Descriptive analyses for the outcome variable, sex work, as well as for measures associated with socio-demographics, social support, stigma, quality of life, and experiences of abuse and violence were performed. Additionally, bivariate analysis examined differences between respondents involved in sex work and those not involved in sex work.

Results: We found that participation in sex work was associated with low social support and quality of life and increased experiences of stigma, discrimination, and abuse. Specifically, Dominican transgender women involved in sex work were receiving less social support than those who were not in terms of heightened arguments and problems with non-parental family members, professors or bosses, classmates, and close friends, as well as loss of friendships. Involvement in sex work was also associated with higher levels of stigma and discrimination, lower quality of life, and experiences of sexual abuse, torture, and attempted murder.

Discussion: Transgender women participating in sex work require more rather than less social support from family members and loved ones, especially in areas where discrimination against transgender individuals is not illegal, such as the Dominican Republic. As such, culturally appropriate educational materials and other resources on how to support non-gender conforming persons should be made available to transgender women's family members, coworkers, and friends in resource-constrained settings.

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INTRODUCTION

Transgender populations are at an elevated risk of experiencing stigma and discrimination around the world; these negative exposures are often exacerbated in resource-limited settings where insufficient legal and societal safety nets are present (Budhwani et al., 2017a; Winter, Diamond, Green, et al., 2016). Although more research is being conducted with transgender populations, gaps in knowledge persist particularly in understanding long-term effects of negative experiences with family, friends, co-workers, and strangers over the life course, with these data being even more limited in resource-constrained global settings (Budhwani, Hearld, Hasbún, et al., 2017; Li, Li, & Stanton, 2010; Winter et al., 2016). Within the past decade, scholars (Baral, Poteat, Strömdahl, et al., 2013; Budhwani, Hearld, Hasbún, et al., 2017; Budhwani, Turan, Hasbun, et al., 2017; Li, Li, & Stanton, 2010; Winter, Diamond, Green, et al., 2016; Winter, Settle, Reisner, et al., 2016) have also noted that historically, studies which have examined transgender, as well as lesbian, gay, and bi-sexual populations often emphasize disease epidemiology and intervention assessment rather than sociopsychological experiences which may influence factors associated with high-risk behaviors related to HIV transmission and other adverse sexual health outcomes. Research on how transgender populations' interpersonal relationships may relate to health and other outcomes is lacking. One notable exposure that has been linked to HIV and risk-taking behavior in other stigmatized populations is social support (Golub et al, 2010; Harcourt 2013; Nemoto, Bödeker, & Iwamoto, 2011).

Social support refers to perceived or available emotional support and social resources between persons, in this case transgender women, and their support network (parents, other family members, friends, coworkers, etc.) which enhances individuals' quality of life through reduced uncertainty and increased control over personal situations (Albrecht & Adelman, 1987; Gottlieb and Bergen, 2010). Not only have studies (Berkman & Glass, 2000; McConnell, Birkett, & Mustanski, 2015; Uchino, 2006) consistently shown that social support is related to positive health outcomes, research has also linked a lack of social support to poor health outcomes (Earnshaw et al., 2015; Hettiarachchi & Abeysena, 2018; Repetti, Taylor, & Seeman, 2002). Although studies in the United States (e.g., Aaron & Rostosky, 2018; Factor & Rothbum, 2017; Wheeler et al., 2017) have focused on the relationship between parental and other familial social support and safety and quality of life of transgender individuals, similar research has not been carried out in resource-constrained settings. Because social support from parents and other family members, as well as from friends and co-workers, may be an especially important protective factor against poor health and other outcomes in resource-constrained settings in which transgender individuals are not assured governmental and other legal protections, studies that examine social support in transgender populations are warranted and urgently needed (Hasbún, 2012; Reback & Fletcher, 2014; Sausa, Keatley, & Operario, 2007; Winter, Diamond, Green, et al., 2016; World Health Organization [WHO], 2014).

Furthermore, in the Dominican Republic, policies exist that may contribute to institutional discrimination against the transgender population. For example, Article 330 of the Criminal Code may be enacted by police officers to defend fines, harassment, and even imprisonment of transgender individuals for displaying affection in public (Dominican Republic Constitution, 2015). Moreover, it is not illegal for employers to refuse to hire or to terminate

potential or current transgender employees based on their gender identity (Dominican Republic Constitution, 2015). Employment discrimination potentially forces transgender persons to obtain employment in the non-formal economy, with sex work being one common avenue for generating income in this sector (De Graaf, Vanwesenbeeck, Van Zessen, Straver, & Visser, 1995; Justus, Finn, & Steinmetz, 2000; Nadal, Davidoff, & Fujii-Doe, 2014) and specifically, in the context of the Dominican Republic (Hasbún, 2012) where prostitution is legal. Although sex work is not illegal in the Dominican Republic, participation in sex work results in heightened vulnerability to violence and risky health behavior (Hasbún, 2012). Furthermore, because transgender populations may already be exposed to high levels of stigma and trauma (Nadal et al., 2014), identification of potential protective and risk mechanisms for sex work involvement are important in order to promote transgender individuals' physical and mental health and quality of life.

The relationship between stigma and trauma and risk-behaviors such as attempting suicide and drug use in Dominican transgender women has been examined in two recent studies (Budhwani et al., 2017a, Budhwani et al., 2017b). Stigma is an important concept when examining the experiences of both transgender women and sex workers. As such, stigma is an especially useful framework for studying transgender women involved in sex who may experience compounded forms of stigma from their simultaneous membership in both groups (Hasbún, 2012; Nadal, Davidoff, & Fujii-Doe, 2014). Additionally, stigma can be utilized to describe the process by which transgender populations in resource-constrained settings are viewed as socially undesirable and deviant, and thus potentially more at-risk for exposure to trauma and violence from strangers and individuals not within this marginalized group's personal social network (Goffman, 1963). Furthermore, stigma provides a socially-acceptable justification

for the devaluing and rejection of the transgender population, and could therefore be related to transgender women's experiences within their social networks. Thus, stigma may also help to explain the way in which family members, colleagues, and friends of transgender individuals, may not be willing to provide the social support that is traditionally expected in these types of close relationships.

When taking into account the high levels of stigma and abuse experienced by transgender women in resource-limited settings (Consejo Nacional para el VIH y sida (CONAVIHSIDA), 2012; Hasbún, 2012) coupled with discriminatory employment policies that exist in the Dominican Republic ((Dominican Republic Constitution, 2015), we analysed the relationship between parental, familial, and other social support, stigma, discrimination, quality of life, and sex work in a national sample of transgender women in the Dominican Republic. We hypothesized that participation in sex work is associated with low social support and quality of life.

METHODS

Data for this study was from the 2015 Dominican Republic Transgender Health Needs Study (THNS), collected by Centro de Orientación e Investigación Integral (COIN), and funded by the National Council for HIV and AIDS (CONAVIHSIDA) representing the Dominican Republic Ministry of Health. Qualitative survey data was collected via facilitated interviews with transgender women. Inclusion criteria were that the transgender women were assigned a male sex at birth and presented and identified with a gender of woman. Design, validation, and implementation of this questionnaire engaged transgender community-based organization leaders from Trans Amigas Siempre Amigas (translated as Trans Friends Always Friends), Coalicion de

Mujeres Trans, Trasvesti y Transexuales Trabajadores Sexuales (translated as Trans, Transvestite and Transsexual Sexual Coworkers Coalition), and Trans Este Podemos Avanzar (translated as We Can Advance-East Region Trans Coalition). The questionnaire was adapted to the Spanish dialect of the Dominican Republic. Details of the questionnaire and data collection are provided in Budhwani et al. (2017b).

The study used the PLACE method of data collection, snowball sampling with reliance on peers from the different communities recommended by the Joint United Nations Programme on HIV/AIDS (UNAIDS). Data was collected from transgender women in Santo Domingo, La Altagracia, Puerto Plata, Santiago, Dajabón, Independencia, and Barahona. Site selection was based on previous surveillance studies conducted by the Dominican Republic's Ministry of Health showing locations most-at-risk of HIV infections as well as locations included in the United States President's Emergency Plan for AIDS Relief's (PEPFAR) priority provinces. Interviews were conducted in neutral spaces, such as restaurants, parks, etc., which were recommended by the local transgender community and community-based organizations working in study areas.

Ethical Approval

Ethical approval for the study was provided by El Consejo Nacional de Bioética en Salud, (CONABIOS) in the Dominican Republic. Informed consent was collected verbally, as verbal consent is often used in participatory action research when working with low-literacy populations to help ensure voluntary participation and thorough comprehension of the study (Krogstad et al., 2010; Marshall, 2007; Tekola et al., 2009; Tindana, Kass, & Akwenogo, 2006). The employed verbal consent was witnessed by a senior investigator and the process involved

three steps: 1) provision of a thorough verbal description about the respondent's rights and the study purpose in simple language, 2) an explanation of topic covered, and 3) request of verbal consent that she is participating freely, without coercion. The Authors' Institutional Review Board provided ethical approval for secondary data analysis (#N150803004).

Survey Measures

We assessed engagement in sex work through two questions. The first question asked the respondent what work they do, and sex work was a response option. The second question asked "Apart from your work, what other manner do you have to supplement your income (aka other sources of income)?" For this question, sexual client was a response option. Transgender women that responded that they were involved in sex work as the primary or an additional income source were coded as 1 for sex work involvement. Transgender women that did not respond that they were involved in sex work as an income source were coded as 0.

We also examined a number of demographic variables, including age, income in Pesos, relationship status, and educational attainment. Age was measured as a continuous variable. Monthly income was measured with a dichotomous variable indicating whether the respondent had very low monthly income or not. Transgender women reporting earning 1,000 or less Pesos (roughly 20 US Dollars) were coded as having low monthly income (1). Transgender women reporting earning more than 1,000 Pesos were coded as not having low monthly income (0). Relationship status was measured with a categorical variable consisting of married or living together, in a relationship but not living together, polyamorous, and no current partner. Finally, education was measured with a three categories: secondary education or less, secondary completed, and higher than secondary education completed.

Social support, and more aptly, feelings of being unsupported vs. supported by parents, other family members, superiors, peers, and friends was assessed with six variables that ask about situations experienced in the last three months due to respondents' transgender identity. Respondents were asked if they had experienced: 1) arguments between themselves and her parents due to being transgender; 2) arguments with other family due to being transgender; 3) problems with professors or bosses due to being transgender; 4) problems with classmates or coworkers due to being transgender; 5) arguments with close friends due to being transgender; and 6) loss of close friendships due to being transgender. For all of the social support questions indicating lack of social support, responses of "yes" were coded as 1 and responses of "no" were coded as 0.

Stigma and discrimination were measured with five variables: score on the perceived transgender stigma experienced scale, recent experiences of verbal and physical abuse, and recent experiences with employment difficulties and the police. The perceived transgender stigma scale consisted of a 0-9 scale (Cronbach's $\alpha=.827$) and was originally employed by the Family Health International (FHI) originally during their 2012 National Surveillance Study conducted in the Dominican Republic. Since the measures were originally developed for use with men who have sex with men (MSM, which was the broad category within which transgender women were classified previously), they were therefore adjusted during the pilot testing phase of this study for acceptability amongst transgender populations. The scale measures how many times in the past 3 months the respondent had experienced the following events specifically due to the fact that [she] is a trans person: 1) arguments between her parents, 2) problems with her brothers or sisters, 3) arguments between her and her parents, 4) arguments with other family members, 5) problems with her professors or bosses, 6) problems with

classmates or coworkers, 7) arguments or disagreements with close friends, 8) lost close friendships, 9) problems with the police or other authorities.

For the other variables measuring stigma, respondents were asked if in the last three months they had experienced the following because someone knew or assumed that they are a transgender person: 1) verbal insults; 2) physical abuse; 3) being denied a job or fired from one; 4) problems with the police or other authorities. For these four questions, “yes” responses were coded as 1 and “no” responses as 0.

Quality of life was assessed with a series of variables that asked about their way of life and satisfaction with familial relationships. Respondents were asked if they would rate the following as good: their quality of life, their satisfaction with their ability to carry out daily activities, their satisfaction with their ability to work, their satisfaction with themselves, and their satisfaction with relationships with their family. Answers of “yes” were coded as 1 and answers of “no” were coded as 0.

Abuse and violence were measured with three dichotomous variables asking whether the respondent since the age of 14 had experienced sexual abuse, torture, or someone attempting to kill the respondent. The terms were presented in the survey without additional explanation and the respondent answered in terms of her understanding of the terms. Answers of “yes” were coded as 1 and answers of “no” were coded as 0.

Statistical Analyses

We performed descriptive analyses for the outcome, socio-demographic, high-risk factor, and interpersonal factor variables in order to examine frequencies and proportions, and means and standard deviations. Bivariate analysis (Chi Square tests) examined differences between

respondents involved in sex work and those not involved in sex work (n=291). All analyses were conducted using Stata 15.

RESULTS

Descriptive Statistics

Table 1 presents univariate results. Almost half of the transgender women in our sample were engaged in sex work (48.1%). Average age of the transgender women was 26.0 years, and ranged from 18 to 68 years. Approximately 12 percent of the transgender women made less than 1,000 Pesos a month, and 22.0% had not completed secondary school. Two-thirds of the transgender women did not currently have a partner (67.3%) and 22.7% of the transgender women considered their relationship status to be polyamorous.

Relationships with family and friends appeared to have been impacted by being transgender. Roughly 40% percent of transgender women have had arguments with their parents due to being transgender, 47.9% of transgender women have had arguments with other family members due to being transgender, and 43.5% of transgender women have had arguments with close friends due to being transgender. Almost half of the transgender women have lost close friendships due to being transgender. Difficulties at school or work due to being transgender were not uncommon among the sample. Twenty-eight percent of transgender women have had problems with professors or bosses due to being transgender and 10.1% have had problems with classmates or coworkers.

Many of the transgender women have experienced stigma and discrimination. Almost half of the sample have experienced verbal insults in the last three months (47.9%), 14.1% have experienced physical abuse in the last three months, and 19.7% have been denied a job or fired from one in the last three months. Approximately 40% of the transgender women have experienced problems with the police or other authorities due to being transgender.

In general, the transgender women were positive about their quality of life. Roughly 95% rated their quality of life as good, and 85.2% rated satisfaction with themselves as good. Approximately 70% of the sample rated both their satisfaction with their ability to carry out daily activities as good and their ability to work as good. Two-thirds of the transgender women rated their satisfaction with relationships with their family as good.

Abuse and violence were assessed through asking about a history of sexual abuse, torture, and murder attempts. Around a quarter of transgender women have experienced sexual abuse (24.1%), 11.9% reported having been tortured, and 20.1% have experienced a murder attempt.

Bivariate Statistics

Bivariate associations are found in Table 2. Approximately 29% of transgender women who were engaged in sex work had not completed secondary school, compared to 18.0% of transgender women who were not engaged in sex work ($\chi^2=17.64$, $p<0.05$).

A number of significant associations were found between social support factors and sex work that may be reflective of those transgender women who were involved in sex work receiving less social support than those who were not. Approximately 61% of the transgender women who were involved in sex work reported having had arguments with family members (other than parents) due to being transgender, compared to the 40.4% of transgender women who

were not involved in sex work ($\chi^2=1.72$, $p<0.001$). Overall, 40.0% of the transgender women who were involved in sex work have had problems with professors or bosses due to being transgender, compared to 21.0% of those who were not involved in sex work ($\chi^2=11.91$, $p<0.001$). Likewise, 55.5% of transgender women who were involved in sex work have had problems with classmates or coworkers due to being transgender compared to 31.5% of the transgender women who were not involved in sex work ($\chi^2=15.43$, $p<0.001$). Finally, 54.6% of the transgender women who were involved in sex work have had arguments with close friends due to being transgender and 58.9% have lost close friendships due to being transgender, compared to 36.8% and 41.8% of those who were not involved in sex work, respectively ($\chi^2=8.76$, $p<0.01$; $\chi^2=9.91$, $p<0.01$).

Transgender women who were involved in sex work were also associated with higher levels of stigma or discrimination. Overall, the transgender women involved in sex work reported higher levels of perceived transgender stigma ($M=4.47$), compared with those who were not involved with sex work ($M=3.02$; $t=-4.15$, $p<0.01$). Approximately 60.8% of the transgender women who were involved in sex work reported experiencing verbal insults in the last three months, compared to 40.4% of the transgender women not involved in sex work ($\chi^2=11.16$, $p<0.05$). Likewise, 23.2% of transgender women who were involved in sex work reported experiencing physical abuse in the last three months, compared to 8.8% of those who were not involved in sex work ($\chi^2=11.51$, $p<0.05$). Around 31% of the transgender women who were involved in sex work reported being denied a job or fired from one in the last 3 months, compared to 13.1% of those who were not involved in sex work ($\chi^2=13.44$, $p<0.05$). Finally, 56.5% of transgender women who were involved in sex work reported experiencing problems with police and other authorities due to being transgender, compared to 30.1% of those who were

not involved in sex work ($\chi^2=8.76$, $p<0.001$).

In general, transgender women who are not involved in sex work reported higher quality of life. Less than half of the transgender women who were involved in sex work rated quality of life as good (48.6%), compared to 65.2% of the transgender women who were not involved in sex work ($\chi^2=7.66$, $p<0.01$). Approximately three fifths of transgender women who were involved in sex work rated their satisfaction with their ability to carry out daily activities as good and rated their satisfaction with their ability to work as good (60.2% and 59.8%), compared to over three-fourths of the transgender women who were not involved in sex work (76.7% and 76.3%; $\chi^2=8.81$, $p<0.01$; $\chi^2=8.61$, $p<0.01$; respectively). Finally, 79.6% of transgender women who were involved in sex work rated their satisfaction with themselves as good, compared to 88.5% of those who were not involved in sex work ($\chi^2=4.19$, $p<0.005$).

Transgender women who were involved in sex work had a statistically significant association with experiences of abuse and violence in the past. Approximately one-third of transgender women who were involved in sex work have experienced sexual abuse and have had someone try to kill them (31.4% and 31.1%), compared to around 19.9% and 13.6% of transgender women who were not involved in sex work, respectively ($\chi^2=4.83$, $p<0.05$; $\chi^2=12.73$, $p<0.01$). Around 18% of transgender women who were involved in sex work have experienced torture, compared to 8.4% of transgender women who were not involved in sex work ($\chi^2=5.77$, $p<0.05$).

DISCUSSION

Consistent with our hypotheses and with previous literature, in the current study of transgender women residing in the Dominican Republic, participation in sex work was associated with low

social support and quality of life and increased experiences of stigma, discrimination, and abuse. We found that those transgender women who were involved in sex work were receiving less social support than those who were not involved in sex work in terms of heightened arguments and problems with family members other than parents, professors or bosses, classmates, and close friends, as well of loss of friendships. In our sample, involvement in sex work was also associated with higher levels of stigma and discrimination, measured by the perceived transgender stigma scale, as well as experiences of verbal abuse, physical abuse, denial or dismissal from a job, and problems with the police. As opposed to respondents not involved in sex work, those who were involved reported lower quality of life on multiple measures and were more likely to have experienced sexual abuse, torture, and attempted murder.

There are several limitations in this study relating to the data utilized. Because of the stigma surrounding both the population surveyed (transgender women) and issues discussed (sex work, discrimination, abuse), self-report bias is likely. In addition, certain terms were not clearly defined in the questionnaire. In particular, what constitutes a 'sexual client' was not specified, and thus, the meaning of sex work participation may have varied among respondents. Additionally, the six measures used to conceptualize social support may not fully explain the concept, where resources received from social networks, such as financial support, is not taken into account. Lastly, although our data was collected across the country, it was not nationally representative and was cross-sectional. As such, our findings are not generalizable to the larger transgender women's population in the Dominican Republic. Furthermore, we are not able to infer causal relationships between involvement in sex work and social support, discrimination, and quality of life. Thus, it could be that transgender women receive less social support if they participate in sex work, or alternatively, transgender women participate in sex work if they

receive less social support. Future studies should seek to collect more comprehensive, longitudinal data in order to provide a greater understanding of the relationships between study variables.

Although we are unable to infer causality in the current research, the associations found between sex work participation and lack of social support, experiences of stigma, discrimination, and abuse, and low quality of life are alarming. Intuitively, it would seem that because of the high levels of stigma and trauma experienced by this population in general and that are associated with involvement in sex work (Nadal et al., 2014), transgender women participating in sex work would require more rather than less social support from family members and loved ones. In the current study, involvement in sex work was associated with a lack of social support in the realms of employment and education, where sex work involvement was associated with a greater likelihood of problems with bosses, professors, coworkers, and classmates. In addition, sex work involvement was associated with being denied or fired from a job. Employment discrimination faced by transgender women who were involved in sex work coupled with the already limited opportunities available to transgender women for employment and advancement outside of sex work may result in increased vulnerability to poverty and violence for this already stigmatized population.. In order to prevent this, global anti-discrimination policy must be implemented and enforced. Such policy must consider and seek to ensure transgender persons' health, safety, dignity, and wellbeing not just in high-income nations, but resource-constrained settings, such as the Dominican Republic. In addition, educational materials and other resources on how to support transgender persons should be made available to transgender women's family members, coworkers, and friends in resource-constrained settings. These materials should be

adapted to local environments in order to capture the nuances of local legislation, culture, and language in order to best serve the transgender population.

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Table 1. Sample Characteristics (N=291)

	Mean / N	Std Dev/ %
Sex Work		
Engaged in sex work	140	48.11%
Socio-demographic variables		
Age	26.02	8.15
Income		
0-1,000 Pesos	32	11.47%
Over 1,000 Pesos	247	88.53%
Relationship status		
Married or living with partner	21	7.22%
In a relationship but not living together	10	3.44%
Polyamorous	63	21.65%
No current partner	193	67.25%
Education		
Secondary or less (not completed)	64	21.99%
Secondary completed	166	57.04%
Higher than secondary	61	20.96%
Income		
0-1,000 Pesos	32	11.47%
Over 1,000 Pesos	247	88.53%
Social Support		
Arguments between yourself and your parents due to being trans		
Yes	114	39.58%
No	174	60.42%
Arguments with other family members due to being trans		
Yes	139	47.93%
No	151	52.07%
Problems with your professors or bosses due to being trans		
Yes	80	27.97%
No	206	72.03%
Problems with classmates or coworkers due to being trans		
Yes	112	10.14%
No	167	59.86%
Arguments with close friends due to being trans		
Yes	126	43.45%
No	164	56.55%
Lost close friendships due to being trans		
Yes	139	48.10%
No	150	51.90%
Stigma and Discrimination		
Perceived transgender stigma scale (higher=more stigma)	3.55	2.81
Experienced verbal insults in the last 3 months		
Yes	139	47.93%
No	151	52.07%
Experienced physical abuse in the last 3 months		
Yes	41	14.14%
No	249	85.86%
Denied a job or fired from one in the last 3 months		

	Mean / N	Std Dev/ %
Yes	57	19.66%
No	233	80.34%
Problems with police or other authorities due to being trans		
Yes	116	39.86%
No	175	60.14%
<i>Quality of Life</i>		
Rate quality of life as good		
Yes	271	95.42%
No	13	4.58%
Rate satisfaction with your ability to carry out your daily activities as good		
Yes	203	70.49%
No	85	29.51%
Rate satisfaction with your ability to work as good		
Yes	199	70.07%
No	85	39.93%
Rate satisfaction with yourself as good		
Yes	247	85.17%
No	43	14.83%
Rate satisfaction with relationships with your family		
Yes	194	66.90%
No	96	33.10%
<i>Abuse and Violence</i>		
History of sexual abuse		
Yes	69	24.13%
No	217	75.87%
History of torture		
Yes	341	11.93%
No	251	88.07%
Experienced attempted murder		
Yes	57	20.14%
No	226	79.86%

Table 2. Bivariate Association between Sex Work and Social Support

	Sex Worker N=291		
	Yes	No	χ^2 / t-test
Demographics			
Age	25.39 (0.65)	26.39 (0.65)	t=1.01 p=0.31
Monthly income			
0-5,000 pesos	13 (12.38%)	19 (10.92%)	$\chi^2=0.14$ p=0.71
Over 5,000 pesos	92 (87.62%)	155 (89.08%)	
Relationship status			
Married/living together	10 (9.43%)	11 (6.08%)	$\chi^2=2.03$ p=0.56
Dating, not living together	3 (2.83%)	7 (3.87%)	
Polyamorous	20 (18.87%)	43 (23.76%)	
Single	73 (68.87%)	120 (66.30%)	
Education			
Secondary or less	31 (28.70%)	33 (18.03)	$\chi^2=17.64$ p<0.05
Secondary completed	68 (62.96%)	98 (53.55%)	
Higher than secondary	9 (8.33%)	52 (28.42%)	
Social Support			
Arguments between yourself and your parents due to being trans			
Yes	50 (46.73%)	64 (35.36%)	$\chi^2=3.64$ p=0.06
No	57 (53.27%)	117 (64.64%)	
Arguments with other family members due to being trans			
Yes	65 (60.75%)	74 (40.44%)	$\chi^2=1.72$ p<0.001
No	42 (39.25%)	109 (59.56%)	
Problems with your professors or bosses due to being trans			
Yes	42 (40.00%)	38 (20.99%)	$\chi^2=11.91$ p<0.001
No	63 (60.00%)	143 (79.01%)	
Problems with classmates or coworkers due to being trans			
Yes	56 (55.45%)	56 (31.46%)	$\chi^2=15.43$ p<0.001
No	45 (44.55%)	122 (68.54%)	
Arguments with close friends due to being trans			
Yes	59 (54.63%)	67 (36.81%)	$\chi^2=8.76$ p<0.01
No	49 (45.37%)	115 (63.19%)	
Lost close friendships due to being trans			
Yes	63 (58.88%)	76 (41.76%)	$\chi^2=9.91$ p<0.01
No	44 (41.12%)	106 (58.24%)	
Stigma and Discrimination			
Experienced verbal insults in the last 3 months			
Yes	65 (60.75%)	74 (40.44%)	$\chi^2=11.16$ p<0.05
No	42 (39.25%)	109 (59.56%)	

	Sex Worker N=291		
	Yes	No	χ^2 / t-test
Experienced physical abuse in the last 3 months			
Yes	25 (23.15%)	16 (8.79%)	$\chi^2=11.51$
No	83 (76.85%)	166 (91.21%)	p<0.05
Denied a job or fired from one in the last 3 months			
Yes	33 (30.84%)	24 (13.11%)	$\chi^2=13.44$
No	74 (69.16%)	159 (86.89%)	p<0.05
Problems with police or other authorities due to being trans			
Yes	61 (56.48%)	55 (30.05%)	$\chi^2=8.76$
No	47 (43.52%)	128 (69.95%)	p<0.001
Perceived transgender stigma scale (higher=more stigma)	4.47 (0.29)	3.02 (0.21)	t=-4.15 p<0.05
Quality of Life			
Rate quality of life as good			
Yes	52 (48.60%)	118 (65.19%)	$\chi^2=7.66$
No	55 (51.40%)	63 (34.81%)	p<0.01
Rate satisfaction with your ability to carry out your daily activities as good			
Yes	65 (60.19%)	138 (76.67%)	$\chi^2=8.81$
No	43 (39.81%)	42 (23.33%)	p<0.01
Rate satisfaction with your ability to work as good			
Yes	64 (59.81%)	135 (76.27%)	$\chi^2=8.61$
No	43 (40.19%)	42 (23.73%)	p<0.01
Rate satisfaction with yourself as good			
Yes	86 (79.63%)	161 (88.46%)	$\chi^2=4.19$
No	22 (20.37%)	21 (11.54%)	p<0.05
Rate satisfaction with relationships with your family as good			
Yes	71 (65.74%)	123 (67.58%)	$\chi^2=0.11$
No	37 (34.26%)	59 (32.42%)	p=0.75
Abuse and Violence			
Sexual Abuse			
Yes	33 (31.43%)	36 (19.89%)	$\chi^2=4.83$
No	72 (68.57%)	145 (80.11%)	p<0.05
Torture			
Yes	19 (17.92%)	15 (8.38%)	$\chi^2=5.77$
No	87 (82.08%)	164 (91.62%)	p<0.05
Attempted murder			
Yes	33 (31.13%)	24 (13.56%)	$\chi^2=12.73$
No	73 (68.87%)	153 (86.44%)	p<0.01